ECCE EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION

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COMMISSION ON ACCREDITATION

EVALUATION TEAM REPORT

DEPARTMENT OF CHIROPRACTIC
FACULTY OF HEALTH SCIENCES
University of Johannesburg, South Africa,

17-20 September 2013

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EXECUTIVE SUMMARY

1.1 The Department of Chiropractic (henceforth referred to as the department) is a department in the Faculty of Health Sciences at the University of Johannesburg, South Africa (henceforth referred to as the university). The department provides undergraduate chiropractic education and training in a three stage programme: i) National Diploma (Chiropractic) (after three years); ii) Bachelor in Technology (Chiropractic) (after four years) and iii) Masters in Technology (Chiropractic) (MTech) (after five years). It is not possible for students to exit at the Diploma or the Bachelor stages with the corresponding award. All students thus enrol on the programme (in effect as Masters students) with the intent of completing five years of full-time study, although in reality this normally extends to six years of full-time study. The fifth (and sixth) year is a postgraduate (Masters) year, although for the purposes of ECCE accreditation, the entire five year programme is considered as undergraduate chiropractic education and training based on the fact that the MTech (Chiro) is the lowest level (entry) academic award to enable registration with the statutory regulatory body (the Allied Health Professions Council of South Africa (AHPCSA)) following a period of internship with that body. Registration is a requirement to legally practise as a chiropractor in South Africa.

1.2 The university was formally constituted in 2005 as a result of a merger between the Rand Afrikaans University, the Technikon Witwatersrand and the Soweto and East Rand Campuses of the former Vista University. The university is recognised by the Department of Education (DoE) as a public higher education (HE) institution in receipt of government funding.

1.3 In 2007, a review panel from the Higher Education Quality Committee (HEQC), the external higher education quality assurance agency in South Africa, recommended full accreditation of the chiropractic programme at the university. HEQC no longer accredit programmes, preferring to accredit universities and their procedures for validation.

1.4 In 2008, the university applied for Fully Accredited Status with the ECCE and submitted a self-study report (SSR) in support of that application. Fully Accredited Status was granted in November 2010 for a period of three years.

1.5 In April 2013, the university submitted its SSR for full accredited status with the ECCE. The Commission on Accreditation (CoA) reviewed the documents at its meeting on 10 May 2013 and unanimously decided that an evaluation visit should proceed in September 2013.

1.6 A four day Evaluation Visit took place from 17 to 20 September 2013. The site visit provided further documentary and oral evidence to the previously submitted documents. The university was given feedback at the end of the visit and informed verbally of any strengths, weaknesses and/or concerns regarding its provision of chiropractic education and training.

1.7 Members of the Evaluation Team extend their thanks to the university and the Faculty of Health Sciences for the courtesy shown to them during the Evaluation Visit and for conducting the visit in an open and transparent manner, affording the team full access to members of staff, students and extensive documentation.

1.8 This document is the Evaluation Report (henceforth referred to as the Report, or Evaluation Report) compiled by the Evaluation Team based on the evidence provided beforehand and during the on-site visit to the university. The Report was sent in draft format to the university for factual verification on 04 October 2013, and the final Report was submitted to CoA on 01 November 2013.

1.9 The Chair invited the university to send representatives to the CoA meeting in Paris, France on 29 November 2013 where the Report will be discussed and a decision made on the full accreditation of the university.

1.10 This Report addresses the compliance of the university with each of the ECCE standards in the provision of chiropractic education and training through the MTech (Chiro) award. The outcomes of the Report are as follows:

Strengths:

- The provision of shared services within the Faculty of Health Sciences that provide the opportunity for innovative approaches to teaching and learning.
- The leadership provided by the Head of Department both within the department and the chiropractic profession.
- The strong support of the Dean and stakeholders for major curriculum revision designed to update the programme.
- The quality assurance procedures ensuring robust programme assessment and informing curriculum improvement.
- The provision by the university of an exceedingly favourable and collaborative environment for programme development and research opportunities
- The delivery of the programme by a strong, enthusiastic and dedicated staff.
- The supportive environment that exists between staff and students across the whole programme.
- The continuous improvement of the physical facilities, the library and IT provision.

Weaknesses:

- The advertised course duration of five years contrasts with the reality of a six year programme due to the heavy weighting of the Master's dissertation and the number of patients available in the clinic.
- The present design of the curriculum is content heavy with high contact hours of 30 hours/week which leaves students less time for reflective study.
- The reliance on a small dedicated staff restricts the ability for innovation, staff development and consideration of alternative pedagogical approaches to delivery of the programme, staff research and management of the student research process.

  Current pressures on staff time preclude the development of a research profile and it is unclear how evidence-based practice is taught and applied to patient management.

Concerns:

- None

2. INTRODUCTION

2.1 There is no Council on Chiropractic Education (CCE) with specific jurisdiction for Africa; thus the two chiropractic education institutions in South Africa (University of Johannesburg and Durban University of Technology) require an outside CCE to carry out evaluations for international CCE-accredited status.

2.2 Having met the eligibility criteria, the CoA considered the SSR submitted in 2009 by the university for accredited status. In November 2010, the CoA approved the documentation, and approved an on-site Evaluation Visit to verify the documentation and consider other evidence available during the visit. Upon receipt of the evaluation team report, the CoA granted the university full accredited status for a period of three years, which is the norm for initial accreditation.

2.3 In April 2013, the university submitted a SSR in support of its application for full accredited status. The Report was considered by the CoA at its meeting in Sitges, Spain, on 10 May 2013. The CoA unanimously agreed that an Evaluation Team should visit the university in September 2013.

2.4 Members of the Evaluation Team were nominated by the ECCE Executive and each member received the SSR and written comments from the CoA relating to the documents prior to the visit.

The members of the Evaluation Team were:

Dr. Maria Browning (UK) Chair,
Dr. Olivier Lanlo (France),
Professor Cindy Peterson (Switzerland),
Mike McBean (South Africa) and
David Burtenshaw (UK), Evaluation Secretary ECCE

Maria Browning BSc, DC, MSc, Cert MEd	Lecturer and Senior Clinical Tutor at Anglo-European College of Chiropractic, UK. Chair
Olivier Lanlo DC, LLM, Dip Pub H, Med Liab Dip.	President-Institut Franco-Européen de Chiropraxie, Vice-President-European Council on Chiropractic Education Chair Scientific Committee- Société Franco-Européenne de Chiropraxie
Cindy Peterson RN, DC, DACBR, M.Med.Ed FCCR (C)	Professor, Depts. of Chiropractic and Radiology, Faculty of Medicine, University of Zürich, Orthopaedic University Hospital Balgrist; Director Swiss Academy for Chiropractic
Mike McBean	Chiropractic student (final year), Durban University of Technology
David Burtenshaw MA, PgCE, FRGS, FEAC, MCIE	Former Director of Collaborative Programme Development, University of Portsmouth. Chair of Examiners, Welsh Joint Examinations Council, Cardiff.

Mr David Burtenshaw acted as Secretary to the Team and also as a member of the team. The members of the team were allocated specific sections of the report as their areas of responsibilities before arriving at the university.

2.5 The purpose of the Evaluation Visit was to verify the SSR and other evidence presented by the university, and to evaluate the institution in terms of its compliance with the ECCE Standards in Chiropractic Education and Training (hereafter referred to as the ECCE Standards, or Standards). On the basis of the SSR and its supporting documents, and on oral and other documentary evidence given and consulted during the on-site visit, an Evaluation Report compiled by the Team was submitted to the university for correction of any factual errors, and thereafter to the Commission on Accreditation for a decision on the full accreditation of the university.

2.6 All members of the Team were presented by name beforehand to the university and no objection to any member was received. All members of the Team signed confidentiality and conflict of interest statements before the on-site visit. No conflicts of interest by any of the members were declared.

2.7 A draft timetable for the visit was sent to the university on 10 August 2013, and the final schedule agreed with the university on 01 September 2013. A copy of the schedule is appended to this Report (Appendix 1).

2.8 Members of the Team arrived in Johannesburg on 16 September 2013. The Team held a preliminary meeting prior to the on-site visit which was from 17 to 20 September 2013 (inclusive). Meetings were held with the institution over the first three days and time was allocated for the Team to hold private meetings as the visit proceeded. The Report was compiled on an on-going basis during the visit, and the final day (20 September) was set aside to complete the draft report and provide feedback to the institution orally.

