Thematic Analysis of QAAC Accreditation Reports 2015-2021

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Abstract

We review the public accreditation reports of 11 Chiropractic institutions which were evaluated by the European Council on Chiropractic Education and reveal themes which are reflected in the outcomes of the reports. These themes arise from the analysis of key areas of commendations, recommendations, and causes for concern. The identification of these themes is advantageous to institutions as they provide not only a guide for good practice but also an alert against those issues which are the most common problems and allow institutions to be proactive in addressing them. We conclude with two checklists to enable institutions to quickly determine whether they have avoided the common errors and what they might consider doing to take them beyond merely acceptable standards.

Undertaking Thematic Analysis

This report consists of a thematic analysis of secondary quantitative data related to the recommendations and commendations of reviews conducted by the QAAC for Chiropractic Teaching Institutions during the period 2015-2021.The data were collected from reports of the ECCE which were written in response to applications for accreditation from Chiropractic Teaching Institutions in Europe and South Africa. Each report produces a list of Commendations, Recommendations and Concerns identified by the review and these collectively form the basis of the overall accreditation judgement. The data in these reports were examined to discover underlying themes and trends present in the secondary data.

The generation of this thematic data involved five steps:

1. Choosing Data Sources
2. Familiarization
3. Coding
4. Determination of Dominant Themes
5. Data Analysis and Findings

We then conclude with identified actions for institutions and identified good practice for institutions. These are summarised in the form of simple checklists This paper will follow these steps and explore the results

Step 1: Choosing Data Sources

The secondary data sources were chosen on the basis that they comprise the complete set of accreditation reports issued by the Quality Assurance and Accreditation Committee of the ECCE between the years 2016 and 2021. These reports are public documents available on the ECCE website at https://www.cce-europe.com/index.php/institutional-accreditation-reports.html and comprise the findings of the accreditation teams assembled for the specific institution resulting in Commendations, Recommendations and Concerns. The full list of the reports used in this thematic analysis is in Table 1.

Table 1 Full List of Accreditation Reports used in this Thematic Analysis

	Date	Institution	Commendations	Recommendations	Concerns
1	2016	AECC University College	7	6	0
2	2017	Durban University of Technology	6	8	0
3	2018	RCU Escorial Maria-Cristina	7	7	0
4	2018	University of Johannesburg - Dept. of Chiropractic	9	8	0
5	2019	Institut Franco-Européen de Chiropraxie - Paris/Toulouse	7	6	0
6	2019	McTimoney College of Chiropractic	5	4	0
7	2020	University of Zurich	8	6	0
8	2020	University of South Wales - Welsh Institute of Chiropractic	7	7	0
9	2021	Barcelona College of Chiropractic	6	7	0
10	2021	Syddansk Universitet Odense	7	6	0
11	2021	AECC University College	8	8	0

The data collected when analysed by ECCE standards (see Appendix Table 6) can be used to understand the present position of teaching and learning standards in chiropractic institutions as well as their engagement with research activity, community, professional and regulatory bodies and patients. The analysis follows the deductive method where pre-determined themes were used to frame the data. These themes were generated from the analysed data and developed within the framework of the ECCE standards. Analysis was conducted by aligning the Commendations, Recommendations, and Concerns with the standards and determining common areas of good practice and concerns. See Appendix Table 6. The analysis considers both semantic data (explicit quantitative data) and latent data (underlying assumptions present within the data) both of which are subject to discussion and analysis.

Step 2: Familiarization

When overviewing the data, it is important to identify its context before analysing individual components. This is done by collecting the data and examining it to identify high level categories which will provide overall significance and context for the results. The data shown in Table 1 provides our initial familiarization with the dataset. There were 11 reports analysed containing a total of 77 Commendations, 73 Recommendations and 0 Concerns. The average number of commendations was 7.0 and average number of recommendations was 7. The fact that there were no concerns raises the question of whether this category is underused and this might have implications for ECCE accreditation panels.

