

**EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION**

**COMMISSION ON ACCREDITATION**

**EVALUATION TEAM REPORT**

**Masters in Chiropractic (MChiro)**

**4 year (Abingdon) pathway**  
**5 year (Abingdon and Manchester) pathway**

**McTIMONEY COLLEGE OF CHIROPRACTIC**

**01-04 OCTOBER 2019**

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## EXECUTIVE SUMMARY

- 1.1 McTimoney College of Chiropractic (MCC) is a long established institution for the education and training of chiropractors in the UK. The College was founded as the Oxfordshire School of Chiropractic, admitting students for the first time in 1972. The College was renamed in 1982 to McTimoney Chiropractic School, then in 1997 to McTimoney Chiropractic College and in 1998 to McTimoney College of Chiropractic.
- 1.2 Since 2011, MCC has been owned, managed and operated by BPP University, a private, not-for-profit higher education institution (HEI) in England with Taught Degree Awarding Powers. Previously validated by the University of Wales, all higher education (HE) undergraduate and postgraduate degree programmes offered by MCC are now validated by BPP University.
- 1.3 MCC operates on two sites. The main site is a self-contained building in Abingdon, Oxfordshire, and the second is located on BPP University premises in Manchester. MCC offers a range of educational and training programmes including a one-year Pathway to HE Certificate programme (HE level 3), a Masters in Chiropractic (MChiro)(HE level 7), postgraduate degrees (HE level 7) and Continuing Professional Development (CPD) seminars and courses.
- 1.4 The degree offered by MCC is the Masters in Chiropractic [Integrated] (MChiro). This programme has two delivery patterns, either the 4 year pathway or the 5 year pathway, both of which lead to the same qualification (MChiro). The 4 year pathway is delivered only in Abingdon whereas the 5 year programme is delivered separately either in Abingdon or in Manchester. Both the 4 and 5 year pathways are the same programme in content, delivery, assessment and exit outcomes, but differ in their delivery pattern so as to accommodate students' differing lifestyles and needs. The MChiro (both pathways) is accredited by the General Chiropractic Council (GCC) enabling graduates to practise as chiropractors in the UK.
- 1.5 Following on from Candidate status with the European Council on Chiropractic Education (ECCE), the 4 year pathway (Abingdon) was accredited by ECCE in 2016 and the 5 year (extended) pathway (Abingdon and Manchester) was accredited by ECCE in 2018.
- 1.6 The current evaluation visit for re-accreditation of the MChiro (4 year (Abingdon) and 5 year (Abingdon and in Manchester)) was conducted in October 2019 following submission of the Self-Study Report by MCC in May 2019. This SSR was considered by the Quality Assurance and Accreditation Committee (QAAC), which then instructed the evaluation visit to proceed.
- 1.7 A four-day evaluation visit took place, which inspected both the Abingdon (1<sup>st</sup>-3<sup>rd</sup> October 2019) and Manchester (4<sup>th</sup> October 2019) sites of delivery of the MChiro programme. The site visits provided further documentary and oral evidence to the previously submitted documentation, and on this basis the evaluation Team compiled its report for submission to QAAC. MCC was informed verbally on the last day of the visit of the Team's draft conclusions in terms of commendations, recommendations and concerns.

- 1.8 Members of the evaluation Team wish to thank the Vice-Chancellor of BPP University, and the Principal, senior managers, staff and students of MCC for the courtesy shown to them during their visit, and for the open manner in which discussions were held.
- 1.9 This document forms the evaluation Report compiled by the evaluation Team based on the SSR and other documentary evidence, oral evidence and observation during the visit to MCC in Abingdon and in Manchester.
- 1.10 At the end of the visit, the Team concluded with the following:

**COMMENDATIONS:**

- The close working relationship between MCC and BPP University that has facilitated the success and sustainability of the MChiro programme.
- The flexibility of the MChiro programme, both in patterns and in sites of delivery, which provides students with diverse needs the opportunity to become chiropractors.
- The effective and efficient management of the delivery of two different pathways of the programme at two different sites.
- The use of technology in teaching and learning practices.
- The clinic observation programme that ensures clinical relevance throughout the curriculum.

**RECOMMENDATIONS:**

- Develop and publish a strategic plan to set out the future objectives of the College.
- Recruit clinical teaching staff from a wider chiropractic community
- Introduce a wider range of cervical adjusting techniques into the curriculum, and their use by clinic interns when appropriate.
- Review the Research module so that there is greater balance between the dissertation and clinical audit/case report routes.

**CONCERNS:**

None

## 2. INTRODUCTION

2.1 Following review by the QAAC of the SSR (May 2019) submitted by MCC for re-accreditation of the MChiro degree, an evaluation visit was instructed to proceed in October 2019.

2.2 Members of the evaluation Team were nominated by ECCE Executive and agreed by MCC. Members of the Team were:

Professor Jennifer Bolton (Chair), Professor Emeritus, AECC University College, UK

Matthew Bennett (Secretary), Chiropractor, Private Practice, UK

Tharsan Sellathurai, Chiropractor, Private Practice, the Netherlands

Joachim Cook, Chiropractic student, AECC University College, UK

2.3 The purpose of the visit was to verify the SSR and other evidence presented by MCC, and to evaluate the programme in terms of its compliance with the ECCE Standards in Chiropractic Education and Training (November 2018, Version 5.2) (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 MCC for correction of any factual errors, and thereafter to the QAAC for a decision on re-accreditation of the MChiro programme (4 and 5 year pathways).

2.4 All members of the Team were presented by name beforehand to MCC, 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.

2.5 A draft timetable for the visit was sent to MCC before the visit, and the final schedule agreed with MCC. A copy of the schedule is appended to this Report (Appendix 1).

2.6 Members of the Team arrived in Abingdon on Monday 30<sup>th</sup> September 2019. The Team held a preliminary meeting prior to the on-site visit in Abingdon from Tuesday 1<sup>st</sup> October to Thursday 3<sup>rd</sup> October 2019 (inclusive). In the afternoon of 3<sup>rd</sup> October, the Team travelled from Abingdon to Manchester. On Friday 4<sup>th</sup> October 2019 the Team visited the premises and facilities at BPP University used by MCC to deliver the MChiro (5 year pathway).

2.7 Throughout the visit meetings were scheduled and time was allocated for the Team to hold private meetings as the visit proceeded. This allowed the Team to reflect on the (written and oral) evidence it had been presented with, and enable the Team to request further evidence where clarification was necessary. The Report was compiled on an on-going basis during the visit, and on the final day (4<sup>th</sup> October 2019) feedback on the draft commendations, recommendations and concerns was given orally to MCC before departure of the Team.

- 2.8 Members of the Team were very well hosted by staff at MCC, afforded every courtesy and had full access to documentation and to staff, students and other stakeholders. Members of the Team extend their thanks and appreciation to the Principal, senior staff, staff and students at the institution for their assistance in facilitating the process.
- 2.8 The draft Report was finalised by the Chair of the Team, and sent to the Secretary and other members of the Team for comments/corrections. Based on these, the final draft Report was sent to MCC for factual verification on 21 October 2019. The response was received from MCC on 28 October 2019. The Chair and Secretary then finalised the Report and this was submitted to QAAC on 30 October 2019.

