



Quality Assurance and Accreditation Committee

## **PROCEDURES FOR ACCREDITATION OF CHIROPRACTIC PROGRAMMES November 2023**

This document sets out the procedures for accrediting chiropractic programmes and to make clear to institutions the nature of the information required, and the process for assessing the institution against the *Standards* outlined in this document. For the purpose of this document, the name 'institution' encompasses 'school', 'department' or any other primary place where chiropractic education and training is administered and delivered and applies to EITHER:

Single-purpose institution, the primary goal of which is the delivery of chiropractic. Education.

OR:

An institution as part of a wider institution (normally a university), the primary goal of which is the delivery of a portfolio of higher education programmes of which chiropractic is one.

### **1 ACCREDITED STATUS**

There are two types of accredited status with the Council granted by the QAAC:

#### **1.1 Full Accredited Status**

This recognizes that a programme fully meets the Eligibility Criteria for Accredited status and delivers chiropractic education and training in compliance with the *Standards*.

#### **1.2 Conditional Accredited Status**

This recognises that a programme has initiated the accreditation process, has had preliminary checks by an evaluation team and is submitting satisfactory annual monitoring reports to QAAC and is working towards full accreditation following a final evaluation team visit after a cohort has graduated. Condition status will lapse if either

1.2.1.1 Annual monitoring reports are not submitted when due

1.2.1.2 Full accreditation is not sought once the first cohort has graduated

### **2 ELIGIBILITY CRITERIA FOR ACCREDITED STATUS**

#### **2.1 Full Accredited status**

To be eligible to apply for Accredited status, a programme shall meet all the following criteria :

2.1.1 Taught at a department/school (or equivalent) within a university (or equivalent) OR A private institution that may or may not be affiliated/associated with a university (or equivalent), and where the undergraduate programme has or has not been validated by a university (or equivalent).

### 2.1.2 Institutions must

- 2.1.2.1 Be incorporated under the laws of the country to which it belongs,
- 2.1.2.2 have a properly constituted governing body,
- 2.1.2.3 be non-profit making and registered as an educational institution.
- 2.1.2.4 Have a full-time Chief Executive Officer, or full-time Head/Principal, or equivalent.
- 2.1.2.5 Have graduated its first cohort of chiropractic students.
- 2.1.2.6 Have the internal organisation, facilities and staff, and sound financial status to enable it to deliver a quality programme of undergraduate chiropractic education and training in compliance with the *Standards*.
- 2.1.2.7 Agree to follow and abide by the policies and procedures for the award of Accredited status as set out in the official documentation of the ECCE, and to furnish the QAAC with a certified copy of a formal undertaking by its governing body (or equivalent senior authority) at a legally constituted meeting indicating institutional agreement.

## 2.2 Conditional Accredited Status

To be eligible to apply for conditional accredited status, a programme shall meet all the criteria for full accredited status set out in 2.1 except for 2.1.2.5 and in addition:

- 2.2.1 Agree to submit annual monitoring records by the due date
- 2.2.2 Agree to make application for full accreditation when the first cohort of chiropractic students has graduated.

## 3 ADMINISTRATION OF THE ACCREDITATION PROCESS

### 3.1 THE ECCE AND THE QUALITY ASSURANCE AND ACCREDITATION COMMITTEE (QAAC)

#### 3.1.1 ECCE (Council)

The structure and function of the Council are specified in the 'Constitution'. A list of institutions with Accredited status with the Council is updated on the web site regularly.

#### 3.1.2 Executive Committee

The structure and function of the Executive Committee are specified in the 'Constitution'. The Executive Committee is responsible for appointing members of Evaluation Teams.

#### 3.1.3 The Quality Assurance and Accreditation Committee (QAAC)

The structure and function of the QAAC are specified in the 'Constitution'. The QAAC conducts the accreditation of programmes and arranges the orientation and training of the Evaluation Teams.

- 3.1.3.1 The QAAC is responsible for implementing the Council's policies and procedures relating to accreditation of institutions.
- 3.1.3.2 The QAAC makes decisions on the accreditation of programmes, receives and responds to Annual Monitoring Reports (AMoRs) and presents an annual report to the Council on programmes with accredited status with the Council.

### 3.2 EVALUATION TEAMS

### 3.2.1 Appointment

Evaluation Teams are appointed by the Executive to conduct evaluations of programmes for the purposes of awarding Accredited status. The Executive Secretary organizes and coordinates the Evaluation visit. Teams write an evaluation report which is sent to the QAAC for final determination of accreditation status.

### 3.2.2 Declaration on Interest

Proposed members of the Team are required to sign a declaration of interest concerning anything which might, or might be perceived to, impact the impartiality of their role as members of the Evaluation Team. Declared interests are disclosed to the institution and to the Executive Committee. Objections may be raised against individual team members as follows:

- 3.2.2.1 Persons with direct connection to institutions or programmes may be prevented from participating on the evaluation team by the Executive.
- 3.2.2.2 The institution has the right to object to individual team members. However, the final decision on the membership of the Evaluation Team remains with the Executive Committee.

### 3.2.3 Composition

The composition of the Team should provide a balance of evaluators in terms of areas of expertise, and experience. The Executive Committee will appoint a chair, who is normally an experienced evaluator and a secretary.

- 3.2.3.1 The Chair is responsible for the on-site conduct of the Team, feedback at the end of the Evaluation Visit to the institution, and presentation of the Final Evaluation Report to the QAAC. All formal communication between the institution and the team will be through the Chair. The chair is also responsible for allocating specific responsibilities to each member and for agreeing the schedule for the visit with the institution.
- 3.2.3.2 The Secretary of the Team is responsible for setting up the report template and ensuring the separate sections are marked out for individual team members as allocated. The secretary is also responsible for bringing all the sections together into a single comprehensive and coherent report.
- 3.2.3.3 The Team is collectively responsible for the Final Evaluation Report and needs to agree unanimously with all sections of the report, its wording and judgements.

### 3.2.4 The Visit

The Team will normally consist of between 2 to 5 members, including a current chiropractic student. The Evaluation Visit will normally take 3-4 days for a full evaluation or 1-2 days for a conditional accreditation or a reaccreditation. The visit should include a tour of facilities, meetings with the Head/Principal, senior managers, teaching staff and current (and past) students, and review of programme documentation.

## 4 ACCREDITATION PROCEDURES

### 4.1 Application for Conditional Accreditation (see Flowchart 1)

#### 4.1.1 Rationale

Since programmes may not receive full accreditation until the first cohort has graduated, new programmes may wish to signal their aim for full accreditation and apply for conditional accreditation

where recognition is granted conditional upon annual monitoring by the QAAC and an agreement to submit application for full accreditation when the first cohort has graduated.

#### 4.1.2 Initial Contact

Conditional accreditation is initiated by the institution with an application to the Chair of the QAAC. The application must have the approval of the governing body (or equivalent) which must include evidence of compliance with the Eligibility Criteria 2.2 (See also section 7).

