

European Council on Chiropractic Education

Quality Assurance and Accreditation Committee

Induction Manual

1. Introduction:

1.1 The Quality Assurance and Accreditation Committee (QAAC) is the one standing committee of the European Council on Chiropractic Education (ECCE). The ECCE was established in 1986 for the purpose of ensuring the standard of chiropractic education throughout Europe.

1.2 The QAAC is responsible for the process and decisions of accreditation of chiropractic institutions according to the ECCE's accreditation policies, procedures and educational *Standards*. The QAAC considers all applications for accreditation with the ECCE, determines eligibility for accreditation and makes accreditation decisions following a site visit. The QAAC also considers the Annual Monitoring Reports (AMoRs) submitted by accredited institutions.

1.3 The decision of the QAAC is final and independent of ECCE Council and Executive Committee.

2. Link Documents:

2.1 This manual should be read in conjunction with the following documents which can be found at <http://www.cce-europe.com/downloads.html>. Members should become familiar with these documents on election to CoA.

ECCE Constitution, v 2.6; Dec 2019.

ECCE Accreditation Procedures and Standards in First Qualification Chiropractic Education and Training, v 5.3; 2019. (Standards)

ECCE Evaluation Team Manual, v 2.7; Dec 2020.

3. Membership:

3.1 The QAAC consists of a minimum five members including one student member. Council elects members to QAAC at its November meeting.

3.2 The term of office is 4 years. A member may be nominated and elected by ECCE Council for a maximum of two terms.

3.3 QAAC members are encouraged to attend an evaluation event as a team member or as an observer when possible. This is particularly valuable for those with little or no previous experience of higher education quality assurance.

4. Confidentiality:

4.1 Members sign a Declaration of Confidentiality covering all matters of the QAAC. The business of the QAAC is such that members may become privy to confidential information or information that is not intended for public knowledge. In signing the Declaration of Confidentiality members agree to

abide by the declaration and not use any information gained through QAAC business for any purpose other than for what it was intended.

5. Meetings:

5.1 Meetings are held at least twice a year and normally in conjunction with Council and/or Executive Committee meetings. These usually take place in May and November.

5.2 Additional meetings may be called by the Chair of the QAAC and/or upon the written request of a one-third majority of the membership of the QAAC.

5.3 The time and place for QAAC meetings shall be notified to members at least 30 (thirty) days in advance.

5.4 Minutes of QAAC meetings are confidential and distributed to QAAC members only.

6. Duties and Responsibilities

6.1 Members must be familiar with the ECCE *Standards* (Part 2, Educational Standards) and the process of accreditation (Part 4, Procedures for Accreditation and Re-accreditation of Institutions).

6.2 Members must be familiar with the ECCE Constitution, particularly section 10; Standing Committees.

6.3 Members should be familiar with the ECCE Evaluation Team Manual and the processes and procedures of an evaluation visit. The structure of the Evaluation Report is standardised and can be found as Annexe G to the ECCE Evaluation Team Manual.

6.4 Accreditation: Consideration of the Self-Study Report for full Accredited Status

6.41 Once an institution has provided evidence of eligibility for ECCE accreditation, the institution will be asked to provide members of QAAC with a Self-Study Report (SSR). Advice and guidance for the institution on how to prepare the SSR is found in the *Standards*. 6.42 The purpose of the SSR is to document how the institution complies with the ECCE *Standards*. This will inevitably be influenced by national legislation and vary between institutions.

6.43 The *Standards* are composed of 10 areas with 37 sub-areas. *Standards* are specified for each sub-area. The SSR will normally be structured in accordance with the areas and sub-areas of the *Standards*. This allows ease of understanding and navigation through the SSR and minimises the risk that information is lost or misinterpreted.

6.44 The SSR will normally be accompanied by supporting evidence. Both SSR and supporting evidence will be supplied to QAAC members in electronic format. Should members require hard copy they must notify the Executive Secretary in advance.

6.45 QAAC members will use the SSR and supporting evidence in order to make a judgement on how and to what degree the institution complies with the *Standards*. Member's comments and reflections are recorded on the QAAC Response Form (RF). An example of a completed response form is provided in Appendix 1. Comments may highlight areas of discrepancy in the documentation or gaps in the evidence provided. If members feel certain areas or sub-areas of the *Standards* merit closer inspection by the Evaluation Team it should be noted in the RF with as much clarification and direction as possible. It is vital that all members of the QAAC consider the documentation provided and complete a response sheet for each SSR submitted. This ensures a broad review of the documentation and diminishes the impact of potential bias. The RF is the QAAC's permanent record of having considered the documentation provided for any given accreditation event.

6.46 The completed RFs are submitted to the Executive Secretary for compilation into a summary document. The summary document, individual RFs, SSR and supporting evidence complete the documentation on which CoA will permit an evaluation visit to take place.