2.9 Members of the Team were very well hosted by university, afforded every courtesy and had full access to documentation and to staff, students and other stakeholders in the institution. Members of the Team and the ECCE extend their thanks and appreciation to the university.

2.10 The draft Report was finalised by the Chair of the Team and sent to Team members for comments. Based on these, the final draft Report was sent to the university for Factual Verification on 04 October 2013. The response was received from the university on 11 October 2013. The Chair and Secretary finalised the Report and this was submitted to the Chair COA on 01 November 2013.

2.11 The Report includes an Executive Summary, a description of the university and the findings of the Team regarding compliance of the university with the ECCE Standards. The Report ends with the conclusions of the Team and any strengths, weaknesses and/or concerns the Team wishes to draw to the attention of the CoA. The Evaluation Report was based on the ENQA Guidelines for external reviews of quality assurance agencies in the European Higher Education Area (www.enqa.eu).

3. DEPARTMENT OF CHIROPRACTIC

3.1 The department is one of eleven departments within the Faculty of Health Sciences (one of nine faculties) at the university. The department is responsible for the provision of undergraduate chiropractic education and training.

3.2 The university is a public higher education institution, recognised by the Department of Education (DoE) and in receipt of public funds. The chiropractic provision of the department is an internally and externally validated programme delivered by the university, and has a number of stages (National Diploma (NDip) (Chiropractic), Bachelor in Technology (BTech) (Chiropractic) and Masters in Technology (MTech) (Chiropractic)). However, the MTech (Chiro) is the lowest academic qualification defined by the statutory regulatory body (AHPCSA) enabling graduates to practise as a chiropractor in South Africa. The department is seeking to change the final award to a Master in Health Sciences (Chiropractic) in the coming curriculum renewal, scheduled to be phased in during 2016.

3.3 Decisions regarding the provision of chiropractic education and training made at departmental level are approved at Faculty level and by the Dean of the Faculty of Health Sciences. The Senate is charged with decisions regarding academic matters across the university, which in turn is accountable to the University Executive consisting of the Vice Chancellor, Pro Vice Chancellor, Deputy Vice Chancellors and Faculty Deans. The department thus operates within clearly defined structures within the university.

3.4 Besides the institution's internal quality assurance procedures, the chiropractic programme is subject to external review by the Higher Education Quality Committee (HEQC) of the Council for Higher Education (CHE), which is, by legislation, charged with the accreditation of institutions and programmes in higher education in South Africa. Programmes and institutions are reviewed by HEQC on a five-yearly basis. The last review was in 2007. Since then HEQC no longer accredit programmes but accredit universities, who in turn accredit its programmes through the authority granted by HEQC.

3.5 In addition, the programme is subject to review by the AHPCSA, which on approval of the professional competencies achieved on graduation of the programme, enables students to complete an internship programme and then register as a chiropractor.

3.6 Chiropractic education and training provided by the university is established in national legislation, and in addition to satisfying internal quality assurance procedures within the university, aligns itself with a number of external stakeholders, including the South African Qualifications Authority (SAQA), HEQC and AHPCSA as well as the chiropractic professional body in South Africa (Chiropractic Association of South Africa (CASA)) and internationally through the World Federation of Chiropractic (WFC).

3.7 The following section details the findings of the Evaluation Team with regard to the compliance of the university with ECCE Standards in the provision of chiropractic education and training through the award of MTech (Chiro). The findings of the Team are based on documentation presented by the university prior and during the on-site visit as well as from face-to-face meetings arranged as part of the on-site visit.

3.8 The colour coded system outlined below was used by the evaluation team to indicate the level of compliance with each standard:

Dark Green = Fully compliant/no risk. (This is on track).

Light Green = Substantially compliant/low risk.
(Broadly on track with some areas which could be addressed).

Yellow = Partially compliant/medium risk.
(Some significant areas which could be detrimental if not addressed).

Red = does not comply/high risk.
(Serious concerns threaten this area; high risk in the organisation's overall performance).

4. ECCE STANDARDS COMPLIANCE

4.1 AIMS AND OBJECTIVES

4.1.1 Statement of Aims and Objectives

The institution/programme must define the overall aims and objectives of the first qualification chiropractic programme and make them known to its stakeholders. The statements must describe the aims and objectives resulting in a chiropractor that is competent and safe to enter practice as a primary contact practitioner in the current healthcare environment, with the appropriate foundation for postgraduate education and training, and a commitment to, and capacity for, life-long learning.

4.1.1a Description

The Department of Chiropractic operates within the university and as such does not have a separate mission statement. The university's vision, mission and values are clearly articulated. The specific outcomes are dictated firstly by the AHPCSA Act of 1982, and the relevant legislation regarding higher education in South Africa. The purpose of the MTech (Chiro) programme is set out in the Faculty of Health Sciences Undergraduate and Postgraduate Prospectus (2013):

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

The programme encourages lifelong learning, providing a solid foundation for postgraduate education and training.

4.1.1b Analysis

The aims and objectives of chiropractic education and training provided by the university are entirely consistent with the graduation of safe and competent chiropractors with a commitment to, and capacity for, life-long learning.

4.1.1c Conclusion

The university fully complies with Standard 1.1. 

4.1.2 Participation in formulation of aims and objectives

The overall aims and objectives of the chiropractic programme must be defined by its principal stakeholders.

4.1.2a Description

The Academic Advisory Committee (AAC), which meets on an annual basis, is represented by a number of stakeholders, including academic staff, student representatives from each academic year, AHPCSA, CASA and elected members of the profession with an interest in education. Patients are not represented in an official capacity on the AAC although patient satisfaction surveys are carried out in

the University Chiropractic Clinic three times a year and this information is relayed to the Head of Department (HOD). In addition, the Standards Generating Body (SGB), functioning under the auspices of SAQA and CHE, reviewed the aims and objectives of the chiropractic programme in 2004. This body included members of institutions offering chiropractic in South Africa, CASA, AHPCSA and community representatives.
The chiropractic programme is reviewed by the university every 3 years as part of the strategic plan for the Faculty of Health Sciences.

4.1.2b Analysis
It is clear that a number of stakeholders, both internal and external to the university, have oversight of, and contribute to the aims and objectives of the chiropractic programme, which undergoes a three-yearly review. The university is responsible for the construction of aims and objectives and the stakeholders then have oversight and comment. There seems to be little input prior to the reformulation by the department although there is an on-going exchange of ideas that are not formally minuted.

4.1.2c Conclusion
The university fully complies with Standard 1.2. 

4.1.3 Academic autonomy

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

4.1.3a Description
The department is represented by the HOD or delegated representative on all Faculty committees and the HOD reports directly to the Dean of the Faculty of Health Sciences and is a member of Senate. The HOD is autonomous in making decisions regarding the content (and level) of education and assessments provided by all departments, including subject specific departments such as anatomy, physics, chemistry and psychology.

4.1.3b Analysis
Within the procedures and processes of the university, the department has complete autonomy with respect to the design, content and delivery of the chiropractic curriculum, and scrutinises those subject areas (and related assessments) taught by staff outside of the department (basic sciences and related pre-clinical subjects). It is inevitable that where the programme is serviced by their departments that there is an element of compromise in the design of learning guides' content and assessment.

4.1.3c Conclusion
The university fully complies with Standard 1.3. 

4.1.4 Educational outcome

The institution/programme must define the competencies (exit outcomes) that students will exhibit on graduation in relation to their subsequent training and future roles in the profession and the wider healthcare system.

4.1.4a Description
The exit level outcomes are clearly defined by the department, via submission from the Standards Generating Body, functioning under the auspices of SAQA and the CHE. This Body included members of institutions offering chiropractic in South Africa, CASA, AHPCSA and community representatives. Specific outcomes per subject are defined in the individual learning guides.
The Faculty of Health Sciences has established a short course/CPD office dedicated to the presentation of programmes to professions within the Faculty. Legislation relating to CPD, proposed by AHPCSA, was instituted in June 2013

4.1.4b Analysis
The exit outcomes are well defined. CPD is currently available to a limited degree but is a growing programme.

4.1.4c Conclusion
The university fully complies with Standard 1.4. 