In addition to the reporting data there is also data arising from the 10 ECCE standards. These are divided into subcategorizations and are set out in Appendix Table 6. Together these comprise 36 points of assessment for the accreditation team upon which they report and form a judgement.

Step 3: Coding

The ECCE standards form a natural starting point for the development of a coding system. Each of the commendations and recommendations arise out of the consideration of these standards and a determination about whether they have been met. However, the standards are only a starting point for the coding process as the areas are quite broad. Many different recommendations might fall within the same broad standard. It is therefore necessary to split the standards into sub-sections to provide the fine-grain detail needed when determining how a commendation or recommendation should be coded. The process adopted here is not to impose arbitrary sub-sections on the standards but to create those subsections which arise naturally from the data itself. Thus, when two or more different recommendations are linked to a standard, that standard will be split into subsections to register the differences. In this way we arrive at a more detailed coding system which comprises the standards plus a subdivision of the standards as suggested by the data. To facilitate this we will simply add a sub-section to each ECCE standard. Thus the standards are conveniently numbered (e.g. 1.1) we add subsections to each code as needed (e.g. 1.1.1). Using this extended dotted notation, the original standards are top level categories to which are added subcategories to manage the complexity of the issues raised by the data. The full coding list is found in the Appendix Table 6. This shows the original standard codes in the left column and the newly added sub-codes in the right column.

Once the recommendations and commendations have been allocated codes this is the starting point for identifying the dominant themes. This has been done by making a judgement which assigns each Commendation, Recommendation and Concern a code/sub-code. This allocation is then verified by a second researcher.

Step 4: Determination of dominant themes

Following the coding data, the next process is the identification of underlying patterns within the codes and combining the frequently occurring codes to form themes. The themes aggregate a number of codes and represent a higher level of analysis. Individual themes may contain multiple codes which are integrated into identified themes[1]. Some infrequently used codes may be eliminated from the analysis process. Some codes may require further subdivision due to their significance to the study and their frequent usage patterns in the collected data. The need to review the themes follows from comparing themes with the collected data.

Themes must be generated from the data rather than imposed on the data. Data must come first and themes are contingent. Following an alignment check, improvements required in the themes are made. This may involve splitting, integrating or removing themes, and/or creating new themes in order to align them more closely with the data, ensuring they are accurate. This is the final step in the thematic process. Breaking down the data further we can see that themes naturally arise. There are two separate categories of themes, split into themes for classifying Commendations and themes for classifying Recommendations.

[1] This means that the number of recommendations/commendations in Table 1 will not be the same as in Table 3 because some recommendations/commendations are allocated to more than one code.

Table 2 Frequency Table of Codes (Top Level)

	Commendations	Recommendation	Concerns	TOTALS
1. AIMS AND OBJECTIVES	3	0	0	3
2. EDUCATIONAL PROGRAMME	9	18	0	27
3. ASSESSMENT OF STUDENTS	1	11	0	12
4. STUDENTS	15	6	0	21
5. ACADEMIC and CLINICAL FACULTY (STAFFING)	4	11	0	15
6. EDUCATIONAL RESOURCES	14	13	0	27
7. RELATIONSHIP BETWEEN TEACHING AND RESEARCH	12	2	0	14
8. PROGRAMME EVALUATION	2	5	0	7
9. GOVERNANCE AND ADMINISTRATION	12	13	0	25
10. CONTINUOUS RENEWAL AND IMPROVEMENT	5	0	0	5
TOTALS	77	79	0	156

Step 5: Data Analysis and Findings

This step considers how many commendations, recommendations and concerns have been recorded and to arrange them by frequency and derive the thematic patterns which they contain. We considered first the themes arising from the recommendations and will then looked at themes arising from the commendations.

