



**EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION**

**COMMISSION ON ACCREDITATION**

**EVALUATION TEAM REPORT**

**BACHELOR OF MEDICINE AND MASTER OF CHIROPRACTIC**

**MEDICINECHIROPRAKTISCHE MEDIZIN, MEDIZINISCHE FACULTÄT,**

**UNIVERSITÄT ZÜRICH**

**14-18 March 2016**

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## EXECUTIVE SUMMARY

1.1 The CHIROPRACTIC MEDICINE FACULTY of the UNIVERSITY of ZURICH located at the BALGRIST UNIVERSITY HOSPITAL is a new chiropractic education and training institution admitting students for the first time in September 2008. It is the first chiropractic training institution in Switzerland.

1.2 The Faculty of Medicine numbers some 3,000 students and awards roughly 270 degrees in human medicine, dentistry and chiropractic medicine each year. The target intake for chiropractic medicine is 20 per year.

1.3 The establishment of the chiropractic programme has been supported by the University ,the Chiropractic national association, Chirouisse and the Patient association. The European Chiropractic Union has also financially supported the establishment of the programme.

1.4 The Chiropractic programme is a Bologna model 2 cycle programme with an initial 3 year B Med (started September 2008 )followed by a 3 year M Chiro Med. The B Med is fully integrated with the Human Medicine program.

1.5 The Chiropractic Medicine programme has been accredited by the Swiss government under the same rules and regulations as Human Medicine. It graduated its first cohort of students in 2014.

1.6 In October 2015 the University of Zurich submitted its self-study report (SSR ) for full accredited status with the ECCE. The COA reviewed the document at its meeting in November 2015 and on this basis decided that an evaluation visit should proceed.

1.7 A five day Evaluation Visit took place (14 to 18 March 2016). The site visit provided further documentary and oral evidence to the previously submitted documents. The University of Zurich 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 Head of Department, senior staff, staff and students at the University, for the courtesy and hospitality shown to them during the Evaluation Visit, and for conducting the Visit in an open and transparent 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 of Zurich. The Report was sent in draft format to the University for factual verification on 31 March 2016, and the final Report was submitted to COA on 8 April 2016.

1.10 The Chair of COA invited the University to send representatives to the COA meeting in Oslo, Norway on 6 May 2016, where the Report will be discussed and a decision made on full accreditation of the University of Zurich.

1.11 This Report addresses the compliance of the University of Zurich with each of the ECCE Standards in the provision of chiropractic education and training. The outcomes of the report are as follows:

**Commendations:**

1. The enthusiasm, academic quality and openness of students.
2. The quality, background and willingness to engage in education by all staff.
3. The unique curriculum allowing complete integration of education between chiropractic and medicine.
4. The clinical experience of students allowing exposure to a variety and complex patient population in the University Hospital Balgrist.
5. The opportunities for collaborative research with well-established teams at the University of Zurich.
6. The engagement and support of the Chiropractic profession in Switzerland.

**Recommendations:**

1. The facilities for the teaching of the chiropractic specific part of the programme should be improved and integrated with other relevant healthcare professions.
2. The duties and responsibilities of the new HOD should be reviewed to ensure an appropriate work load.
3. The structure and ratio of full-time and part-time staff should ensure enough qualified staff to be appointed to teach larger cohorts of students.
4. Staff development and appraisal should be part of a yearly routine.
5. The workload should be reviewed of chiropractic students in years one to three to allow for improved self-directed learning.
6. Review the time allocation for the writing of the Masters thesis (Masterarbeit) and the appropriateness of students being encouraged to produce a publishable scientific article at this stage of their studies.

**Concerns:**

There are no concerns.

## 2. INTRODUCTION

- 2.1 The University of Zürich Chiropractic medicine programme was developed between 2008 and 2014. The University did not apply for Candidate for accreditation status with the ECCE preferring to fully establish the programme before applying for fully accredited status in 2015. A two stage model of chiropractic education and training was developed by the University. The first stage, B Med (Schwerpunkt Kiropraktik), is a three year programme that leads to a further three year programme for the M Chiro Med.. The first students graduated from the second masters stage in 2014. In making its application for accredited status the chiropractic medicine programme, an integral part of the much larger Faculty of Medicine, agreed to abide by the policies and procedures of the ECCE.
- 2.2 In October 2015 the University of Zürich 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 Frankfurt in November 2015. COA agreed that an Evaluation Team be sent to the University of Zürich to verify the SSR and report back.
- 2.3 Members of the Evaluation Team were nominated by the ECCE Executive and each member received the SSR, and written comments from COA related to the documents prior to the visit. The members of the Evaluation Team were:

Iben Axén, DC, PhD Chair	Licensed Chiropractor in Sweden, Researcher at Karolinska Institutet, Stockholm, Sweden.
Olivier Lanlo DC LL.M	Executive President of the Institut Franco-Européen de Chiropraxie, France. President of the European Council of Chiropractic Education.
Henrik Lauridsen, DC, MSc, PhD	Head of studies for the Chiropractic programme University of Southern Denmark, Associate Professor.
Charlotta Binder BSc	Student AECC
Ken Vall D.C, MA Ed, D Ed.h.c	Evaluation Secretary ECCE, Vice President Council of Chiropractic Education International, Former Principal AECC.
David Burtenshaw MA, PgCE, FRGS, FEAC, MCIE	Former Evaluation Secretary ECCE, formerly Director Collaborative Programme Development, University of Portsmouth. Chair of Examiners, Welsh Joint Examinations Council, Cardiff.

Dr Ken Vall assisted by 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 approved 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 the University of Zurich.

