

**EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION
COMMISSION ON ACCREDITATION**

EVALUATION TEAM REPORT

**DEPARTMENT OF CHIROPRACTIC
FACULTY of HEALTH SCIENCES
UNIVERSITY of JOHANNESBURG
SOUTH AFRICA**

13-16 SEPTEMBER 2010

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1. EXECUTIVE SUMMARY

- 1.1 The Department of Chiropractic (henceforth referred to as the Department of Chiropractic, or the Department) is a department in the Faculty of Health Sciences (henceforth referred to as the Faculty of Health Sciences or the Faculty) at the University of Johannesburg (henceforth referred to as the University of Johannesburg or the university) in South Africa.
- 1.2 The Department provides undergraduate chiropractic education and training in a three stage programme: i) National Diploma (Chiropractic) (after 3 years); ii) Bachelor in Technology (Chiropractic) (after 4 years) and iii) Masters in Technology (Chiropractic) (MTech) (after 5 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 to six years of full time study. The 5th (and 6th) year is a postgraduate (Masters) study year, although for the intents of ECCE accreditation, the entire 5 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.
- 1.3 The University of Johannesburg was formally constituted in 2005 as a result of a merger between the Rand Afrikaans University, the Technikon Witwatersrand and 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.
- 1.4 The first intake of students into a chiropractic education and training programme was in 1993 at the Technikon Witwaterstrand, Johannesburg.
- 1.5 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 of Johannesburg.
- 1.6 In 2008, the Department of Chiropractic submitted its eligibility criteria for accreditation with the ECCE and following on from this its Self-Study Report (SSR) for full accredited status with the ECCE. Based on a review by the Commission on Accreditation (COA) of the ECCE, the Commission deemed that the application was satisfactory and that an Evaluation Visit could and should proceed.
- 1.7 Consequently a four day Evaluation Visit took place from 13 to 16 September 2010. The site visit provided further documentary and oral evidence to the previously submitted documents. The university was given feedback at the end of the visit and informed verbally of any

strengths, weaknesses and/or concerns regarding its provision of chiropractic education and training.

- 1.8 Members of the Evaluation Team extend their thanks to the university for the courtesy shown to them during the Evaluation Visit, and for conducting proceedings in an open and transparent manner, affording the Team full access to members of staff, students and documentation. In particular, the Team thanks the university Executive including the Deputy Vice Chancellor (Academic), the Dean and Vice Dean of the Health Sciences Faculty, Head of the Department of Chiropractic, academic and administrative/support staff and students who all took the time to meet with the Evaluation Team, and entered into dialogue in a professional and constructive manner.
- 1.9 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 university. The Report was sent in draft format to the university for factual verification, and the final Report was submitted to COA on 12 November 2010.
- 1.10 The COA invited the university to send a representative(s) to its meeting in Brussels on 12 November 2010.
- 1.11 This Report addresses the compliance of the university 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 (the definitions used are included under 5.2 in this Report):

Strengths:

- The university, and the Health Sciences Faculty in particular, provides a strongly supportive and robust infrastructure in which the Department of Chiropractic can operate effectively in the provision of a high standard of undergraduate education and training. This is mirrored in the quality of education provided by the service departments in the pre-clinical sciences, and in particular the exemplary facilities of the anatomy teaching service.
- As part of a university, the Department of Chiropractic has access to a range of support and staff development networks, including an excellent library service, which can only assist in raising the quality of chiropractic education and training in South Africa.
- The Head of Department has the confidence of his staff, and of his peers and colleagues at Faculty and university levels. He provides clear leadership in his capacity as Head of Department as well as in his external professional appointments.
- The chiropractic staff is a young, dedicated and enthusiastic team, supportive of the Head of Department and of the students. In particular, clinicians in the teaching clinic provide an excellent learning experience for students.

- There is a strong mentoring ethos within the Department in which students in later years of the programme teach and support those in the lower years to the mutual benefit of all.
- An opportunity will be presented in the near future to remodel the programme as a professional Bachelors/Masters.

Weaknesses:

- The curriculum is content heavy with high contact hours for students. This heavy content, an over-emphasis on didactic delivery models and the frequency of assessments may risk the development of self-directed learning skills in students and consequently the capacity for life-long learning.
- The attrition rates in years 1 and 2 are substantial, for the most part due to failures rates in anatomy and chemistry. The chemistry in particular is at too high a level necessary for the education and training of clinicians and this may also be the case in other pre-clinical subjects.
- The emphasis placed on the research component is disproportionate to that appropriate in a clinical programme, and expectations of the scope and level of the Masters research dissertation are largely responsible for delayed graduation from the programme. This is compounded by the limited research experience and expertise of staff in the Department of Chiropractic.

Concerns:

There were none.

2. 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 (DUT)) require an outside CCE to carry out evaluations for international CCE-accredited status. Having satisfied the eligibility criteria and the evaluation process through a Self-Study Report (SSR) and on-site Evaluation Visit, DUT was afforded full accredited status with the ECCE in November 2009.
- 2.2 Having met the eligibility criteria, the COA considered the SSR submitted in 2009 by the university for accredited status. In November 2009, the COA approved the documentation, and approved an on-site Evaluation Visit to verify the documentation and consider other evidence available during the visit. Members of the Evaluation Team were nominated by the ECCE Executive and each member received the SSR two months prior to the visit.
- 2.3 The members of the Evaluation Team were:

Professor Jennifer Bolton (UK) Chair,
Dr Lise Lothe (Norway)
Dr Maria Browning (UK) and
David Burtenshaw (UK), Executive Secretary ECCE

Jennifer Bolton PhD, MA Ed, FHEA, FCC (Hon), FBCA, FFEAC	Professor in Chiropractic Education, and Director of Research and Graduate Studies at Anglo-European College of Chiropractic, UK. President, European Council on Chiropractic Education (ECCE).
Lise Lothe DC, MSc, FEAC	Chiropractor in private practice in Norway graduated from Palmer College, USA. MSc in Clinical Chiropractic (AECC) and currently postgraduate research student at the University of Oslo. Academic Registrar, European Academy of Chiropractic.
Maria Browning BSc, DC, MSc, Cert Med Ed	Lecturer and Clinical Tutor at Anglo-European College of Chiropractic, UK.
David Burtenshaw MA, PgCE, FRGS, FEAC, MCIE	Executive 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 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.

- 2.4 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). Based on the SSR and other evidence submitted beforehand, and on evidence given and observed at 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 accreditation of the University of Johannesburg.