### **3. McTIMONEY COLLEGE OF CHIROPRACTIC (MCC)**

- 3.1 McTimoney College of Chiropractic (MCC) was founded in 1972 as the Oxfordshire School of Chiropractic by John McTimoney to train chiropractors in the treatments (McTimoney methods) that the founder had developed.
- 3.2 For almost 50 years the College has delivered chiropractic education and training. Today it delivers a foundation programme (Pathway to HE Certificate in Health (Level 3)) and a Masters programme (MChiro (Level 7)) as well as postgraduate programmes (MSc Animal Manipulation and MSc Chiropractic (Paediatrics) (Level 7)).
- 3.3 MCC is managed and operated by BPP University. BPP University is structured as four Schools (Schools of Law, Business, Foundation and English Language Studies and Health). MCC is included in the School of Health. BPP University received Taught Degree Awarding Powers in 2010 and validates all the academic programmes taught at MCC.
- 3.4 Professor Christina Cunliffe is Principal of MCC, and heads the strategic and operational management of MCC as a provider of chiropractic education and training.
- 3.5 The MChiro programme (4 year and 5 year pathways) is accredited by the General Chiropractic Council, a part requirement for graduates to register to practise as a chiropractor in the UK.
- 3.6 The MChiro (4 year pathway, delivered in Abingdon) was first accredited by the ECCE in 2016 and the MChiro (5 year pathway, delivered separately in Abingdon and in Manchester) was first accredited by ECCE in 2018.
- 3.7 The subject of this Report is the re-accreditation of the MChiro programme (4 year pathway delivered in Abingdon, and 5 year pathway delivered in Abingdon and in Manchester) by ECCE. For clarity, this is one programme leading to the same final qualification (MChiro) but with different patterns of delivery (4 and 5 years in duration) and different sites of delivery (Abingdon and Manchester).

3.8 To reflect this, this Report describes and evaluates the MChiro programme, and only where divergences exist in the programme is specific reference made to either the 4 or 5 year pathway, or to the Abingdon or Manchester site.

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 AND 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 purpose of the MChiro programme at MCC is to produce safe and competent chiropractors, and to meet the standards of the professional statutory regulatory body (PSRB) in the UK (GCC) and the ECCE. The programme aims are to:

- *educate and train students in the philosophy, science, and practice of safe and effective chiropractic management of patients*
- *enhance students' knowledge of health, health promotion and other health related issues*
- *prepare students for their role of primary contact practitioners*
- *develop skills that will enable students to think critically and to evaluate the current research evidence base*
- *produce competent chiropractors capable of safe and effective chiropractic care*

There is also a comprehensive list of learning outcomes in the programme handbook consistent with competent and safe practice as a primary contact practitioner, and with the skills and attitudes to engage in life-long learning.

##### 4.1.1b Analysis

The statements of the aims and objectives (learning outcomes) are consistent with the Standards, and are made known to students through programme handbooks (one for each pathway and site of delivery) and the Virtual Learning Environment (VLE), to staff as part of induction, to wider stakeholders through the website, to external examiners as part of induction, to prospective students as part of Open Days, and to the University and PSRBs as part of validation and accreditation events respectively.

#### 4.1.1c Conclusion

MCC 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

Principal internal stakeholders in the MChiro programme are MCC staff and students, and BPP University senior managers. The College's SSR describes processes whereby these stakeholders are involved in the formulation of the programme's aims and objectives including programme development meetings, annual review processes and validation events, and re-accreditation events by GCC and ECCE.

##### 4.1.2b Analysis

There is evidence that a range of stakeholders is included in the development and approval of the aims and objectives (outcomes) of the MChiro programme.

##### 4.1.2c Conclusion

MCC 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

MCC retains full autonomy over the design and development of the curriculum including allocation of resources. Responsibility for the design and development of the curriculum rests with the College's Programme Development Committee, which interfaces with the academic structures of BPP University through the School of Health Board. Modifications to the programme, put forward by the Programme Development Committee, are subject to BPP University regulations and procedures

#### 4.1.3b Analysis

MCC exercises full autonomy over the design and development of the MChiro curriculum.

#### 4.1.3c Conclusion

MCC 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 programme's exit outcomes are comprehensively described in the programme handbook in terms of acquired knowledge and understanding, practical skills, and attitudes and behaviours. Each module also has a set of defined learning outcomes described in the programme handbooks. In the College's SSR, the MChiro curriculum is mapped to the graduate outcomes as described in the ECCE Standards.

#### 4.1.4b Analysis

The graduate outcomes described by MCC are fully consistent with the Standards.

#### 4.1.4c Conclusion

MCC 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 is delivered in modules, each with their own aims, learning outcomes and assessment strategies. All modules are included in the programme handbooks. The curriculum progresses from Level 4 through to Level 7 over 4 or 5 years dependent on the pathway. The curriculum is the same leading to the same qualification (MChiro) irrespective of whether the pattern of delivery is either 4 or 5 years. The curriculum is essentially a traditional one focusing on the basic sciences in the early years (Human Function I and II), then increasing the clinical focus (Neuroscience, Biomedical and Behavioural Sciences) through to clinical application and attainment of clinical skills (Musculoskeletal Medicine, Clinical Neurology and Clinical Medicine I and II), and finally clinical training in the outpatient clinic (Clinical Management and Clinic). Some modules are delivered throughout the pre-clinic years (Clinic Studies, Philosophy and Chiropractic Studies) serving to integrate academic and clinical (chiropractic) practice. The modules in Research are delivered throughout the curriculum culminating in the production of a Level 7 project in the final (clinic) year. For each module, inter- and intra-year integration with other modules is given in the module description in the programme handbooks.

The programme progression is a linear one culminating in the clinical training year, which is the same irrespective of the pathway chosen, in which critical thinking, problem solving and self-directed learning skills are employed. Teaching methods are primarily lectures with breakout groups and seminars, and practical skills classes.

#### *4.2.1b Analysis*

The curriculum model is structured and well-defined showing clear progression from pre-clinical to clinical subjects and clinic training. In addition to contact time, students must undertake self-study supported by the VLE, in which self-directed learning skills are adopted and honed.

#### *4.2.1c Conclusion*

MCC fully 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 scientific method is taught throughout the curriculum in Research modules I, II, III and IV. This stream builds on basic skills in research inquiry and methodology in the first module, followed by an emphasis on planning a research dissertation with the production of a research proposal in Research II, and a research protocol in Research III. This culminates in the production of the dissertation in Research IV in the clinic (final) year. Recently, the research stream has changed to give students the choice of producing a research dissertation or alternatively, a case report and clinical audit in the final year.

Outside the Research modules, students must use empirical evidence to support their coursework in other modules.

#### *4.2.2b Analysis*

It is a positive step that MCC has moved away from the requirement that all students undertake a research dissertation in the final year and has allowed students the choice of conducting a clinical audit and case report instead. This reflects the move towards the practitioner as a 'research user' rather than a 'research doer' and the argument that students should attain the skills of finding, appraising and using empirical evidence to answer clinical questions rather than formulating and answering research questions through observation gathering and analysis. However, the structure of the Research stream almost certainly sways the student to undertake the research dissertation because of the time and effort invested in producing a research proposal and research protocol as the assignments in Research modules II and III. Moreover, there appears to be a trend to an increasing number of narrative literature reviews in place of primary data gathering studies for the research dissertation. For those students opting to do the case report and clinical audit, a review of a sample of student work indicated that the case reports were traditional in the sense that there is limited application of empirical evidence in the case management. This could be improved on by making the case reports explicitly evidence-based with less emphasis on the narrative.

#### *4.2.2c Conclusion*

MCC substantially complies with Standard 2.2



### 4.2.3 Biomedical Sciences

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

#### 4.2.3a Description

The biomedical sciences are included in the curriculum, with a focus on these in the early years. Biomedical sciences are taught in Human Function I and II, Neuroscience and Biomedical Sciences. They are also incorporated into Chiropractic Studies I and II. The broad discipline of biomedical science combines a number of subjects such as anatomy, biochemistry, genetics, immunology, microbiology, neuroscience, imaging, pharmacology and physiology.