- 2.6 All members of the Team were nominated by the University and agreed by the Executive of the ECCE. The University has its own criteria for membership of evaluation teams which ECCE were happy to comply with. All members of the Team signed confidentiality and conflict of interest statements before the on-site visit. No conflicts of interest by any of the members were declared.
- 2.7 A draft timetable for the visit was sent to the University in November 2015, and the final schedule agreed with the college in February 2016.
- 2.8 Members of the Team arrived in Zürich 13 March 2016. The Team held a preliminary meeting prior to the on-site visit which was between 14 and 18 March 2016 (inclusive). Meetings were held with the institution over four 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 two days were set aside to complete the draft report and feedback was given orally to the institution.
- 2.9 Members of the Team were very well hosted by the University, afforded every courtesy and had full access to documentation and to staff, students and other stakeholders in the institution. Members of the Team and the ECCE extend their thanks and appreciation to the University of Zurich.
- 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 31 March. The response was received from the University on 04 April 2016. The Chair and Secretary finalised the Report and this was submitted to the Chair COA on 08 April 2016. The Chair of the Evaluation Team presented the Report to COA members on 06 May 2016 in Oslo, Norway.
- 2.11 The Report includes an Executive Summary, a description of the University 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 Strengths, Weaknesses 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. **The University of Zürich**

- 3.1 Chiropractic is located within the Universtätsklinik at the University Hospital Balgrist and intermittently mentioned on the English version of the hospital web site. However, chiropractors are named on the contact list of doctors at the hospital. The University Hospital Balgrist claims to be “one of the world's leading, highly-specialised centres for excellence in the diagnostic workup, treatment and follow-up care of all injuries to the locomotor system. Thanks to the research and education it provides, the hospital makes a substantial contribution to the determination of worldwide standards of care. Under one roof, a fine-tuned interdisciplinary network unites the specialist areas of orthopaedics, paraplegiology, rheumatology and physical medicine, chiropractic, radiology and anaesthesiology.”

3.2 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 mission of the Chiropractic Medicine programme is to provide the highest quality education, clinical training and research in order to prepare students to diagnose, treat and manage patients primarily presenting with conditions directly or indirectly affecting the neuro-musculoskeletal system at a level to enter the postgraduate chiropractic programme, and to prepare them to function in an integrated manner with all other specialties of medicine.

The two basic objectives of the Master of Chiropractic Medicine (M Chiro Med) are to enable students to acquire the knowledge, skills and attitudes necessary for entry into the post-graduate program and to engage in safe, competent and effective practice under the supervision of an accredited chiropractor.

The following are the basic goals of the programme:

1. Facilitate the performance of an adequate assessment covering the spectrum of common and serious neuro-musculoskeletal (NMSK) disorders in order to distinguish normal from abnormal and to develop a limited and reasonable differential diagnosis (DDX).
2. Promote the ability to apply knowledge and understanding to take a focussed history (HX), perform a targeted physical examination (PE), select appropriate further investigations and use critical problem solving skills to interpret normal and abnormal findings to formulate a diagnosis or reasonable DDX.
3. Encourage and require the development of holistic, patient centred and evidence informed management plans based on a knowledge and understanding of the key principles of management of the broad spectrum of NMSK conditions and a range of related issues that may influence individual management decisions.
4. Develop an appreciation of ones' own limitations and foster excellent inter-professional communication and collaboration in order to facilitate the best patient care.
5. Be able to apply appropriate treatment procedures, especially safe manipulation and

mobilisation procedures taking into consideration the indications and contraindications for each disorder as well as every single patient case.

6. Know how to handle and manage an emergency case at the office in terms of first aid, CPR and immediate referral to the hospital.
7. Be able to write to and communicate in a professional manner with other medical professionals and insurances.

These goals (objectives) are included in the Master Chiropractic Medical Program Document as well as in the Clinic Manual.

#### *4.1.1b Analysis*

The mission statement and the objectives of the programme are clearly defined and communicate to the applicant, the student and the stakeholder. As defined the objectives of the programme allow graduates to have the appropriate knowledge, competencies and skills to start their post-graduate education and to practice as a primary contact practitioner integrated in a modern health care system. As the mission statement refers to research and life-long learning, this should be included in the objectives.

#### *4.1.1c Conclusion*

**The programme 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 drafts of the mission statement and goals were circulated to members of the accreditation steering committee and consensus was reached. The document was then sent to the Chiropractic Medicine faculty members, students, executive members of the Swiss Association of Chiropractic as well as to the Patient Association for comments and input.

#### *4.1.2b Analysis*

All the stakeholders were involved and consulted during the process of developing the mission statement and the definition of the objectives of the programme. Their feedback was implemented where appropriate.

#### *4.1.2c Conclusion*

**The programme fully complies with standard 1.2**

### 4.1.3 Academic autonomy

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

#### 4.1.3a Description

The Head of Chiropractic Medicine has autonomy and the necessary resources for programme design and course content regarding the chiropractic-specific subjects. However, input into the core medical courses is limited despite the course director and selected chiropractic medicine students sit on relevant committees of the medical programme. The management of the Chiropractic Medicine programme is satisfied with the level and content of the medical part of the programme. However, deficiencies have been recognized in the medical part of the education, resulting in an upgrade of certain subjects.

#### 4.1.3b Analysis

The programme in Chiropractic Medicine is a well-managed education which has access to the necessary resources to run the programme. It is evident that input into the medical programme is limited despite representation on relevant committees from the Chiropractic Medicine programme. However, the Head of the programme has full autonomy to develop the chiropractic-specific subjects at both the bachelor and masters levels. The chiropractic part of the education is designed using modern pedagogical principles.

#### 4.1.3c Conclusion

**The programme 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 undergraduate Chiropractic Medicine programme is described using competency terminology and learning outcomes (based on the contents of the LOCES 1 - Learning Objectives for Chiropractic Education in Switzerland 1). This is documented in appendices 2 and 3 of the SSR.

#### 4.1.4b Analysis

The programme in Chiropractic Medicine has provided ample evidence of competency-based descriptions of the curriculum which enables students to progress into the compulsory post-graduate education in Switzerland.