- 2.5 All members of the Team were presented by name beforehand to the university, 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.
- 2.6 A draft timetable for the visit was sent to the university, and the final schedule sent in July 2010. A copy of the schedule is appended to this Report.
- 2.7 Members of the Team arrived in Johannesburg on 12 September 2010. The Team held a preliminary meeting on 12 September to confirm final arrangements for the visit. The on-site visit was from 13 to 16 September (inclusive). Meetings were held with staff and students of the institution and time was allocated for members of the Team to hold private meetings as the visit proceeded. This allowed the Team to reflect on the (written and oral) evidence it had been presented with, and enable the Team to request further evidence where clarification was necessary. A base was provided for the Team to hold their private meetings, and where the Team had ready access to all relevant files and documentation covering the previous 5 years. The Report was compiled on an on-going basis during the visit, and the final day was set aside to complete the draft Report and feedback orally to the institution.
- 2.8 Members of the Team were very well hosted by the university, afforded every courtesy and had full access to documentation and to staff and students of the university. Members of the Team and the ECCE extend their thanks and appreciation to the university.
- 2.9 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 university for factual verification. The Chair and Secretary finalised the Report and this was submitted to the Chair COA. The Chair of the Evaluation Team presented the Report to COA on 12 November 2010 and Dr Yelverton attended to receive the decision of the COA on behalf of the university.
- 2.10 This Report includes an Executive Summary, a description of the university and the findings of the Team regarding compliance of the university with the ECCE Standards. The Report ends with the Conclusions of the Team and any Strengths, Weaknesses and/or Concerns the Team wishes to draw to the attention of the COA. The format of the Evaluation Report was based on the ENQA Guidelines for External Reviews of Quality Assurance Agencies in the European Higher Education Area (www.engq.eu).

3. DEPARTMENT OF CHIROPRACTIC

- 3.1 The Department is one of eleven departments within the Faculty of Health Sciences (one of nine 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 of Chiropractic 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 (Allied Health Professions Council of South Africa (AHPCSA)) enabling graduates to practise as a chiropractor in South Africa.
- 3.3 Decisions regarding the provision of chiropractic education and training made at departmental level proceed at Faculty level to the Dean of the Faculty of Health Sciences. The Senate is the body 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 at departmental, faculty and institution (Senate) levels within clearly defined and proper structures within the university.
- 3.4 Besides the institution's internal quality assurance procedures, the chiropractic programme is subject to external review by the Higher Education Quality Committee (HEQC) of the Council for Higher Education (CHE), which is, by legislation, charged with the accreditation of institutions and programmes in higher education in South Africa. Programmes and institutions are reviewed by HEQC on a five-yearly basis.
- 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.
- 3.6 As part of a Report (HEQC August 2006) it was agreed between HEQC and the University of Johannesburg and DUT that the institutions (University of Johannesburg and DUT) should first be evaluated by HEQC for national accreditation before applying for international accreditation by the ECCE. Full accreditation by HEQC of the chiropractic programme offered at the university was conferred in August 2007.
- 3.7 To prepare for the HEQC evaluation, the University of Johannesburg and DUT engaged in a lengthy process of developing the chiropractic programmes using the HEQC Accreditation criteria and the ECCE Standards. These criteria were approved by HEQC, and both institutions were requested to prepare self-evaluation documents based on these. The ECCE was invited to participate in the HEQC evaluations, but respectfully declined on the basis of a potential conflict of interest and the possibility of compromising its own evaluation process in due course.
- 3.8 Chiropractic education and training provided by the University of Johannesburg 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, including 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).

- 3.9 The following section details the findings of the Evaluation Team with regard to the compliance of the university 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 university prior and during the on-site visit as well as from face-to-face meetings arranged as part of the on-site visit.

4. ECCE STANDARDS COMPLIANCE

4.1 AIMS AND OBJECTIVES

4.1.1 Statement of Aims and Objectives

The chiropractic institution must define the overall aims and objectives of the undergraduate 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 an established university, and has a vision and mission statement aligned with that of the university. The university's vision, mission and values are clearly articulated.

The purpose of the M Tech(Chiro) programme is set out in the Faculty of Health Sciences Undergraduate and Postgraduate Prospectus (2009):

'Persons achieving this qualification will be eligible to register as interns with the Allied Health Professions Council of South Africa, and as interns they will be able to render a service, including the prevention, cure and rehabilitation of disease and the promotion of health, as well as the application of primary health care principles and practices to both rural and urban societies, including the management of neuro-musculo-skeletal disorders. Following completion of the internship they will be competent and legally entitled, as granted by the appropriate authority, to practise independently as chiropractors, to conduct research in the field and to interact with other health-care professionals.'

The programme is registered on the National Qualifications Framework administered by the South African Qualifications Authority (SAQA).

4.1.1b Analysis

The purpose of the chiropractic education and training provided by the university is entirely consistent with the graduation of safe and competent chiropractors.

4.1.1c Conclusion

The university 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 chiropractic programme is delivered in the context of quality assurance principles and procedures both within and external to the university and as such is overseen by a number of stakeholders. In the university the Senate and Faculty management have oversight of the aims and objectives of the programme. In particular the Academic Advisory Committee that meets on an annual basis provides information relevant to the aims/outcomes of the programme. This committee has representation from academic staff, students, the profession (CASA) and members of the chiropractic profession with an interest in education. 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.

4.1.2b Analysis

It is apparent that a number of stakeholders, both internal and external to the university, have oversight of, and contribute to the aims and objectives of the programme.

4.1.2c Conclusion

The university fully complies with Standard 1.2.

4.1.3 Academic Autonomy

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

4.1.3a Description

The Department is an autonomous one operating within the Faculty of Health Sciences. The Head of Department reports to the Dean of the Faculty. The Department is represented by the Head or delegated representative on all faculty committees; the head of the Department is a member of Senate. The Head of Department is autonomous in making decisions regarding the staffing of his department (within budget constraints), direction of staff, and has the authority to determine the content (and level) of education provided by the service departments including assessments.

4.1.3b Analysis

Within the procedures and processes of the university, the Department of Chiropractic has complete autonomy with respect to the content and delivery of the chiropractic curriculum, and scrutinises those subject areas (and related assessments) taught by staff outside of the Department (basic sciences and related pre-clinical subjects). There is no evidence that any undue influences are brought to bear so as to compromise the operation and activities related to the provision of chiropractic education and training.

4.1.3c Conclusion

The university fully complies with Standard 1.3.

4.1.4 Educational Outcome

The chiropractic institution must define the competencies (exit outcomes) that students must 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 outcomes are listed, and encompass the knowledge of the basic sciences and psychosocial sciences, communication skills, and the knowledge and skills to assess, diagnose, treat and manage patients. The individual subject contribution to each of the exit outcomes is tabulated, and subject specific outcomes are given in the subject learner guides.

4.1.4b Analysis

The exit outcomes are articulated and subjects taught as part of the curriculum are each mapped against these. The exit outcomes are consistent with the outcomes as defined in the ECCE Standards.

4.1.4c Conclusion

The university fully complies with Standard 1.4.

4.2 EDUCATIONAL PROGRAMME

4.2.1 Curriculum Model and Educational Methods

The chiropractic institution 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 is a traditional one, with a clear demarcation between the basic and pre-clinical sciences taught in the early years (years 1 and 2) and the clinical subjects taught in year 3 and beyond. The basic and pre-clinical sciences are taught by service departments and by subject-specialist tutors. The team met with the chemistry, physics, anatomy, physiology and psychology tutors, and reviewed the teaching facilities in anatomy and the science laboratories. The teaching methods are largely didactic apart from practical clinical skills and dissection that are taught in practical settings; where there are large cohorts of students these are divided to accommodate the facilities available. The curriculum content is almost entirely delivered as taught material, and consequently the timetable is a packed one with students largely attending classes on a daily basis from early morning to late afternoon. Each course taught within the curriculum has a learner guide, which describes the syllabus and assessment strategy for that subject.

