

October 2017

REPORT FROM THE EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION (ECCE)
ADDRESSING DEFICIENCIES/COMMENTS/RECOMMENDATIONS FROM THE 2015/2016
ENQA REVIEW

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1. Context and aim of partial review.

This Self-Study Report addresses those issues arising from the 2015/2016 ENQA Evaluation placing the ECCE under 'Member under Review' status. It also includes those areas identified by our recent EQAR application that were not highlighted in the ENQA report.

2. Compliance with ESG Standards flagged in the 2015 review:

a. 3.5 Resources - partially compliant

Standard: Agencies should have adequate and appropriate resources, both human and financial, to carry out their work.
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ENQA report recommendations:

Recommendations: “To strengthen administrative capacity, also increase capacity to reflect. With turnover of permanent staff occurring it is of vital importance to ensure institutional memory is well preserved and passed over. Responsibilities of Evaluation Team Secretary should be re-defined to avoid mixture of administrative and expert roles and conflict of interests.”

ECCE implementation of recommendations:

ECCE has hired a ‘Quality Assurance Consultant’ who has significant experience in higher education and chiropractic education as well as ECCE executive experience. This position does not have a limited time of service compared to the executive positions on ECCE and will ensure that institutional memory is well preserved and passed along. The duties of this position are in appendix 1.

ECCE has also eliminated the permanent paid position of ‘Evaluation Team Secretary’ who participated on every evaluation team. This role is now filled by one of the appointed evaluation team members for each team and a new list of the roles and responsibilities has been created (Appendix 2) based on material provided by ENQA. Many of the duties of the former permanent evaluation team secretary have been transferred to our Executive Secretary to avoid mixing administrative and evaluation team roles. The Evaluation Team Manual has been updated to include the revised duties of the Evaluation Team Secretary. This Manual is on the ECCE website. The first site evaluation/ re-accreditation visit using these new positions with the revised roles and responsibilities occurred in the spring of 2017 and worked very well.

ECCE has also increased the annual dues to accredited institutions/programmes. This required that 2/3 of the members vote in favour of this proposal. It passed and takes effect with the 2017 dues.

b. 3.6 Internal Quality Assurance and Professional Conduct -partially compliant

Standard: Agencies should have in place processes for internal quality assurance related to defining, assuring and enhancing the quality and integrity of their activities.
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ENQA Report recommendations:

Recommendations: "ECCE should create a single consolidated internal quality assurance document and publish it on its website. It should include internal and external feedback mechanisms that lead to a continuous improvement within the agency: implementation of the equal opportunities policy should be monitored to guard against intolerance of any kind or discrimination.

Policies and procedures for the appropriate communication with the relevant authorities of those jurisdictions where ECCE operates should be developed and implemented."

ECCE Implementation of recommendations:

The Chair of the Quality Assurance Committee has instituted additional feedback questionnaires for every meeting, not just for the annual General Council meeting and site visit feedback questionnaires as was done previously. Reports are generated based on the analysis of these questionnaires (using Survey Monkey). Piloting of the new questionnaire for Executive, CoA (Commission on Accreditation) and QAC (Quality Assurance Committee) meetings was done for the November and March meetings and worked well.

A single document outlining ECCE's internal quality assurance procedures has been created by the new Quality Assurance Consultant (appendix 3) and is now on the ECCE website. Additionally, the ECCE has written an equal opportunities document which is also on our website (appendix 4).

c. 2.5 Criteria for outcomes – partially compliant

Standard:

Any outcomes or judgements made as the result of external quality assurance should be based on explicit and published criteria that are applied consistently, irrespective of whether the process leads to a formal decision.

ENQA Report recommendations:

Recommendations: "ECCE should review their standards and criteria. They should be mapped towards the new ESG and changes to include main points of the new ESG, such as student-centred learning and student involvement in decision-making processes should be included.

ECCE should decide whether to introduce weighting of criteria and make this decision transparent in all available documents to HE institutions.

ECCE should develop standardised procedures to ensure consistency in decision-making for the time period accreditation is granted. The procedure should be transparent to HE institutions."