#### 4.1.4c Conclusion

**The programme fully complies with the Standard 1.**

## 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 for years 1-4 is largely defined by the medical curriculum. The students primarily study medicine during the first four years, together with a chiropractic elective. From year 4 onwards the chiropractic part increases. Students are required to write a Masterarbeit, and are strongly encouraged to submit this for publication.

Much of the teaching in the medical part of the programme is traditional lecture style with a high number of contact hours. The chiropractic specific subjects are taught using modern pedagogical principles.

#### 4.2.1b Analysis

Because of the initial entrance aptitude test, a high percentage of students are familiar with this traditional style of learning and are able to pass the first years of medical education. There is little evidence of self-directed learning. Students are spending a considerable number of hours on campus. The chiropractic department has little influence over the medical programme.

#### 4.2.1c Conclusion

**The programme substantially complies with Standard 2.1.**

### 4.2.2 The Scientific Method

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

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

#### 4.2.2a Description

The specific courses in research methodology are taught within the human medicine component of the programme and all students complete a masters' research project. The latter develops knowledge, skills and experience in searching and critically appraising the literature. It is strongly encouraged to write the masters' project in English for later publication, and projects have already been published.

Evidence-based practice (the triage of evidence by David Sackett) is taught throughout the chiropractic part of the programme and in a specific course entitled 'Current Topics'. In addition, the

students are exposed to clinical outcome measures and current research papers in the clinical part of their training.

#### 4.2.2b *Analysis*

Research methodology and scientific method are mainly taught in the human medicine component of the programme. This comprise the following courses:

- Course in methodology in medical research
- Course in biostatistics and epidemiology
- Course in search strategy and practical biostatistics

In addition, the masters' thesis of 15 ECTS gives the students a thorough hands-on experience of important research methodology such as designing a research project, scientific search strategy, critically appraising scientific papers and scientific writing. This seems well managed by staff.

The staff raised concerns about the students' level of knowledge regarding research methodology, search strategy and biostatistics, and this was confirmed by several students. However, recent improvements of the teaching in scientific method in the medical curriculum should rectify this.

Several students also raised concerns about the substantial pressure to publish their thesis. According to the 'European Qualification Framework', a masters' thesis of 15 ECTS cannot be expected to be at a level where it is publishable. Publishing work from a masters' thesis should be left to after graduation and should be voluntary.

#### 4.2.2c *Conclusion*

**The programme substantially complies with Standard 2.2**

### 4.2.3 Biomedical Sciences

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

#### 4.2.3a *Description*

The biomedical sciences are taught as part of the medical curriculum in years 1-3. In parallel, chiropractic science courses are "elective" and available solely to chiropractic students. The initial aptitude test is an indication of the ability to handle the course load of the first two years.

#### 4.2.3b *Analysis*

Students are happy about the integration of anatomy and chiropractic studies. Teaching staff suggested that chiropractic students are performing especially well in the anatomy course.

#### 4.2.3c *Conclusion*

**The programme fully complies with Standard 2.3**

#### 4.2.4 Behavioural and Social Sciences, Ethics and Jurisprudence

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

##### 4.2.4a Description

The social sciences are delivered during the Human Medicine programme which are subject to governmental guidelines. The M Chiro Med builds on the topics with an emphasis on the bio-psycho-social model of health. Ethical issues are covered at several points in the programme and especially in the preparation of the Masterarbeit. Informed consent is introduced and used during clinical training. Ethical approval is subject to cantonal legislation.

##### 4.2.4b Analysis

The department has several research programmes which are addressing psychological and social issues arising from chiropractic treatment. The post-graduate residency programme covers government regulations, legal requirements and ethical standards and reinforces the requirements covered during the programme.

##### 2.4c Conclusion

The programme fully complies with standard 2.4

#### 4.2.5 Clinical Sciences and Skills

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

##### 4.2.5a Description

During the clinical courses in medicine in years 3 and 4 the chiropractic medicine students are exposed to a wide variety of patients and conditions during the practical parts of the clinical science courses. Expanding upon the knowledge and skills obtained from the human medicine subjects, the chiropractic students start developing their clinical assessment skills early in this programme. Additionally, the Master Chiropractic Medicine students spend time in the radiology department at the Orthopaedic University Hospital Balgrist observing imaging and interventional treatment procedures as well as imaging read-outs.

##### 4.2.5b Analysis

This early and relevant clinical exposure to patients at the hospital helps the students learn at a deeper level, understand common and less common conditions as well as support their history taking and examination skills on a wide variety of patients. The integration with other healthcare

professionals allows exposure to high quality training in terms of clinical skills and experience. Small class sizes allow students to receive individual attention and feedback; however, the exposure to manual examination of the musculoskeletal system could be increased to allow for an earlier acquisition of those skills.

#### 4.2.5c Conclusion

**The programme fully complies with Standard 2.5**

#### 4.2.6 Chiropractic

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

#### 4.2.6a Description

Students are exposed to the relevant chiropractic history and particularly in the last 3 years of the programme where they are supplied with current and relevant research evidence in several courses.

Students are also contributing to the knowledge base through their Masterarbeit.

#### 4.2.6b Analysis

There is no doubt that students are supplied with the relevant research evidence particularly in the latter two years of the course. All research journals are available to the students through the university. The Masterarbeit is a piece of work that leads to a publishable article rather than a traditional Masters thesis. Support is available from staff but there was concern over its impact on student workload. Chiropractic history and philosophy of chiropractic are taught at two points in the curriculum but students seemed not to be aware of its possible importance in underpinning chiropractic identity.