4.2.1b Analysis

There appears to be little diversity in teaching and learning delivery and assessment models with a heavy emphasis on didactic teaching. The core material is taught to all students and there appears to be little opportunity for students to study areas of individual special interest (apart from the research dissertation). The amount of taught material means there is little room in the timetable for students to reflect and participate in group work and problem-solving activities where students can research different aspects in focused areas and contribute to the learning of their peers. This content heavy, didactically focused curriculum may limit the learning experience for students, and encourage passive learning strategies. More room in the curriculum might be achieved by targeting the content and level of the subjects taught, particularly in the pre-clinical sciences, and integrating

the pre-clinical and clinical subjects, so enabling approaches to teaching and learning that facilitate self-directed learning skills and encourage the attitudes of life-long learning

4.2.1c Conclusion

The university is partially compliant with Standard 2.1.

4.2.2 Theory of Chiropractic and the Scientific Method

The chiropractic institution must teach the theory and principles of chiropractic practice, 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 history and theory of chiropractic is taught in year 1, and integrated in other subject areas as appropriate throughout the curriculum, for example in Principles and Practice of Chiropractic, Diagnostics and Clinical Chiropractic. Students are taught research methods in year 4 in preparation for the research proposal and protocol for their research dissertation in years 5 and 6. This course covers the research process, data collection and analysis, and proposal writing, and is taught by subject specialists. In addition, the students described that they are exposed to research evidence during formal instruction by chiropractic staff, and that they regularly use research evidence as a part of their theoretical and clinical assignments.

All Masters students undertake an individual research dissertation complying with the university's procedures and policies for approval including ethics approval at university level. This involves the preparation of a research proposal, and students are allocated a research supervisor from the full time staff of the Department of Chiropractic. Students are encouraged to undertake clinical trials, and have access to the university's support systems for statistical analysis methods. The research dissertation is approximately 20,000 words in length and a recent introduction has been that following submission, students must write up their research work in a publishable format.

4.2.2b Analysis

Students are appropriately exposed to the principles and theory of chiropractic, and students appeared well informed of the role of chiropractic in modern healthcare delivery. There appeared to be an over-emphasis of teaching students how to 'do' research rather than how to 'use' it as a clinician. For example, there appeared to be limited formal instruction in the steps of evidence-based medicine, and systematic approaches of finding and appraising research evidence, and in applying research evidence together with clinical experience in patient management. Given the importance of educating students to become evidence-based practitioners rather than researchers, a reappraisal of the balance between these two aspects of research training is suggested.

The research dissertation is emphasised in the programme as this is a Masters qualification. In some respects there seems to be a disproportionate emphasis on research, and the research dissertation significantly contributes to the necessity for a sixth year of study. The scope of the work and nature of the designs adopted (clinical trials) means that the dissertation work is onerous, particularly the time spent in recruiting patients for trials. A more comprehensive approach to research designs permissible for the dissertation may help reduce the time necessary to undertake the work involved in this component of the programme.

4.2.2c Conclusion

The university is substantially compliant with Standard 2.2.

4.2.3 Basic Biomedical Sciences

The chiropractic institution 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 biomedical sciences are mainly taught during the first 3 years (N Dip) of the programme. Only chiropractic and homeopathic students attend the classes. The basic biomedical sciences are taught by service department staff, and the chiropractic programme is able to take advantage of the expertise, facilities and resources provided by subject specialist tutors. All the required disciplines in basic and pre-clinical sciences are taught as part of the curriculum. The anatomy facilities were particularly impressive and students have the opportunity to participate in cadaveric dissection in small groups. During the first year the students are taught chiropractic history and philosophy by a chiropractic member of staff and a chiropractor is brought in to facilitate students' understanding of the clinical relevance of the basic sciences. Fifth year students are brought in as tutors for the dissection classes as part of a formally organized student mentoring scheme.

4.2.3b Analysis

The basic and pre-clinical science staff are enthusiastic about teaching chiropractic students and tailor the basic science curriculum towards the needs of chiropractic (and homeopathic) students. The utilization of 5th year students facilitates the link between the basic and the clinical sciences. The basic sciences are revisited in later parts of the curriculum; a stronger link to the psychology department for students in clinic would be beneficial when students are exposed to real life psychosocial issues in the clinic. The basic biomedical sciences have a generous component of the curriculum that may exceed what is necessary to form a solid base for the health sciences and chiropractic in particular. In the first two years there is a high attrition rate, most particularly in chemistry and anatomy. These issues have been addressed but to some extent are unresolved. Dialogue should continue between the excellent resources of the service departments and the chiropractic staff ensuring that the chiropractic context can be included wherever it is appropriate and feasible to do so, and that content not directly or indirectly applicable to chiropractic practice can be excluded.

4.2.3c Conclusion

The university substantially complies with Standard 2.3

4.2.4 Behavioural and Social Sciences, Ethics and Jurisprudence

The chiropractic institution 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

Psychology and sociology are taught by service departments and a clinical psychologist in years 1 and 3. The biopsychosocial model of chronic pain, non-specific neuromuscular pain conditions and

patient-centred care are taught by chiropractic staff in year 4. Aspects regarding professional practice, including reflective practice skills, communication skills, legal and local national regulatory requirements and codes of ethical practice are covered within the first two months of entering the Masters programme (year 5).

4.2.4b Analysis

There appears to be sufficient and relevant information given to students and the curriculum fully covers the required areas.

4.2.4c Conclusion

The university fully complies with Standard 2.4.

4.2.5 Clinical Sciences and Skills

The chiropractic institution 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 key competencies (knowledge, skills and attitudes) ensuring clinical competence upon graduation are taught. The clinical sciences, including obstetrics and gynaecology, paediatrics, geriatrics, nutrition, dermatology, pathology, neurology, and orthopaedics are taught by chiropractic staff. The clinical skills, including case history taking, physical examination, clinical procedures, investigations, diagnostic skills, spinal analysis, treatment procedures (manual therapy, myofascial therapy and dry needling) and auxiliary modalities (therapeutic ultrasound, interferential, TENS, thermotherapy, cryotherapy, cold laser), rehabilitative exercise, communication skills, patient care and management, patient advice and education relating to prevention of disease and health promotion are taught by chiropractic staff. All chiropractic staff on the programme must have been qualified for a minimum of 2 years. Radiography and radiology are taught by specialists in those fields, enabling the graduate to include these procedures in their daily practice. The conditions commonly seen in South African chiropractic clinics are well reflected in the curriculum. Competency is demonstrated in general diagnosis and referral procedures consistent with the scope of practice in a primary contact setting.

4.2.5b Analysis

All areas with regard to the clinical sciences and skills are comprehensively covered in years 3 to 5, giving the student an excellent foundation in clinical reasoning.

4.2.5c Conclusion

The university fully complies with Standard 2.5

4.2.6 Clinical Training

The chiropractic institution 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.

4.2.6a Description

In year 1 all students are required to undergo examination and treatment in the chiropractic clinic. Students in the 4th year begin reception duties and an observation programme of all aspects of the clinic environment. The student must pass an OSCE prior to entering clinic in year 5, then twice a year until all requirements are met and upon clinic exit.