4.2 EDUCATIONAL PROGRAMME

4.2.1 Curriculum model and educational methods

The institution/programme must define a curriculum model and educational (teaching and learning) methods consistent with the objectives of the curriculum.
The curriculum and educational methods must ensure the students have responsibility for their learning, and prepare them for lifelong, self-directed learning throughout professional life.

4.2.1a Description
The curriculum model remains in the traditional format with the basic and pre-clinical sciences taught primarily in years one and two and the clinical subjects taught in year three and beyond. The basic and pre-clinical sciences are taught by service departments and by subject-specialist tutors and the classes are shared with students from other Health Sciences, mainly homeopathy. The teaching methods are largely didactic, supplemented with smaller group laboratory underpinnings during the first two years of the course. A more varied educational approach is used in the clinical subjects, with incorporation of clinical cases and research articles into many of the classes. The curriculum content is primarily delivered as taught material, and consequently the timetable is a packed one with students largely attending classes on a daily basis from early morning to late afternoon. Each course taught within the curriculum has a learner guide, which describes the syllabus and assessment strategy for that subject.

4.2.1b Analysis
There appears to be an improvement in the diversity in teaching and learning delivery and assessment methods but there remains a heavy emphasis on didactic teaching, which may limit the learning experience for students and encourage passive learning strategies. The volume of taught material means there is little time for students to reflect on and research different aspects in focused areas to enhance their learning. In the early years, students struggle to find the clinical relevance of some of the basic science courses although it was noted that some effort has been made to tailor the basic science courses to the needs of the chiropractic students, particularly in chemistry. It was noted that the Faculty is starting the process of 'recurriculation' with a goal to reduce curricular overload and identify core content.

4.2.1c Conclusion
The university substantially complies with Standard 2.1 

4.2.2 The Scientific Method

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

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

4.2.2a Description
The students receive an exposure to scientific papers and research from the early stages of their education and training. The scientific method and how it relates to the basic sciences subjects is taught during the first two years of the programme. Students are also exposed to updated published research during chiropractic and clinical lectures from year 3 onwards. The Masters' students must complete a Masters' dissertation under supervision of a full-time member of the staff.

4.2.2b Analysis
The programme emphasizes science related subjects and all of the components of scientific knowledge and methods seem to be academically covered. According to external and mandatory requirements, the university places the emphasis on the Masters' dissertation as an individual research project conducted during the fifth and sixth years of the course. The project has a 50% weighting in the Masters' programme and such a weighting is excessive within such a programme. The limited human resources of the department require the five full-time staff members to supervise at least fifteen Masters theses each per year. The value for the student is questionable and the pressure put on the staff regarding this task seems to be immense.
Although some of the staff teaching on the clinical courses provide relevant research papers underpinning the course content, the important issue of 'evidence-based practice' appeared to be incompletely understood by the students and staff.

4.2.2c Conclusion
The university substantially complies with Standard 2.2 

4.2.3 Biomedical Sciences

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

4.2.3a Description
The basic biomedical sciences are taught by service department staff during the first two years of the programme to chiropractic and homeopathy students. All the required disciplines in basic and pre-clinical sciences are taught as part of the curriculum. The anatomy facilities are particularly impressive and students have the opportunity to participate in cadaveric dissection in small groups. A chiropractor facilitates students' understanding of the clinical relevance of the basic sciences. Fifth year students act as assistant tutors for the dissection classes as part of a formally organized student mentoring scheme.

4.2.3b Analysis

The basic and pre-clinical science staff are enthusiastic about teaching chiropractic students and continue to try and tailor the basic science curriculum towards the needs of chiropractic (and homeopathy) students. The utilization of 5th year students facilitates the link between the basic and the clinical sciences. The basic sciences are revisited in later parts of the curriculum. The basic biomedical sciences have a generous component of the curriculum that may exceed what is necessary to form a solid base for the health sciences and chiropractic in particular. This issue is due to be addressed in the impending curriculum review. The biomedical sciences still account for the high attrition rate in the first two years, but this has improved due to several measures taken on board by the department and university. Specific tutorial help is provided for students struggling with the courses. Those students who are not struggling with the courses can also attend the extra tutorials. It was noted that the staff are always ready to help struggling students when needed and the value of the extra tutorial sessions is appreciated.

4.2.3c Conclusion

The university substantially complies with Standard 2.3 

4.2.4 Behavioural and Social Sciences, Ethics and Jurisprudence

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

4.2.4a Description

The SSR contains details of the contribution of Social Studies 1 and Psychopathology 3 to the programme. The files in the base room contained details of the curriculum and the learning activities for each section of the curriculum. Ethics and Jurisprudence are delivered within the Principles and Practice of Chiropractic 5 in the clinic year. Practical aspects of working within a practice setting such as informed consent and referral letters are covered.

4.2.4b Analysis

Inspection of the Social Studies and Psychopathology course files revealed that the application of the concepts and theories to chiropractic could be stressed more overtly. A stronger link to the psychology department would be beneficial when students are exposed to real life psychosocial issues in the clinic. Brief teaching on the psychological issues of chronic pain patients is provided in a didactic format but it is a very small component of the psychopathology course. Staff did observe that they made the subject matter relevant to chiropractic. However, it would benefit students if both the outcomes and learning activities emphasise the relevance of the discipline to chiropractic practice.

4.2.4c Conclusion

The university fully complies with Standard 2.4. 

4.2.5 Clinical Sciences and Skills

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

4.2.5a Description

The key competencies ensuring clinical proficiency upon graduation are taught. Basic clinical sciences, including pathological anatomy and general and systemic pathology are taught by non-chiropractic staff. General diagnosis , physical, clinical and laboratory investigative procedures, orthopaedics, obstetrics and gynaecology, paediatrics, geriatrics, dermatology, neurology, radiology, case history taking, physical examination, clinical procedures, communication skills, patient care and management, patient advice and education relating to prevention of disease and health promotion, spinal analysis including motion palpation, manipulative-, mobilisation and supportive techniques (including biomechanical blocking, myofascial therapy and dry needling), auxiliary modalities (therapeutic ultrasound, interferential, TENS, thermotherapy, cryotherapy, cold laser) and rehabilitation are taught by chiropractic staff. All chiropractic staff on the programme must have been qualified for a minimum of 2 years. The conditions commonly seen in South African chiropractic clinics are well reflected in the curriculum.

4.2.5b Analysis

All areas with regard to the clinical sciences and skills are comprehensively covered in years 3 to 5, except radiology which is taught at a basic level as there is no radiologist on the staff. There is some concern that pathology may not be recognised radiographically.

4.2.5c Conclusion

The university substantially complies with Standard 2.5. 

4.2.6 Chiropractic

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

4.2.6a Description

Students are exposed to the principles and history of chiropractic in their first year of the programme but have no courses on manual skills including palpation or manipulative procedures until year 3 of the programme. No chiropractic courses are offered during year 2 of the programme. The principles of evidence-based chiropractic, and their application to daily clinical practice, are noticeably lacking in the curriculum. Much emphasis is placed on one large, single piece research dissertation required prior to graduation.

4.2.6b Analysis

The lack of chiropractic courses during the first two years of the programme, particularly the opportunity to begin to develop manual skills, was noted by students. The students and staff have limited knowledge of the process and components of evidence-based practice and how to apply this in daily practice. Instead, an over emphasis on the large, and rather limited in scope research dissertation takes precedence.

4.2.6c Conclusion

The university partially complies with Standard 2.6. 

4.2.7 Clinical Training

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

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

4.2.7a Description

The students begin an observation programme covering all aspects of the clinic environment during the last three months of the fourth year. At the beginning of the fifth year, and prior to entering clinic, the students must complete successfully an OSCE covering all basic clinical skills and competencies which the student has learnt in the previous years. They are then permitted to treat patients during the clinical year. Students also observe discussions with the clinician and in so doing, learn effective communication skills and case presentation. Students are required to write case summaries, which is the basis for writing of case reports, medico-legal documents and referral letters. These case summaries are then evaluated by a clinician.

All students are required to attend and pass an exit OSCE which is conducted once per year. Only 5th year students perform the exit OSCE at the end of 5th year, whilst 4th years will undergo an entrance OSCE at the end of the examination period of that year. Students are given direct feedback on areas requiring attention by the clinic co-ordinator.