The QAAC will acknowledge receipt of the application, normally within thirty (30) days and if the Eligibility Criteria are met, shall request a Self-Study Report. The institution must return a signed conditional accreditation agreement prior to submission of the Self-Study Report.

#### 4.1.3 Accreditation Period

The conditional accreditation will be for a period not beyond one year after the graduation of the first cohort of students.

#### 4.1.4 Self-Study Report

Within six (6) months of the initial application to the QAAC, the institution will submit the Self-Study Report (SSR) in Word Document Format showing how the programme meets the *Standards*, together with a list of all current staff and student numbers per year of the programme.

The QAAC will assess the SSR to determine if a panel visit can then proceed. The QAAC will make ONE of the following decisions, and the Chair of the QAAC will inform the Executive Committee and the institution:

##### 4.1.4.1 Satisfactory

The Self-Study Report provides sufficient evidence of compliance with the *Standards*, and the institution is judged to be ready to undergo a full on-site Evaluation Visit by an Evaluation Team. The Chair of the QAAC will then arrange with the institution for an Evaluation Team appointed by the Executive Committee to visit the institution at a time mutually acceptable to the Evaluation Team and the institution.

##### 4.1.4.2 Unsatisfactory

The Self-Study Report does not provide evidence of sufficient compliance with the *Standards* and thus the institution is not ready to undergo an Evaluation Visit by the Evaluation Team. If necessary, further information may be requested. The QAAC will provide feedback to the institution and time will be given to enable the institution to revise and resubmit a Self-Study Report within a period of not less than twelve (12) months and not more than twenty-four (24) months of the decision of the QAAC. After this period has elapsed, a new initial accreditation process must begin.

#### 4.1.5 Evaluation Visit

4.1.5.1 A team will be sent to the institution to assess the programme against the standards. In the case of a conditional accreditation only those standards which are applicable at the time will be used.

4.1.5.2 A visit by the evaluation team will normally occur within ninety (90) days of acceptance by the QAAC of the Self-Study Report and will be timed to coincide with any upcoming national accreditation visit whenever possible.

4.1.5.3 The Executive Secretary will provide the institution with a timetable for the Evaluation Visit at least 1 month prior to the Visit. All communication will be through the

Head/Principal. In consultation with the Head/Principal, the Chair of the Evaluation Team (or his/her representative) may make a preliminary visit to the institution to prepare for the Visit.

- 4.1.5.4 The Evaluation Team will normally spend two (3) days at the institution. The institution shall afford unhampered opportunity to the Team to inspect facilities, meet formally and informally with staff and students, study financial and corporate records (if appropriate), and examine student records and patient files. All patient files and official records will be treated in strict confidence and will not be removed from the premises.
  - 4.1.5.5 The Evaluation Team will prepare a draft of identified commendations, recommendations and concerns, and report verbally on these to the institution at the end of the Visit.
  - 4.1.5.6 A draft of the Evaluation Report by the Evaluation Team will be sent to the Head/Principal for correction of errors of fact only, normally within thirty (30) days of the Evaluation Visit.
  - 4.1.5.7 The institution will have the opportunity to comment on any factual errors contained in the draft Evaluation Report. Responses from the institution will be expected within thirty (30) days of receipt of the draft Evaluation Report
- 4.1.6 Final decision on the award of Accredited status
- 4.1.6.1 The Final Evaluation Report will be sent to the Head/Principal of the institution, with the opportunity to make a formal written response before the meeting of the QAAC (normally held biannually) to consider its decision on the award of Accredited status. A representative of the institution will be invited to attend this meeting to be informed of the result.
- At this meeting, the QAAC will make ONE of the following decisions based on the Final Evaluation Report:
- 4.1.6.2 Award Conditional Accredited status subject to satisfactory annual monitoring reports (AMoRs) and, if required, subject to specified conditions being addressed within a specified period.
  - 4.1.6.3 Deferment of a decision to award Conditional Accredited status for a specified period, subject to meeting specified conditions within a specified period.
  - 4.1.6.4 Refusal to award Conditional Accredited status due to serious deficiencies. The decision may include recommendation(s) to assist the institution in meeting the Standards
- 4.1.7 Notification of Decisions
- The decision of the QAAC will be provided by the Chair in writing to the institution/programme, normally within 30 days of the meeting of the QAAC.
- 4.1.8 Publication of Reports
- Once a conditional accreditation decision has been made, the evaluation report will be made public on the ECCE website irrespective of the decision.
- 4.1.9 Reapplication for conditional accredited status following refusal
- An institution may re-apply for conditional accredited status no earlier than twelve (12) months after the decision to refuse to award Conditional Accredited status, and subject to the normal procedures for accreditation.

## 4.2 First full accreditation of a Programme (see Flowchart 1)

### 4.2.1 Initial Contact

The accreditation process is initiated by the institution with an application to the Chair of the QAAC. The application must have the approval of the governing body (or equivalent) which must include evidence of compliance with the Eligibility Criteria (2.1 to 2.6 inclusive) (See also section 7).

The QAAC will acknowledge receipt of the application, normally within thirty (30) days and if the Eligibility Criteria are met, shall request a Self-Study Report (see Part 3). The institution must return a signed accreditation agreement prior to submission of the Self-Study Report.

### 4.2.2 Accreditation Period

The first accreditation will be for five (5) years.

### 4.2.3 Accreditation of an Institution with more than one site

If a programme is run at more than one site, the accreditation will cover all sites provided the Standards are met at each site individually. All sites will then be included within the re-accreditation process and will be visited individually.

### 4.2.4 Self-Study Report

Within six (6) months of the initial application to the QAAC, the institution will submit the Self-Study Report (SSR) in Word Document Format showing how the programme meets the *Standards*, together with a list of all current staff and student numbers per year of the programme.

The QAAC will assess the SSR to determine if a panel visit can then proceed. The QAAC will make ONE of the following decisions, and the Chair of the QAAC will inform the Executive Committee and the institution:

#### 4.2.4.1 Satisfactory

The Self-Study Report provides sufficient evidence of compliance with the *Standards*, and the institution is judged to be ready to undergo a full on-site Evaluation Visit by an Evaluation Team. The Chair of the QAAC will then arrange with the institution for an Evaluation Team appointed by the Executive Committee to visit the institution at a time mutually acceptable to the Evaluation Team and the institution.

#### 4.2.4.2 Unsatisfactory

The Self-Study Report does not provide evidence of sufficient compliance with the *Standards* and thus the institution is not ready to undergo an Evaluation Visit by the Evaluation Team. If necessary, further information may be requested. The QAAC will provide feedback to the institution and time will be given to enable the institution to revise and resubmit a Self-Study Report within a period of not less than twelve (12) months and not more than twenty-four (24) months of the decision of the QAAC. After this period has elapsed, a new initial accreditation process must begin.

### 4.2.5 Evaluation Visit

4.2.5.1 A visit by the evaluation team will normally occur within ninety (90) days of acceptance by the QAAC of the Self-Study Report and will be timed to coincide with any upcoming national accreditation visit whenever possible.