ECCE Implementation of recommendations:

After completion of the mapping of the ECCE Standards with the ESG Standards, the ECCE Quality Assurance Consultant evaluated all of the ECCE Standards and made a list suggesting which specific Standards must achieve at least 'substantially compliant' status. Additionally, the Quality Assurance Consultant created a table listing the criteria upon which a judgement should be made regarding the level of compliance to each Standard (discussed below). These were then circulated to the Quality Assurance Committee for feedback and the list of critical Standards is attached as appendix 5. Unofficially this list was piloted during the most recent evaluation visit in Barcelona. The institution was not aware in advance that this list was being piloted but certainly if this list is accepted by the membership at our November 2017 General Council meeting, it will become incorporated prominently into the Standards and all institutions will be using this when designing their programmes and preparing their accreditation documentation. Although the institution being evaluated was unaware of this list of so called 'critical' Standards, they would have achieved at least 'Substantially compliant' on all but 1 of these Standards. Thus, the pilot project was considered useful.

The ECCE, with the help of the UK's QAA (United Kingdom's Quality Assurance Agency for Higher Education), created a table listing the criteria for determining the level of compliance for each Standard (appendix 6). This table was also used at the recent Barcelona evaluation visit. Once approved at General Council this will also be part of the Standards document to assist institutions in planning their programmes and preparing their accreditation documentation.

ECCE has also now included a student as a full member of the committee that makes the final judgement regarding accreditation of an institution/programme (Commission on Accreditation (CoA)). In order to do this effectively, the ECCE has had to expand the definition of 'student' to include those in approved post-graduate programmes. Otherwise a student on the CoA could only serve 2 years at most since they would need at least a couple of years previous experience as a chiropractic student to understand the rigor and requirements of the chiropractic education. ECCE's experience with students on council over the past few years has shown that their input is minimal due to the fact that there is a steep learning curve to membership in the ECCE and they graduate around the time they have adequate experience. The suggestion to expand the definition of 'student' arose from a meeting between the ECCE Vice President and the head of the Swiss AAQ (Agency for Accreditation and Quality Assurance) (also an ENQA member and ENQA vice president). The AAQ has already adopted this policy. However, students have already been included on ECCE site evaluation teams for the past few years with positive experiences in all cases.

The mapping of ECCE's Standards with the ESG Standards (appendix 8) was done and is discussed below in 2.1.

d. 2.7 Complaints and appeals – partially compliant

Standard:

Complaints and appeals processes should be clearly defined as part of the design of external quality assurance processes and communicated to the institutions.

ENQA Report recommendations:

Recommendations: "ECCE is encouraged to undertake the planned reflection on the appeals process and improve it in light of this.

The complaints procedure should be revisited and consideration should be given to the circumstances in which a complainant would benefit from undergoing the process."

ECCE Implementation of recommendations:

The ECCE has created a new Appeals and Complaints procedure based on reflection from the experience gained and documentation provided from the 2015 accreditation appeal experience of ECCE as well as feedback from the ENQA reviews of 2010 and 2015. This is included as appendix 7. The head of the programme that filed the recent Appeal (successfully resolved) was included in the discussions and revision of the previous document. ECCE considered this input critical and most valuable in creating a more robust procedure.

e. 3.4 Thematic analysis (substantially compliant but needing visible progress)

Standard:

Agencies should regularly publish reports that describe and analyse the general findings of their external quality assurance activities.

ENQA Report recommendations:

Recommendations: "When considering this item, the Board could not identify visible progress compared to the previous review."

ECCE Implementation of recommendations:

One member of ECCE's CoA committee was a co-author for 3 research publications comparing the various international CCE (Councils on Chiropractic Education) 'Standards' (USA, Canada, Europe and Australasia). These publications are available on the Pubmed website (Innes SI, Leboeuf-Yde C, Walker B, in BMC Chiropr Man Therap 2016). Following

on from these publications, ECCE's Standards were updated and changed to address deficiencies found. However, in comparison to the other international CCE organizations, ECCE did well, particularly in requiring evidence-based practice and research.

Additionally, the new Quality Assurance Consultant will perform specific research on the internal activities of the organization as well as collaborate on research with other accrediting agencies and is an experienced researcher (CV available if required). Thus, the lack of human resources to perform these activities has been addressed with the creation of this additional paid position. At least 1 publication per year is required based on the contract for this new position. The first project planned is to compare the 10 programmes/institutions currently accredited by ECCE in terms of the level of compliance for each Standard to identify if there are common areas amongst the institutions where they may need help and to determine if older institutions have similar levels of compliance to the various Standards compared to new institutions. Furthermore, a comparison of programmes within established universities will be compared to more 'stand alone' institutions in a subsequent study. Additionally, the Quality Assurance Consultant has already met with the president of the Council on Chiropractic Education United States and a research project comparing US and European institutions on compliance levels for each Standard is also planned.

The above Standards were identified in the May 12, 2016 letter particularly needing to be addressed. Other Standards suggested for further development are addressed below:

3. Other changes since the 2015 review and 'Standards' identified by the recent EQAR submission for continued inclusion on the registry.

a. 2.1 Consideration of internal quality assurance.