Students are required by the university to meet the minimum requirements of 35 new patients and 350 follow-up consultations. This may include up to 50 research patient treatments. The 35/350 was approved as part of the minimum requirement for chiropractic programmes by the CHE Once the student has completed the clinic requirements, the clinic coordinator performs a complete audit of the files to ensure all requirements have been met. There are no set criteria but a mix of cases is required. The clinic files are periodically audited by a clinician.

Students who have completed the number of new patient requirements, but not the full number of treatment requirements, may apply to the clinic coordinator to have a new patient audit. Once this has been audited and approved by the clinic coordinator, the student may perform pertinent physical examinations and not the full physical examination as previously required. Additionally, once all requirements are met, students must complete an internship as stipulated by the AHPCSA. There are 2 clinicians on duty at all times during clinic opening hours with an additional 2 assistant clinicians (6th year students) during the afternoon shift assisting in the supervision of a maximum of 20 students. The radiology unit is staffed by a radiographer twice weekly for x-rays. However, currently there is no radiologist available to interpret the images. A chiropractic member of the staff, who is also a radiographer, assists in radiographic interpretation.

Clinicians that are appointed have a minimum of 2 years clinical experience. Assistant clinicians (6th year students) are selected from those with the highest academic achievements.

Clinicians are required to discuss all patients with students prior to any treatment being conducted. All students in the fifth year are observed when patients are being treated. Sixth year students are observed at the discretion of the clinicians on duty. This allows for close monitoring of all students during the clinic component of the programme. There is no organised observation programme in private chiropractic practices but students are welcome to observe staff in their private practices. The Student Chiropractic Sports Council organises the presence of students at sporting events. They may use myofascial techniques at these events but not perform spinal manipulation. There are also spinal screenings organised at local schools.

4.2.7b Analysis

The patient numbers in the clinic are approximately 800 per month excluding those brought in through the internship programme. There are approximately 60 students (Year 5 and Year 6) practising in the clinic. With this student to patient ratio it is unlikely that a student can complete the clinic requirements in a 12 month period. The fifth year students are observed at every patient encounter. Case based informal evaluations are orally given during the clinical training. More structured and formative feedback could be valuable to ensure the quality of feedback and information given to the student on clinical reasoning which could be very helpful to monitor student progression or to identify student difficulties. Staff and tutor availability is excellent and the procedures that are followed to ensure safe and competent patient care are satisfactory.
Students are made aware and fully exposed to their ethical obligations during their clinical training, with clear policies and procedures. They report a progressive gain in autonomy and sufficient clinical training. However, the students suffer from a lack of exposure to running and managing a practice and chiropractic oriented business development.

4.2.7c Conclusion
The university fully complies with Standard 2.7 

4.2.8 Curriculum Structure, Composition and Duration

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

4.2.8a Description
The structure, composition and duration of the programme are consistent with national requirements for chiropractic. The programme is responsible to the HEQC of the South African CHE, AHPCSA and CASA. There has been little time for changes to be implemented since the previous accreditation report although the process of curriculum revision is now scheduled for the next three years.
The degree of integration of the basic sciences and social sciences has been addressed and the outcome has been minor rationalisation of content and delivery but the relationship between the subject matter and chiropractic remains obscure for students until later in the programme. The programme delivery continues to be didactic with little opportunity for self-directed learning, especially in the years 1-3. In addition there is little built-in study time as contact hours are so high (exceeding 35 hours per week in year 1 and 40 hours per week in year 2 (calculations based on a 32 week teaching year)).
The duration of the programme is officially five years. Students reported that they were informed that the programme may or, indeed, will last for six or more years due to the demands of the Master's dissertation.

4.2.8b Analysis
The range of external requirements that the programme has to meet may have limited curriculum development in the past. The future structure of the curriculum, currently being discussed for implementation in 2016, will need to look at the future needs of the profession to adapt to the changing environment in which the profession operates. The current didactic nature of the curriculum with its overemphasis on the research dissertation may not best serve the needs of the profession and its patients. Similarly, the division between the basic sciences and social sciences in years 1 and 2 and the chiropractic emphasis in years 3-4 merits review in the light of alternative approaches to chiropractic education.

Many of the constraints on curriculum developments for the 21st century lie beyond the department. The CHE requires that a dissertation weighted at 50% be part of any masters degree. The AHPCSA requires the masters degree for registration as the minimum degree. The department is keen to modify the requirements for example, by reducing the value of the dissertation from 50% to 30% of the new Master in Health Sciences (Chiropractic) award. This proposal has the support of AHPCSA registrar.

4.2.8c Conclusion
The university partially complies with Standard 2.8. 

4.2.9 Programme management

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

4.2.9a Description
Chiropractic education in South Africa has been developed within the national statutory framework. At university level the department is able to make minor changes to the curriculum, guided by the relevant institutional policies relating to teaching, learning and assessment. The process of making changes may be the result of evaluations of at risk modules and/or input by the lecturer and/or student body. The HOD is responsible for implementing the changes to the curriculum and the assessment methods. Major changes must be submitted via the Faculty Management Committee to the Senate of the institution, who have overall authority to determine these applications. A major change is defined as a change more than 50% of the curriculum and approved changes are then incorporated into Faculty regulations. The department is currently in the early stages of 'recurriculation' of the programme. A formalised curriculum committee will be established consisting of all relevant stakeholders, including service departments, the profession and representatives from AHPCSA. The proposed phase in period for the new curriculum is 2016.

4.2.9b Analysis
It is clear how both minor and major changes to the curriculum are applied according to national and university regulations.

4.2.9c Conclusion
The university fully complies with Standard 2.9. 

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

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

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

4.2.10a Description
The department has established strong links with subsequent stages of training. To be registered to practice by AHPCSA, all students who have completed their clinic requirements and submitted their

Masters dissertation must complete the internship programme whichnow resides within the AHPCSA, and is co-ordinated by the internship sub committee of the Professional Board of Chiropractic and Osteopathy. Internship is a legal requirement and must be of 6 months to one year's duration. It requires successful completion of a portfolio, which may include an additional 30 new patients, 100 follow up consultations and 675 hours spent working in the public health sector. However, this is not stipulated, and is more based on the outcomes achieved.

Due a recent change in national law, interns cannot practise unsupervised during the internship period and therefore are limited to fulfilling their new patient and treatment requirements in the university chiropractic clinic and at supervised sporting events. There is an option to complete the internship programme at Kimberly Hospital but this at additional expense to the intern and therefore limited. However, new patient and treatment numbers seen over and above the undergraduate requirement of 35/350 may count towards the internship requirements.

4.2.10b Analysis
The SSR does not outline the links to subsequent stages. Most students complete the majority of their internship requirements within the departmental clinic where clinic staff continue to have control over their progress. Facilities for the supervision of interns beyond the university are extremely restricted. Therefore, the objective of an internship period may be compromised although this falls outside of the remit of this Report.

4.2.10c Conclusion
The university fully complies with Standard 2.10 

4.3 ASSESSMENT OF STUDENTS

4.3.1 Assessment methods

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

4.3.1a Description
The academic programme is assessed mainly by continuous assessment in line with the assessment policy of the university. All assessments are summative and are held frequently throughout the academic year. Larger subjects may also have supplementary assessments in line with university policy. Lecturers and moderators decide the weighting of assessments.
For clinical subjects there is integrated, simultaneous assessment of the theoretical and practical components. The staff monitor compliance with the regulations. Assessments are outlined in each of the Learning Guides, all of which were made available in the base room. The detail in these guides does vary from the highly specific to more general statements about assessment. Clinical assessment commences with the entry OSCE which must be passed before students may work in the clinic.
There is an annual competency OSCE. External evaluators are used for clinic evaluations. Moderators are used for all exit examinations.
There is a documented appeal system which conforms to university regulations. The department holds Deviation from Regulations meetings where appeals are minuted.

4.3.1b Analysis
There is too much reliance placed on testing knowledge through frequent assessments rather than understanding and, in the case of the basic sciences, application to chiropractic. It was not clear whether alterations to weightings of assessments did occur. Such changes could add to the

assessment burden and result in inequalities in the assessment make up of subjects of equivalent academic merit. The division of responsibility between moderators and external examiners is not clear and roles seem to be conflated according to the employment status of the subject tutor.