#### 4.2.6c Conclusion

**The programme fully complies with Standard 2.6**

#### 4.2.7 Clinical Training

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

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

#### 4.2.7a Description

Clinical training starts in year 3 of the Master chiropractic medicine programme. In practice it takes place at the Polyclinic for Chiropractic Medicine (PCM) at the Orthopaedic University Hospital Balgrist. Half of the year is spent in the Polyclinic for Chiropractic Medicine (PCM) performing the entire clinical work-up and treatment of patients presenting for chiropractic diagnosis and treatment under direct supervision. Clinical work includes the case history, physical examination including palpation and biomechanical evaluations, referral for additional diagnostic procedures such as imaging or laboratory evaluations if indicated, arriving at a diagnosis or differential diagnosis and creating a plan of management.

Students can refer directly to any other medical physician including specialists without having to go through a general practitioner. Additionally, students are required to apply and develop their communication skills with patients and other healthcare professionals.

The vast majority of new patients are direct referrals from other departments in this hospital, particularly orthopaedics. Chiropractic medicine *underassistants* work 50 hours per week in the outpatient clinic. Approximately 40% of this time is made available for the writing of reports, research on particular patients, specific educational workshops particularly in diagnostic imaging at the hospital's radiology department and rounds with a neurologist from the University hospital, as well as clinic meetings with supervisors. Each student sees approximately 85 new patients and over 670 patient visits in the half year that they are in the clinic with a wide case mix.

The other half of the clinical year (year 6) consists of rotations through the departments of the University Hospital Balgrist.

#### 4.2.7b Analysis

The clinical exposure in the University Hospital Balgrist ensures that students obtain a wide variety of clinical experience. There is strong evidence that the programme ensures a particular good clinical training; the number of new patients, patient visit and case mix allow each student a varied clinical experience and exposure during this training. Patient record keeping and correspondence related to referrals are of a high standard.

#### 4.2.7c Conclusion

The programme fully complies with Standard 2.7

#### 4.2.8 Curriculum Structure, Composition and Duration

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

#### 4.2.8a Description

The curriculum is divided into two parts: a) 3 years Bachelor of Chiropractic Medicine and b) 3 years Master of chiropractic medicine for a total of 360 ECTS credits.

The Bachelor of Medicine is made up of core human medicine lectures and practical classes, including all of the basic sciences and clinical courses as well as optional courses. Chiropractic students take all of the core human medicine lectures and clinical courses but are required to take the chiropractic courses as their elective. This leads to the qualification of B Med (Schwerpunkt Chiropraktik) for all chiropractic students. The assessments for the chiropractic elective course in years 1 through 3 are primarily hands-on practical assessments and a diagnostic imaging examination.

The Master of Chiropractic Medicine (M Chiro Med) Programme is delivered in years 4, 5 and 6. In years 4 and 5, the examinations focus on short answer, problem solving types of written assessments in addition to the hands on practical assessments. At the end of year 5, a clinic entrance examination consisting of a10 stations OSCE and a written radiology examination is held to ensure that students are properly prepared to enter year 6 as Underassistants. The Masters of Chiropractic Medicine is linked both vertically and horizontally as reflected in the course outlines.

#### *4.2.8b Analysis*

The sixth year programme is an intensive training programme which leads the student having the skills and competencies to practice as a primary care practitioner and to follow subsequent training during their post graduate education. There is evidence of a very good integration between basic sciences and clinical sciences. Learning outcomes and programme goals are covered by the curriculum structure.

#### *4.2.8c Conclusion*

**The programme fully complies with Standard 2.8**

#### **4.2.9 Programme management**

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

#### *4.2.9a Description*

As the first four years of this programme are predominantly human medicine, this part of the curriculum was planned by the medical faculty curriculum committee and the Head of Chiropractic Medicine is a member of this committee. The chiropractic elective courses during the B Med portion of the programme and year 1 of the M Chiro Med portion were planned and designed with input from the Director of clinical education (M Chiro Med ) as well as from Chiro Suisse executive members and chiropractic faculty members.

All faculty members serve on the departmental curriculum committee bringing together individuals with a wide range of experience and expertise.

Student input, feedback and discussion are channelled through student representatives who attend faculty meetings. Additional special meetings are held during the academic year as needed.

#### 4.2.9b Analysis

The curriculum committee under the chairmanship of the Head of Chiropractic Medicine has the authority to shape and review the curriculum specific for the chiropractic part of the programme.

There was evidence of student and staff input including changes made to the programme after student feedback but there was no evidence of student representation on the Curriculum Committee. Although the Head of Chiropractic Medicine is a member of the Human Medicine Committee it is unlikely that he has much input to this part of the programme.

#### 4.2.9c Conclusion

**The programme substantially complies with Standard 2.9**

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

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

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

#### *4.2.10a Description*

Research was conducted to establish the priorities for the chiropractic programme with a large percentage of Swiss chiropractors participating, results were published in 2009.

The Chiropractic profession in Switzerland has been active and helpful in developing this programme as has the Foundation for the Education of Chiropractors in Switzerland and the Pro- Chiropractic Patient's Association. The European Chiropractor's Union has also given financial support.

Year 1, 2 and 3 students are required to attend 3 different and specially selected chiropractic practices for structured observations.

The graduates are well versed in the workings and integration within the Swiss Healthcare System as they study in a hospital setting and have practical sessions in various other hospitals.

#### 4.2.10 b Analysis

There is excellent linkage between the programme and the profession. The graduates will also have to full fill a two year apprenticeship in designated clinics before being able to enter independent practise in Switzerland.

#### 4.2.10c Conclusion

**The programme fully complies with Standard 2.10**

## 4.3 ASSESSMENT OF STUDENTS

### 4.3.1 Assessment methods

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

#### 4.3.1a Description

In the medical part of the course, the chiropractic students are assessed alongside the medical students. The formal assessments are mainly multiple choice and short answer-tests with a relatively high failure rate. This style of questioning is not used in the chiropractic years 5 and 6. The students are able to retake a failed examination once.

In the chiropractic studies, there are a number of practical examinations.