Standard: External quality assurance should address the effectiveness of the internal quality assurance processes described in Part 1 of the ESG.
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ENQA Report recommendations:

ECCE should justify the assertion that their standards and guidelines meet the requirements of Part 1 ESG by undertaking a comprehensive mapping of the standards used by agency against the ESG Part 1 standards 1.1 – 1.10.
ECCE should review the terminology used throughout their standards and ensure consistency with ESG.

ECCE Implementation of recommendations:

ECCE has undertaken a mapping exercise with the ESG part 1 and this is attached as Appendix 8. You can see that each of the 10 ESG Standards has corresponding sections of the ECCE Standards, some sections more than others, but with no ESG section without a corresponding ECCE section.

The ECCE has also expanded our Conflict of Interest Statements (appendices 9 and 10).

In response to the concern with the inconsistency in the use of terminology within our Standards, i.e. 'Outcomes' vs. 'Competencies', we have the following remarks:

In Medical Education it is particularly important to use the term 'Outcomes' when referring to the demonstration of specific abilities whereas the term 'Competencies' is simply a list of knowledge, skills, and attitudes that a student should possess. Learning Outcomes, student outcomes and exit outcomes, etc. start with a verb (i.e. demonstrate, differentiate, discuss, perform etc.) and are evaluated by specific types of practical examinations (as outlined in the University of Dundee, UK, Medical Education curriculum). In primary health care education, the emphasis is first on patients and second on students. This is likely to be different from educational programmes that do not involve patients and potential harm to patients. Thus, both terms are appropriate in primary health care education, depending on the situation. This was perhaps not considered at our last review. Therefore, in our opinion, some comments and suggestions may indicate a lack of awareness of the importance of *patients first* in primary contact medical educational programmes rather than students first which is the case in other higher educational programmes.

However, we will review our Standards again to try to further clarify these two terms.

b. 2.2 Designing Methodologies fit for purpose

Standard:

External quality assurance should be defined and designed specifically to ensure its fitness to achieve the aims and objectives set for it, while taking into account relevant regulations. Stakeholders should be involved in its design and continuous improvement.

ENQA Report recommendations:

Better adaptation (and synergy) in time and content, with national QA procedures. This is normally made easier by the fact that ECCE is a member of ENQA and on the EQAR list. A greater flexibility of the procedures is hence desired.

The 36 standards of ECCE should be carefully checked against the new ESG, including as far as terminology is concerned.

Consideration should be given to expanding the current criteria to include contemporary issues in Higher Education such as internationalisation, mobility and multidisciplinary working.

ECCE implementation of recommendations:

The ECCE is actively working together with both the General Chiropractic Council (GCC) in the United Kingdom and the Swiss Agency of Accreditation and Quality Assurance (AAQ) to facilitate joint evaluation procedures for the chiropractic programmes in both countries. Face-to-face meetings between the ECCE Quality Assurance Consultant and the head of the AAQ and GCC have taken place along with several Skype meetings with the GCC. With ECCE's new 'Risk-Based' re-evaluation procedures, joint evaluations are now facilitated to align with the time frames of national accrediting bodies. Mapping exercises comparing the ECCE Standards with the AAQ and GCC Standards have been done to facilitate working together (appendix 11). This exercise is completed for the ECCE/GCC Standards but remains in draft form for the ECCE/AAQ Standards mapping. The heads of the chiropractic programmes in both the UK and Switzerland have been consulted and involved in agreeing to these joint evaluations. Two programmes in the UK will likely be the first to experience joint evaluations as they are scheduled to be evaluated by the GCC in 2018. The two South African programmes have been contacted to determine whether or not joint evaluations with their national accrediting body are feasible. At the time of writing this report we do not yet know if this will be possible.

ECCE has been a member of the Council on Chiropractic Education International (CCEI) for many years. CCEI's main goal is to facilitate (but cannot guarantee) international mobility of graduates. Certainly, ECCE is frequently contacted by non-European countries to inquire about the status of specific chiropractic programmes/institutions regarding ECCE accreditation. This is usually in regards to graduates of various programmes applying to work in that country.