4.3.1c Conclusion
The university substantially complies with Standard 3.1 

4.3.2 Relation between assessment and learning

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

4.3.2a Description
As students progress through the programme, the method of assessment changes to include higher levels of enquiry, in terms of type of assessment, and expected outcomes of the individual programme. Information regarding assessment method is clearly stated and available for students at the outset of each module through the learner guide for each course. The continuous evaluation system entails a continuous assessment for the year, utilizing various assessment methods, where no final evaluation counts more that 50% of the final year mark. This system allows for continuous monitoring of students progression in the subject provided, resulting in assessments being an integral component of the learning process. The use of integrated assessments, where practical and theoretical components are assessed simultaneously, is utilised in clinical subjects as a means of evaluating student's ability to integrate knowledge. Students receive specific feedback after each assessment, which assists them in the learning and assessment procedures.

4.3.2b Analysis
The number and the nature of the assessment methods seem to be adapted to the actual curriculum design and courses outcomes. However, the number of the assessments in the first years may lead to a heavy work load for the staff. This potential issue should be considered in the new curriculum. As the chiropractic profession is an autonomous profession and the amount of information available for practitioners is dramatically increasing, the department should consider the possibility of assessing reasoning, in addition to knowledge, in the new curriculum. This could be done through integrated assessments of several subjects with a clear clinical reflection component. Some staff had no knowledge of the difference between normative and criterion referenced marking schemes and how this should be applied to particularly their clinical assessments. Staff development in assessment strategies should lead to a more varied pattern of assessment that aids learning.

4.3.2c Conclusion
The university substantially complies with Standard 3.2 

4.4 STUDENTS

4.4.1 Admission policies and selection

The institution/programme must have a clearly defined admission policy that is consistently applied, and that includes a clear statement on the rationale and process of selection of students.

4.4.1a Description
There is a well-developed, robust admissions policy operated by the department and the staff. The HOD evaluates the approximately 200 applicants and produces a list of interviewees. All applicants

must have mathematics, biology and physical science (chemistry and physics). At this stage approximately 100 are rejected. The two staff who interview rate every student according to their academic score, personality, understanding of chiropractic and other attributes. This process results in 42 of the best applicants (the agreed departmental entry quota) being offered a place. A further 24 are held in reserve.

Students may transfer from other courses but they must always complete 50% of their degree at the awarding university. The main applicants for transfers (APEL) come from sports and anatomy-related programmes. Provision exists for students with physical disadvantages. The Faculty of Health has a detailed prospectus that contains details of its programmes and the rules and regulations.

4.4.1b Analysis
The key to the selection process is the motivation of the student. Transfer students will find it easier to move once the Master in Health Sciences (Chiropractic) becomes the award title. This will apply especially to students who transfer within the Faculty of Health Sciences.
Students are expected to provide a letter of support from a practicing chiropractor.

4.4.1c Conclusion
The university fully complies with Standard 4.1. 

4.4.2 Student intake

The size of student intake must be defined and related to the capacity of the chiropractic institution/programme to provide adequate resources at all stages of the programme.

4.4.2a Description
The current student intake into the first year of study of the chiropractic programme is 42. This has been identified as the maximum number students able to enter the first year of study, as a relatively large portion of students are found to be repeating subjects. This factor may then mean that enrolment into the first year of study may be as high as 50 students or more. This process is in line with departmental standards, which are reviewed on an annual basis. 216 students are currently enrolled in the chiropractic programme.

4.4.2b Analysis
The current student intake number is governed and regulated by the department as well as the staff. Limitations or constraints within the university are a determining factor in the student intake number. Some of these limitations may include, but are not limited too; adequate venues, teaching and learning resources and staffing resources. The University is, at present, able to provide adequate resources for all enrolled students within the programme, at all levels.

4.4.2c Conclusion
The university fully complies with Standard 4.2 

4.4.3 Student support and counselling

The institution/programme must offer appropriate student support, including induction of new students, counselling in terms of student progress and other academic matters, and personal and social needs of students.

4.4.3a Description

Student support is an integral part of a student's experience at the university and within the programme itself. It is subsequently implemented throughout each level of the course. A staff-run orientation week is hosted on campus prior to the commencement of the academic year, whereby students entering the programme are able to meet students from all years of the course. This also serves to allow students to orientate themselves with the campus. The department also supplies each student entering the programme with an "A-Z of studying Chiropractic" manual, to supplement their orientation process. The Student Chiropractic Association of Gauteng (SCAG), a student elected representative body, is tasked with organizing various social events/activities for the students. This has resulted in a sense of a family atmosphere being established amongst the student body. The university's Centre for Psychological Services and Career Development (PsyCad) is available and accessible to all registered students throughout their time in the programme, and offers guidance and counselling related to; stress management, trauma counselling, issues of a psychological manner and career advice. Departmental staff are approachable and willing to assist students should they require any particular support or counselling of an academic or personal nature. A well received and well established mentoring programme exists between the students in years four and five, and those in years one to three throughout the duration of the academic course, as well as in the clinic.

4.4.3b Analysis

There is comprehensive support and counselling offered to all students at both an institutional and departmental level. The approachability of and level of concern for the students, expressed by the staff, has resulted in a strong sense of unity and coherence. The "at risk" programme ensures early intervention when students are struggling. All students were very complimentary of the mentoring process at the university.

4.4.3c Conclusion

The university fully complies with Standard 4.3 

4.4.4 Student representation

The institution/programme must support student representation and appropriate participation in the design, management and evaluation of the curriculum, and in other matters relevant to students.

4.4.4a Description

The student body is well represented throughout the university at departmental, faculty, institutional and international forums. SCAG was founded as a student body elected representation of the students within the programme, the chairperson of which meets with the HOD when necessary. The chairperson of SCAG is also invited to attend the annual meeting of the academic advisory committee. Each year is also required to elect a class representative, who may or may not be affiliated with SCAG, who will convey all complaints and concerns of the individual classes, to the HOD. The HOD meets with the class representatives on a quarterly basis, where these concerns may then be raised. Feedback regarding pertinent issues is conveyed to the student body either via the class representatives and/or the SCAG chairperson. The student body is also represented internationally via the WCCS, which receives funding and support from the university.

4.4.4b Analysis

The student body is well represented within all aspects of the university. Student concerns are valued by the by the relevant parties and feedback is communicated well to the students

4.4.4c Conclusion

The university fully complies with Standard 4.4 

4.5 ACADEMIC and CLINICAL FACULTY (STAFF)

4.5.1 Faculty (Staff) recruitment

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

4.5.1a Description

The basic and pre-clinical sciences are taught by service departments and by subject-specialist tutors. Non-chiropractic staff are selected according to their relevant subject matter expertise and have relevant qualifications higher than the level of subject presented. The Department of Chiropractic currently has five full-time chiropractic staff members (two of which are 5/8 positions). There are two vacant posts for part-time staff employment. There are currently 20 part-time chiropractic staff members employed by the department in the clinic or as part-time lecturers. All clinical or chiropractic lecturing staff are required to have a Master's degree in Chiropractic (or equivalent), with two years clinical experience if performing clinical supervision. All staff members are required to be registered with the relevant professional council (either AHPCSA or Health Professions Council of South Africa). Qualifications must have been awarded by institutions registered with the Department of Education. The department faces some difficulty in both appointing and promoting chiropractic staff.

The interview committee is in charge to receive and evaluate the candidate and applicant for positions inside the department.

All new staff members are required to attend staff induction programmes offered centrally, which outline conditions of employment, facilities in the institution, basic human resources-related information and information on teaching and assessment.

There are monthly departmental meetings of all staff and Faculty Board meetings once per term.

4.5.1b Analysis

The balance between full- and part-time staff is challenging. However, the HOD manages the staffing resources so as to provide a high standard of chiropractic education and training, and students considered staff availability for consultation as excellent.

With the new curriculum, the department may have the opportunity to increase the number of full-time members to enhance staff development and research activities.

4.5.1c Conclusion

The university substantially complies with Standard 5.1 

4.5.2 Faculty Promotion and Development

The institution must have a faculty policy that addresses processes for development and appraisal of academic staff, and ensures recognition of meritorious academic activities with appropriate emphasis on teaching and research.