There are 2 clinicians on duty at all times during clinic opening hours with an additional 2 assistant clinicians (6th year students) during the afternoon shift assisting in the supervision of a maximum of 20 students. The radiology unit is staffed by a radiographer twice weekly for x-rays and a radiologist is available to interpret images with the students once a week. Full attendance at radiology and radiography duties is a requirement.

According to university requirements, the minimum number of new patients is 35 with 350 follow up consultations, which must be approved by a clinician. This may include up to 50 research patient treatments. There are no set criteria but a mix of cases is required. The clinic files are periodically audited by a clinician and the clinic coordinator ensures that each student has fulfilled the requirements. There is no off-site clinic facility. There is no organised observation programme in private chiropractic practices but students are welcome to observe staff in their private practices.

The Student Chiropractic Sports Council organises the presence of students at sporting events. They are able to use myofascial techniques at their level of training at these outreach activities but not perform spinal manipulations. There are also spinal screenings organised at local schools.

4.2.6b Analysis

The patient numbers for the clinic are approximately 1000 per month excluding those brought in through the internship programme. At present there are approximately 60 students practising in the clinic of which 45 are 5th and 6th year students. With this student to patient ratio it is unlikely that a student can complete the clinic requirements in a 12 month period. The ECCE standard requirement of 40 new patients where 5 can be observations is met but for the recommended 400 follow-up treatments the programme falls short. There is no apparent organised clinic contact before the end of 3rd year, other than as a patient, and no opportunity for the student to observe clinical procedures in practice, learn from experienced chiropractors other than university staff and maintain the motivation for becoming a chiropractor. The 5th year students are observed at every patient encounter. The staff and tutor availability is very good and the procedures that are followed to ensure safe and competent patient care are satisfactory.

4.2.6c Conclusion

The university substantially complies with Standard 2.6

4.2.7 Curriculum Structure, Composition and Duration

The chiropractic institution 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.

4.2.7a Description

The curriculum is a five year full time programme structured as National Diploma (3 years), BTech (1 year) and MTech (1 year). However, it is not possible to complete the final Masters qualification in one year and this almost always takes the student 2 years to complete, although it is not unusual for students to extend their Masters studies into a third year. During the Masters period, students are in

taught classes and in clinic in year 1 (5th year), and continue their clinical training in year 2 (6th year). Because there is little room to do their research dissertation in the 5th year, the majority of the research work is undertaken in the 6th year. Students are informed that this is a 6 year programme at the time of entry, and for all intents and purposes, the chiropractic programme is considered a full time 6 year programme by staff and students alike.

The basic and pre-clinical sciences are taught in years 1 and 2 of the National Diploma, and students are introduced to clinical subjects in year 3. In year 4 (BTech), students are taught more advanced clinical knowledge and skills in preparation for the M(Tech) curriculum, which consists of taught material, clinical training and the research dissertation.

4.2.7b Analysis

The traditional nature of the curriculum means there is little integration between the pre-clinical and clinical subjects. An integrated approach would mean that clinical subjects are taught from the start of the 6 year programme and underpinned by relevant basic sciences and the psychosocial sciences as appropriate. Notwithstanding, there was evidence that the basic and pre-clinical science tutors make considerable efforts to tailor the material for chiropractic students. There may however be more that can be done to reduce the amount of pre-clinical and basic science material taught to chiropractic students, as well as the level at which these subjects are taught. Notwithstanding, the curriculum must, and does conform to national requirements set by the regulatory body (AHPCSA).

The ECCE Standard is that undergraduate chiropractic education and training is a five year full time programme. The programme at the university is 6 years with a small number of students extending into a 7th year.

4.2.7c Conclusion

The university partially complies with Standard 2.7.

4.2.8 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.

The curriculum committee must include representation from basic science and chiropractic teaching staff, students and other stakeholders.

4.2.8a Description

Chiropractic education in South Africa has been developed within the national statutory framework. At the university level the Department is able to make minor changes to the curriculum. The process of making changes may be the result of evaluations of at risk modules, input by the lecturer and/or input from the student body. The Head of Department is responsible for implementing the changes to the curriculum and the assessment methods. Major changes must be submitted to the Faculty Management Committee and upward to the university Senate. Approved changes are then incorporated into Faculty regulations. There will shortly be an opportunity to remodel the programme to bring it into line with statutory requirements for professional Bachelor and Master degrees.

4.2.8b Analysis

The current management of curricular changes is responsive to identified needs. However, such a system of minor revisions may have several outcomes; the programme could become heavier, the changes produce a less coherent curriculum, and delivery may become more didactic and less in line with current best practice. The statutory changes for professional degrees will provide the opportunity for a major restructuring which would meet the suggested pattern of “restructuring from time to time” noted in the Standards.

4.2.8c Conclusion

The university substantially complies with Standard 2.8.

4.2.9 Linkage with Subsequent Stages of Education and Training, Chiropractic Practice and the Health Care System

Operational linkage must be assured between the undergraduate 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.

4.2.9a Description

The chiropractic curriculum can realistically be completed in six years and qualifies the student to practise as a chiropractor. When the clinic requirements have been met and the Masters dissertation has been submitted, the student can register in the post-qualification internship programme. Registration with the AHPCSA is possible after successful completion of an internship portfolio which includes the internship requirements of 30 new patients and 100 follow up consultations and 675 hours spent working in the public health sector, commonly in the private practices of the clinic staff. Generally the internship programme is completed in the 6-12 weeks it takes to assess the Masters dissertation and the student receives full qualification at the time of graduation. Work placements are not formalised but the staff keep the students informed about vacancies in the profession. CPD regulation is under development and the proposal is for 20 CPD hours a year. The university is presently not offering CPD courses to postgraduate chiropractors but intends to do so once CPD becomes mandatory.

4.2.9b Analysis

The university assists students to obtain the patient requirements for the internship programme. The student is allowed to practise as a chiropractor intern in the university clinic in the period after their programme clinic numbers have been met and before the Masters dissertation has been assessed and registration with the AHPSCA is possible. The AHPSCA has delegated the management of the internship programme to each university. The person assigned to oversee the internship programme is one of the chiropractic staff at the university. Due to the close relationship between the university programme and the internship programme both in patient contact and clinic/intern supervisor contact, there is a concern that the transition to private practice is too guided by the university and that the objective of an internship period may be compromised although this falls outside of the remit of this Report.

4.2.9c Conclusion

The university fully complies with Standard 2.9

4.3 ASSESSMENT OF STUDENTS

4.3.1 Assessment Methods

The chiropractic institution 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 Faculty published a comprehensive policy on assessment in 2007. It had already developed a policy of continuous assessment in 2004 and instituted a system of learning guides which outline the assessment requirements for all modules. The number, type and weighting for all assessment are clearly stated. The didactic approach to learning results in a somewhat overly prescriptive approach to assessment and a lack of variety of assessment formats in the programme. Inspection of the learning guides revealed the extent of over assessment. In one case the students received 8 formative assessments and 5 summative assessments (there are 2 supplementary (resit) assessments listed). The students expressed the opinion that they felt that they were moving from assessment to assessment rather than assimilating, understanding and applying knowledge as part of the training of a reflective practitioner.