#### 4.2.3b Analysis

There has been an effort to improve the delivery of the biomedical sciences in recent years. However, some further improvements could be made by incorporating more use of clinical cases in the basic science courses both in the teaching and in the assessments. This would facilitate and enhance problem solving abilities and further underpin the relevance of applying basic science knowledge into clinical practice.

#### 4.2.3c Conclusion

MCC 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

Students are introduced to behavioural and social sciences throughout the curriculum. Subjects such as law and relevant legal issues, and the GCC Code of Practice and Standard of Proficiency in the UK are covered in the latter stages of the programme.

In the Behavioural Science module, the context of the social sciences is focused upon those aspects that help the understanding of the biopsychosocial model, which is strongly emphasised in the curriculum. Social needs of patients are taught across the curriculum but form a major focus during the clinic year. Students receive contributions from outside speakers from the Royal College of Chiropractors, the GCC and an insurance company that prepare them for the world of working as a chiropractor. Advertisement codes from the Advertising Standards Authority are taught during the Philosophy module stream.

#### *4.2.4b Analysis*

Within the curriculum, contributions of behavioural sciences, social sciences, ethics, scope of practice and legal requirements are included.

#### *4.2.4c Conclusion*

MCC 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*

MCC covers clinical sciences and skills through a number of clearly identified modules. Clinical science and skills are integrated within the Clinic Studies modules throughout the programme, including interaction with real patients and utilised in the final clinic year. A comprehensive range of skills is in evidence.

Students do not take X-rays but they are trained to be competent referrers under the UKs regulations (IRMER). Specific radiological findings are integrated in the Clinical Medicine and Musculoskeletal Medicine modules. There is an emphasis on interpreting imaging reports provided by others. A chiropractic radiologist (DACBR) is employed one week a year to deliver medical imaging education. Students are provided with a pen-drive containing a large number of diagnostic images. Final year students report a high level of confidence in reading X-rays but some are not as confident in their ability to read MRIs preferring to rely on reports by radiologists.

There is training in a variety of spinal analysis and manual therapy procedures. McTimoney technique instructors are plentiful but there are fewer Diversified technique instructors. These Diversified technique instructors are MCC graduates who have undergone postgraduate training in these procedures. Other staff are trained by these staff members to enable student intern supervision. There are also staff members who are more recent graduates from MCC who have been trained in Diversified techniques at the institution who also carry out clinic supervision.

There is a Clinic Entrance Examination prior to entry to the clinic. Real and simulated patients are used in the examinations.

Decision-making and referral skills for a primary contact role are assessed in the Clinic Studies module as part of the Clinic Entrance Examination prior to entering clinic. Student interns are also assessed on an ongoing basis in clinic and, finally, in the Clinic Exit Examination prior to graduation.

#### *4.2.5b Analysis*

The spiral nature of the programme, the early introduction of clinical skills and the relevance of learning to the clinical experience features throughout the course. The involvement of real patients is beneficial and enriches learning.

The programme's clinical sciences are comprehensive, robust and, where such evidence exists, evidence-based. The programme provides a good grounding in clinical skills for a chiropractor in a primary contact role. Student interns apply the clinical sciences and skills learned in the early years to their case management in the College clinic.

#### *4.2.5c Conclusion*

MCC 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*

The history, theory and principles of chiropractic in a contemporary context are taught in the philosophy modules (Philosophy I, II and III) together with chiropractic care in Chiropractic Studies I, II and III.



Models of chiropractic care aim to teach critical comparison and evaluation of epistemology of a number of techniques in the context of the evidence base and current thinking. These models critically compare and evaluate the appropriateness of different techniques in the management of patients.

All the models are taught from a broad perspective to ensure that students understand the diversity of the profession.

#### *4.2.6b Analysis*

The history and philosophy of the chiropractic profession are taught adequately across the programme. This teaching encompasses the evaluation of historical concepts including subluxation and the need to develop new concepts that are in line with contemporary knowledge within the chiropractic profession.

There is a research culture that ensures teaching in chiropractic is evidence- informed and practice-based. Staff are alerted to advances in research that could support their teaching, and students are systematically introduced to research across all years of the programme. Clinic year students are required to use the best available evidence in informing their clinical decisions.

#### *4.2.6c Conclusion*

McTimoney College fully complies with Standard 2.6. 

### **4.2.7 Clinical training**

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

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

#### *4.2.7a Description*

Clinical observations begin in Year 1 and continue every year in the College's clinics by shadowing final year students, taking shadow patient histories, palpation of patients and communication with patients. External shadowing of chiropractors and healthcare professionals is also mandatory.

The clinics have been awarded the Patient Partnership Quality Mark and the Clinical Management Quality Mark by the Royal College of Chiropractors (RCC) reflecting their focus on patient centred care and good clinical governance. They have also been designated by the RCC as Research Clinics based on the research undertaken in the clinic environment.

The Clinic Handbook is comprehensive and sets out detailed procedures for patient encounters and communication internally and externally, including legal and ethical considerations.

At the new patient appointment, the Clinic Supervisor reviews the history taken and agrees an examination protocol with the student intern and signs off on the examination findings. The student researches the case, writes up a comprehensive report and subsequently presents the case to the Clinic Supervisor and, in Abingdon (in Manchester currently there is a very small cohort of 3 interns), a group of other interns allowing shared learning. The Supervisor agrees the treatment plan and the student delivers the intervention after gaining patient consent. The supervisor then gives feedback to the student, which is recorded.

At the Abingdon campus, the clinic has 8 treatment rooms all with audio and video monitoring from a central station. This is manned by one supervisor. The staff and students deem this sufficient for appropriate supervision. The number of treatment rooms in use at any one time varies between four and six. There is a small rehabilitation room with basic equipment. The emphasis is on training patients to carry out a home exercise plan rather than supervising patient exercises in the clinic.

At the Manchester site, the clinic has 3 treatment rooms, a reception area and supervisors' office all of which are adequate for the small cohort size. No video monitoring is present but the small size of the clinic allows adequate oversight by a single supervisor. Although there are only McTimoney technique tables in the treatment rooms, this does not seem to present a problem in carrying out Diversified techniques.

There are no rehabilitation facilities in Manchester but a nearby gym offers free passes to patients and, on occasion, student interns accompany patients to train them. There are no facilities to view diagnostic images but student interns do use their own laptops on the occasion a patient brings in images.

Student interns typically do two shifts per week in the clinic. The Manchester clinic is open on Thursdays and Fridays only and, from next year, on Wednesdays too. The staff and students at both sites are happy with this as much of the rest of the time during this year is filled with case preparation, and the dissertation or clinical audit.

Student interns are able to use all the manual therapy techniques taught with supervisor guidance being that the most conservative interventions take priority. This usually means McTimoney techniques but other techniques are used based on clinical need.

There is a broad case mix and this is monitored. Student intern treatment records are comprehensive, clear and demonstrate good practice. There is ongoing clinical audit, including use

of Care Response. It is unclear how outcomes are used, or how frequency of care/dose-response evidence informs case management.

Patient satisfaction is very high both with administrative functions and clinical care.

#### *4.2.7b Analysis*

The clinics at both campuses provide a good environment to develop the skills necessary for independent practice. The supervision and feedback mechanisms are robust, and patients report high levels of satisfaction and students value the experience.

Student interns typically do two clinic sessions a week and this can occur on consecutive days. This is likely to limit flexibility in scheduling patient visits and may prevent students from providing optimal care.

The case preparation and presentation to the supervisor and, in Abingdon, a peer group, is a valuable and innovative way to enhance learning.

There is a preference for McTimoney techniques over high velocity, low amplitude techniques but students do carry out a wide range of techniques. The clinical decision making is robust but would benefit from using the evidence base to further inform technique choice and frequency of care. The exclusion of high velocity, low amplitude cervical adjusting limits the student experience.