4.5.2a Description

The HOD is formally appraised three times a year by the Dean of the Faculty of Health Sciences (line manager) through a structured process. The same formal appraisal process applies to other full-time members of staff in the department. The Department and the Faculty have an autonomous budget and staff can apply to their line manager for time and finances to attend scientific seminars and conferences.
Following legislation relating to CPD, implemented by AHPCSA in June 2013, the Faculty of Health Sciences established a short course/CPD office dedicated to the provision of programmes to the professions supported by the Faculty. The department hosts seminars and training for postgraduate education and CPD and will continue to work closely with AHPCSA to offer at least one CPD accredited course per year. Staff members may attend these courses free of charge. The university has also adopted the Staff Qualification Programme to support staff development including enrolment in PhD programmes.

4.5.2b Analysis
A new performance management system has been implemented. Objectives and monitoring criteria are clearly stated in an annual individual performance contract. Formal appraisal of the full-time staff members (5/8 and above) is now in place. This modern procedure appears to be fair, transparent, self-reflective and well–designed for professional development.
The part-time staff members have limited access through the university to formal development programmes. That could lead to issues in quality of teaching regarding the high proportion of part-time chiropractors involved in the programme. New chiropractic members of staff appear to deliver the course as they received it without any pedagogic exposure and training. The lack of a clear strategic plan inside the department for the staff development could be problematic. None of the chiropractors involved in the programme has a qualification higher than a Masters. The small number of full-time staff members makes the opportunity of enrolment in higher degrees a challenge.

4.5.2c Conclusion
The university partially complies with Standard 5.2 

4.6 EDUCATIONAL RESOURCES

4.6.1 Physical facilities

The institution/programme must have sufficient physical facilities for the faculty, staff and the student population to ensure that the curriculum can be delivered adequately, and library facilities available to faculty, staff and students that include access to computer-based reference systems, support staff and a reference collection adequate to meet teaching and research needs.

4.6.1a Description
The university is investing considerable sums of money in the Doornfontein campus and particularly the facilities within the Faculty of Health Sciences. The department also benefits from the juxtaposition of the departments of emergency medicine, podiatry, anatomy, and homeopathy within the same building. There are two technique rooms, one of which is due to be extended. The department has just completed a suite where the potential scenarios at accidents, in accident and emergency rooms and intensive care can be simulated. The suite, intended for use on several programmes, contains some of the latest computerised mannequins and spaces that are identical in layout to the interior of an ambulance and known hospital wards. The facility also houses a room with ten “Skills Stations” which will be used for OSCE’s. The suite is equipped with video, computer

links and cameras that can simultaneously record student performance. The university also has a new gait analysis lab, standard lecture rooms and a suite of new offices for staff. The library facilities available to staff and students include access to computer-based reference systems and a reference collection adequate to meet teaching and research needs. The library has a range of support staff including staff responsible for liaising with the lecturing staff in the department.

4.6.1b Analysis

The physical facilities are excellent and the new simulation suite and gait analysis laboratory have provided opportunities for new approaches in programme delivery as the curriculum is revised.

4.6.1c Conclusion

The university fully complies with Standard 6.1. 

4.6.2 Clinical training resources

The institution/programme must ensure adequate clinical experience and the necessary resources, including sufficient patients with an appropriate case-mix, and sufficient clinical training facilities including sufficient equipment and treatment rooms.

4.6.2a Description

The chiropractic clinic is on campus and shares a building and main reception with the homeopathy, somatology, biokinetics and radiography clinics but also has its own reception in another area. The operating hours are from 8.30am to 5.00pm, Monday to Friday. There are 24 well equipped treatment rooms with three different types of treatment table. The ratio of rooms to fifth year students is 1:1 and for sixth year students is more than 1:2. There are two rooms for student and clinician consultations, one rehabilitation and modality therapy room, which is subdivided by privacy curtains, a staff room, student common room with lockers and coffee/tea facilities, a computer room for students, storeroom, strong room and radiography suite, including x-ray, thermography, diagnostic ultrasound and mammography. All equipment is regularly maintained. Strict guidelines are adhered to regarding safe disposal of sharps due to the high prevalence of HIV/AIDS in South Africa. Fifth year students have use of the clinic facilities to see patients in the afternoons and sixth years use the clinic in the mornings. Students must remain in the clinic and be available to see patients throughout their entire shift. The new patient requirement of 35 can be difficult to achieve within 12 months and some students take 18 months to 2 years to complete their clinical requirements. There is a good variety of complaints presented by new patients and therefore the case mix is easy to achieve.

Sixth Year students, who are selected from a CV and staff committee selection process, can act as clinician assistants (CA) to the new Fifth Years until they feel competent on their own. However, the CA's cannot sign off on diagnosis and management plans, these must be signed off by the clinical chiropractor on duty.

4.6.2b Analysis

The clinic facilities and supervision are excellent. It is difficult to complete the new patient requirements within one year due to insufficient patient numbers.

4.6.2c Conclusion

The university substantially complies with Standard 6.2 

4.6.3 Information Technology

The institution/programme must have sufficient IT facilities for faculty, staff and students to ensure the curriculum can be delivered adequately, and that IT is effectively used in the curriculum.

Students must be able to use IT for self-learning, accessing information and managing patients.

4.6.3a Description

The IT department manages all IT related matters at the university and is also responsible for all hardware and software within the university and its official student residences. There are a number of open laboratories, as well as the library, which provide students with access to the internet and Edulink. Edulink is a virtual interface used by both students and staff alike, to post and download lecture notes, marks and notices. Edulink is a secure, access controlled and password protected system. Students also have the ability to access the university server and data base from off campus locations, via a password protected login process. This allows students great accessibility to articles, journals, online texts and publications. The university is currently involved in expanding its Wi-Fi capabilities and infrastructure. Wi-Fi is available within the chiropractic clinic, although no dedicated computers with internet access are available here. The university also intends to issue every new student to the university, in 2014, with a tablet/e-reader/laptop.

4.6.3b Analysis

Edulink is viewed as being a valuable resource by the students as it enables them to easily access lecture notes and marks or important notices from staff and other students. There is, however, no formal IT training offered to the students which may hinder their experience with the system, especially if they do not have their own computer or internet access. The lack of dedicated internet access in the clinic is an area which may need to be addressed.

4.6.3c Conclusion

The university fully complies with Standard 6.3 

4.6.4 Educational expertise

The institution must ensure the appropriate use of educational expertise in the design and development of the chiropractic curriculum and instructional (teaching and learning) and assessment methods.

4.6.4a Description

All staff delivering the programme have a Masters level qualification. The university provides staff development workshops for both full and part-time staff, including improving pedagogic training, writing assessments, enhancing research skills and IT. However, there does not appear to be provision for medical education skills or curriculum development. These workshops are voluntary, although staff are directed to attend should any issue arise from student feedback. Staff can also apply for external workshops. There are specific budget allocations for both internal and external staff development. At present, few chiropractic staff under take educational research themselves because of the time pressures placed on them, although the university target is one publication every three years.

4.6.4b Analysis

Educational expertise is available at university level. Curriculum revision has just commenced with a planned completion date for first entry in 2016. Students will not exit with the new Master in Health Sciences (Chiropractic) until 2020. Therefore, there is a need for staff development in the areas of medical education and curriculum development. There is also a need for chiropractic staff to be

encouraged to complete doctoral qualifications but this is challenging with the time pressures on a small staff complement.

4.6.4c Conclusion
The university partially complies with Standard 6.4 

4.6.5 Administrative and technical staff and management

The administrative and technical staff of the institution/programme must be appropriate to support the implementation of the institution's undergraduate programme and other activities, and to ensure good management and deployment of its resources.

The management must include a programme of quality assurance, and the management itself should submit itself to regular review.

4.6.5a Description
The Department of Chiropractic has a secretary, whom also acts as the secretary for the Department of Homeopathy. The department is also supported by a Research Officer and by the Head of Faculty Administration for the Faculty of Health Sciences. The Head of Faculty Administration has six Faculty officers and two student officers. Faculty administration is responsible for the admissions, progression and academic records, fees, professional registration and graduation on behalf of the department. The HOD is also directly involved in the admissions process and will provide support to the relevant parties where needed. There is a librarian dedicated to the chiropractic programme in the library. All service departments provide their own support and technical staff.