Progression rules are clear and understood by the students. There is an appeals procedure in place. The lecturers are responsible for the setting and marking of assessments. At the progress level assessments are moderated by internal moderators whereas exit award subjects are moderated by external moderators. Examiners and moderators are present at practical examinations.

4.3.1b Analysis

The number of assessments in any one academic year is excessive and may result in students working for assessments rather than understanding and reflecting upon the knowledge and skills they have acquired. The Department reassesses the existing diet of assessments on a regular basis but it does not appear to have developed many new forms of assessment in recent years.

4.3.1c Conclusion

The university partially complies with Standard 3.1.

4.3.2 Relation between Assessment and Learning

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

4.3.2a Description

Assessment methods and criteria are made clear to students at the outset of each module through the learner guide for each course. The Department maintains that the methods of assessment change as the level of study progresses. However, the evaluation team found that the diet of assessments was rather repetitive and did not make enough use of alternative, modern assessment practices. The students commented on the excessive amounts of learning demanded by the current system although they recognised why that was the case. Assessments in the first three years are of individual disciplines and as such, lack integration. However, material delivered early in the

programme is revisited at later stages. Information that enables the student to understand the current relationship between teaching and learning is available in the learning guides.

4.3.2b Analysis

There is a strong relationship between the assessment principles and the educational aims of the Department and the chiropractic profession in South Africa. The current forms of assessment reflect the strong didactic nature of the curriculum in the first three years. The repetitive nature of the assessments in the first three years may be the product of a heavy curriculum taught by a small number of staff. Revisiting material later in the programme enables the students to appreciate the relevance of what they have learned previously.

Integration of learning is for the most part vertical and needs to have a stronger horizontal component. Revision to the programme being undertaken by the Course Committee might consider integration between the early and later years occurring from the outset of the programme.

4.3.2c Conclusion

The university partially complies with Standard 3.2

4.4 STUDENTS

4.4.1 Admission Policies and Selection

The chiropractic institution 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 admissions policy has been recently revised (2008) to take account of changes in the South African secondary education system. Students matriculate in 6 subjects that include two languages and Life Orientation. For the chiropractic programme Life Sciences, Physical Sciences and Mathematics are required. Minimum Academic Points Scores (APS) are stated for entry to the programme. Students in year 1 are also required to take the National Benchmark Test in Academic and Quantitative Literacy.

Approximately 180-190 apply for places on the programme and 100 are called for interview by the Head of Department, a staff member and a student representative. The Faculty manages the system of offers and acceptances. Mature students, foreign students and student transferring from other institutions are considered and accepted in line with university regulations.

4.4.1b Analysis

The admissions process is extremely thorough and monitored by the university. It makes its policies clear in the prospectus and in the discussions at interview. The entry profile is very strong and contains a range of highly motivated and well qualified students.

4.4.1c Conclusion

The university 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 to provide adequate resources at all stages of the programme.

4.4.2a Description

The student intake in the first year is 40. This number rises to 50 because a relatively high proportion of students are repeating subjects. This strategy has been approved by the Faculty's Strategic Planning group and is reconsidered on an annual basis. A total of 216 students are enrolled on the programme.

4.4.2b Analysis

The university is able to provide adequate resources for students at all stages of the programme. Any increase in numbers would require extra staffing resources.

4.4.2c Conclusion

The university fully complies with Standard 4.2.

4.4.3 Student Support and Counselling

The chiropractic institution 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

Student support and counselling begins from the moment students enrol. The Faculty has an orientation programme that complements the academic programme. The Department provides an A-Z of Studying Chiropractic while the student body, the Student Chiropractic Association of Gauteng (SCAG), provides a range of social activities that engender a 'family atmosphere' among the student body. The university's Centre for Psychological Services and Career Development (PsyCad) provides a wide range of support to enable students and staff to enhance their performance, including trauma counselling, stress management, family issues and psychological issues. The departmental staff readily make themselves available to counsel students on both academic and personal matters. In addition, senior students act as mentors to students in their early years in the Department. There is a student housing organisation, Unistay that organises residential provision.

4.4.3b Analysis

Student support in the university is comprehensive and is embedded at a range of levels. Support within the Department has resulted in strong collegiality and mutual support among the staff and students. 'Support is the best aspect of the course' was an opinion voiced by the students. The mentoring system received high praise from the student body.

4.4.3c Conclusion

The university fully complies with Standard 4.3.

4.4.4 Student Representation

The chiropractic institution 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

Student representation is widespread throughout the university. SCAG was founded to represent students within the programme. Its Chairperson meets regularly with the Head of Department. In

addition, all years elect a class representative. The representative is the focal point for the concerns of a class that can be taken to the minuted, termly meeting with the Head of Department. Feedback is provided to the various year groups by the class representatives. The Chair of SCAG also attends the annual meeting of the Academic Advisory Committee and reports on behalf of the student body. There is also financial support for students attending the World Congress of Chiropractic Students (WCCS) by the university.

4.4.4b Analysis

Student participation is built into all aspects of the university. The Head of Department values the input of students and acts on most suggestions, reporting back at the next class representatives' meeting.

4.4.4c Conclusion

The university fully complies with Standard 4.4.

4.5 ACADEMIC and CLINICAL STAFF

4.5.1 Staff Recruitment

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

4.5.1a Description

There are two full time and three $\frac{5}{8}$ full time members of chiropractic staff (staff granted time to work in their own private clinics). In addition there are 20 part time chiropractic staff. These figures exclude lecturers in the service departments. The resulting Staff:Student Ratios are 1:22 for the first three years of the programme and 1:9 in the final two (clinical) years. Staffing is subject to agreement between the Head of Department and the Dean. There is leeway for the Department to hire a full time and two part time posts. With such a small full time complement and a small profession with an interest in education, there is some difficulty in both appointing and promoting staff.

4.5.1b Analysis

This is a small staff base and as result of the curriculum load, leaves staff little time for research and scholarship. However, the Head of Department manages the staffing resources so as to provide a high standard of chiropractic education and training, and students considered staff availability for consultation was good. With increasing numbers of students and expectations of lower attrition rates in the future, the staffing resource should be kept under constant review.

4.5.1c Conclusion

The university substantially complies with Standard 5.1.

4.5.2 Staff Promotion and Development

The chiropractic institution must have a staff 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 Head of Department is formally appraised twice a year by the Dean of the Faculty of Health Sciences (line manager). Although there are no formal appraisals of other staff in the Department of Chiropractic, these happen on an informal and iterative basis with the Head of Department. These appraisals are not directly linked to merit or promotion although there are plans to implement a new performance management system. Staff can apply to their line manager for time and money to attend conferences and other staff development events, and it appeared that this was not problematic. None of the chiropractic staff is currently enrolled on a higher degree programme or formal development programme.

4.5.2b Analysis

A formal appraisal system for chiropractic staff, apart from the Head of Department, is not in place. However, in 2009 all staff in the Department were appraised with the focus on staff development needs. As a small department there is inevitably ample opportunity for informal exchange of views and ideas, and undoubtedly this will substitute in part for lack of formal structures. A formal process would however document staff performance and development needs, and provide transparent feedback to staff to facilitate change and improvement in their practice, as well as identification of their learning and development needs.