#### *4.2.7c Conclusion*

MCC is substantially compliant with Standard 2.7



### **4.2.8 Curriculum Structure, Composition and Duration**

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

#### *4.2.8a Description*

The curriculum is clearly articulated in terms of its content, integration and sequencing of modules in the programme handbooks. There is one programme or curriculum that constitutes the MChiro programme with 120 HE credits at each of levels 4, 5, 6 and 7. Learning outcomes are described for each module.

Each module descriptor shows how the content of that module is integrated within and between years of the programme. As knowledge and skills build across the programme from the basic

sciences through to the applied and pre-clinical sciences, the modules that thread through the years (i.e. Research, Philosophy, Chiropractic Studies and Clinic Studies) integrate the basic and clinical sciences.

There are two routes to achieving the same award (MChiro) (i.e. 4 year and 5 year (extended) pathways). Qualifications for entry to both routes are the same (i.e. EITHER the one year Pathway to HE Certificate in Health (Level 3) OR standard A level requirements (3 passes at grade C, two of which are in a science subject) or equivalent). The programme is the same irrespective of the pathway (4 or 5 year) chosen (i.e. curriculum, content, sequencing, delivery, learning outcomes and assessments). Both pathways culminate in the same final clinic year. The difference between the two pathways is in the pattern of delivery. The 4 year pathway aims to attract mostly those coming from standard entry qualifications, and who wish to study in a more traditional manner, i.e. delivery during the week, more face-to-face contact and a September start. The 5 year (extended) pathway on the other hand aims to attract adult learners who prefer a more flexible route and that is delivered in Years 1-4 through an extended weekend and spring (April) school format across a longer academic year and with a January start. This pathway mostly attracts those students who remain in employment while studying or for personal reasons are only able to attend classes at the weekend. The 5 year pathway relies more on self-directed learning strategies with less face-to-face contact and is delivered at a slower pace. Hence, in the 5 year pathway, the content delivered in Years 2 and 3 of the 4 year route is extended over Years 2, 3 and 4, and the Research modules start in Year 2 instead of in Year 1. The final year of the 5 year pathway is the same as the final year of the 4-year route and students, irrespective of the pathway they are on, are in clinic and undertaking the research dissertation/case study/clinical audit. This final year is the same for all students and students from both pathways come together at this point.

The 5 year pathway is delivered on two campuses (Abingdon and Manchester). Students choose one or the other mainly based on geographic convenience. Students at the Abingdon campus are taught over one weekend (3 or 4 days) a month, and students at the Manchester over the following weekend. These pathways are entirely separate in their site of delivery with students from both pathways coming together at the spring school, which is held in Abingdon. The 4 year pathway is only delivered at the Abingdon campus.

#### *4.2.8b Analysis*

This is one programme with two patterns of delivery culminating in the same award and graduates with the same set of competencies and skills. The curriculum is well defined with appropriate integration between modules. The two patterns of delivery result in the flexibility to attract a range of students with different needs, and as a result enable many people the opportunity to enter the chiropractic profession who would not otherwise be able to do so.

#### *4.2.8c Conclusion*

MCC fully complies with Standard 2.8



#### 4.2.9 Programme management

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

##### 4.2.9a Description

The programme is managed through the College's Programme Development Committee. This Committee, chaired by the Principal, is responsible for the design, development and academic management of the programme. It has student representation and receives reports from the Student/Staff Liaison Committee as well as External Examiner Reports. The Committee reports to the University School of Health Board through the Annual Programme Monitoring Report (APMR). Any financial resource implications are recommended by the Committee to the College's Senior Management Team. Any major or minor changes to the programme are undertaken in line with the University's Academic Regulations, Policies and Procedures.

##### 4.2.9b Analysis

There is a Committee in place dealing with the development of the curriculum, and major and minor modifications. This Committee meets monthly and reviews the action plan from the APMR on a quarterly cycle.

##### 4.2.9c Conclusion

MCC 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*

There are close links with the RCC which delivers the postgraduate training programme (PRT/GEP) in the UK. Representatives from the RCC visit on a regular basis and talk about the PRT programme and life in the profession. A representative from the McTimoney Chiropractic Association also takes part in lectures on linking undergraduate education with professional practise.

The curriculum includes business and marketing education to assist in starting a practice as well as legal, regulatory and ethical requirements. Much of this occurs in the latter Philosophy modules.

The UK regulator's Code and Standards of Practice is widely referenced throughout. There are also facilitated interactions with professional insurance companies and financial advisers and occasional visits from the other professional associations.

The community is involved in committees, giving student clinicians feedback and the College appears responsive to changes in the practice environment brought about by GCC advice.

#### *4.2.10b Analysis*

The College works hard to prepare students for professional life beyond its walls. It is aware that many graduates start a practice on their own immediately, and therefore covers the basic requirements of business and marketing.

Students have a good appreciation of the roles of the professional bodies and institutions and the value of the RCC PRT scheme.

The option to train whilst fulfilling other commitments is attractive for many students enrolling on the 5-year programme and encourages people to consider a career in chiropractic who might not contemplate it otherwise. This is reflected in many graduates choosing to practise part-time.

#### *4.2.10c Conclusion*

MCC 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

There is a range of assessment methods including coursework, written examinations, reflective portfolios, presentations, practical assessments and clinic entrance and exit examinations. The assessment strategy for each module is given in the programme handbook as well as the assessment schedule for the year. Assessments are reviewed when necessary by the Programme Development Committee. Students have access to the University's appeals process.

#### 4.3.1b Analysis

There is a traditional range of assessment methods, and a range of student work was available to the evaluation Team. The assessment schedule is published on the VLE and students were satisfied with the support given in preparing their assignments. There are mark sheets with the assessment criteria for written assignments and practical examinations, which provide feedback to students. Assessments are moderated by external examiners who receive a profile of students' assessed work. Because of the relatively small cohorts of students, all student assignments are second marked, and the dissertation/case study/clinical audit is double marked.

#### 4.3.1c Conclusion

MCC fully complies with Standard 3.1



### 4.3.2 Relation between assessment and learning

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

#### 4.3.2a Description

Assessments for each module are matched to the learning outcomes for that module. In the first year, students are assessed by MCQs, written examinations, coursework, practical assessments, a reflective portfolio and a group presentation. In year 2, this pattern is repeated with a greater emphasis on written coursework, and in year 3 with more emphasis on practical assessments. There is also a clinic entrance examination in this year. In the final clinic year, the emphasis is on case presentations (formative) and case reports, dissertation/case report/clinical audit together with the clinic exit examination.

#### 4.3.2b Analysis

The reflective portfolio is assessed throughout the curriculum, which encourages self-direction and critical thinking. The greater proportion of written coursework in the second year provides the

opportunity for students to engage in critical thinking and the use of empirical evidence to support their arguments. However, there appears to be over reliance on the use of books rather than current research evidence, and this should be monitored by the College going forwards. While coursework is set and students do not choose their own topics, some choice in a topic title within a defined subject area could be an opportunity to further promote critical thinking and self-reflection.

#### 4.3.2c Conclusion

MCC 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

The College's admission policies have been developed in conjunction with BPP University. The College prospectus and website inform the applicant of the minimum entry criteria of 3 'grade C' A levels or equivalent including a biological science. Experience of chiropractic treatment is also expected. Candidates with prior degree qualifications and mature students are encouraged to apply. For those who lack the appropriate qualifications required for direct entry the option of the pathway to HE certificate programme (level 3) is available to prospective students. This is designed to enable students to attain the required standard to enter the MChiro programme. Students apply for the MChiro programme through the UCAS application system for higher education.

All prospective students are subject to an interview prior to being accepted.