4.6.5b Analysis
The department, within the Faculty, has a well-established and strongly supportive administrative and technical infrastructure. The library and service departments provide similarly effective administrative and technical support

4.6.5c Conclusion
The university fully complies with Standard 6.4 

4.7 RELATIONSHIP BETWEEN TEACHING AND RESEARCH

The chiropractic institution/programme must facilitate the relationship between teaching and research, and must describe the research facilities to support this relationship as well as the research priorities at the institution/programme.

4.7.1a Description
All full-time staff members in the department are involved in the supervision of the Masters' dissertations, and some of the part-time staff members serve as co-supervisors. Apart from their involvement with student research supervision, staff members are not involved in their own research projects. Although all chiropractic staff have a Masters' degree, their research experience or expertise and publication records are very limited. None hold a research degree. However, some staff do regularly provide students with relevant research articles related to lecture topics.
The university encourages publication of research through financial incentive schemes whereby the researcher can use part of the funds received for their own development and attendance at research conferences.

4.7.1b Analysis

The department is currently not research active in terms of the definition applied to universities. The large and laborious Masters dissertations do not count as research unless published. Publication is very rare, primarily due to the high workload of the full-time staff. Additionally, the lack of research experience of the staff may inhibit them from preparing and submitting the outstanding dissertations for publication. In the past three years, 3 research papers have been published or accepted for publication. Furthermore, there is a disproportionate emphasis on clinical trials during the research teaching course offered in year four of the programme, at the expense of other research methodologies and evidence-based practice components. The upcoming curriculum review should address this issue to provide more balance between the research dissertation and clinical requirements as well as to provide staff with more time to pursue their own research. The HOD has considered potential staff research opportunities and interdepartmental collaboration. The department has the facilities to underpin research but the current pressures on staff time preclude the development of a research profile.

4.7.1c Conclusion

The university partially complies with Standard 7.1 

4.8 PROGRAMME EVALUATION

4.8.1 Mechanisms for programme evaluation

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

4.8.1a Description

For all programmes taught at the university there is an institution-wide quality assurance (QA) programme. The Senate, along with its associated committees, is accountable to the university's council. Each Faculty reports directly to the Senate every semester. The Vice Dean of the Faculty of Health Sciences is responsible for QA of the chiropractic programme at Faculty level. The panel for the internal review of the department is comprised of representatives from relevant stakeholder groups.

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

External examiners for the programme are appointed by the Faculty Board for all subjects considered as exit level. External examiners for research dissertations are appointed by the Higher Degrees Committee. They receive a policy pack with guidelines and individual training where possible with the HOD.

The HOD produces an assessment report each semester and an annual monitoring report to identify 'at risk' students. All reports feed to the Academic Development and Support Committee via the Vice Dean. Relevant feedback is conveyed to the academic staff and students concerned. Departmental meetings are held regularly throughout each semester to address the issue of quality at a more informal level.

4.8.1b Analysis

The university continues to have excellent mechanisms in place for programme evaluation identifying issues of quality, student progress and student outcomes

4.8.1c Conclusion

The university fully complies with Standard 8.1. 

4.8.2 Faculty and student feedback

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

4.8.2a Description

There is a clearly defined process which students are encouraged to follow when voicing a concern or raising an issue. They may either approach the lecturer directly or through their elected class representative, who is able to report to the HOD. Should their issues or concerns remained unresolved, the HOD and/or class representative may then report the issue to the Dean of the Faculty. Students may also approach the chairperson of the SCAG to voice their concerns to the HOD or Dean. Most issues are resolved through direct consultation with the lecturer in a satisfactory manner.

All students are required to complete lecturer evaluations, as well as subject evaluation assessments, at the end of every year. These assessments are performed to identify any potential problems within the department and service departments. All staff members are similarly required to complete an annual student evaluation questionnaire. The HOD will analyse these evaluation forms and discuss any issues with the concerned member of staff. Staff feedback is obtained via regular departmental meetings.

4.8.2b Analysis

There are well structured and varied methods for staff and student feedback present within the department. These processes place a significant burden on the HOD.

4.8.2c Conclusion

The university fully complies with Standard 8.2 

4.8.3 Student cohort performance

Student cohort performance must be analysed in relation to the curriculum and the aims and objectives of the programme.

4.8.3a Description

Each semester a report is compiled indicating student success or pass/fail statistics. This process is carried out for each assessment across all subjects and levels of the course. ‘At risk’ students, those of whom have scored less than 60% in a module, are identified by the HOD. These ‘at risk’ students are required to attend a meeting with the HOD to discuss any issues or problems regarding their poor performance. In these meetings, a plan is established to address these problems. A written record is kept of all the meetings and student progress is monitored throughout the course of the year. All information regarding the success rates of all students is incorporated into the department’s annual reports. This information is then transferred into the annual Faculty Report, which is then reported to Senate. For those subjects that were deemed to be ‘at risk’ subjects, where the success rate is identified as below 85%, specific interventions were identified for each subject. At present, Anatomy and Physiology 2 and Chemistry 1 are considered to be ‘at risk’ subjects, as identified by the department.

Numerous interventions and support processes have been initiated over the past two years. This has been achieved through the allocation of senior tutors as well as subject specific tutors to these

subjects. The institution has made funds available to support the employment of these tutors and the hosting of extra tutorial sessions with the students.
The department has a good working relationship with the relevant service departments, which aids in the early identification of 'at risk' students.

4.8.3b Analysis
There are numerous processes in place to monitor the student cohort performance within the department, and promote the progression of each student through the programme. Previously identified 'at risk' subjects have had measures put in place to decrease attrition rates. Analysis is more geared to the objectives of each course rather than the overall aims of the programme. There seems to be a need to look at how issues of progression impact on the whole rather than the components

4.8.3c Conclusion
The university fully complies with Standard 8.3 

4.8.4 Involvement of stakeholders

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

4.8.4a Description
Stakeholders, including students, staff, the university, AHPCSA, CHE and CASA, provide input to programme evaluation and improvement. Formal quality assurance evaluations by the CHE take place on a 2 year cycle. CASA and AHPCSA will be formally consulted on the implementation of the new curriculum. However, patients do not appear to be involved in the consultation process.

4.8.4b Analysis
Involvement of stakeholders is sufficient and relevant. The department and the HOD are very well appreciated by professional bodies. Collaboration between the university and the professional bodies is excellent and mutually supportive. This excellent relationship is a strength of the programme. However, the opportunity to involve patients as stakeholders has yet to be addressed.

4.8.4c Conclusion
The university substantially complies with Standard 8.4 

4.9 GOVERNANCE AND ADMINISTRATION

4.9.1 Governance

Governance and committee structures and functions of the chiropractic institution/programme must be defined, including their relationships within the university (as appropriate).

4.9.1a Description
The university has a well-developed committee structure that enables a two way flow of information through the Faculty to the senate and university council. The department participates in these structures through the work of the HOD.

4.9.1b Analysis

The HOD is the departmental representative on at least five faculty committees. This is a burden which would possibly benefit from the involvement of more staff. However, with so few full-time staff it will take time for these responsibilities to be shared. Giving staff an increased opportunity to engage in the processes of the university will assist in their development.

4.9.1c Conclusion
The university fully complies with Standard 9.1 

4.9.2 Academic leadership

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

4.9.2a Description
The HOD is appointed on a 3 year contract, in line with the institutional policy on appointment of Head of Departments. The HOD of Chiropractic reports directly to the Dean of the Faculty of Health Sciences. The current HOD has been employed in the position since 2001, with the current contract ending in 2014. The programme is effectively managed by the HOD, based on the Key Results Document (KRD). The programme is monitored via monthly departmental meetings, part-time staff meetings and class representative meetings. Direct communication with the HOD from staff and students is encouraged, and improves monitoring of the programme as any potential problems can be identified and addressed as soon as possible. The KRD is utilized for annual performance management reviews by the Dean of the Faculty. These reviews include student assessments, allowing for student input into performance reviews.

4.9.2b Analysis
The HOD has a very good working relationship with staff, students and line managers. The daily collaboration between HOD and staff and the regular formal meetings ensure good monitoring of programme quality. The academic and administrative responsibilities of the HOD are clearly defined. The department is well respected within the institution and the fields. This excellent academic leadership, both at Faculty and Departmental levels, is a strength of the programme.