- 4.2.5.2 The Executive Secretary will provide the institution with a timetable for the Evaluation Visit at least 1 month prior to the Visit. All communication will be through the Head/Principal. In consultation with the Head/Principal, the Chair of the Evaluation Team (or his/her representative) may make a preliminary visit to the institution to prepare for the Visit.
  - 4.2.5.3 The Evaluation Team will normally spend three (3) days at the institution (see Part 4, 1.4.5). The institution shall afford unhampered opportunity to the Team to inspect facilities, meet formally and informally with staff and students, study financial and corporate records (if appropriate), and examine student records and patient files. All patient files and official records will be treated in strict confidence and will not be removed from the premises.
  - 4.2.5.4 The Evaluation Team will prepare a draft of identified commendations, recommendations and concerns, and report verbally on these to the institution at the end of the Visit.
  - 4.2.5.5 A draft of the Evaluation Report by the Evaluation Team will be sent to the Head/Principal for correction of errors of fact only, normally within thirty (30) days of the Evaluation Visit.
  - 4.2.5.6 The institution will have the opportunity to comment on any factual errors contained in the draft Evaluation Report. Responses from the institution will be expected within thirty (30) days of receipt of the draft Evaluation Report
- 4.2.6 Final decision on the award of Accredited status
- 4.2.6.1 The Final Evaluation Report will be sent to the Head/Principal of the institution, with the opportunity to make a formal written response before the meeting of the QAAC (normally held biannually) to consider its decision on the award of Accredited status. A representative of the institution will be invited to attend this meeting to be informed of the result.
- At this meeting, the QAAC will make ONE of the following decisions based on the Final Evaluation Report:
- 4.2.6.2 Award Accredited status for a period up to a maximum of five (5) years, subject to satisfactory annual monitoring reports (AMoRs) and, if required, subject to specified conditions being addressed within a specified period.
  - 4.2.6.3 Deferment of a decision to award Accredited status for a specified period, subject to meeting specified conditions within a specified period.
  - 4.2.6.4 Refusal to award Accredited status due to serious deficiencies. The decision may include recommendation(s) to assist the institution in meeting the Standards
- 4.2.7 Notification of Decisions
- The decision of the QAAC will be provided by the Chair in writing to the institution/programme, normally within 30 days of the meeting of the QAAC.
- 4.2.8 Publication of Reports
- Once an accreditation decision has been made, the evaluation report will be made public on the ECCE website irrespective of the decision.

#### 4.2.9 Reapplication for accredited status following refusal

An institution may re-apply for accredited status no earlier than twelve (12) months after the decision to refuse to award Accredited status, and subject to the normal procedures for accreditation (3.1).

### 4.3 Re-accreditation of a Programme (see Flowchart 2)

#### 4.3.1 Initial Contact

The Executive Secretary will contact the institution to initiate the re-accreditation procedure. The Chair of the QAAC and the Head/Principal of the institution will agree a date for the submission of the Self-Study Report and a provisional schedule for the Evaluation Visit.

#### 4.3.2 Reaccreditation Period

Re-accreditation will be conducted at intervals of 3-8 years. The length of the interval is determined by the QAAC based on the criteria listed in the Risk Based compliance Table and on the Table of Risk-based Accreditation Criteria. The level of compliance and the presence of risk criteria also determines the length of the evaluation visit and the number of evaluators needed.

#### 4.3.3 Reaccreditation of an Institution with more than one site

If a programme is run at more than one site, or if new sites have been opened since accreditation, the accreditation will cover all sites provided the Standards are met at each site individually. All sites will then be included within the re-accreditation process and will be visited individually.

#### 4.3.4 Self-Study Report

Within three (3) months of the initial contact, the institution will submit the Self-Study Report (SSR) in Word Document Format showing how the programme meets the *Standards*, together with a list of all current staff and student numbers per year of the programme.

The QAAC will assess the SSR to determine if a visit can then proceed. The QAAC will make ONE of the following decisions, and the Chair of the QAAC will inform the Executive Committee and the institution:

##### 4.3.4.1 Satisfactory

The Self-Study Report provides sufficient evidence of compliance with the *Standards*, and the institution is judged to be ready to undergo a full on-site Evaluation Visit by an Evaluation Team. The Chair of the QAAC will then arrange with the institution for an Evaluation Team appointed by the Executive Committee to visit the institution at a time mutually acceptable to the Evaluation Team and the institution.

##### 4.3.4.2 Unsatisfactory

The Self-Study Report does not provide evidence of sufficient compliance with the *Standards* and thus the institution is not ready to undergo an Evaluation Visit by the Evaluation Team. As necessary, further information may be requested. A resubmission is allowed once only, and at a time set (not more than six (6) months from the original submission) by mutual agreement between the institution and the QAAC. Accreditation remains in place during this process and the institution is liable for payment of full fees and dues (see Financial Policy). If, at the end of this period, the Self-Study Report is still not satisfactory, the institution will be put on probation (3.2.4.2.2).



#### 4.3.5 Evaluation Visit

- 4.3.5.1 A visit by the evaluation team will normally occur within ninety (90) days of acceptance by the QAAC of the Self-Study Report and will be timed to coincide with any upcoming national accreditation visit whenever possible.
- 4.3.5.2 The Executive Secretary will provide the institution with a timetable for the Evaluation Visit at least 1 month prior to the Visit. All communication will be through the Head/Principal. In consultation with the Head/Principal, the Chair of the Evaluation Team (or his/her representative) may make a preliminary visit to the institution to prepare for the Visit.
- 4.3.5.3 The Evaluation Team will normally spend three (3) days at the institution (see Part 4, 1.4.5). The institution shall afford unhampered opportunity to the Team to inspect facilities, meet formally and informally with staff and students, study financial and corporate records (if appropriate), and examine student records and patient files. All patient files and official records will be treated in strict confidence and will not be removed from the premises.
- 4.3.5.4 The Evaluation Team will prepare a draft of identified commendations, recommendations and concerns, and report verbally on these to the institution at the end of the Visit.
- 4.3.5.5 A draft of the Evaluation Report by the Evaluation Team will be sent to the Head/Principal for correction of errors of fact only, normally within thirty (30) days of the Evaluation Visit.
- 4.3.5.6 The institution will have the opportunity to comment on any factual errors contained in the draft Evaluation Report. Responses from the institution will be expected within thirty (30) days of receipt of the draft Evaluation Report

#### 4.3.6 Final decision on the award of Accredited status

The Final Evaluation Report will be sent to the Head/Principal of the institution, with the opportunity to make a formal written response before the meeting of the QAAC (normally held biannually) to consider its decision on the award of Accredited status. A representative of the institution will be invited to attend this meeting to be informed of the result.