Recommendations

Recommendations are areas where the panel found that improvement was needed. One theme was identified with 7 recommendations, three with 6 and two with 5. In addition, there were three with 4, one with 3, three with 2 and fifteen areas with only 1 recommendation. There were 45 areas which attracted no recommendations. See Table 3.

Table 3 Recommendations frequency by theme

3.1 Assessment Methods	10
5.2 Faculty Promotion and Development	7
2.7 Clinical Training	6
9.3 Administrative systems and communication	6
9.4 Interaction with Professional Sector	6
6.2 Clinical Training Resources	5
2.8 Curriculum Structure, Composition and Duration	5
6.3 Information Technology	4
5.1 Faculty (staff) Recruitment	4
8.4.1 Patients are full stakeholders	4
2.10 Linkage with Subsequent Stages	3
4.4.2 Student expectation	2
6.1.1 Estate Improvement	2
4.1 Admission Policies and Selection	2
7.2 Quality of Research and Research base	1
9.2 Academic Leadership	1
7.1 Evidence based practice	1

4.3.4 Broadening Student Experience	1
6.3.1 New teaching tools	1
9.1 Governance	1
2.1 Curriculum Model and Educational Methods	1
2.9 Programme Management	1
3.2 Relation between Assessment and Learning	1
6.4 Educational Expertise	1
8.1 Mechanisms for Programme Evaluation	1
2.1.1 Mapping to ECCE standards	1
2.4 Behavioural and Social Sciences, Ethics and Jurisprudence	1
4.2 Student Intake	1
10. Continuous renewal and improvement	1

The largest number of recommendations were centred on assessment methods (3.1) and these encompassed assessment equality across programmes and sites (3.1.1), good and timely feedback (3.1.2), external verification and external examiners (3.1.3) and internal verification (3.1.4).

The second thematic area identified by this analysis was staff promotion and development (5.2) which included staff training (5.2.1) and workload (5.2.2). Two main concerns were evident in the original reports; supporting staff to achieve postgraduate qualifications, primarily PhD's, and workload issues due to small numbers of full-time faculty. These themes are related by the difficulty of attracting full-time chiropractic staff, possibly due to the discrepancy in remuneration between education and private practice. Staff satisfaction is key to successful programmes and leads to employee retention, higher productivity and employee loyalty. Retaining staff helps create a better working environment and makes it easier to recruit quality talent. Employees who have a higher job satisfaction tend to achieve higher productivity, and when employees feel the employer has their best interests at heart and feel appreciated, they usually support its mission and work hard to help achieve its objectives. Ultimately this leads to greater student and patient satisfaction.

The third, fourth and fifth themes to emerge had 6 references each. These were clinical training (2.7), administrative systems and communications (9.3) and interaction with the professional sector (9.4). Clinical training included recommendations for a paperless clinic (6.2.2) and interaction with the professional sector included institutional reputation (9.4.1), contacts with the profession (9.4.2), and contacts with other HEIs (9.4.3).

Clinical training is arguably one of the most important areas of professional education and these recommendations are reasonably straightforward to implement and would greatly enhance the clinic experience. Providing a good case mix and wide range of treatment and management techniques gives the student clinician greater confidence in patient management plus an advantage in the jobs market. It also attracts a higher calibre of clinical staff. Early exposure to the clinic enhances the relevance of subjects studied in the early years of the programme, and as the COVID-19 pandemic resulted in a reduction in patient numbers and restrictions on types of treatment available, a swift return to normal operations as soon as permissible is highly desirable.

The sixth theme to emerge was clinical training resources (6.2) which included clinical telemedicine (6.2.1) and the use of a paperless clinic (6.2.2).

The seventh and final recommendation centred on curriculum structure, composition and duration (2.8) and included the requirement that training was linked to learning outcomes (6.2.1).