6.47 Where an institution is applying for full accreditation for the first time or for re-accreditation the QAAC may decide not to permit the evaluation visit to go ahead when the SSR is incomplete or there is insufficient evidence for the QAAC to be reasonably confident that the outcome of an evaluation visit will be successful. In such circumstances, the QAAC will normally ask the institution for additional evidence in the areas of concern before the final judgement on an evaluation visit is made.

6.5 Accreditation: the Evaluation visit

6.51 Having decided to proceed with the evaluation visit the Evaluation team members will be provided with the summary document and the individual RFs completed by the QAAC members. The Evaluation Team will use the QAAC's comments and reflections as a basis for preparing the evaluation visit. It is for this reason members should be clear, accurate and thorough in completing the RF.

6.52 The Evaluation Team will compile a report on completion of the visit. The structure is standardised and outlined in Annexe G in the *Standards*. The Chair of the Evaluation Team is responsible for the evaluation report which, once complete, is sent to the institution for factual correction.

6.53 Factual correction will normally only apply to the descriptive sections of the evaluation report. The analysis and conclusion sections are a written account of the team's judgement in each sub-area based on the SSR, supporting evidence and corroborated by the evaluation visit.

6.54 Following factual correction the evaluation report is distributed to the QAAC members for review. The SSR, supporting evidence and evaluation report are the documents on which the QAAC will base its decision on accredited status.

6.55 The QAAC will meet, normally in May or November, to consider the documentation and formally decide on accredited status. It goes without saying that members must consider the evaluation report before the QAAC meets for this purpose. The Chair of the Evaluation Team will

normally be present at the meeting to present the report to the QAAC. The QAAC may question the Chair on any area of the report. This provides an ideal opportunity for clarification and discussion.

6.56 Following the presentation of the evaluation report the QAAC meets *in camera* to decide on whether or not accreditation should be granted, the period of accreditation (currently maximum 5 years) and any conditions associated with the accreditation.

6.57 At this point a representative of the institution is invited to the meeting to receive the QAAC's decision. A written copy of the QAAC's decision will be sent to the head of the institution within 30 days.

6.6 Annual Monitoring Reports

6.61 All accredited institutions are required to complete an Annual Monitoring Report (AMoR) to retain accredited status. The AMORs are considered by the QAAC in a plenary session with all accredited institutions. The plenary session normally takes place at the annual meeting in November and is chaired by the Chair of the QAAC.

6.62 The AMORs should be read in conjunction with the latest evaluation report and previous AMORs for the institution.

6.63 The AMoR will document what steps the institution has taken to act on conditions or recommendations from the last evaluation visit. It outlines any changes to the programme or institution and is the means by which the QAAC is kept up to date with developments at the institution. It is possible that an AMoR could trigger an evaluation visit outside the normal cycle if changes were such that the QAAC considered an additional visit warranted.

6.64 The AMoR plenary session is a forum for institutions to share and discuss issues affecting HE in general and chiropractic education specifically. The plenary session also provides an opportunity to identify and disseminate good practice among member institutions.

6.65 Each member of the QAAC will normally be asked to lead the plenary discussion in respect of one or more institutions. The plenary session is conducted in a spirit of collegiality and support. Discussion must be open and frank to be of any benefit but it is not meant to be adversarial. The QAAC members will be expected to read all AMORs with particular emphasis on those they have been asked to lead.

6.66 Normally 20 to 30 minutes will be assigned for discussion and to consider each institution's AMoR. Institutional members receive all the AMORs prior to the plenary session and all attendees are expected to take part in the discussion and may pose questions to any institution. The chairperson of the QAAC is there mainly to steer the discussion or get the discussion going.

6.67 Following the AMoR plenary session and provided there are no issues with the AMoR the institution will receive a letter of satisfactory completion of the requirements for accreditation. The letter will normally contain a summary of points of good practice. In the event that the AMoR discussion identifies issues that need to be addressed prior to the next submission of the annual report the letter will summarise these and suggestions for how they may be addressed.

In Conclusion

The QAAC is the workhorse of the ECCE. It deals with all aspects of accreditation and annual monitoring. The work of the QAAC lies at the heart of what constitutes the ECCE. As a QAAC member you will gain insight into chiropractic education in Europe and be in a unique position to influence the direction, focus and purpose of chiropractic education in years to come. The profession is a reflection of its educational institutions. The future of the profession, its place in contemporary health care and its potential for political influence rests largely on the quality of its education and the confidence external stakeholders have in the agencies and processes in place to assure such quality.

As the only international accreditation agency for chiropractic education in Europe, the ECCE is uniquely placed to safeguard and improve educational standards for the benefit of patients, the wider public and the profession.

Welcome to the Quality Assurance and Accreditation Committee.