At this meeting, the QAAC will make ONE of the following decisions based on the Final Evaluation Report:

- 4.3.6.1 Award Accredited status for a period of a maximum of eight (8) years, subject to satisfactory annual monitoring reports (AMoRs) and, if required, subject to specified conditions being addressed within a specified period.
- 4.3.6.2 Award Accredited status for a period between three (3) and five (5) years, subject to satisfactory annual monitoring reports (AMoRs) and subject to specified conditions being addressed within a stated period.
- 4.3.6.3 Deferment of a decision to award Accredited status. The deferment will be for no longer than twelve (12) months, and during the deferment period, the institution will retain its Accredited status and be liable for payment of full dues and fees (see Financial Policy). During the first six (6) months the institution will be on confidential probation until such time that the QAAC decides to award Accredited status. After six months, the institution will be placed on public probation until such time that the QAAC decides to award or refuse Accredited status.
- 4.3.6.4 Refusal to award Accredited status due to serious deficiencies. The decision may include recommendation(s) to assist the institution in meeting the Standards

#### 4.3.7 Notification of Decisions

The decision of the QAAC will be provided by the Chair in writing to the institution/programme, normally within 30 days of the meeting of the QAAC.

#### 4.3.8 Publication of Reports

Once an accreditation decision has been made, the decision of the QAAC and the evaluation report will be made public on the ECCE website irrespective of the decision.

#### 4.3.9 Reapplication for accredited status following refusal

An institution may re-apply for accredited status no earlier than twelve (12) months after the decision to refuse to award Accredited status, and subject to the normal procedures for accreditation (3.1).

### **4.4 Failure of an institution/programme to achieve Accredited status (re-accreditation):**

An institution which fails to achieve accreditation may appeal the decision (Section 5). Students who graduate during the year that Accreditation is withdrawn, will still be considered to have graduated from an accredited programme as they will have completed 4 of their 5 years of study within a programme that was accredited.

### **4.5 Quality Assurance**

At the end of the accreditation process, the QAAC will solicit feedback from institutions for continual improvement purposes.

### **4.6 Joint Evaluation Visits**

The QAAC welcomes the opportunity to engage in joint events with other accrediting and validating bodies, wherever possible, and by mutual agreement, providing they do not compromise the requirements of the ECCE.

## **5 APPEAL AND COMPLAINT PROCESS**

### **5.1 Appeals and Complaints Committee ACC**

#### **5.1.1 Purpose**

The purpose of the Appeals and Complaints committee is two-fold:

- 5.1.1.1 To hear appeals against QAAC accreditation decisions
- 5.1.1.2 To hear complaints against any part of the ECCE due to failure to adhere to ECCE procedures and policies.

#### **5.1.2 Membership**

The Appeals and Complaints Committee ACC comprises four members of ECCE and one lay member. The members of the Committee are nominated by the ECCE Executive and appointed by the General Council for a four-year term. At least one of the members should normally be a former member of the Executive.

#### **5.1.3 Conflict of Interest**

- 5.1.3.1 The members of the Appeal and Complaints Committee ACC cannot be involved in any other ECCE matters and must sign a conflict-of-interest statement.
- 5.1.3.2 A member of the Committee cannot also be a member of the Executive or the QAAC

#### **5.1.4 Term**

The members of the Committee will serve continuously for a maximum of eight years.

### **5.2 Appeals and Complaints Panels**

The Appeals and Complaints Committee will convene a special panel for each individual appeal or complaint.

5.2.1 The Appeals and Complaints Panel will consist of 3 members chosen by the ACC for their independence from the issues under consideration

5.2.2 The AAC may draw upon council members and those outside the ECCE based upon their experience and knowledge to be members of a panel.

5.2.3 A member of a panel cannot be:

- 5.2.3.1 a member of the ECCE Council
- 5.2.3.2 a member of staff (either permanent, temporary or visiting) or external examiner of the institution, either current or in the previous 5 years
- 5.2.3.3 related to a member of staff, or student, currently at the complainant institution

5.2.4 Panel members must sign a conflict of interest and a confidentiality agreement.

5.2.5 The Appeals and Complaints Panel will appoint a Chair and Secretary from among its members, set the hearing date and place and notify the ACC, President of the Council and the Complainant of the panel membership and its procedures.

### **5.3 Appeals against decisions of the QAAC**

5.3.1 An appeal against a QAAC accreditation decision should be directed in writing to the ECCE Executive Secretary no later than 14 working days from the time the institution was informed of the result.

5.3.2 The Executive Secretary will refer appeals relating to QAAC decision to the Chair of the Appeals and Complaints Committee and other complaints to the Executive for an initial response.

Should the complainant not be satisfied with the initial response of Executive, The Complainant will be referred to an independent Complaints Panel.

#### **5.4 Grounds for Appeal against QAAC decisions:**

Valid grounds include ONE or MORE of the following:

- 5.4.1 A procedural error occurred at one or more specified stage(s) of the accreditation process.
- 5.4.2 An error of fact was evident in the Final Evaluation Team Report, and that this was not corrected, despite the institution raising the matter at the appropriate point in the process.
- 5.4.3 Due to mitigating circumstances, material affecting the outcome was not made available either at the time of the institution's Self-Study Report, during the visit of the Evaluation Team or at the time the QAAC was making its decision on the award of accredited status.

Grounds for Appeal against the decisions of the QAAC do NOT include disagreement with the judgement of the final report.

#### **5.5 Complaints against the ECCE**

- 5.5.1 A complaint must be submitted in writing to the ECCE Executive Secretary by the institution no later than one calendar month from the event in question. The appeal or complaint must be authorized by its governing body or equivalent senior authority.
- 5.5.2 In filing an appeal or complaint, the institution agrees to abide by the policies and procedures of the ECCE, and by the decision of the Appeals and Complaints Committee.
- 5.5.3 A complaint must be substantiated and supported by appropriate evidence, references and examples. An appeal or complaint shall clearly and concisely set forth the grounds for the appeal/complaint, referring to specific sections of the ECCE educational standards or policies. The evidence supplied should be in Word document format or pdf format, in English, and where the original is in another language, a certified copy in English should be submitted. Evidence should be directly relevant and proportionate to the concerns raised.
- 5.5.4 The ECCE Executive Secretary will acknowledge the receipt of complaints within seven days.
- 5.5.5 The President of the Council will have the right of reply in writing to the Complaints Panel no less than ten (10) days before the date of the hearing, and which will immediately be disclosed to the Complainant.
- 5.5.6 Appeals and complaints are normally reviewed on a documentation basis only. However, the Committee shall undertake any further investigations which it considers necessary. This may involve obtaining further documents or interviewing members of the appellant institution or the complainant.
- 5.5.7 The Appeals and Complaints Committee reserves the right not to continue with the appeal or complaints procedure if the appeal or complaint is considered frivolous or pursued in an abusive, offensive, defamatory, aggressive or intimidating manner.
- 5.5.8 At the conclusion of the hearing, the Complaints Panel will make ONE of the following decisions:
  - a. Overturn the complaint and sustain the decision of the Executive of the Council.
  - b. Uphold the complaint, and refer the decision back to the Executive of the Council for reconsideration in light of the complaints process. The detail of the evidence that led the Panel to uphold the complaint must be clearly specified.
- 5.5.9 The full and final decision of the Complaints Panel will be in the form of a written report by the Chair of the Complaints Panel to the Complainant and to the President of the Council. The decision must be supported by the reasons for reaching that decision, and any supporting documentation.
- 5.5.10 Costs of the complaints process, other than those incurred in the preparation of documentary evidence by the Council and the Complainant, shall be borne by the Council.