4.9.2c Conclusion
The university fully complies with Standard 9.2 

4.9.3 Educational budget and resource allocation

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

4.9.3a Description
Budget creation and expenditure by the department is the responsibility of the HOD, with budgetary requests being submitted on an annual basis by staff, in accordance with specified guidelines. The budget is determined each October, according to the perceived needs of the department for the following academic year. The budget is zero-based including a reserve for the department which can be used as needed by the HOD. The approved budgetary allowance is then the responsibility of the HOD to ensure these limits are not exceeded. The department is well managed in terms of remaining within the budgetary limits set and profitability of the programme. The policy for budget creation is clear and well applied.

Staff are able to increase the departmental budget through the research allocation paid for refereed publications. Any publication in a referenced peer review journal leads to a ZAR 100 000 (approx. EUR 7300) research allocation by the Ministry of Higher Education. This amount is divided between the authors, the Faculty and the Department.

4.9.3b Analysis
The team found robust evidence of the existence of a viable budget for the programme which includes staff salaries. Payment for refereed publications is a commendable extension both to the budgeting process and staff development.

4.9.3c Conclusion
The university fully complies with Standard 9.3 

4.9.4 Interaction with professional sector

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

4.9.4a Description
The department has close relations with the chiropractic profession in South Africa, both through the professional association (CASA) and the statutory regulator (AHPCSA). The HOD has served as chair of the Professional Board for Chiropractic and Osteopathy in the AHPCSA and an elected member of the Council Education Committee. The HOD presents an annual report to CASA, and professional and association board members are represented on the university advisory committees. This allows for valuable contributions from the profession to the chiropractic programme. In addition, all new graduates must complete an internship lasting between 6 months and 1 year. During this internship each graduate participates in 6 different components: sports, public relations, community service, a chiropractic clinic and one other area of interest (ad hoc) that is not greater than 25 hours.

4.9.4b Analysis
There is evidence of good and strong relationships between the education and training of chiropractors and the chiropractic profession in South Africa. Much of this relationship has come from the personal efforts of the HOD within many aspects of the profession.

4.9.4c Conclusion
The university fully complies with Standard 9.4 

4.10 CONTINUOUS RENEWAL AND IMPROVEMENT

The chiropractic institution/programme must have procedures for regular reviewing and updating of its structure and functions to rectify deficiencies and meet changing needs. (See 8.1 of standards)

4.10.1a Description
A number of stakeholders, both internal and external to the university, have oversight of, and contribute to the aims and objectives of the chiropractic programme, which undergoes a three-yearly review as part of the strategic plan for the Faculty of Health Sciences. Course content, clinical skills training and assessments are modified, if necessary, on an annual basis after student feedback

has been analysed, or in the case of new evidence emerging or a change in national guidelines. Minor changes are authorised by the HOD. Major changes must be submitted via the Faculty Management Committee to the Senate of the institution for approval. The programme of curriculum revision has recently commenced.

4.10.1b Analysis
As a department operating within a university, there are robust and rigorous procedures to ensure continuous review and quality enhancement of the chiropractic programme, including teaching, learning, and assessment. An opportunity has presented itself for a radical review of the curriculum in line with changes in the qualification framework, and best practice in the provision of clinical education and training will inevitably inform this review when it occurs. The university is a forward looking institution and change and improvement in the future is almost certain to occur.

4.10.1c Conclusion
The university fully complies with Standard 10.1 

5. CONCLUSIONS

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

5.2 STRENGTHS AND WEAKNESSES AND CONCERNS

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

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

5.2.1 Strengths

- The provision of shared services within the Faculty of Health Sciences that provide the opportunity for innovative approaches to teaching and learning.
- The leadership provided by the Head of Department both within the department and the chiropractic profession.
- The strong support of the Dean and stakeholders for major curriculum revision designed to update the programme.

- The quality assurance procedures ensuring robust programme assessment and informing curriculum improvement.

- The provision by the university of an exceedingly favourable and collaborative environment for programme development and research opportunities

- The delivery of the programme by a strong, enthusiastic and dedicated staff.

- The supportive environment that exists between staff and students across the whole programme.

- The continuous improvement of the physical facilities, the library and IT provision.

5.2.2. Weaknesses

- The advertised course duration of 5 years contrasts with the reality of a six year programme due to the heavy weighting of the Master's dissertation and the number of patients available in the clinic.

- The present design of the curriculum is content heavy with high contact hours of 30 hours/week which leaves students less time for reflective study.

- The reliance on a small dedicated staff restricts the ability for innovation, staff development and consideration of alternative pedagogical approaches to delivery of the programme, staff research and management of the student research process.

- Current pressures on staff time preclude the development of a research profile and it is unclear how evidence-based practice is taught and applied to patient management..

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5.2.3 Concerns

- None

5.3 **ACKNOWLEDGEMENTS**

The Team wishes to extend its thanks to the University, Faculty and Department for the hospitality and courtesy afforded to it during the on-site visit.

APPENDIX 1 – TIMETABLE

Time	Meeting with	Personnel University of Johannesburg	ECCE Team members	Standards
Tuesday				
09.00	Arrival	Director of Undergraduate Programme (DUP)	All	
09.00-09.30	Private meeting of the Team	None	All	
9.30-10.00	Preliminary meeting with university	University or Faculty Executive including DUP	All	
10.00-11.15	Meeting with students Years 1 and 2	4 students from each year	All	4.2, 4.3, 4.4, 8.2, 6.1, 6.3
11.30- 12.15	Meeting with students Years 3 and 4	4 students from each year	All	4.2, 4.3, 4.4, 8.2, 6.1, 6.3
12.15-13.00	Short Tour of facilities to include teaching facilities and library	Key staff to accompany Team	CP, OL, McB and MB	
13.00	Lunch with Students	As appropriate	All	
13.45-15.15	Meeting with Teaching Faculty	Teaching staff in support areas in the Sciences (content, delivery and assessment) (excluding clinic teaching)	All	1, 2, 3, 5.2,6.1, 6.3
15.15-15.30	BREAK			
15.30 -17.00	Meeting with Teaching Faculty	Teaching faculty in chiropractic department to cover all areas of teaching (content, delivery and assessment) (excluding clinic teaching) including DUP	All	1, 2, 3, 5.2, 6.1, 6.3
17.00-17.30	Private meeting of the Team		All	
Wednesday				
09.00-09.30	Private meeting of the Team	None		
9.30-10.15	Tour of clinic facilities	Key personnel	CP,MB,OL,	
10.30-11.30	Meeting with clinic year students Years 5 and 6.	6-8 students	All	4.2, 4.3, 4.4, 8.2, 6.1, 6.3, 2.6 and 6.2
11.30-12.30	Meeting with Clinic teaching faculty		All	2.6, 6.2

12.30-13.30	Lunch with Teaching staff	As appropriate	All	
13.30-14.30	Student Research	Some students in year 5/6 not seen elsewhere	MB and DB	7
14.30-15.00	Faculty research	As appropriate	MB and DB	7
15.15-16.15	Admissions	Admissions Team and DUP	McB and DB	4.1, 4.2
16.15-17.30	Programme Management	Senior programme management including DUP	MB, OL, CP	4.3, 4.4, 5.1, 5.2, 6.4, 9.2, 9.4
16.15-17.00	Learning Resources including IT support	Head of learning resources, IT and key personnel	McB and DB	6.1 and 6.3
17.00-17.30	Private meeting of Team	None	All	
Evening	Dinner with faculty and CASA	All		
Thursday				
9.15-10.30	Quality Assurance	Key personnel	All	8.1,8.2, 8.3, 8.4, 10
10.45-11.45	Governance and Finance	Faculty administration and finance	OL and CP	9.1, 9.3,
11.45-12.30	Meeting with external stakeholders, chiropractors, CASA etc		All	8.4, 9.4
12.30-13.30	Lunch with senior management		All	
13.30-17.30	Private meeting of the Team		All	
Friday				
09.00-14.00	Private meeting of team (LUNCH at 12.30-13.30)	None	All	
14.00	Feedback to institution	Key personnel as appropriate	All	
15.00	DEPART			