In January 2019, 18 students entered the 5 year pathway in Abingdon and 17 in Manchester. In September 2019, 23 students entered the 4 year pathway in Abingdon. Approximately just under half of the students have A level qualifications/previous degree with the remainder coming through the one year pathway to HE programme where approximately 40% are aged over 25. The minimum entry-level requirement is 96 points; the average score is approximately 112 points. Approximately 80% of applicants have been referred by practising chiropractors with the majority of these referred by former students of the College.

#### 4.4.1b Analysis

The College is able to recruit students from a range of backgrounds and age ranges resulting in committed and enthusiastic students. There are clear policies and procedures in place enabling flexible entry qualification to enter the programme.



#### 4.4.1c Conclusion

MCC 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 intake in 2019 of 58 students is appropriate to the capacity of the physical and personnel resources of the College.

#### 4.4.2b Analysis

An increase in student intake may put stress on some areas including the clinic facilities, however, in other areas at both the Abingdon and Manchester sites there is ample capacity for expansion in student numbers.

#### 4.4.2c Conclusion

MCC 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

A wide range of support mechanisms for students is evident throughout the College including academic guidance and pastoral care. A personal tutor is allocated to every student. These tutors are responsible for monitoring student attendance and performance. A formative committee meets on a quarterly basis in order to review and identify struggling students, who will be contacted directly by their tutor if necessary. A mentor programme is also in place to help guide students through the programme. A close student-tutor relationship is apparent through the different year group cohorts. Several examples were given where the College has designed individualised study

spaces catering for students requiring special needs. Much of the support for students is conducted on an ongoing and formative basis reflecting the relatively small size of student cohorts.

#### *4.4.3b Analysis*

During the visit the focus on support for students through resources and counselling, as well as the College's adaptability to individual student needs, was evident.

A very close personal support structure for students was evident including a comprehensive and informative induction programme for new students. Students bridging the gap between the Pathway to HE and the MChiro programme receive additional guidance and support.

Although the Manchester campus is integrated into a larger multi-disciplinary University complex the same student support network is in place.

#### *4.4.3c Conclusion*

MCC fully complies with Standard 4.1



#### **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 have a voice at multiple levels within the College and University committee structures. There is student representation on the Staff Student Liaison Committee (SSLC), the Programme Development Committee and the BPP School of Health Board. Each year of each pathway has a named student representative, and these are all members of the SSLC.

#### *4.4.4b Analysis*

There is a good working relationship between the College and its students. There seems to be a good level of student representation throughout the College. This applies to both the Abingdon and Manchester sites where students can voice their opinions on academic and non-academic matters that arise. Students can give feedback on individual classes, modules, semesters and the year as a whole.

Although there is student representation on academic committees, apart from the SSLC, students do not seem over-enthusiastic to attend meetings. The College should encourage students to attend these so as to ensure the student voice is directly heard at higher levels in the academic committee structure.

There appears to be a clear desire to address and take early action on any perceived issues/concerns raised by students. Interaction between students, staff and management of the College is encouraged in order to highlight matters as early as possible and for appropriate action to be taken. Examples of this include dealing with less than satisfactory teaching, shortening the time it takes for students to receive their assessment feedback and the extension of the library's opening hours in Abingdon.

#### 4.4.4c Conclusion

MCC substantially 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 teaching and clinical staff is made up of full-time and part-time staff. Since joining the University, the recruitment policy has begun to be opened up so that less reliance is placed on staffing the College with those who have been trained in the McTimoney methods. However, the majority of teaching (clinical) staff are McTimoney College graduates.

Much reliance is placed on the small, dedicated team of full-time staff. To support the full-time faculty, the College uses a number of highly experienced and committed part-time faculty who teach both during the week and also at weekends. There are occasionally peaks in the academic year where faculty are particularly busy, such as at the start or end of term and spring schools.

All new staff are subject to a probation period including an induction course. In addition, new members of faculty are subject to peer observation in their first year of employment. All teaching staff are appraised annually.

#### 4.5.1b Analysis

The profile of full and part time staff, chiropractors and non-chiropractors, fits the current structure of the programme and size of the student body. The number of teaching staff is sufficient and there is an appropriate student staff ratio. Clinical staff have a supervised training year and new staff are offered training in assessment techniques appropriate for the level of learning.

It is apparent that only a small proportion of teaching staff are not MCC graduates, and this should be addressed to diversify and strengthen the educational expertise across faculty as well as the depth of training in Diversified techniques.

#### 4.5.1c Conclusion

MCC 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 College employs a relatively small number of full-time teaching staff and a larger number of part-time teaching staff. The inclusion of the College into BPP University has brought with it the University's system for staff promotion and the opportunity to be promoted into senior positions. As a consequence, two of the full-time staff members went through the process and were awarded professorships.

A strategy of faculty development is in place including in-house on-going education and support for attendance at external meetings and CPD seminars. Members of staff are encouraged to enrol on Masters and PhD programmes and there is funding available both from the University and from the College and McTimoney Trust.

In recognition of various positive activities/achievements of the part-time staff, the College supports their participation at conferences and external academic activities.

#### 4.5.2b Analysis

The fact that the College is firmly embedded within BPP University assures that the appraisal and development of staff activities are transparent and achievable. In the last few years, there are positive signs that the College is upgrading the educational qualifications of their staff. All new teaching staff are required by the University to complete a PgCert in Education. It is apparent that recently awarded qualifications have facilitated the educational expertise of the faculty (see 6.4). All teaching staff are subject to annual appraisal.

#### 4.5.2c Conclusion

MCC fully 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 Abingdon campus is located in a former office building, which has been refurbished. The space is large and bright and forms the basis of a pleasant teaching and learning environment for staff and students. It has a large lecture theatre with modern audio-visual provision, several seminar/practical/meeting rooms with smart boards and audio-visual equipment, two student common rooms and changing rooms, staff room and offices, library with computers and a photocopier, and administrative offices. The student clinic has an ample reception and records area, and eight treatment rooms linked by video and audio to the clinic supervisor's office. This feed can also be linked to the lecture theatre. There is an additional intern common room with computers which can also be used for digital imaging review. There is a small lab for teaching anatomy and biology as well as a small patient rehabilitation room.

The Manchester campus is located in the city centre within a large office block with ample facilities for teaching and learning. These include a 100-seater lecture theatre used for assemblies of all Manchester-based MCC students, other small lecture rooms with a flexible set up, library and student common room, cafe and staff rooms. The three treatment room clinic is located on the same floor as the teaching resources, with lift access along with reception and supervisor areas. The library in Manchester is large as befitting the size of the total BPP University student cohort. There

are a substantial number of computers and desks for student use and there is always space, especially as the MCC students mostly attend on weekends when other University students do not. There is a good range of appropriate books in the library for MCC students and this has been growing in recent years with similar access to online books and reference material as those accessed by students on the Abingdon campus. The VLE is shared by all MCC students. The lectures are not recorded in Manchester in the same way as they are in Abingdon, but students have access to the lectures recorded at Abingdon via the VLE. It is notable that despite MCC existing within a large University building, most of the lecture rooms used by MCC students are set aside in one area. This contributes to a sense of community amongst the MCC students at the Manchester site. In Manchester, there are some challenges with organising benches and teaching facilities in the right rooms for one long weekend a month when the rooms are used for other purposes at other times. There seems to be a good relationship with the BPP University facilities staff which means that this is handled well.

#### *4.6.1b Analysis*

The facilities at both campuses are sufficient for the numbers currently enrolled. Further expansion is possible within current facilities. Small class sizes and large dual-purpose lecture/technique rooms allow for flexible delivery incorporating practical sessions within lectures.