## 5.6 Grounds for Complaint against the ECCE:

Valid grounds include ONE or MORE of the following:

- 5.6.1 That the ECCE has failed to adhere to its published policies and procedures
- 5.6.2 That members of ECCE, the Evaluation Team, or QAAC behaved in a discriminatory or unprofessional manner.

## 5.7 Decisions of the Appeals and Complaints Committee:

After considering the evidence, the Committee may decide:

- 5.7.1 To dismiss the appeal or complaint;
- 5.7.2 To uphold the appeal or complaint and require the QAAC or Executive to reconsider its decision. Taking into account the findings of the Appeals and Complaints Committee, the QAAC or the Executive will engage in open and transparent discussion with the appellant institution or the complainant to resolve the issue.
- 5.7.3 The ACC decision on the appeal, or complaint shall be final and non-appealable.
- 5.7.4 The QAAC will meet at its earliest convenience after receiving the Appeals and Complaints Committee's decision and Appellant institutions will be notified in writing of and revision of the QAAC's decision within five working days of the date of its meeting.
- 5.7.5 The ECCE will not make any QAAC accreditation decisions public until the end of the Appeal process.
- 5.7.6 The Committee will submit its judgement in a written report within one month of the receipt of the appeal or complaint.

## 6 ANNUAL MONITORING AND REPORTING PROCESS

- 6.1 Institutions with Accredited status are required to submit Annual Monitoring Reports (AMoR) to inform the QAAC of continuing good practice and any changes or emerging issues that may affect the institution's ability to deliver the curriculum in compliance **with the Standards**.
- 6.2 **Additional reports may be requested by the QAAC where there are, or may be, matters of concern** or lack of clarity in relation to the continued accreditation of the institution.
- 6.3 **All annual and additional reports will be submitted to the QAAC at dates specified by the QAAC.** A representative of the institution will be invited to present the AMoR to the annual meeting of the QAAC, which normally takes place in the autumn, and discuss any relevant issues. The AMoR will refer to the immediate past academic year.
- 6.4 The AMoRs will be made available to Evaluation Teams at initial and re-accreditation events.
- 6.5 Any action points arising from annual and/or additional reports will be notified in writing to the Head/Principal of the institution.
- 6.6 **Where there is evidence of substantial non-compliance with the Standards, the QAAC may, at any time and during the occasion of annual and/or additional reports and subsequent meetings, decide on ONE or BOTH of the following:**
  - 6.6.1 Impose additional conditions on an existing accreditation.
  - 6.6.2 Impose a period of confidential probation and subsequent actions as described under 4.3.6.3

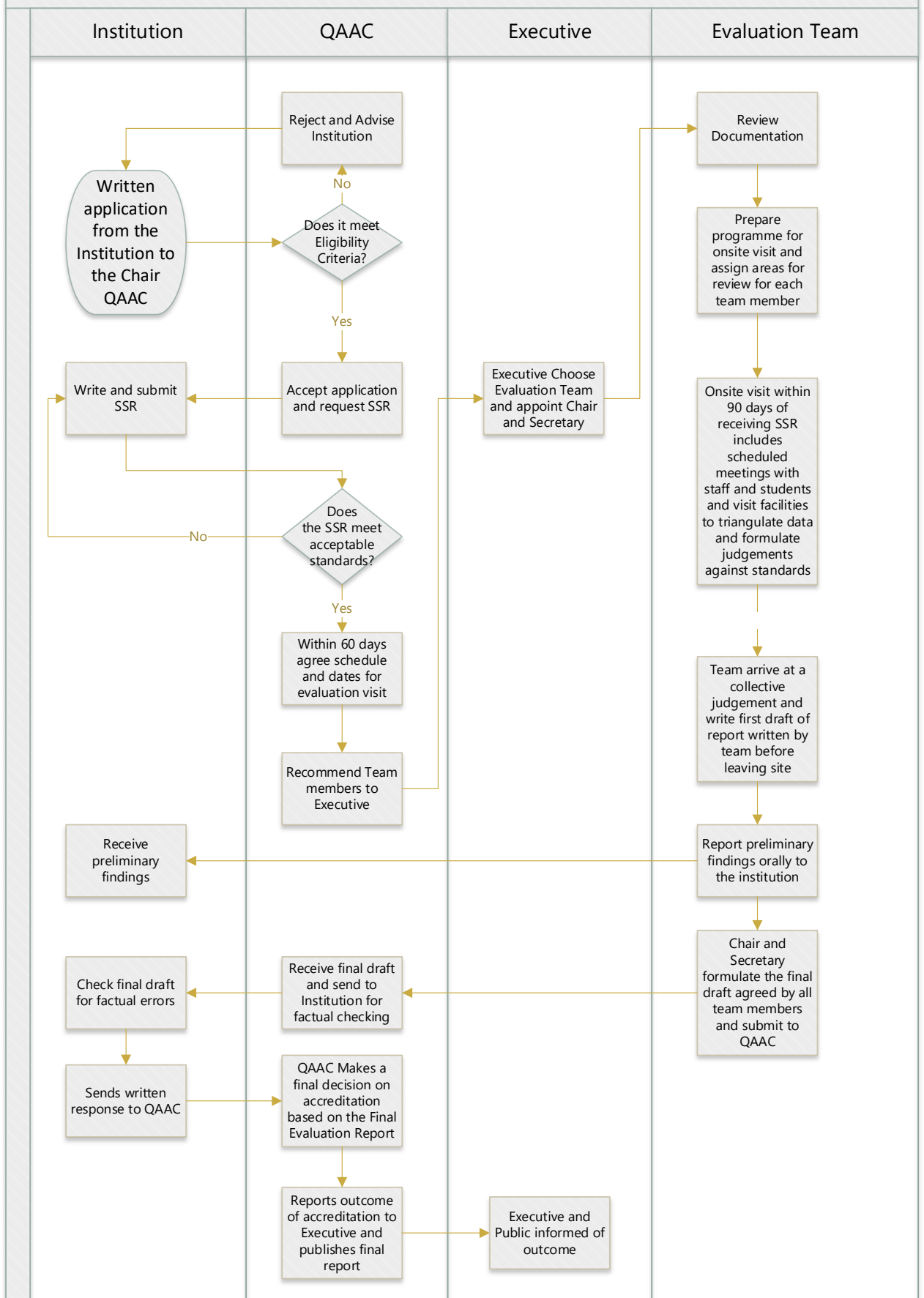
## 7 FEES

(According to the ECCE Financial Policy on Institutional Fees and Dues. Document available under separate cover).