At least 3 of the ECCE accredited programmes are part of multidisciplinary health care departments within large, established universities. These include the University of Zürich chiropractic medicine programme which is part of the Faculty of Medicine, the University of Southern Denmark programme where students take 2 full years of human medicine and the University of South Africa Johannesburg programme where the students share courses with other health science students. Additional ECCE accredited programmes share facilities with other health science programmes (i.e. in the UK). Certainly, one of the goals of the ECCE is to facilitate interdisciplinary education and encourage the development of such programmes in additional countries. Europe is ahead of this development in chiropractic education compared to the rest of the world.

c. 2.4: Peer review experts

Standard: External quality assurance should be carried out by groups of external experts that include (a) student member(s).

ENQA Report recommendations:

The Evaluation Secretary should not be a member of any expert panel.

Training of experts should be based on needs, outcomes and effectiveness rather than a perceived preference.

ECCE should rely more on non-chiropractic experts as panel members (including students). A list of criteria that are potential causes for conflict of interest (including having had a decisional role in the agency in the past) should be established.

ECCE implementation of recommendations:

ECCE has also eliminated the permanent paid position of 'Evaluation Team Secretary' who participated on every evaluation team. This role is now filled by one of the appointed evaluation team members for each team and a new list of the roles and responsibilities has been created (Appendix 2) based on material provided by ENQA. Many of the duties of the former permanent evaluation team secretary have been transferred to our Executive Secretary.

Regarding the inclusion of more non-chiropractic experts onto ECCE and evaluation team panels, two new experts in higher education have been nominated to fill upcoming vacancies in the future. Furthermore, an additional Student has been nominated for ECCE as well as for membership on the Commission on Accreditation (CoA). A recent evaluation training event included 1 non-chiropractic higher education expert in preparation for use on future evaluation teams. However, the inclusion of non-health care persons, particularly students, onto site evaluation teams cannot be supported by ECCE. As noted above, chiropractic education, like human medicine, is a primary contact profession requiring competency in the diagnosis and treatment of a variety of conditions. This means that the patient always comes first in the educational programme and the student, although very important, is second. Mistakes can have catastrophic consequences. Non-health care students could not fully comprehend this concept unless they have experienced it and thus would have difficulties forming appropriate questions to explore critical issues on site evaluation teams and difficulties knowing the required observations to make when evaluating the students in their final clinical internship where they diagnose and treat patients. Certainly the Swiss AAQ, which accredits all undergraduate and post-graduate medical programmes in Switzerland (including the chiropractic medicine programme), only includes primary contact health care experts and students on their site evaluation teams.

Additionally, as part of the Quality Assurance Consultant's job description, face-to-face training sessions for new members of evaluation teams is included. A recent event took place which included 3 new evaluation team members, one of which was a student. Another training event of UK participants will take place in mid January following the ENQA meetings.

Attached are ECCE's updated Conflict of Interest Statements (appendices 9 and 10). Appendix 9 is recent as a result of an Appeal procedure that was conducted last year. That was the first Appeal that ECCE had encountered. Both appendices have specific conditions listed that would be a Conflict of Interest. This list was created based on an assessment of the Conflict of Interest Statements of other organizations.

d. 3.1: Activities, policy, and processes for quality assurance

Standard:

Agencies should undertake external quality assurance activities as defined in Part 2 of the ESG on a regular basis. They should have clear and explicit goals and objectives that are part of their publicly available mission statement. These should translate into the daily work of the agency. Agencies should ensure the involvement of stakeholders in their governance and work.

ENQA Report recommendations:

Strategic planning has to be accelerated and clearly linked with yearly work plans.

Involve students as stakeholders in the governance of ECCE.

ECCE Implementation of recommendations:

ECCE has worked diligently on a new Strategic plan (Appendix 12) after the creation of a small committee dedicated to this task. This Strategic Plan includes 'indicators of success' and was discussed at the last General Council meeting.

ECCE will include a chiropractic or medical student onto the Commission of Accreditation (CoA) committee and one has recently been nominated. Voting will take place at the next General Council Meeting in November. In order to do this effectively, we have broadened our definition of 'Student' to include those in recognized chiropractic post-graduate programmes as explained above, so that the student can serve out a complete term of 4 years.

e. 3.3 Independence

Standard:

Agencies should be independent and act autonomously. They should have full responsibility for their operations and the outcomes of those operations without third party influence.

ENQA Report recommendations:

Students should be fully involved in decision making bodies of ECCE, in particular CoA. The conflict of interest procedure should include clear definitions of what may constitute a conflict of interest.

ECCE should open more to students or academics without any relation to Chiropractic institutions, for experts and also for other positions on the Council or in the standing committees.

ECCE Implementation of recommendations:

As mentioned under point 2.4, two new non-chiropractic primary health care experts have been nominated for ECCE. They will be voted on at the next General Council Meeting in November 2017. Also, as noted above, there will be a student member of the CoA once voted on in our November meeting.