Identified Actions for Institutions

Common problems occur across institutions and these aggregated recommendations allow institutions to learn from the mistakes of others before they make the mistakes themselves. Lessons learned are transferrable to others. The identification and dissemination of key thematic recommendations is an essential component in raising the quality of education everywhere. The following seven over-arching themes arose from those areas which attracted five or more recommendations

Assessment Methods	10
Staff Promotion and Development	7
Clinical Training	6
Administrative systems and communication	6
Interaction with the professional sector	6
Clinical Training Resources	5
Curriculum structure, composition and duration	5

Theme 1: Assessment of Students

The most highly flagged area in the reports concerned assessment which attracted 10 recommendations. This suggests an area which institutions need to keep under review. It was found that some institutions did not have robust internal checking systems for assessment. In addition, some did not correctly employ the use of independent examiners external to the institution to check processes. This sometimes led to problems of consistency in applying assessment especially across multiple sites. It was sometimes found that the assessment burden was too high on students for the credits earned. It is a good principle to reduce the assessment burden to the minimum required to determine the learning objectives. Providing timely feedback to students was also a common problem.

Theme 1 Recommendations

1.1 Institutions should have internal robust systems for checking the writing of assignments and examinations together with the marks and feedback given to students. Internal verifiers should ensure that second marking and double (blind) marking are used appropriately to provide confidence that the Institution is assessing accurately.

1.2 Institutions should have the independent scrutiny of external examiners. These should be employed to review assignments before they are published to students and to review marks and feedback returned to students. They should be present at assessment boards and provide annual formal feedback on the assessment process.

1.3 It is recommended that institutions have a written policy on turnaround time for feedback on assignments. Three weeks was a common period allowed. And more especially institutions should have a formal mechanism in place to monitor the length of feedback on all assignments so they can assure themselves that they know if they are meeting their targets.

1.4 Institutions should have a policy to determine the appropriate length of assessments and provide guidance to those producing assessments. The assessment burden should be the minimum required to determine the learning objectives. Consistency of assessment across sites should be monitored.

Theme 2: Staff Promotion and Development

Staffing was the second most problematic area for institutions and attracted seven recommendations. This sometimes focussed on matching the right staff to the delivery of the programme. It was also common to find some programmes under-resourced and this meant that remaining staff were overburdened and the students felt unsupported. Some posts had been vacant for a long time. This was sometimes due to the rapid expansion of programmes and sometimes due to the constraints

imposed by COVID-19 or other reasons. Qualified clinical staff were hard to recruit in some cases. Difficulties in recruiting high quality full-time faculty might be solved by addressing any discrepancy in remuneration between a career in education versus private practice. In addition, there was insufficient support of staff to gain necessary higher qualifications while in other cases the support of staff to gain PhDs was not well planned which put the remaining full-time staff under pressure.

Theme 2 Recommendations

2.1 Institutions should be proactive rather than reactive in dealing with staffing resources and make use of the programme planning phase to undertake staff audits to ensure that programme resources are properly available and staff workload issues are managed.

2.2 A rapid response to recruitment is required following any resignation of staff so that gaps are filled as quickly as possible. Close working with HR to reduce delays is essential.

2.3 Staff should be supported to obtain higher and more up-to-date qualifications and a transparent policy of support (both financial and temporal) should be in place supporting staff to achieve postgraduate qualifications, especially PhD's.

Theme 3: Clinical Training

Within the reports there were six recommendations around clinical training. Some of these were specific to the institution and probably have little relevance to others. However, three have wider applicability. The restrictions which were put in place to deal with the COVID-19 pandemic have affected clinical training more than other areas and it is important to return to the original provision as soon as this is possible and not allow the pandemic to cause a permanent reduction in services. Providing an adequate case mix was an issue for a number of institutions and the introduction of clinical observation before year 4 of the programme is seen as advantageous to students.

Theme 3 Recommendations

3.1 Any reduction in clinic requirements due to the COVID-19 pandemic should be restored to normal levels as soon as permissible.