The students are required to write a Masterarbeit in a publishable format and preferably in English. All students must pass the OSCE examination and their medical examinations in order to progress into year 5. In the clinical year, the students keep a logbook to record their case mix and clinical progression. This is not formally assessed although it contains reflective assessments.

There is no clinic exit examination because this is a compulsory component of the federal examination in chiropractic taken in the two years after graduation.

#### 4.3.1b Analysis

The M Chiro Med makes use of regular formative assessments besides a variety of summative assessments. Failed components are all subject to second marking. However, it could be advisable to second mark all summative assessments. There is no accommodation or allowance made for students with learning disabilities. The assessment load is high. There seems to be no input into the medical programme of assessments. It is unclear whether the assessment strategy is regularly reviewed.

There is no minimum standard in the practical exams.

The time allocation to write a publishable scientific article (Masterarbeit) is too short and its value for students at this stage of their education is questionable.

The clinical appraisal has been standardised with a questionnaire.

#### 4.3.1c Conclusion

**The programme fully 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 assessment methods are directly linked to the new format of the learning outcomes. Feedback is almost immediate. The chiropractic exams integrate skills and knowledge from several subjects and enable an integrated approach to learning. Assessments enable students to return to knowledge

gained in the earlier years of the programme. Assessments demonstrate a progression of difficulty as the programme progresses. All students are aware of the progression rules.

#### 4.3.2b *Analysis*

The assessment load is heavy as a consequence of curricular overload. The relationship between assessment and learning may be compromised by this fact because the students adapt their learning to achieve successful examination results. Students did appear to be learning for the test particularly during the medical components of the early years. As a result it appears that there is an excessive amount of learning of detailed information which is detrimental to the education of a reflective practitioner and the encouragement of life-long learning skills.

The appeals process is governed by the rules of the university and the students are aware of the rules. However, the rules are strictly enforced and seem to rarely take account of exceptional circumstances.

#### 4.3.2c *Conclusion*

The program 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*

Recruitment is governed by the Federal Law of the Medical Professions which includes Chiropractic alongside Human Medicine and Dentistry. The recruitment process is also specific to the German speaking cantons and chiropractic is only taught in the University of Zurich. Currently, all applicants for medical courses in German speaking Switzerland have to take an “aptitude test” which lasts for one day. Performance in the test determines whether a student will be offered a place on the chiropractic programme. Some students have transferred from the medical programme to chiropractic but they have to make up all of the chiropractic electives in the first 3 years of the programme.

#### 4.4.1b *Analysis*

The policy is clearly defined with a recruitment target of 20 students per year for chiropractic. It is theoretically possible that no applicant will reach the required standard in the aptitude test which could affect the viability of the programme. The team were assured that such a scenario is unlikely to occur. The aptitude test can be sat in German, French or Italian. However there is no allowance made for students with dyslexia or any other disadvantage that may affect performance. There are no alternative entry points to the programme because entry to years 1-3 is dependent on the aptitude test. Accredited Prior Learning is possible on an individual basis but has rarely been used. Only Swiss nationals or those who have been resident for some time may apply to the programme. There is no separate prospectus although the university makes information available on its web site.

#### 4.4.1c Conclusion

The programme substantially 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 intake of students has been defined at 20 per year. However, the institution has currently the capacity for 24. Although there are 80 applicants for the chiropractic programme, the number of enrolled students is still under capacity. This might be due to the demanding aptitude test, which is mandatory for all students entering both the Human Medicine and the Chiropractic Medicine programmes.

##### 4.4.2b Analysis

As the number of enrolled chiropractic students is currently low, the provided resources are adequate. The clinic capacity, especially for 6<sup>th</sup> year students, may be problematic at a later stage, if the cohort sizes rise to 20. Currently the students are treating 85+ new patients over a period of six months clinical placement. When the number of students increases, the number of patients might fall and it will be necessary to monitor patient numbers in the future.

##### 4.4.2c Conclusion

The programme 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

Staff provide student support (including language support) and identify academic and personal issues. Other counselling options are available through the University. Every 1<sup>st</sup> year student has a 2<sup>nd</sup> year student mentor. Extra-curricular activities are available.

##### 4.4.3b Analysis

At the moment the small student number makes it very easy for staff to identify issues and provide support quickly. Students appreciate the personal relationships they have with staff. If this is not enough, the counselling service within the University is available. Student assistants (Unterassistenten) meet every 2<sup>nd</sup> week with staff to discuss any issues and upcoming changes. Students from other than the German Swiss part are made aware of the possibility of language

support. During the induction, Italian Swiss students are offered language support from other students. The mentorship in later years is not as effective. However, students receive mentorship from supervisors. Due to the workload the students are experiencing that there is little time for extra-curricular activities even though there are a variety of university clubs.

#### 4.4.3c Conclusion

The programme 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 of the first three study years has a chiropractic and a medical representative. Issues raised will go through them to management committees. In later years, student assistants sit in meetings with the head of department every two weeks.

#### 4.4.4b Analysis

As the students are medical students for the first 3 years, the chiropractic students are treated equally with the medicine students. They have their representative, who works together with the medical representative and this has led to a lot of positive changes. However, the chiropractic students are not sitting on any committees but say it is by choice and they could put themselves forward to be elected onto them just as the medicine students do. Students are proactive in conducting surveys to underline issue with teaching or the course outline and have successfully recommended changes to it. They feel their input is important.

#### 4.4.4c Conclusion

The programme fully complies with Standard 4.4.

### 4.5 ACADEMIC and CLINICAL FACULTY (STAFF)

#### 4.5.1 Faculty (Staff) recruitment

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

#### 4.5.1a Description

Staff recruitment is the responsibility of the Faculty of Medicine. There is only one full-time academic staff member, the Head of Department and Professor of Chiropractic. All other academic staff are part-time employees. There is a far larger group of full and part-time staff who deliver the Human Medicine programme. A small number of Research Assistants also provide support for the programme. With the impending retirement of the current Head of Department and the Curriculum Director the University has commenced the process of replacing the Head of Department although no firm decisions have been made regarding the replacements.