ECCE now has a Quality Assurance Consultant as a paid position to facilitate improvements of ECCE's documentation, procedures, and policies. As a result, the Conflict of Interest procedure has been revised as discussed above. This person will also be responsible for at least 1 publication per year as mentioned in a previous section. The Quality Assurance Consultant is independent from the organizations evaluated by ECCE.

The issue of more students or academics without any relation to Chiropractic institutions for Council positions is discussed in sections above.

Finally, based on the above report and significant work that the ECCE has undertaken to address the issues arising from the 2016 ENQA review, we have updated our SWOT analysis table and this is included as appendix 13.

Conclusions and Reflection:

The ECCE has found that the feedback and input from the ENQA review was extremely helpful in facilitating necessary changes to our policies and procedures in many areas. These are summarized below. It provided the external push and support required as well as helping to convince our stakeholders of the necessity for specific changes. These positive changes include:

1. Moving away from a rigid 3 or 5 year re-evaluation to a flexible re-evaluation time frame with a maximum of 8 years, (depending on specific criteria from the institution/programme). This facilitates working together with national accrediting bodies when possible, which should decrease the burden of accreditation on the institutions in terms of writing reports, disruption of activities due to multiple

evaluation visits, and the associated financial burden. Meetings between the heads of accredited institutions/programmes and the ECCE executive regarding this issue has been very positive. For those institutions/programmes without a national accrediting agency, the possibility of a longer interval between evaluations, depending on the annual monitoring reports and specific changes at the institution, will also decrease the financial burden over time.

2. Collaborating with the national accrediting bodies in both the UK and Switzerland has facilitated number 1 above and also allowed the involved accrediting bodies to discuss and share various policies and procedures. The experience with this so far has been very positive and cooperative with no negative experiences to date. However, no joint evaluation visits have yet occurred as no chiropractic institution/programme with a national accrediting body has been due for re-evaluation.
3. Examining the ECCE Standards to agree on those 'Critical' Standards' which must achieve at least a Substantially Compliant level along with the creation of criteria to help evaluation teams determine the level of compliance with each Standard should help institutions in planning their curriculum, write their evaluation reports, and very importantly help the evaluation team fairly and more objectively determine levels of compliance. This has only been piloted on one programme to date with positive feedback from the evaluation team. The programme being evaluated was not aware of this pilot project in advance so no feedback from institutions/programmes is available at this time.
4. Removing the permanent paid position of 'Evaluation Team Secretary' and moving some of the duties previously done by this person to our Executive Secretary has worked well. The Evaluation Team Manual has been updated to clearly outline the duties of each position. The Evaluation Team Secretary functions and duties now rotate to different individuals experienced with ECCE evaluation and accreditation procedures for each specific site evaluation. This new separation of roles and functions has been applied to 2 recent site visits and worked well.
5. Although the Appeals and Complaints procedures have been thoroughly analyzed and revised, with significant input from the institution who filed the Appeal prior to our last ENQA evaluation, the ECCE has not had the opportunity to test this new procedure as no further Appeals or Complaints have arisen.
6. The new Conflict of Interest policies and procedures have also not yet been tested as they must be approved (or revised) at our upcoming ECCE general assembly meetings at the end of November.
7. The additional Quality Assurance procedures of collecting feedback data on every ECCE meeting and not just our general assembly, with the creation and dissemination of reports, has worked very well. This helps us to stay on topic during our meetings, function more efficiently and provides an opportunity for critical self-reflection.

8. Upon advice provided by the Swiss AAQ, the ECCE has expanded our definition of 'Student' which allows us to include a student on our CoA committee. Nominations of students have occurred, CVs have been submitted and these will be voted on during the November general assembly meetings. This should work well but to date we have no experience upon which to report.
9. The creation of the new permanent paid position of Quality Assurance Consultant has provided the expertise and opportunity to do many of the items listed above as well as expanding ECCE's role in terms of relevant publications and collaborative work with other agencies within Europe and outside of Europe. This position has taken some of the work off of the executive committee and will facilitate institutional 'memory' as there is no fixed term of office.
10. ECCE has also implemented a new, carefully discussed Strategic Plan which will be updated frequently. This plan formed the foundation for performing most of the activities listed above.

The one change put forward from the ENQA review that has not been implemented and that ECCE strongly feels would not be appropriate is putting a non-primary contact health care student on site evaluation teams. The rationale for this is discussed in the appropriate section above.

Kind Regards,

Prof. Dr. Cynthia Peterson
ECCE Vice President