## 8 CONSULTANCY

- 8.1 The QAAC does not act in a consultancy role nor does it recommend consultants
- 8.2 The QAAC maintains a list of educational and chiropractic experts based on their known experience and expertise and may make that list available to institutions. However, the QAAC does not recommend any consultant(s). Institutions which consult the list must make their own assessments of the consultant and agree their own arrangements, objectives, fees and expenses with the consultant(s) and take all responsibility for hire and expenses.
- 8.3 The institution may, at its discretion, make known to the QAAC the findings and report of the consultant(s). The QAAC will receive such reports, which it may or may not take into consideration and/or act on.
- 8.4 **Consultants on the QAAC list** cannot be members of the QAAC or the Executive Committee

## ACCREDITATION PROCESS



## REACCREDITATION PROCESS

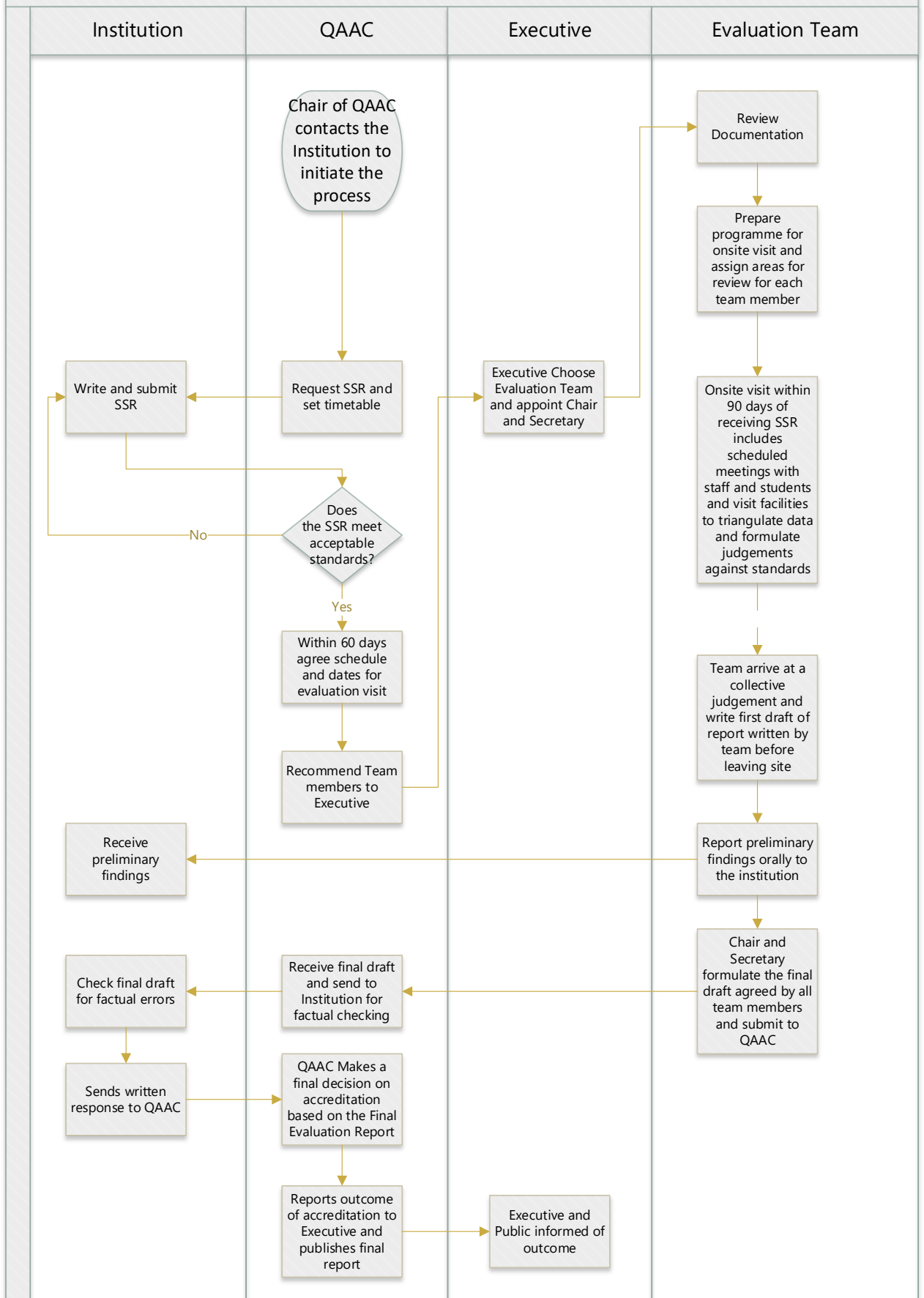




Table 1: Risk based accreditation criteria

Risk Criteria	Fact identified	QAAC Commentary	Level of risk
Has the institution been accredited by ECCE?			
Has previous evaluation identified high risk for the programme or the quality of the education provided?			
Has the institution demonstrated its ability for improvement in regards to previous evaluation by ECCE?			
Does the institution have an efficient internal quality assurance management?			
Does the institution operate in a country where the chiropractic education is officially recognized and regulated?			
Does the institution have its programme approved by national authorities?			
Is the institution/Programme evaluated on a regular basis by a National Quality Agency in higher education?			
Is the institution/Programme part of a public university?			
If not part of a public university, has the programme developed links with a public university?			

9 Appendix 2

Table 2: ECCE Compliance Table

Fully Compliant	Substantially Compliant	Partially Compliant	Non-Compliant
All applicable 'Standards' have been met in full.	Nearly all applicable 'Standards' have been met.	Most applicable 'Standards' have been met.	Several applicable 'Standards' have not been met or there are major deficiencies in one or more of the applicable 'Standards'.
	'Standards' not met do not present any serious risks to patients, students, the institution or profession.	'Standards' not met, while not currently presenting serious risks, have moderate risks which could lead to serious problems over time.	'Standards' not met have serious risk(s) to either the patients, students, institution or profession.
<ul style="list-style-type: none"> <li>-There are examples of good practice in this area.</li> <li>-There are no recommendations for improvement.</li> </ul>	<ul style="list-style-type: none"> <li>-There are minor omissions or oversights.</li> <li>-Needed improvements do not require major structural, operational or procedural change.</li> <li>-The need for change or improvement has already been noted in either the submitted documentation or during the site evaluation visit.</li> </ul>	<ul style="list-style-type: none"> <li>Examples may include:                             <ul style="list-style-type: none"> <li>-Weakness in the governance structure.</li> <li>-Insufficient emphasis or priority given to 'Critical Standards'.</li> <li>-Quality assurance procedures which have shortcomings in terms of rigour.</li> <li>-Plans presented to address identified problems are under-developed or not fully imbedded into the overall operation of the institution.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Examples may include:                             <ul style="list-style-type: none"> <li>-Minimal or no emphasis or priority given to 'Critical Standards'.</li> <li>-Inappropriate emphasis given to 'Critical Standards'.</li> <li>-Ineffective operation of parts of the institution's governance structure as it relates to quality assurance.</li> <li>-Significant gaps in policy structures or procedures relating to quality assurance.</li> </ul> </li> </ul>