The widespread use of video at Abingdon allows live feeds between the clinic and lecture theatres and is a valuable enhancement to education providing clinical relevance to the academic curriculum. Manchester students also benefit from access to this recorded material.

The libraries have a relatively small number of books but this does not seem to present a problem as many have online versions too. Access to BPP University facilities also enhances this resource. Although the head librarian post is currently unfilled at Abingdon, assistant librarians and excellent IT support staff mean there are no significant issues.

#### *4.6.1c Conclusion*

MCC 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*

Clinical training takes place throughout the programmes, mainly in the Clinical Studies modules.

External observations are mandatory throughout the curriculum with a wide range of healthcare practitioners, including GPs, hospitals and imaging facilities. In the final clinic year, external rotations are currently organised in an imaging centre, local hospitals and dental facilities.

The average number of new patients seen by graduates from the last 2 years at Abingdon and Manchester is 40.2 with an average of 392.9 patient visits. Students report no difficulty meeting the target and rarely have to rely on friends and family as patients.

After the target of 40 new patients has been reached the clinic reception channels new patients to interns who have not met the target. This also releases the intern from the sometimes substantial workload of preparing the case presentation reports.

There are adequate numbers of treatment rooms, supervisor rooms and student work areas in and around the clinics. There is an expected range of ages, genders, and conditions treated, including paediatric cases, which reflect a typical chiropractic practice. Patient ethnicity reflects the local communities.

The Abingdon clinic is trialling electronic patient records and has implemented an electronic diary system. These will be rolled out to Manchester in 2020.

#### *4.6.2b Analysis*

Student interns see sufficient numbers of patients. There is an adequate case mix of age groups, conditions treated, most of which are musculoskeletal disorders, and acute versus chronic conditions which reflects a typical practice in the field.

There are adequate physical facilities and treatment rooms (see 4.6.1). There is adequate equipment. The use of video and audio monitoring is a useful addition to the supervision of interns in Abingdon.

#### *4.6.2c Conclusion*

MCC fully 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 College at both Abingdon and Manchester has been equipped with good standards in IT. Wi-Fi is accessible throughout the premises at both locations. Projectors for PowerPoint are present in all teaching rooms, and in Abingdon, also video cameras and microphones. This allows lectures to be recorded and subsequently uploaded to the VLE, where students can re-visit the lecture content at any point. Although the Manchester campus does not have the same recording devices installed in its lecture halls, students can access the lectures recorded in Abingdon. Students are provided with learning support materials through the College's VLE (Moodle) also linking to other resources including PowerPoint lectures, recommended reading and relevant educational videos to help advance learning. Sufficient amount of computers and study spaces is available on both campuses including computers specifically designated for students with dyslexia.

Students are instructed on how to search for, and access the latest journals through the databases that the University subscribes to including the 'Open Athens' database search engine. The College's Director of Research and other members of staff can help students get access to full text journals that cannot be accessed this way.

IT support for staff and students is readily available through the Facilities Management Team at both sites.

#### 4.6.3b Analysis

The College is well equipped and up to date with the latest technology needed in order to be a modern educational institution in the digital age. Although lectures are routinely recorded and uploaded to the VLE, this is in an un-edited format and as such, the quality suffers. A shift from a paper based patient file system to a digital system is currently being trialled by some of the clinic interns in the clinic at Abingdon to help prepare for modern day clinical practice. The intention is to roll this out in the future to the clinic on both sites. E-learning is part of the College's future strategy and there is already some equipment in place to facilitate this development.

#### 4.6.3c Conclusion

MCC 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

The College has benefitted from validation processes by formerly the University of Wales, and currently BPP University, which have led to changes and improvements in the programme. Similarly, there has been significant benefit from accreditation processes carried out by the GCC and ECCE. External examiners provide an annual report on the standards achieved by students, which is formally reported to the University through the Programme Development Committee. All new staff are required to take the University's PgCert in education, and the College supports staff if they wish to study for a postgraduate qualification in education. Currently, one member of staff has a PhD in Higher Education, one a MA in Online and Distance Education, one a postgraduate Teacher Training Certificate, and six members of staff have completed a PgCert in Education (four other members of staff are currently enrolled). One member of staff is working towards a Senior Fellow of the HEA, and one other towards the FHEA qualification. The Principal of the College is a QAA reviewer. Another member of the College's teaching staff is experienced in the use of the VLE and e-learning.

##### 4.6.4b Analysis

There is evidence of substantive educational expertise in the teaching staff at MCC. This is supported by an administrative staff managed by the Director of Student Services with experience of administration in education. It is apparent that only a small proportion of teaching staff are not MCC graduates, and this should be addressed to diversify and strengthen the educational expertise across faculty.

##### 4.6.4c Conclusion

MCC fully 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 to ensure best employment of its resources.**

#### *4.6.5a Description*

There is an impressive group of professional support and technical staff who are all well qualified in their field of responsibility including facilities and IT management, administration and finance. The College benefits from its position within a well-resourced university able to support a range of facilities on site and across its campuses. The number of support staff is sufficient and the campuses at both sites appear to be well managed and to run effectively and efficiently. All professional support staff are subject to annual appraisal.

#### *4.6.5b Analysis*

The administrative, support and technical staff members are well qualified and provide excellent support to students and to the running of the programme.

#### *4.6.5c Conclusion*

MCC fully complies with Standard 6.5



### **4.7 RELATIONSHIP BETWEEN TEACHING AND RESEARCH.**

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

#### *4.7a Description*

Research is taught as a module throughout the programme mostly focused on preparing students for the dissertation. There is a Research Policy, and all student and staff research projects are required to undergo ethical review by the BPP University Research Ethics Committee, chaired by the Research Director at MCC. Most projects are judged to be minimal risk and as such, turnaround times are fast and do not impede student progress. Students and staff described a well-resourced library facility at both Abingdon and Manchester with access to online journals, and students are required to reference their work with research evidence when appropriate. There is also a system of 'research alerts' sent out monthly to staff and students by the Research Director highlighting new and relevant research. Staff with research interests are supported to undertake further postgraduate study if they wish. Since the last review, two members of staff have enrolled on PhD programmes.

#### 4.7b Analysis

It is clear that if a member of staff is strongly motivated to undertake research then they are supported to do so by the College. Nevertheless, only a small proportion of teaching staff are research active, and this is reflected in the publications and poster presentations in which the same two members of staff are included as authors on all externally facing research output. Similarly, only a small proportion of staff act as supervisors on student dissertations. This should be addressed and research supervision spread amongst a higher proportion of staff as possible. This will also facilitate the use of research evidence in teaching. MCC remains, as is the case in many other chiropractic institutions, a predominately teaching institution. Because staff are employed first and foremost as clinicians, it is understandably difficult for MCC to grow a research culture. Nevertheless, it is apparent that the College does acknowledge the place of research in informing teaching and clinical practice. Given that the Principal and Director of Research are both supportive of research, this ethos should continue to be encouraged and be expanded as much as possible.

#### 4.7c Conclusion

MCC substantially complies with Standard 7



### 4.8 PROGRAMME EVALUATION

#### 4.8.1 Mechanisms for programme evaluation

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

##### 4.8.1a Description

The programme is monitored by the College and the University annually through an Annual Programme Monitoring and Self-Assessment Form (APMR). These comprehensive reports, compiled by the Programme Co-ordinator, include both pathways and both sites of delivery of the MChiro, and provide a critical analysis of the previous academic year based on external examiner reports, external PSRB (Professional Statutory Regulatory Body) reports, student feedback and module leader inputs. They also include an action plan, which is re-visited in the following year's APMR as well as student performance and outcomes data. The APMR is submitted to the School of Health Board, and finally through the University Education and Training Committee and Academic Council. The action plan is reviewed quarterly by the Programme Development Committee. Programme evaluation also takes place through annual reporting to the PSRBs, and periodically through the normal University validation and PSRB accreditation processes. Student cohort progress is monitored at Examination Boards, and any issues are included in the APMR.