4.5.2c Conclusion

The university partially complies with Standard 5.2.

4.6 EDUCATIONAL RESOURCES

4.6.1 Physical Facilities

The chiropractic institution must have sufficient physical facilities for the staff and the student population to ensure that the curriculum can be delivered adequately, and library facilities available to 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 Department is housed in the John Orr building on the Doornfontein campus of the university which will be the site of the entire Faculty of Health Sciences once reorganisation is completed. The building contains shared lecture facilities together with specialist laboratories for the basic sciences (physics, chemistry, histology, osteology, physiology, biology and dissection) and accommodation for teaching and administrative staff. There are two dedicated chiropractic technique rooms containing 17 basic tables, 4 examination tables and 14 manipulation tables. Some tables are equipped with drop head-sections. A separate clinical practice room shared with homeopathy students has 24 tables.

The Faculty library is housed in the same building. Students may make use of the library facilities on any of the other 4 campuses.

The John Orr building has a range of computer rooms some of which are open laboratories with Internet access while others provide restricted access having no internet connections. Staff have access to laptops and data projectors to use in the classrooms.

4.6.1b Analysis

The facilities available for teaching on the programme are of good quality. In the case of dissection, the facilities are of a particularly high standard. Full time staff rooms are all equipped with computers. A separate room is provided for part time staff. Not all lecture rooms are equipped with audio visual systems although the Faculty has a programme to upgrade the traditional classrooms. The library has a dedicated chiropractic librarian and provides a very good reference collection and range of textbooks across the field of health sciences including chiropractic. There was some pressure on the open computer rooms although the team were assured that there are times outside of the peak hours when the machines are readily available.

4.6.1c Conclusion

The university fully complies with Standard 6.1.

4.6.2 Clinical Training Resources

The chiropractic institution 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 chiropractic clinic is on campus and shares a building and main reception with the homeopathy, somatology and radiography clinics but also has its own reception in another area. The opening hours are 8.30am to 5.00pm, Monday to Friday. There are 20 treatment rooms with two different types of table. The ratio of rooms to 5th year students is 1:1 and for 6th years is 1:2. There are 2 rooms for student and clinician consultations, one rehabilitation and modality therapy room, which is subdivided by privacy curtains, a staff room, student common room with lockers, a computer room for students but without internet access, storeroom, strong-room and radiography suite, including x-ray, thermography, diagnostic ultrasound and mammography. All equipment is regularly maintained. Strict guidelines are adhered to regarding safe disposal of sharps. Fifth year students have use of the clinic facilities to see patients in the afternoons and 6th years use the clinic in the mornings. Students must remain in the clinic and available to see patients throughout their entire shift.

4.6.2b Analysis

The clinic is equipped to a suitable standard for a good clinical experience. However, students have no access to internet or library facilities for use in between patients. This affects their ability to investigate the literature pertaining to patient cases or regarding their dissertation and may have an impact on lifelong learning habits. There is no offsite clinic or opportunity to observe other healthcare facilities (e.g. hospital placements).

4.6.2c Conclusion

The university substantially complies with Standard 6.2

4.6.3 Information Technology

The chiropractic institution must have sufficient IT facilities for 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

IT is centrally managed at the university. The IT Department is responsible for all hardware and software. Open laboratories provide access to the internet and Edulink. Edulink is the virtual interface between the student and the academic programme. Lectures are posted on it, notices are circulated and marks are issued via this secure system. IT is an integral part of teaching although some smaller rooms are not equipped. IT is extensively used in research, and preparation and writing up of the Masters dissertations. IT use in the clinic is limited and there is no opportunity to consult internet sources from the clinic.

4.6.3b Analysis

Edulink is a valuable aid to the students' learning experiences as it enables them to access their learning resources at a distance. The lack of formal IT training may affect those students who do not own their own computer or do not have access to one outside the university. Computer facilities in the clinic should have internet access.

4.6.3c Conclusion

The university partially meets Standard 6.3.

4.6.4 Educational Expertise

The chiropractic 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 who deliver the programme have a Masters level qualification. The university provides teaching and learning workshops that enhance staff performance in the classroom. There are specific budget allocations for this activity. At present, the chiropractic staff do not undertake educational research themselves because of the time pressures placed on them. Nevertheless, there is expertise in the university (the Division for Institutional Planning and Quality Promotion) which may be used to develop new approaches in teaching practice.

4.6.4b Analysis

Educational expertise is available at the university level. However, because the curriculum has only been subject to relatively minor amendments and not a full revision, such expertise has yet to be fully utilised. There is a need for chiropractic staff to be encouraged to complete doctoral qualifications but this cannot happen with such a small staff complement.

4.6.4c Conclusion

The university partially complies with Standard 6.4.

4.7 RELATIONSHIP BETWEEN TEACHING AND RESEARCH.

University of Johannesburg Final Evaluation Report October 2010

The chiropractic institution must facilitate the relationship between teaching and research, and must describe the research facilities and areas of research priorities at the institution.

4.7.1a Description

All full time staff in the Department (5) are involved with supervision of Masters research dissertations, and some of the part-time staff are involved in co-supervision. Apart from the involvement with student research work, staff are not involved in their own research studies or research fields. Although all chiropractic staff has a Masters degree, none of the staff has extensive research experience or expertise, nor hold a research degree.

The university encourages publication of research through financial incentive schemes whereby the researcher can use part of the funds received for their own development and attendance at research conferences.

4.7.1b Analysis

It is apparent that although staff are involved in research supervision, and the intention is to publish papers from student dissertations (2 for 2010), the Department is not research active in terms of staff generated or staff conducted research. This is entirely understandable given the limited size of the staff base, and the duties and responsibilities required in managing and delivering the chiropractic programme. In other words, at this level of staffing, there is little opportunity to devote the time necessary to developing an area of research interest. Government funding for research is exclusively through the universities in South Africa.

4.7.1c Conclusion

The university is not in compliance with Standard 7.

4.8 PROGRAMME EVALUATION

4.8.1 Mechanisms for Programme Evaluation

The chiropractic institution 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. The Senate, along with its associated committees, is accountable to the university's council. Each Faculty reports directly to the Senate every semester. The Vice Dean of the Faculty of Health Sciences is responsible for QA of the chiropractic programme at Faculty level. The panel for the internal review of the Department of Chiropractic is comprised of representatives from relevant stakeholder groups. The last internal review took place in 2007 as part of the final evaluation process for accreditation by the Council for Higher Education (CHE).

Learning, assessment and marking guides focusing on at risk subjects in the Faculty have been produced, beginning with year one. This will be an ongoing process for the Senate Teaching and Learning sub-committee, which reports each semester to the senate.

External examiners for the programme are appointed by the Faculty Board for all subjects considered as exit level. External examiners for research dissertations are appointed by the Higher

Degrees Committee. They receive a policy pack with guidelines and individual training where possible with the Head of Department.

The Head of Department 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 has excellent mechanisms in place for programme evaluation, identifying issues of quality, student progress and student outcomes. Re-accreditation by the CHE takes place every 5 years.