3.2 Ensure the provision of an adequate and consistent level of case mix for students to ensure they all have a comparable experience and incorporate a wide range of management techniques.

3.3 Introduce a formal clinic observation programme from year one of the programme.

Theme 4: Administrative systems and communication

There were five recommendations under the theme of administration and communication. A robust database system is needed to keep track of students in the clinical environment as well as student records. One institution lost access to all student records when an administrator died because only they could open the account. The ability to keep auditable minutes of decisions made in a formal meeting was also a problem for some institutions. Communication between academics, clinics and administration was also an area that needed improvement.

Theme 4 Recommendations

4.1 Robust systems are needed for academic and clinical records which meet legal and professional data standards.

4.2 All decision-making meetings should be formalized and auditable records kept of the proceedings.

4.3 Communication channels between academic staff, administrative staff and clinical staff should be regularly reviewed for efficiency and the elimination of bottlenecks.

Theme 5: Clinical Training resources

Clinical training facilities in many institutions were fit for purpose and in some were exemplary. However, some would have benefitted from a refurbishment and a renewal policy that set out a planned upgrading cycle. Some clinics suffered from antiquated record keeping systems which would be improved by computerization.

Theme 5 Recommendations

5.1 Ensure there is a written refurbishment policy for clinical training facilities which sets out timescales for upgrading resources.

5.2 Implement a paperless clinic.

Theme 6: Interaction with the professional sector

A strong connection between the institution, professional practice and the wider healthcare system is considered good practice. Promotion of chiropractic associations among students needed more work in some institutions. There was also a need to provide greater exposure of students to interprofessional learning activities.

Theme 6 Recommendations

6.1 Establish strong connections with professional practice through the promotion of a range of chiropractic associations and formalized relationships with private clinics.

6.2 Develop strong links with medical programmes and the wider healthcare system to expand student experience and provide inter-professional learning opportunities.

Theme 7: Curriculum structure, composition and duration

The structure and content of most curricula was well designed and appropriate for the learning objectives. In some cases, the curriculum was content heavy which placed high demands on the students with contact hours in excess of 30 h/week. In some cases, the demands of the final dissertation were so great that it delayed graduation for some students. It is important to balance the curriculum so the student has enough time to assimilate the learning. It did not seem to be the case that any curricula were too light. In other cases, peer feedback was used to enhance learning but there was no check on the quality or accuracy of the peer feedback.

Theme 7 Recommendations

7.1 Check that the curriculum is not too content heavy and only contains enough material to accomplish the learning aims and the delivery provides enough time for the student to assimilate the content knowledge.

7.2 The use of peer assessment and peer feedback should be monitored for accuracy and quality.

Commendations

There were 77 commendations in total. There were two themes with 8 commendations, one with 7, one with 6 one with 5, two with 3, nine with 2 and seventeen with 1 each. There were 45 areas with no commendations.

Table 4 Commendation Frequency by Theme

Standard Themes	Commendations
7.2 Quality of Research and Research base	8
4.3 Student Support and Counselling	8
9.2 Academic Leadership	7
4.4 Student representation/satisfaction/expectation	6
10 Continuous Renewal and Improvement	5
6.4.1 Dedicated Teaching staff	4
2.8 Curriculum Structure, Composition and Duration	3
7.1 Evidence based practice	3
2.7 Clinical Training	2
5.2 Faculty Promotion and Development	2
6.2 Clinical Training Resources	2
5.2.1 Staff training	2
6.3.1 New teaching tools	2
9.1 Governance	2
9.4.1 Institutional reputation	2
1.3 Academic Autonomy	2
6.1 Physical Facilities	2
6.3 Information Technology	1
4.4.2 Student expectation	1
6.1.1 Estate Improvement	1
9.4.2 contacts with the profession	1
2.1 Curriculum Model and Educational Methods	1
2.9 Programme Management	1
3.2 Relation between Assessment and Learning	1
6.4 Educational Expertise	1
8.1 Mechanisms for Programme Evaluation	1
1.2 Participation in Formulation of Aims and Objectives	1
2.1.2 Encourage Self-directed Learning	1
2.3 Biomedical Sciences	1
4.1.1 Widening participation	1
4.4 Student Representation	1
6.5.1 Dedicated Admin staff	1
7.3 Student engagement in research	1
8.1.1 Alignment to learning outcomes	1