The small cohorts of students results in a favourable staff student ratio on the Chiropractic Medicine programme. The staff/student ratio on the Human Medicine programme was not investigated other than to note that lectures to 400 students were not uncommon.

The University Hospital Balgrist provides an induction programme for all staff.

#### 4.5.1b Analysis

The programme is small enough at present to be able to depend on the management skills of the Head of Department. The faculty must give consideration to the roles that need to be filled by future full-time employees so that the research and teaching foundations of the programme can be developed to provide a strong and solid academic and clinical experience for the student body. The team acknowledge that the current status, employability and earnings of chiropractors in Switzerland make it difficult to recruit full-time teaching and research staff. Nevertheless, the faculty must be encouraged to carry out a functional audit of the staffing needs before altering the balance of full and part time staff. Without more well-qualified teaching and research staff it will be difficult for the programme to produce both the research output and graduating chiropractors that are needed within the University and society respectively. At present the balance between full- and part-time academic staff fulfils the needs of the programme but may be insufficient should the cohorts reach the target of 20 students per year.

#### 4.5.1c Conclusion

The programme partially 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

Staff promotion and development is managed by the Medical faculty. The rules for promotion are defined and all staff understand that promotion is dependent on the number and quality of publications produced. The Head of Department is appraised on an annual basis. Other academic staff are not formally appraised although there are frequent occasions when informal appraisal takes place. The SSR notes that student evaluation can be regarded as a form of appraisal.

#### 4.5.2b Analysis

The dominance of part-time staff does by its very nature make it difficult for the current academic staff to gain promotion. Also the qualifications of the current complement of chiropractors in Switzerland will make it challenging to find staff who fulfil the criteria for promotion after joining the university. At present there is no published strategic plan that outlines future staff development and research support requirements for the programme.

The pressures to publish in order to become a Klinischer Dozent or a Privatdozent are such that it will take time for part-time staff to meet the criteria while maintaining their responsibilities outside of the university. Meritorious academic activities in teaching and research are being developed but the outcomes will take time to emerge. The faculty must examine its staffing strategy to enable meritorious activity in chiropractic to be the product of a greater spread of full and part time staff.

#### 4.5.2c Conclusion

The programme 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

The chiropractic facilities in the Rehalp and Careum buildings are divided into the clinic and two teaching rooms. Students have access to all medical facilities including x-ray laboratories at the University Hospital Balgrist, as well as the Zurich University's library. A large variety of electronic journals and reference collections are provided. All facilities conform to health and safety regulations.

#### 4.6.1b Analysis

The teaching rooms are very small and again separated from other facilities. There are 5 fully equipped clinic treatment rooms. The location of the clinic in the Rehalp building is not ideal. However, space and the amount of benches and spine models are adequate for the current number of students. The technique rooms at P22 and W45 Witteliken Strasse are also used for lectures which is not ideal. Nevertheless, students seem satisfied, possibly as they do not know it any other way, with these facilities as they await the new buildings to be finished. It would be a valuable opportunity for student to have access to the new research centre. Students have access to a large library and more specific chiropractic books have been ordered following student requests.

#### 4.6.1c Conclusion

The program substantially 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

Student assistants are treating 85+ patients in a six months period and participating in the rotations at the Balgrist University hospital for the remaining year. An appropriate case-mix is ensured. Facilities including treatment and practise rooms and equipment are provided. Students observe various approved chiropractors in their clinics.

##### 4.6.2b Analysis

Student assistants are treating a large number of patients over a six months period. The appropriate case-mix is ensured by the receptionist and student assistants may enquire if they would like to treat a greater range of patients. Students have expressed their wish to see more acute patients, more reflecting clinical chiropractic practice. The facilities in the Balgrist University hospital are excellent and it would be beneficial to integrate chiropractic education within these facilities. Students are able to observe a variety of approved chiropractors. They have to observe three different chiropractors that ensures a variety of chiropractic techniques are observed.

##### 4.6.2c Conclusion

**The programme substantially 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

PowerPoint presentations and other documents are available through the University of Zurich on VAM to download. Students receive a USB stick with a large diagnostic imaging library for self-studies. They have access to a great amount of electronic journals and the use of electronic patient files.

##### 4.6.3b Analysis

The self-study report contains little evidence of adequate IT training. A lack of statistical knowledge was evident when hearing students struggling to interpret statistics during their Masterarbeit. Consequentially the calculation interpretations were often completed by the supervisor. Students have the opportunity to use a large variety of electronic journals and databases. Some staff are using

appropriate technologies in lectures and laboratories whereas others are not. There was an issue raised with the efficiency of university IT support staff to respond to computer related problems. Underassistants appreciate the use of electronic patient files.

#### 4.6.3c *Conclusion*

The programme substantially 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*

Several of the chiropractic staff has dual degrees and some also hold degrees in medical education. The chiropractic staff, other than the Head of Department and several core members of the team, are relatively inexperienced in the practices of chiropractic education and research. The chiropractors that the students can observe all meet the standard set by Chiro Suisse of being allowed to supervise an assistant.

##### 4.6.4b *Analysis*

Staff are offered but not required to take university courses in pedagogy. However, staff are encouraged to consider how best to deliver their courses. Modern lecture technologies, other than PowerPoint are not available in the teaching rooms and staff are unaware of the potential of for example, Google and/or Apple teaching platforms. It will always be difficult to instigate pedagogic innovation with such a large complement of part-time staff whose focus is rightly on their clinics beyond the university. However, the team did not investigate the educational expertise of the human medicine staff.