		<p>-The institutions priorities or actions suggest that it may not be fully aware of the significance of certain issues.</p>	<p>-Breaches by the institution of its own quality assurance procedures. -Plans for identifying problems are not adequate to correct the problems or there is little evidence of progress since a previous review. -The institution has not recognized that it has major problems or has not planned significant action to address problems identified. -The institution has limited understanding of their responsibilities related to one or more key areas of the 'Standards' or may not be fully in control of parts of the organization. -The institution has repeatedly failed to take appropriate action in response to feedback from external evaluations.</p>
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<b>Academic Autonomy</b>	Freedom of an institution or department to manage strategic development and operation of all issues related to teaching and learning, research and scholarship.
<b>Academic Year</b>	The calendar year in which the academic <b>Programme</b> starts and ends. Normally two semesters (approximately 15 weeks each) or three terms (approximately 10 weeks each).
<b>Accreditation</b>	Process of recognition of an institution to deliver a programme of education and training in compliance with the <b>Standards</b>
<b>Accredited Status</b>	Status conferred upon an institution/programme that meets the <b>Eligibility Criteria</b> for <b>Accredited Status</b> and delivers chiropractic education and training in <b>Compliance</b> with the <b>Standards</b>
<b>Advanced Standing</b>	Prior valid (experiential) qualifications that may permit a student to enter a <b>Programme</b> at a stage later than the initial entry point. May be referred to as <b>AP(E)L</b> .
<b>Aims (Mission)</b>	General overview of the goals of the education and training experience. Not necessarily measurable (as opposed to <b>Learning Objectives/Outcomes</b> ).
<b>AMoR</b>	Annual Monitoring Report. Report to the CoA completed at the end of each <b>Academic Year</b> outlining current practice and changes/developments in the <b>Programme</b> .
<b>Annotations</b>	Used to clarify, amplify and exemplify statements used in the <b>Standards</b> .
<b>Appeal</b>	1) An established formal procedure for reviewing student complaints about <b>Assessment</b> . 2) An established formal procedure for reviewing disciplinary action taken against staff or students. 3) An established procedure whereby an institution may challenge the decision of <b>CoA</b> to refuse <b>Accredited Status</b> .
<b>AP(E)L</b>	Accreditation of Prior (Experiential) Learning. May be used in cases of <b>Advanced Standing</b> . (Not to be confused with <b>Accreditation</b> of an institution).
<b>Appraisal</b>	An institutional system for the (normally annual) review of the performance of staff
<b>Areas</b>	Broad components in the structure and process of chiropractic education.
<b>Assessment</b>	Method of measuring the achievement of <b>Learning Outcomes</b> (i.e. <b>Competencies</b> ) against a set of pre-determined criteria.
<b>Assessment Criteria</b>	Written guidelines that define the required level of achievement of <b>Learning Outcomes</b>
<b>Behavioural Sciences</b>	Psychological (emotional, cognitive, cognitive-behavioural) and social behaviour in health, disease and illness
<b>Clinic</b>	Normally the institution's own facility where <b>Clinical Training</b> takes place. (See <b>Off-site Clinics</b> and <b>Off-site Clinical Training</b> facilities).
<b>(Supervised) Clinical Training</b>	Period of time devoted to contact with patients under the supervision of a qualified person recognised by the institution as competent to supervise a student's clinical learning experience.
<b>Commendation</b>	Areas that fully comply with or exceed the <b>Standards</b> and worthy of specific recognition.
<b>Competency(ies)</b>	A measurable set of skills, knowledge, problem-solving abilities and attitudes in controlled representations of professional practice when performing at maximum levels of ability.
<b>Compliance</b>	Abiding by, and meeting the <b>Standards</b> . Compliance is verified <b>at Evaluation Visits</b> and annually through consideration of the <b>AMoR</b>

<b>Concerns</b>	Areas of substantial weakness/concern as to jeopardise the <b>Accreditation</b> of an institution that require specific attention and action by the institution <i>as a matter of urgency</i>
<b>Conflict of Interest</b>	A situation where the interests of a <b>Council</b> member may be in direct opposition with those of the <b>Council</b> .
<b>Core competencies</b>	Those <b>Competencies</b> a student must possess at graduation irrespective of the educational institution he/she attended to enable entry to the profession as a safe and competent practitioner
<b>Council</b>	Body comprising elected and appointed members of the ECCE. It is the supreme decision-making authority of the ECCE
<b>Counselling Service</b>	A professional support service to provide appropriate support for the students' social, psychological and personal needs.
<b>Course</b>	Individual courses contributing to a <b>Programme</b> .
<b>Course Objectives</b>	See <i>Learning Objectives</i> .
<b>Course Handbook</b>	A publication made available to all students at the start of the <b>Programme</b> and for each stage (year) of the <b>Programme</b> .
<b>CPD</b>	Continuing Professional Development (normally conducted after graduation).
<b>Credits</b>	May be awarded for a <b>Course or Programme</b> in terms of the time spent on the achievement of the <b>Learning Outcomes</b> . Credit systems vary. For example, 120 UK credits constitute one <b>Academic Year</b> and 10 credits represent 100 hours of learning time (i.e.1200 hours a year) to include contact time, directed and independent study. Alternatively, the ECTS system refers to 60 credits constitute one <b>Academic Year</b> and 60 credits represent 1500 to1800 hours of learning to include contact time, directed and independent study, and preparation and taking of examinations.
<b>Curriculum (or Programme)</b>	Entire programme making up an exit award either at undergraduate or postgraduate level. The curriculum includes <b>Aims</b> and <b>Learning Objectives</b> , the subject areas (content) covered including sequencing and delivery, teaching and learning methods, and <b>Assessment</b> strategies.
<b>Curriculum Committee</b>	A committee of teaching staff and (sometimes) students that manages the content, delivery, and <b>Assessment</b> of the <b>Programme</b> .
Curriculum Model	The theoretical basis for the teaching and learning methods used on a <b>Course or Programme</b> . (May include discipline, system, integrated, and problem-based learning models).
ECTS	European Credit Transfer Scheme. 60 ECTS <i>Credits</i> is equivalent to 1 year of full-time study
<b>Eligibility criteria</b>	A set of conditions an institution must meet in order to apply for <b>Accredited Status</b> .
<b>Equal Opportunities Policy</b>	A written policy that covers the policy towards gender, race, religion and sexuality.
<b>ESG</b>	European Standards and Guidelines
<b>Evaluation</b>	A process that systematically and objectively determines the relevance, effectiveness and impact of activities/documentation in light of their objectives. (Not to be confused with <b>Assessment</b> which refers to measurement of achievement).
<b>Evaluation Team</b>	A team of people appointed to evaluate institutions and make recommendations on <b>Accreditation</b> to the CoA.
<b>Evaluation Visit</b>	Inspection (on-site) of the institution by the <b>Evaluation Team</b> .
<b>Executive Committee</b>	Committee of the <b>Council</b> comprising the Officers of the <b>Council</b> , the Chair of the <b>CoA</b> and the Chair of the <b>QAC</b> and responsible for the day to day