The two areas which attracted eight commendations were student support (4.3) and quality of research (7.2). Eight out of the eleven reports show excellence in these areas. Student support also included student support in clinics (4.3.2), student support financial (4.3.3), and broadening student experience (4.3.4). Under the research theme there were three identified topics: integration of research and evidence-based practice, publication of high-quality chiropractic research and external research collaboration. All are of importance to the chiropractic profession and inextricably linked. For

chiropractic to be taken seriously by the medical profession and the public, evidence-based practice must be an essential part of chiropractic education. External research collaboration not only builds good relationships with other medical professions enabling interprofessional teaching and learning. It is also a source of external funding facilitating high-quality research projects and publication of results. The chiropractic profession benefits from quality research into the efficacy of chiropractic practice. Chiropractic teaching institutions benefit from developing excellence in evidence-based practice and external research collaboration.

The next most frequent commendation concerned Academic Leadership and the support which was given to those who were delivering the programme. The three overarching themes here were:

- dedicated leadership provided by Senior Management Teams in raising academic standards in their relative countries.
- strong, committed teaching that made good use of administrative staff to enhance the student experience.
- the way programme teams transitioned to accommodate the change of delivery during the COVID19 pandemic.

For any institution to be successful and attract and retain potential students and staff, a strong leadership is essential. How they adapted to current global events such as the COVID 19 pandemic is a key factor.

The next identifiable theme with six commendations was student representation (4.4) which also encompassed student satisfaction (4.4.1) and student expectation (4.4.2). The final significant theme with five commendations was continuous renewal and improvement (10) which also encompassed innovation (10.1) and COVID 19 innovation (10.2)

Identified Good Practice for Institutions

Good practice is identified for the purpose of sharing with other institutions. It often follows from innovation in one institution which is transferrable to others. The identification of good practice and its wide communication to all becomes an essential component in raising the quality of education everywhere. Five themes have been identified from the examined reports marked out for 'commendation' and these are grouped under the following headings which arise from those areas which attracted five or more commendations

Student Support and Counselling	8
Quality of Research and Research Base	8
Academic Leadership	7
Student representation	6
Continuous Renewal and Improvement	5

Theme 1: Student Support and Counselling

The joint top area where most good practice was identified was in student support. This is something which many institutions excelled in and it was gratifying to see that student experience is highly prioritised by the best institutions. Ensuring that students have a fully supported individual experience is recognised as good practice by the accreditation team. This can be realized through a number of mechanisms including careful individual tailoring of programmes, immediately accessible on-site support services, outreach activities and financial support for those in need.

Theme 1 Identified Good Practice

1.1 Providing an individual experience for students.

1.2 Provision of a supportive environment between staff and students across the whole programme with high quality and easily accessible student support services on-site.

1.3 Provision of additional forms of student support such as satellite clinics, outreach activities, community events and exchange visits with other universities worldwide, which broaden the student experience with exposure to a variety of patient and clinical conditions.

1.4 Provision of financial support to allow widening participation from lower socio-economic groups of students.

Theme 2: Quality of Research and Research Base

Research was the joint top area in which institutions were commended. Especially commendable were areas which linked research to student outcomes such as joint research with students leading to joint publications, the linking of the teaching curriculum with research activities and evidence-based practice and the establishing of a dedicated research department.

Theme 2 Identified Good Practice

2.1 Research activities to engage both staff and students and promote critical enquiry, for example, an annual research competition or publication of an in-house chiropractic research journal.