##### 4.6.4c *Conclusion*

The program 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*

The Chiropractic Medicine programme has access to administrative and technical staff of both the university and university hospital. In addition, the chiropractic programme has one full-time assistant responsible for all organisational matters. There are also one full-time and one part-time

clinic secretary responsible for clinical administration. A part-time research assistant is in charge of collecting the outcome measures for the chiropractic patients.

#### *4.6.5b Analysis*

The administrative and technical support for the programme seems appropriate with very friendly and supportive staff. There is no evidence of regular review or appraisal of staff.

#### *4.6.5c Conclusion*

**The programme substantially 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 Research Director has facilitated the first research strategy for the Chiropractic Medicine research unit, which contain a 5-year and a 10-year research plan.

The 5-year research plan (2013-2018) focuses on the development of two research pillars, namely the 'Clinical Outcome Studies' and the 'Neuroscience Research'. The main goal for the 5-year plan is to transform one area of research into a Swiss National Fund acknowledged and funded National Research Programme. The 10-year research plan (2018-2023) will focus on developing a National Research Programme achieving a National Centre of Competence in Research by the end of the period.

Since 2008, the staff of the Chiropractic Medicine Department has published approximately 35 papers, have collaborated with several international research departments, and won several research prizes. Many members of staff are involved in supervision of the Masterarbeit, which has led to several publications. With the recent opening of the new research facility at the Balgrist Campus, the plan is to move some of the research activities into these research facilities and develop further inter-professional and interdisciplinary collaborations. Consequently, the research output is expected to increase in the coming years.

Critical appraisal skills are learned early in the medical curriculum. These competencies are enhanced in the chiropractic subjects as students must evaluate relevant research articles and discuss application into clinical practice.

The programme abides by the governance and ethical approval procedures of Zurich University and the Canton for staff and student research.

#### *4.7.1b Analysis*

It is commendable that the Department of Chiropractic Medicine has built a research unit, which has produced over 35 publications in a short period. Becoming an integrated part of the Balgrist Campus

in the future will be a major step forward, and this is likely to benefit the Chiropractic Medicine students in their undergraduate programme as well as offering a pathway of getting into research.

The department has also attained an ethos of disseminating the importance of research throughout the academic programme, which is benefitting the students of Chiropractic Medicine. Scientific methodology, search strategy, statistics and epidemiology are taught in the medical programme and have recently been updated. This will improve the students' competencies in critical thinking and evaluating the quality of the scientific literature. In addition, the research units' own publications and other relevant scientific articles are continuously presented to the students throughout the programme.

#### *4.7.1c Conclusion*

**The programme fully complies with Standard 7.1**

## **4.8 PROGRAMME EVALUATION**

### **4.8.1 Mechanisms for programme evaluation**

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

#### *4.8.1a Description*

The mechanisms for programme evaluation are present in a variety of forms. Students evaluate all the courses on a regular basis. The staff complete their own self-evaluations to inform their performance in the light of the student evaluations. Peer evaluation of new academic staff is used to provide feedback particularly to those new to academic life.

The department does not use external examiners except for OSCE and OSLEP examinations.

#### *4.8.1b Analysis*

The intention to stop evaluations if a course has no problems should be reviewed. There is no guarantee that what proved totally acceptable to one cohort might not prove a challenge to the next cohort.

External examiners are not a part of Swiss academic culture and the department is not in favour of using their services. However, the majority of ECCE programmes make use of external examiners to provide external accountability of the programme to society and others in the profession.

#### *4.8.1c Conclusion*

**The programme substantially complies with standard 8.1**

#### 4.8.2 Faculty and student feedback

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

##### 4.8.2a Description

There is frequent student feedback which is facilitated by the small student cohorts. Student questionnaires are issued each year to evaluate faculty. Reflective faculty self-evaluations have not been accomplished to date.

##### 4.8.2b Analysis

Feedback is very valuable both to the faculty and students and is therefore done on a regular basis. The personal assistant collects a questionnaire at the end of each course of the academic year and writes a summary for the Head of Department. Lecturers with consistent positive feedback will not be evaluated yearly, which might be necessary as students learn differently and it could be valuable feedback. Students receive direct feedback and help from staff and mentors in clinical situations. Lecturers seem to have little input on the course outline even though they sometimes would like to see some parts of the curriculum altered. Students are very proactive in making suggesting changes to the curriculum and have been successful by conducting surveys and taking the results to the head of department.

##### 4.8.2c Conclusion

**The programme fully complies with the 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 Departmental Assistant provides the HOD and all faculty members with a table of examination results per chiropractic subject/course for each student at the semester end faculty meetings/examination board meetings. The University of Zurich monitors academic performance for all medical subjects and informs the chiropractic medicine department concerning the examination scores, pass and failure rates for those students registered specifically for chiropractic medicine.

##### 4.8.3b Analysis

With small cohorts, performance is easy to analyse. However, there is little analysis at present of the reasons lying behind cohort performance, drop outs and progression. It is also unclear how academic performance varies between the chiropractic medicine and human medicine students.

##### 4.8.3c Conclusion

**The programme 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 programme is accredited by the Swiss government under the same conditions as those for Human Medicine and Dentistry.

A number of members of the Swiss chiropractic profession are invited to provide lectures and workshops with the students and students are also encouraged to observe chiropractors in practice thus establishing a two way communication with the profession. There are meetings with students and faculty on a weekly basis.

##### 4.8.4b Analysis

There are many opportunities for the profession to have input and communicate with the institution, indeed many chiropractors from the Swiss association work part time in the teaching clinic. Due to the small number of staff and students there are constant meetings and communication with these stakeholders. More formal structures and reviews need to be undertaken as the programme increases in size.

##### 4.8.4c Conclusion

**The programme fully complies with the 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 chiropractic department is subject to the rules and regulations of the University of Zurich.