4.8.1c Conclusion

The university fully complies with Standard 8.1

4.8.2 Staff and Student Feedback

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

4.8.2a Description

All students have the opportunity to discuss issues with the class representative who reports to the Head of Department. Should the issue remain unresolved, the Head of Department and/or class representative will report to the Dean. However, students are encouraged to speak directly to lecturers regarding academic issues as the cohort is small and most issues are resolved satisfactorily in this way.

All students complete annual student-lecturer assessment forms to identify potential problems within the Department. These are analysed by the Head of Department who discusses any issues with the lecturers. The students also complete a student experience survey for the institution. Alternative avenues of student feedback are reported in section 4.4.4. Feedback from academic staff is obtained via regular departmental meetings.

4.8.2b Analysis

The Department has adequate and varied methods of staff and student feedback.

4.8.2c Conclusion

The university 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 chiropractic programme.

4.8.3a Description

A report is produced each semester for all assessments indicating pass/fail statistics. The Head of Department identifies at risk students (those who have scored less than 60% in a module) via analysis of class results. In such cases, the student is called to a meeting with the Head of Department to discuss the situation and establish a plan to address any problems that exist. A written record is made of the discussion and any measures taken. A Faculty annual report is produced and reported to the Senate. In 2009, specific processes were introduced by the Faculty where subjects identified that had a success rate of less than 85% were required to be identified and specified interventions per subject indicated. This process identified that chemistry theory 1, anatomy and physiology 1, anatomy 2 and physiology 2 scored below 85% (range 62-74%). The Department took remedial action which resulted in a small improvement in success rates. However, for chemistry the rate remained below 85%. Review of written documentation reveals that the attrition rate in the first two years is high. However, after the third year there is appropriate student progression until year 5 where, in the majority of cases, students are working into a 6th and sometimes 7th year in order to complete the dissertation.

4.8.3b Analysis

The Department has thorough procedures for monitoring student cohort performance. However, it is difficult to complete all requirements, including the dissertation, within 5 years. This may have an impact on students both financially and in their professional attitude. As a 5 year programme it should be possible to complete all requirements within the stipulated time period of 5 years. The evaluation team appreciates that the Department recognises this.

4.8.3c Conclusion

The university substantially complies with Standard 8.3

4.8.4 Involvement of Stakeholders

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

4.8.4a Description

A range of stakeholders including students, staff, the university, Allied Health Professions Council of South Africa (AHPCSA), Council for Higher Education (CHE) and the Chiropractic Association of South Africa (CASA) provide input to programme evaluation. Formal quality assurance evaluations by the CHE take place on a 2 year cycle.

4.8.4b Analysis

There is sufficient and relevant involvement of and reporting to stakeholders by the Department.

4.8.4c Conclusion

The university 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 must be defined, including their relationships within the university (as appropriate).

4.9.1a Description

The Department of Chiropractic is one of eleven departments residing within the Faculty of Health Sciences which is one of the nine faculties at the University of Johannesburg. The Head of Department or appointed member of staff is represented on all committees of the Faculty and the Head of Department is a full member of the university Senate which is the body responsible for academic matters at the university. The Senate is accountable to the university's Council for all academic and other functions assigned to it by the Council.

4.9.1b Analysis

The Department of Chiropractic has direct representation at Faculty and Senate levels and has authority to manage the chiropractic curriculum within the boundaries of the university system. The 3+2+1(2) year curriculum is facing a future change to a 4+1 year curriculum in order to adhere to a proposed change in the national educational system. The Master exit level is overseen by the Faculty Higher Degrees Committee that sets the prerequisites for the Master dissertation.

4.9.1c Conclusion

The university fully complies with Standard 9.1

4.9.2 Academic Leadership

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

4.9.2a Description

The Head of Department reports directly to the Dean of the Faculty of Health Sciences and is represented on relevant committees and in the Senate. There is an upward extension on the chain of academic leadership to one of the five Deputy Vice-Chancellors to the Pro Vice-Chancellor of the university. Students and staff report to the Head of Department and all parties involved are aware of the line of reporting. Issues arising are resolved at an individual and lower level first where possible and thereafter are referred at Faculty level.

4.9.2b Analysis

The Head of Department has a good working relationship with staff, students and managers. The line of authority is clear and availability seems to be the hallmark of the leadership position in the chiropractic programme. The Head of Department has personal positions in regulatory and professional bodies outside of the university, which can be both an asset and a risk in that it could be a source of conflict of interest at times. The academic and administrative responsibilities of the Head of Department are clearly defined. The Department of Chiropractic is well respected within the institution.

4.9.2c Conclusion

The university fully complies with Standard 9.2

4.9.3 Educational Budget and Resource Allocation

The chiropractic institution 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 Head of Department identifies the needs and proposes a budget which is included in the Faculty budget on a yearly basis. The Dean is free to allocate resources within the Faculty. Members of staff are remunerated in accordance with university policies. The university is rewarded for each research publication and to stimulate research the author is remunerated with 50% for national publications and 70% for international publications. The approved budgetary allowances are the responsibility of the Head of Department to ensure the limits are not exceeded. Maintenance of equipment and upkeep of premises are provided through the university system.

4.9.3b Analysis

Measures are taken to ensure that enough resources are allocated for the part time staff to attend to student needs outside of lecture contact time; these are reflected in a higher salary. Overtime for full time staff is recognised and compensated for as time in lieu. This ensures that salary stays within the budget.

4.9.3c Conclusion

The university fully complies with Standard 9.3

4.9.4 Administrative and Technical Staff and Management

The administrative and technical staff of the chiropractic institution 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.

4.9.4a Description

The Department has its own secretary. It also draws on the extensive support provided by the Faculty Administrative Department that includes four Faculty Officers, a Research Officer and other administrative support managed by the Head of Department. The Faculty Administrative Department is responsible for admissions, progression and academic records, fees, professional registration and graduation on behalf of the Department of Chiropractic. The library has a dedicated librarian for chiropractic. The basic sciences service departments provide their own technical support in the laboratories.

4.9.4b Analysis

The Faculty has established a strongly supportive and robust infrastructure. Similarly, the library is an effective supporting academic and technical service. The service departments also provide effective technical support.

4.9.4c Conclusion

The university fully complies with Standard 9.4

4.9.5 Interaction with Professional Sector

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

4.9.5a Description

The Department of Chiropractic has close relations with the chiropractic profession in South Africa, both through the professional association (CASA) and the statutory regulator (AHPCSA). The Head of Department is chair of the Professional Board for Chiropractic and Osteopathy in the AHPCSA and an elected member of the Council Education Committee. The Head of Department presents an annual report to CASA and professional and association board members are represented on the university advisory committees. This allows for valuable contributions from the profession to the chiropractic programme.

4.9.5b Analysis

There is evidence of good and strong relationships between the education and training of chiropractors and the chiropractic profession in South Africa.

4.9.5c Conclusion

The university fully complies with Standard 9.5

4.10 CONTINUOUS RENEWAL AND IMPROVEMENT

The chiropractic institution must, as a dynamic institution, have procedures for regular reviewing and updating of its structure and functions to rectify deficiencies and meet changing needs.

4.10a Description

Strategic plans are in place at the university and Faculty levels. The Department of Chiropractic is aligned against the Faculty plan including research, teaching, learning and assessment, CPD, community engagement and marketing. Although there is no plan for a major review of the curriculum in the short term, there will be an opportunity to do so as the qualification is remodelled on the Professional Bachelors/Professional Masters framework in the future. There is a process of continuous review of the curriculum through formal quality assurance procedures at Faculty and university levels, for example at the Faculty Teaching and Learning Sub-Committee and Academic Development and Support Committee.