2.2 Fostering a collaborative environment for programme development and research opportunities.

2.3 A strong commitment to a research ethos, embedding the delivery of evidenced based practice from the classroom to the clinic to inform and underpin teaching and clinical training.

2.4 Establishment of a dedicated research department with a commitment to high quality, published research, continual investment in research outputs and a clear strategy for expanding research capacity.

Theme 3: Academic Leadership

Academic leadership was an area of good practice in many institutions. Accreditation teams recognised that the best management demonstrated strong support for their teams and staff and were committed to creating a quality environment for staff and students. Ensuring that change was well planned and communicated to all stakeholders was another area that was identified as good practice.

Theme 3 Identified Good Practice

3.1 Strong, dedicated, inclusive and supportive leadership by the Head of Department both within the department and within the chiropractic profession.

3.2 Strong, committed teaching and administrative staff, creating a quality environment to enhance the student experience.

3.3 Provision of excellent leadership during times of change such as transition to new programmes, raising academic standards of chiropractic education and training, or accommodating the change of delivery during the COVID19 pandemic.

Theme 4: Student representation

Student representation was the next commended area amongst chiropractic education providers. The recognition by institutions that students need to have a full participatory role on decision making committees has been one of the more recent changes and widely recognised as essential to a well-functioning programme.

Theme 4 Identified Good Practice

4.1 Elected student representatives are full members of boards and committees at all levels of the institution.

4.2 Students are promoted as ambassadors for the chiropractic profession.

Theme 5: Continuous Renewal and Improvement

Continuous Renewal and Improvement was another key area of commendation and this was particularly needed to meet the changes imposed by the Covid-19 pandemic. Institutions were also good at looking forward beyond the pandemic and the best had solid strategic plans for investment and development of the estate to ensure that it kept pace with external demands and changes in technology.

Theme 5 Identified Good Practice

5.1 Development of a strong strategic plan to upgrade facilities, with substantial investment in the development of new estates for both teaching and clinic.

5.2 Rapid response to the Covid-19 pandemic, supported by both students and staff, to ensure that students' teaching, learning and assessment continued and allowed student progression.

Concerns

There were no areas that merited a concern. It might be argued that the lack of concerns might be a concern in itself. This will be discussed later under recommendations for ECCE.

Recommendations for ECCE Review Panels

The data flagged up some points which need discussion in the wider context of those who set the standards, protocols and write the reports.

The first area for consideration is the fact that there were no 'concerns' in any of the 11 reports over the past five years. This might be due to the high quality of institutions visited or it might be due to the cautiousness of the review teams. Statistically it might be expected that of the 79 areas that needed recommendations some might outlie to the extent that they become concerns. It is worth asking whether there are any influences which might cause a team to be unduly hesitant to awarding a 'concern'. Since awarding a 'concern' would trigger accreditation failure this might provide hesitancy and has led one team member to privately confide that "choosing 'concern' is like pressing the nuclear button". If the consequences are too dire it may be that a change in protocol might be considered where the choice of that option was not so detrimental.

Another area for consideration is the use of core and non-core standards which directly affect the length of accreditation. However, it is not clear what criterion is used to distinguish core from non-core standards. If it is desirable to maintain this distinction then the criterion between core and non-core needs to be made explicit.

ECCE Recommendations

1 Review the consequences of awarding a 'concern' in the accreditation processes.

2 Review the use of core standards and non-core standards to distinguish critical from non-critical quality issues.

Conclusions

We have discussed the themes arising from the Institutional reports under two main sections: Recommendations and Commendations. Five thematic areas were identified for commendations while seven were identified for recommendations as summarised in Table 5.