#### 4.8.1b Analysis

There are well-defined University processes and procedures for programme evaluation that MCC complies with. It appears that there are no written module leader reports to inform the APMR, and this should be addressed so that module leaders are formally required to reflect on module delivery for the year, and identify any improvements for the following year. The inclusion of all pathways in one APMR allows for comparative evaluation of cohort progress and outcomes.

#### 4.8.1c Conclusion

MCC 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

As a relatively small College, feedback from faculty and students is understandably an informal iterative and continuous process. Faculty provide feedback on the programme through staff meetings and in the Programme Development Committee.

Student feedback is collected through end of module and end of year questionnaires, designed for all programmes at University level. Given the complexity and in some places the repetitive nature of these questionnaires, the response rates are very low. Student feedback is also sought in Staff/Student Liaison Committees, student representation on the Programme Development Committee, and focus groups organised by the College on specific topics. Students on the 4 year and 5 year pathways complete the NSS survey, and statistics were presented for the last two years. These showed that overall satisfaction rates fell in 2018 compared to 2017. However, there may be issues in how results for the MChiro are disaggregated from those for all University programmes, and for this reason caution applied in their interpretation.

#### 4.8.2b Analysis

As an institution with relatively small cohorts of students, student feedback is for the most part a continuous informal process. Similarly, with staff feedback. Nevertheless, student feedback does need to be quantified in some way so as to inform the process of annual review (APMR) and for QA purposes. The College should therefore address this both in the format of questionnaires (subject to

University regulations) and in the method by which they are administered to students. Subject to University procedures more formal review of NSS results should be addressed, possibly in the APMR.

#### 4.8.2c *Conclusion*

MCC substantially 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*

Student cohort performance is monitored at Examination Boards, and also reported in the APMR. Any trends or poor performance are discussed at the Examination Board, and a student cohort performing out of the norm may result in an examination being re-evaluated.

Cohort performances of the 4 year and 5 year pathways delivered at Abingdon and Manchester are presented at the same Examination Board providing the opportunity for comparison. This is also considered in the APMR where all pathways are included.

##### 4.8.3b *Analysis*

It is apparent that all cohorts are performing consistently and there are no discrepancies in cohort performance between pathways

##### 4.8.3c *Conclusion*

MCC 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

Faculty are involved at all stages of programme evaluation through the various committees and structures of the institution. Students are involved through the Student Staff Liaison Committee, Programme Development Committee and School of Health Board as well as focus groups. Patients are involved in teaching and student assessments, ethical reviews of research, and in curriculum development, particularly clinical training. There is a Patient Engagement Group which meets three times a year and provides useful feedback to the institution as well as patient representation on the Fitness to Practise panel.

Senior staff attend BPP University School of Health Board and other education meetings. BPP University reviews the programme through detailed APMRs including reports from the external examiners. BPP University re-validates the programme every five years and minor changes to the programme are delegated to MCC in between.

There are advisory board meetings between the College, the University and the McTimoney Trust.

#### 4.8.4b Analysis

Programme evaluation involves all stakeholders and is well communicated to other stakeholders.

#### 4.8.4c Conclusion

MCC fully 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

Since 2011 MCC has been owned, managed and operated by BPP University. The McTimoney Trust is a charitable organisation that directly supports students with bursaries where appropriate. There is an annual Advisory Board for information sharing between the Trust and BPP University.

There is a clear formal link between MCC and the University through the academic committee structure. At the local level, MCC reports through the Programme Management Committee to the

University School of Health Board, and from here to the University Education and Training Committee, which in turn report to the University Academic Council.

The MChiro programme is developed, delivered and managed autonomously by MCC under the leadership of the Principal. The College reports formally to the University through the Programme Development Committee and subsequent committees. The programme, which is validated by BPP University, is subject to the University's academic policies and regulations including its quality assurance procedures, examination procedures and student appeals processes.

#### *4.9.1b Analysis*

There is a very good relationship between BPP University and the College. The Vice-Chancellor of the University is very supportive of the Principal and the College, and considers MCC an important part of the University's portfolio of taught provision. The relationship has worked well since its inception, and there is no evidence that this will not continue in the foreseeable future. A five-year notice period is in place for termination of the arrangement between MCC and BPP University.

#### *4.9.1c Conclusion*

MCC 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 Principal of MCC leads the team of teaching and professional and technical support staff responsible for the management, development and delivery of the MChiro programme. The Principal reports directly to the Vice-Chancellor of the University. The Principal has recently stepped down as Dean of the University School of Health, which is currently in a period of contracture, so as to concentrate on her role as Principal of the College. The Principal is appraised annually by the Vice-Chancellor of the University.

The Principal is supported by her senior management team including the Vice-Principal, the Programme Director (Manchester), Director of Research, Director of Student Services and Controller of Finances.

#### 4.9.2b Analysis

The Principal is a highly experienced educationalist leading a solid team in the provision of the MChiro programme. She is ideally placed at the interface of MCC and the University to discharge her responsibilities in steering the strategic direction of the College. This relationship between the Principal and the University ensures a cohesive bond which must undoubtedly benefit the sustainability and success of MCC as a provider of chiropractic education and training. There are clear reporting lines for all academic staff through the Principal and Vice-Principal, and the professional and technical support staff through the Principal. The Principal continues to teach on the programme ensuring that she is current with the programme and knows the students. She also remains a practising clinician.

#### 4.9.2c Conclusion

MCC fully complies with Standard 9.2



#### 4.9.3 Educational budget and resource allocation

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

#### 4.9.3a Description

MCC functions as an autonomous unit within BPP University School of Health. The annual budget setting process is well defined and is ultimately approved at University level by the Board of Directors. Following discussions among members of the senior management team, MCC submits its annual draft budget according to the University's processes and procedures, and once approved by the University, operational management of the budget is delegated to the Principal.

Financial performance of the College is monitored through monthly management accounts by the Principal and the Financial Controller. Allocation and any necessary adjustment of the budget is the responsibility of the Principal.

The University's accounts are audited and published.

#### 4.9.3b Analysis

Appropriate budget and resource allocation procedures in place. The high standard of facilities and resources reflects the sound financial position of the College.



#### 4.9.3c Conclusion

MCC 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

Close links have developed with the Royal College of Chiropractors (RCC) through staff involvement in RCC Committees and Faculties. All students are enrolled as student members of the RCC. Local CPD events are organised at the College and the RCC currently part-funds the PhD students on staff.

Senior staff attend and/or present at a range of chiropractic conferences including those of the McTimoney Chiropractic Association, the British Chiropractic Association, the World Federation of Chiropractors, the European Chiropractors Union and the Association of Chiropractic Colleges.

The Principal attends the meetings of the European Council on Chiropractic Education and General Chiropractic Council Education Committee each year, which facilitates sharing of good practice between UK and European educational institutions.

Some members of teaching staff are members of the General Chiropractic Council, Education, Investigation, Professional Conduct and Test of Competence Committees. The Principal is a QAA Advisor.

Other memberships include the International Chiropractic Regulatory Society, the International Chiropractors Association and the McTimoney Chiropractic Association, which also assists financially including student bursaries.

The professional associations are constructively engaged, in particular the McTimoney Chiropractic Association; the British Chiropractic Association has also been involved in interactions with students.

##### 4.9.4b Analysis

The institution engages constructively with a broad range of chiropractic and other organisations including education, regulation and professional membership bodies. MCC has fostered strong links with the RCC. The strength of links with the chiropractic professional associations are varied and reflect historical alliances.