The head of division of chiropractic medicine (HOD) is a member of the Medical faculty curriculum committee, the Study Deans committee, the General Medical Faculty committee and the Doctoral Dissertation committee. This allows for input, feedback, discussion and debate of the chiropractic curriculum from different levels of stakeholders within the university.

The HOD also is also a member of the University Hospital Balgrist committee for Heads of Medical Departments.

A curriculum committee and an examination board have been created specifically for the chiropractic programme. All chiropractic faculty are members of both these committees.

Chiropractic students may also sit on the Students' Focus Groups and the Students' Education committee.

#### *4.9.1b Analysis*

Apart from the overall governance of the university which it has not been possible to explore the chiropractic programme is represented through the HOD on a number of varied committees across the university. This is a heavy load for the HOD to fulfil in addition to his professorial commitments. A review of the faculty committee minutes showed that they are held twice a year with a full complement and participation of faculty but there is no evidence of student representation. Feedback from students though is supportive of the structure and they apparently feel that they are listened to and able to give feedback on their educational experience.

#### *4.9.1c Conclusion*

The programme fully complies with the standard 9.1.

### **4.9.2 Academic leadership**

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

#### *4.9.2a Description*

The integration of the chiropractic medicine programme within human medicine means that the overall academic leadership responsibilities are with the Dean of Medicine and the Curriculum Committee (FKL). However, for the curricular content, sequencing, teaching format, assessments and all other educational issues related to the chiropractic specific courses, the University, Dean and medical faculty (MeF) have entrusted the HOD to lead this process. The HOD has the responsibilities to lead the programme under the authority of the Dean of Medicine.

Since the start of the chiropractic medicine programme in September 2008 the HOD has been appraised annually by a specialist University Review Team. The HOD and department have submitted a 5 year strategic plan to the University Hospital Balgrist, annual reports on goals and outcomes for the coming year as well as the results of the previous year.

#### *4.9.2b Analysis*

The Head of Department has sufficient autonomy and authority to provide academic leadership and strategic development.

#### *4.9.2c Conclusion*

The programme fully complies with Standard 9.2

### 4.9.3 Educational budget and resource allocation

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

#### 4.9.3a Description

The educational budget is secured until 2019 for up to 20 students per year. The budget is allocated on a 4 year rolling programme basis. The budget for human medicine is separate. It is obvious that an institution of the size of the University has extremely rigorous budget processes.

#### 4.9.3b Analysis

It is not clear what measures are being taken to secure funding after 2019 particularly as the current year 1 students will still be studying on the programme in 2022.

#### 4.9.3c Conclusion

The programme fully complies with the 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 chiropractic profession in Switzerland has been extremely instrumental in the progress of the programme since 2008. They assist with the recruitment of new students, providing the opportunities for students to observe chiropractors at work and providing the places for the compulsory two year post-graduation assistantships. The very nature of the programme ensures that all students are embedded into the healthcare system. It follows that the graduates are able to relate to other sectors of healthcare provision and society.

#### 4.9.4b Analysis

Students are engaged in frequent clinical observations in years 1-3 when it is part of the chiropractic elective within the human medicine programme. Clinicians who sign up for accepting student observers and to supervise post-graduate assistants have to be approved by the profession and the university. The post-graduate programme is not within the remit of this evaluation. With only one full-time position it is quite difficult to take advantage of all the opportunities for collaboration with other healthcare professionals. This reinforces the advice in 5.1 to operationalise a functional audit of the staffing needs for chiropractic

#### 4.9.4c Conclusion

The program fully complies with the Standard 9.4.

#### 4.10 CONTINUOUS RENEWAL AND IMPROVEMENT

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

##### 4.10.a Description

The Chiropractic Medicine programme has several quality assurance and monitoring measurement methods in place to regularly evaluate the chiropractic specific portion of the programme. Continuous renewal and quality assurance procedures are used to ensure that the human medicine portion of the Master of Chiropractic Medicine programme remains current and dynamic. Assessment methods are critically monitored and compared to the learning outcomes and modified as required. Change and improvement are discussed with the faculty but also presented to the profession during the ChiroSuisse congresses.

##### 4.10.b Analysis

The internal quality assurance and monitoring measurements within the Chiropractic Medicine Department exist but remains insufficient. However, this is compensated by the limited size of the department and the very good interaction and collaboration between the staff on the programme.

##### 4.10.c Conclusion

**The programme substantially complies with Standard 4.1**

## 5. CONCLUSIONS

### 5.1 Recommendation

The Evaluation Team was impressed by the progress made over eight years to develop and deliver an integrated chiropractic programme.

### 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:**

5.2.1.1. The enthusiasm, academic quality and openness of students.

5.2.1.2. The quality, background and willingness to engage in education by all staff.

5.2.1.3. The unique curriculum allowing complete integration of education between chiropractic and medicine.

5.2.1.4. The clinical experience of students allowing exposure to a variety and complex patient population in the Balgrist University hospital.

5.2.1.5. The opportunities for collaborative research with well-established teams at the University of Zurich.

5.2.1.6. The engagement and support of the Chiropractic profession in Switzerland.

### **5.2.2 Recommendations:**

5.2.2.1. The facilities for the teaching of the chiropractic specific part of the programme should be improved and integrated with other relevant healthcare professions.

5.2.2.2. The duties and responsibilities of the new HOD should be reviewed to ensure an appropriate work load.

5.2.2.3. The structure and ratio of full-time and part-time staff should ensure enough qualified staff to be appointed to teach larger cohorts of students.

5.2.2.4. Staff development and appraisal should be part of a yearly routine.

5.2.2.5 The workload should be reviewed of chiropractic students in years one to three to allow for improved self-directed learning.

5.2.2.6. Review the time allocation for the writing of the Masters thesis (Masterarbeit) and the appropriateness of students being encouraged to produce a publishable article at this stage of their studies.

### **5.2.3 Concerns:**

There are no concerns.