	management and operation of the ECCE.
<b>Formative Assessment</b>	Assessment that is an integral part of the learning process but not used in determining <b>Progression</b> of the student.
<b>FTE</b>	Full-Time Equivalent. A measurement of total staff numbers based upon an aggregation of total contracted time per week of all staff divided by the agreed, full-time contracted time.
<b>Integrated</b>	Subjects presented as a meaningful whole, most usually between basic science and clinical subjects.
<b>Joint Evaluation Visit</b>	An <b>Evaluation Visit</b> that takes place in collaboration with other validating and accrediting bodies.
<b>Learning Objectives</b>	The level of knowledge and understanding, skills and attitudes expected to be acquired by a student by the end of a <b>Course</b> or <b>Programme</b> . Objectives should be measurable (by <b>Assessment</b> ) and delineate a specific <b>Level of Competency</b> .
<b>Learning Outcomes</b>	The knowledge, understanding, skills and attitudes achieved by a student at the end of a <b>Course</b> or <b>Programme</b> . Outcomes should be measurable (by <b>Assessment</b> ) and delineate a specific <b>Level of Competency</b> .
<b>Level</b>	Level (descriptors) are statements of what a student is expected to acquire (achieve) at the end of a level of learning ( <b>Learning Outcome</b> ). The level of learning is normally raised in an hierarchical manner as the <b>Curriculum</b> progresses over time.
<b>Life-long Learning</b>	Continuous education, training and development throughout a professional career.
<b>Majority vote</b>	A simple majority of those present at a meeting.
<b>Objectives</b>	Learning objectives and learning outcomes already figure in the glossary.
<b>Offsite Clinics</b>	Approved chiropractic training facilities.
<b>Offsite Clinical Training</b>	Approved centres that might include hospitals and other healthcare centres including primary healthcare settings.
<b>Objective Structured Clinical Examination (OSCE)</b>	A standardised format to measure clinical skills often using simulated patients and clinical encounters.
<b>Outcomes-based education</b>	Emphasising <b>Learning Outcomes</b> as opposed to <b>Process</b> , and focused on the product of education and training through the <b>Competencies</b> required and their <b>Assessment</b> .
<b>Patient Assessment (Treatment) Visit</b>	A patient returning for treatment as part of a course of treatment.
<b>Performance Indicators</b>	Measurable indicators of academic achievement.
<b>Postgraduate Education and Training</b>	1) In the case of chiropractic this normally refers to a defined period of time immediately following graduation (and in some cases prior to full registration) at the end of which the graduate is fit to practise in an autonomous and independent manner. 2) It may also refer to award-bearing <b>Programmes</b> such as Masters, PhD or Professional Doctorates.
<b>Primary Contact (Care) Practitioner</b>	Delivery of health care at the most local level of a country's health care system. A first-level health care provider who, when presented with a new health problem, initiates care, and may screen for referral to other healthcare professionals.
<b>Process</b>	The methods by which the <b>Learning Outcomes</b> are achieved (by <b>Assessment</b> ), including the content, delivery and teaching and learning methods.
<b>Proficiency (ies)</b>	A measurable set of skills, knowledge, problem-solving abilities and attitudes in everyday routine professional practice.

<b>Progression</b>	The process of advancement from one stage (year) of a <b>Programme</b> to the next based on achievement of (pre-determined) <b>Learning Outcomes</b> .
<b>Prospectus</b>	A marketing publication providing information on the institution, the <b>Programme</b> and other useful information for prospective students and normally produced annually.
<b>Quality Assurance</b>	Process of monitoring and evaluating policies and procedures, and ensuring that actions are taken to ensure that the highest achievable standards are attained.
<b>Quality Assurance &amp; Accreditation Committee</b>	Committee of the <b>Council</b> responsible for implementing and conducting ( <b>re-)</b> <b>Accreditation</b> procedures, and decisions regarding the ( <b>re-)</b> <b>Accreditation</b> of institutions. Committee of the <b>Council</b> responsible for reviewing and evaluating policies, procedures, <b>Standards</b> and the Constitution of the ECCE, and making recommendations.
<b>Quorum</b>	Requirement that two-thirds of the membership of the <b>Council</b> must be present to vote on decisions of the <b>Council</b> .
<b>Re-accreditation</b>	The process of renewing <b>Accreditation</b> .
<b>Recommendations</b>	Area requiring specific attention and action by an institution
<b>Satisfactory</b>	Term used by <b>Evaluation Teams</b> and the <b>CoA</b> to confirm that an institution is in <b>Compliance</b> with the <b>Standards</b> .
<b>Semester</b>	Normally a period of full-time teaching and <b>Assessment</b> of 15-18 weeks. Two semesters comprise an <b>Academic Year</b> . Many credit systems are based on the semester system i.e. 60 credits per semester, 120 per year and 360 for an undergraduate <b>Programme</b> .
<b>Staff Handbook</b>	A booklet handed to all staff that outlines procedures, management structures, employment conditions, including Equal Opportunities Policy, Health and Safety Regulations, <b>Appraisal</b> System and Disciplinary Procedures.
<b>SSR</b>	Student: Staff ratio. Normally worked out on a <b>FTE</b> basis (staff) and all students enrolled on the <b>Programme</b> .
<b>Standards</b>	Set of pre-determined criteria by which judgements and/or decisions are made to certify that an institution is providing an education and training to ensure that all its graduates achieve the <b>Core Competencies</b> .
<b>Sub-areas</b>	Specific aspects of an <b>Area</b> corresponding to <b>Performance Indicators</b> .
<b>Summative Assessment</b>	<b>Assessment</b> that contributes to <b>Progression</b> of the student.
<b>Strengths</b>	Areas that fully comply with or exceed the <b>Standards</b> and worthy of specific recognition.
<b>Term</b>	Period of teaching and <b>Assessment</b> in an <b>Academic Year</b> . Normally 10 to 12 weeks and 3 terms in one year.
<b>Undergraduate Education and Training</b>	Period of education and training that at the end the student will have achieved the <b>Programme's Learning Outcomes</b> and be considered safe and competent to enter practice.
<b>Unsatisfactory</b>	Term used by <b>Evaluation Teams</b> and the <b>CoA</b> to note that an institution is not in <b>Compliance</b> with the <b>Standards</b> .
<b>Validation</b>	Process of recognition of the programme qualification awarded. Recognition depends on the level and the quantity of learning (credit) in compliance with established higher educational criteria.
<b>Weaknesses</b>	Areas requiring specific attention and action by an institution.