#### 4.9.4c Conclusion

MCC 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) The outcomes of these procedures should be made public (i.e. institutional websites) and should lead to continuous improvement of the programme. Institutions should publish information about their activities, including programmes, which is clear, accurate, objective, up-to-date and readily accessible.**

#### 4.10a Description

The College has a long history of continuous renewal of its chiropractic education and training programme including moving from a BSc degree to a MChiro degree in 2008, moving validation to BPP University in 2011, and accreditation by the GCC in 1999 and by ECCE in 2016. In addition to external review as a result of these changes, the MChiro programme is subject to annual review through the University's monitoring and reporting process as well as that by the GCC and ECCE. In addition to the MChiro, MCC also delivers postgraduate degrees in paediatric and animal chiropractic and a portfolio of CPD events. The College's website gives full information on all its degree programmes.

#### 4.10b Analysis

MCC is a successful institution operating in the wider context of a UK university. It is in a secure financial position and is suitably placed to continue its development and improvement in the future. The Principal has identified three areas of strategic development; i) development of electronic delivery of the programme making it more flexible to access by a range of students, ii) further enhancement of facilities and resources aligned to potential expansion in student numbers at Abingdon and Manchester, and iii) shift towards increasing the proportion of salaried (full-time) staff. It would be helpful to articulate its strategic direction for the future in the form of a published strategic plan to inform, and provide greater ownership to staff and students, and also one that can be monitored and reviewed on a regular basis.

#### 4.10c Conclusion

MCC fully complies with Standard 10



## 5. CONCLUSIONS

### 5.1 Summary

In conclusion, the evaluation Team acknowledges the enthusiasm, commitment and work of the Principal, senior staff, staff and students of MCC. The Team was able to evaluate the programme based on the written submissions by MCC, including the SRR, and the evidence accumulated during the visit to the campuses in Abingdon and Manchester. From these, this Report has been compiled by the Team and the following conclusions drawn:

### 5.2 COMMENDATIONS, RECOMMENDATIONS AND CONCERNS

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

- **Commendations** – Areas that meet or exceed the *Standards* and are worthy of specific recognition.
- **Recommendations** – 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*.

### 5.3 COMMENDATIONS:

- The close working relationship between MCC and BPP University that has facilitated the success and sustainability of the MChiro programme.
- The flexibility of the MChiro programme, both in patterns and in sites of delivery, which provides students with diverse needs the opportunity to become chiropractors.
- The effective and efficient management of the delivery of two different pathways of the programme at two different sites.
- The use of technology in teaching and learning practices.
- The clinic observation programme that ensures clinical relevance throughout the curriculum.

#### 5.4 RECOMMENDATIONS:

- Develop and publish a strategic plan to set out the future objectives of the College.
- Recruit clinical teaching staff from a wider chiropractic community
- Introduce a wider range of cervical adjusting techniques into the curriculum, and their use by clinic interns when appropriate.
- Review the Research module so that there is greater balance between the dissertation and clinical audit/case report routes.

#### 5.5 CONCERNS:

None

#### 5.6 Acknowledgements

The Team wishes to extend its thanks to the staff and students at MCC for the professionalism, hospitality and courtesy afforded to it during the on-site visit in Abingdon and Manchester.

## APPENDIX 1 – SITE VISIT AGENDA

<b>MONDAY 30<sup>th</sup> SEPTEMBER</b>				
<b>17.00</b>	Arrive and preliminary team meeting in hotel		All	

<b>TUESDAY 1<sup>st</sup> OCTOBER</b>	Meeting with	Personnel	Team members	Standards
09.00	Arrival		All	
09.00-09.30	Private meeting of the Team		All	
9.30-9.45	Preliminary meeting with MCC	Principal	All	
9.45-11.00	Tour of Abingdon facilities to include clinic, teaching facilities and library	At discretion of MCC	All	
11.00-11.30	BREAK			
11.30-13.00	Meeting with students	2-3 students from each year from each programme (Abingdon 4 year and 5 year MChiro programmes)  (excluding clinic final year students)	All	2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 3.1, 3.2, 4.3, 4.4, 6.1, 6.3, 6.5, 8.2, 8.4
13.00-14.00	Lunch with students	Up to 12 students from all years of the Abingdon programmes	All	
14.00-15.30	Meeting with Teaching Faculty	Teaching faculty to cover all areas of teaching at Abingdon and Manchester, a member of staff who is research active and teaches research, research supervisor(s), module leader(s).	All	2, 3, 5.2, 6.1, 6.3, 6.4, 6.5, 7, 8
15.30-16.00	BREAK			
16.00-17.00	Meeting with clinic year students	Total of 8 students to include 4 year and 5 year Abingdon programmes	All	2.2, 2.4, 2.5, 2.6, 2.7, 2.10, 4.3, 4.4, 8.2, 6.1, 6.2, 6.3, 8.4
17.00-17.15	Demo of student VLE	At discretion of MCC	All	
17.15-18.00	Private meeting		All	

<b>WEDNESDAY Y 2nd OCTOBER</b>	Meeting with	Personnel	Team members	Standards
09.00-09.15	Private meeting of the Team			
09.15-11.00	Clinic review and formal meeting with Clinic teaching faculty at Abingdon	Clinic Director and clinic supervisors	MB/TS	2.4, 2.6, 2.7, 2.10, 6.2
9.15-9.45	Admissions and student recruitment (for Abingdon and Manchester)	Admissions Officer and personnel including website responsibility	JC/JB	4.1, 4.2
9.45-10.15	Learning Resources including IT support	Librarians and at discretion of MCC	JC/JB	6.1, 6.3
10.15-10.45	Research	Research tutor(s) and supervisor(s). Research-active staff	JC/JB	2.2, 7
10.45-12.00	Private meeting of the Team			
12.00-13.00	Lunch with Principal and teaching staff	At discretion of MCC	All	
13.00-14.30	Programme Management and Quality Assurance (Programme Evaluation) (for Abingdon and Manchester)	At discretion of MCC	All	2.9, 2.8, 3.1, 3.2, 6.4, 6.5, 8.1, 8.2, 8.3, 8.4, 10
14.30-15.00	Private meeting of team			
15.00-15.30	Governance and Finance	Principal, Finance Director and representative of University	All	9.1, 9.2, 9.3, 9.5
15.30-16.00	Subsequent stages and professional sector	Principal and at discretion of MCC	All	2.10, 9.4
16.00-18.00	Private meeting of Team			

<b>THURSDAY 3rd OCTOBER</b>	Meeting with	Personnel	Team member s	Standards
09.00	Arrive			
9.00-15.00	Private meeting of Team		All	
12.30-13.00	Private Working Lunch in Base Room		All	
15.00	Depart for Manchester campus		All	

<b>FRIDAY 4th OCTOBER</b>	Meeting with	Personnel	Team member s	Standards
09.00	Arrive and Private meeting of Team			
9.15-10.00	Tour of Manchester campus facilities to include clinic, teaching facilities and library	At discretion of MCC	All	
10.00-10.45	Clinic review and formal meeting with Clinic teaching faculty at Manchester	Clinic Director and clinic supervisors	MB/TS	2.4, 2.6, 2.7, 2.10, 6.2
10.00-10.30	Meet with support staff at Manchester	Librarian and IT. Student support. Other staff at Manchester interacting with students.	JC/JB	4.3, 6.3, 6.1
10.45-11.30	Meet with students	Up to 4 students from each year of Manchester programme to include clinic year students	All	2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 3.1, 3.2, 4.3, 4.4, 6.1, 6.3, 6.5, 8.2, 8.4
12.00-12.45	Private working lunch in Base Room			
11.30-15.00	Private meeting of the Team			
15.00	Feedback to MCC	Principal and Senior Managers	All	
15.15	DEPART			