4.10b 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 and learning, and assessment. Quite appropriately, enhanced research capacity and productivity is highlighted at all levels of the university, and chiropractic, as a successful faculty Department, is ideally positioned to benefit from this depending on the resources at its disposal. An opportunity will present itself for a radical review of the curriculum in line with changes in the qualification framework, and best practice in the provision of clinical education and training will inevitably inform this review when it occurs. The university is a forward looking institution and change and improvement in the future is almost certain to occur.

4.10c Conclusion

The university fully complies with Standard 10.

5. CONCLUSIONS

5.1 Summary

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

5.2 Strengths, Weaknesses and Concerns

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

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

5.2.1 Strengths

5.2.1.1. The university, and the Health Sciences Faculty in particular, provides a strongly supportive and robust infrastructure in which the Department of Chiropractic can operate effectively in the provision of a high standard of undergraduate education and training. This is mirrored in the quality of education provided by the service departments in the pre-clinical sciences, and in particular the exemplary facilities of the anatomy teaching service. (Paras 4.1.3, 4.2.5, 4.6.1, 4.9.1, 4.9.4 refer)

5.2.1.2. As part of a university, the Department of Chiropractic has access to a range of support and staff development networks, including an excellent library service, which can only assist in raising the quality of chiropractic education and training in South Africa. (Paras 4.4.1 and 4.6.3 refer)

5.2.1.3. The Head of Department has the confidence of his staff, and of his peers and colleagues at faculty and university levels. He provides clear leadership in his capacity as Head of Department as well as in his external professional appointments. (Paras 4.9.2 refers)

5.2.1.4. The chiropractic staff is a young, dedicated and enthusiastic team, supportive of the Head of Department and of the students. In particular, clinicians in the teaching clinic provide an excellent learning experience for students. (Paras 4.5.1, 4.6.2 refer)

5.2.1.5. There is a strong mentoring ethos within the Department in which students in later years of the programme teach and support those in the lower years to the mutual benefit of all. (Para 4.4.3 refers)

5.2.1.6. An opportunity will be presented in the near future to remodel the programme as a professional Bachelors/Masters. (Paras 4.2.8, 4.10 refer)

5.2.2. Weaknesses

5.2.2.1. The curriculum is content heavy with high contact hours for students. This heavy content, an over-emphasis on didactic delivery models and the frequency of assessments may risk the development of self-directed learning skills in students and consequently the capacity for life-long learning. (Paras 4.2.1, 4.2.5, 4.2.7, 4.3.1, 4.3.2, 4.5.1 refer)

5.2.2.2. The attrition rates in years 1 and 2 are substantial, for the most part due to failures rates in anatomy and chemistry. The chemistry in particular is at too high a level necessary for the education and training of clinicians and this may also be the case in other pre-clinical subjects. (Paras 4.2.3, 4.2.8, 4.5.1, 4.7, 4.8.3 refer)

5.2.2.3. The emphasis placed on the research component is disproportionate to that appropriate in a clinical programme, and expectations of the scope and level of the Masters research dissertation are largely responsible for delayed graduation from the programme. This is compounded by the limited research experience and expertise of staff in the Department of Chiropractic. (Paras 4.2.2, 4.2.5, 4.7 and 4.8.3 refer)

5.2.2 Concerns

There were none.

5.3 Acknowledgements

The Team wishes to thank the staff and students of the University of Johannesburg for the hospitality, courtesy and time afforded to it during the on-site visit.

APPENDIX

Time	Meeting with	Personnel University of Johannesburg	ECCE Team members	Standards
Mon 13 Sept 2010				
09.00	Arrival	Principal/Key university personnel including Director of Undergraduate Programme (DUP)	All	
09.00-09.30	Private meeting of the Team	None	All	
9.30-10.15	Preliminary meeting with university Executive	Principal/ university Executive including DUP	All	
10.15-11.30	Tour of facilities to include teaching facilities and library	Key staff to accompany Team	All	
11.30-12.30	Private meeting of the Team to review institution's documentation	None	All	
12.30	Lunch with Teaching Faculty	As appropriate	All	
13.30-15.00	Meeting with Teaching Faculty	Teaching faculty to cover all areas of teaching (content, delivery and assessment) (excluding clinic teaching) including DUP	All	1, 2, 3 (with exception of 2.6), 5.2,6.1, 6.3
15.00-15.30	BREAK			

15.30 -17.00	Meeting with Teaching Faculty	Teaching faculty to cover all areas of teaching (content, delivery and assessment) (excluding clinic teaching) including DUP	All	1, 2, 3 (with exception of 2.6), 5.2, 6.1, 6.3
17.00-17.30	Private meeting of the Team		All	
Tuesday 14 September 2010				
09.00-09.30	Private meeting of the Team	None		
9.30-10.30	Meeting with students (apart from clinic year students)	4 students from each year	All	4.2, 4.3, 4.4, 8.2, 6.1, 6.3
10.30-11.15	Admissions	Admissions Team and DUP	JB and DB	4.1, 4.2
11.15-12.00	Learning Resources including IT support	Head of learning resources, IT and key personnel	JB and DB	6.1 and 6.3
12.00-12.30	Research	Key personnel	JB and DB	7
10.30-12.30	Tour of clinic facilities and formal meeting with Clinic teaching faculty	Key personnel	MB and LL	2.6, 6.2
12.30-13.30	Lunch with students	As appropriate	All	
13.30-14.15	Meeting with clinic year students	6-8 students	All	4.2, 4.3, 4.4, 8.2, 6.1, 6.3, 2.6 and 6.2

14.15-15.15	Governance and Finance	University Executive and Governors as appropriate		9.1, 9.3, 9.5
15.15-17.30	Private meeting of Team	None	All	
Wednesday 15 September 2010				
09.00-09.30	Private meeting of Team	None	All	
9.30-10.30	Quality Assurance	Key personnel	All	8.1,8.2, 8.3, 8.4, 10
10.30-11.00	Break			
11.00-12.30	Programme Management	Senior programme management including DUP	All	4.3, 4.4, 5.1, 5.2, 6.4, 9.2, 9.4
12.30-13.30	Lunch with senior management		All	
13.30-17.30	Private meeting of the Team		All	
Thursday 16 September 2010				
09.00-17.00	Private meeting of team (LUNCH at 12.30-13.30)	None	All	
17.00 (or before by arrangement)	Feedback to institution	Key personnel as appropriate	All	
17.30	DEPART			

Documents required in Base Room:

Course Document including Unit Specifications

Student handbook(s)

Research handbook

Clinic handbook

Research report

Prospectus

For the previous 3 years:

Annual Monitoring report(s)

External Examiner Reports

Student intake and progression data

Qualifications of students at intake

Analysis of student feedback data

Patient data for final year clinic interns showing case mix for new and returning patients
(anonymous)

Minutes of relevant Academic Board meetings and Quality Assurance committees

CVs of academic staff (full-time and part-time)

Staff development and research activities

Strategic Plan