Table 5 Dominant Themes

Recommendations		Commendations	
Assessment Methods	10	Student Support	8
Staff Promotion and Development	7	Research	8
Clinical Training	6	Academic Leadership	7
Administrative systems and communication	6	Student Representation	6
Interaction with the professional sector	6	Continuous Renewal and Improvement	9
Clinical Resources	5		
Curriculum structure, composition and duration	5		

The recommendations give rise to actions which should be considered minimum standards that an institution needs to attain to deliver its programmes adequately. The review teams identified areas which needed to be improved because they did not meet the standards which are expected of a fully professional and academic programme. To set this out clearly, we have created a recommendation checklist for institutions to enable them to quickly test themselves and their programmes against the main themes identified by this report.

Recommendation Checklist for Institutions

Theme 1: Assessment Methods

1.1 Robust internal checking system using second and double marking ☐
1.2 The employment of external examiners (or equivalent) for independent scrutiny ☐
1.3 Policy on the timely return of student feedback with checking mechanisms ☐
1.4 Reduction of assessment burden to the minimum required to fully test learning outcomes ☐

Theme 2: Staff Promotion and Development

2.1 Proactive policies to manage staffing resource issues before they occur. ☐
2.2 Rapid response processes for recruitment to reduce hiring delays ☐
2.3 Support for staff to obtain higher and more up-to-date qualifications ☐

Theme 3: Clinical Training

3.1 Reduction in Clinic requirements due to COVID-19 restored to normal after pandemic ☐
3.2 Provide good case mix for all students. ☐
3.3 Provide formal clinic observation programme from year one of the programme ☐

Theme 4: Administrative systems and communication

4.1 Academic and clinical records which meet legal and professional data standards ☐
4.2 Decision-making meetings should be formalized and records kept ☐
4.3 Communication channels should be regularly reviewed to eliminate bottlenecks. ☐

Theme 5: Clinical Training resources

5.1 A written refurbishment policy for clinical training facilities ☐
5.2 Implementation of a digital and a paperless clinic ☐

Theme 6: Interaction with the professional sector

6.1 Strong connections with professional practice through links with private clinics. ☐
6.2 Strong links with the wider healthcare system for inter-professional learning. ☐

Theme 7: Curriculum structure, composition and duration

7.1 The curriculum only contains enough material to accomplish the learning aims ☐
7.2 Peer assessment feedback is monitored for accuracy and quality ☐

Commendations, on the other hand, should be seen as exceptional activity for those institutions which seek to go beyond the minimum and turn an adequate programme into an excellent programme. The review teams have identified areas of excellence which would be commended in any institution which implemented them because they go beyond the standards which are expected and display good practice as an example to others. In order to set this out clearly, we have created a good practice checklist for those institutions which wish to improve and enhance their programmes and to make it easy for them to select areas which they can implement to raise their own standards and provide a better student experience.

Good Practice Checklist for Institutions

Theme 1: Student Support and Counselling

1.1	An individual experience for students	☐
1.2	High quality and easily accessible student support services on-site	☐
1.3	Extras such as satellite clinics, outreach activities, community events and exchange visits	☐
1.4	Financial support for lower socioeconomic groups	☐

Theme 2: Quality of Research and Research Base

2.1	Annual research competition or publication of an in-house chiropractic research journal	☐
2.2	Collaborative environment for staff/students and with external bodies for research	☐
2.3	Research based practice is evident in teaching and clinical training	☐
2.4	An established and dedicated research department	☐

Theme 3: Academic Leadership

3.1	Strong management support for teaching teams	☐
3.2	Students report a committed teaching and administrative staff	☐
3.3	Staff and student report excellent leadership and communication during times of change	☐

Theme 4: Student Representation

4.1	Elected student representatives as full voting members of committees at all levels	☐
4.2	Students promoted as ambassadors for the chiropractic profession	☐

Theme 5: Continuous Renewal and Improvement

5.1	Strategic plan to upgrade facilities for both teaching and clinic	☐
5.2	Teaching, learning and assessment adapted to Covid-19 restrictions without detriment	☐

These two checklists are designed to be used as a quick reference for institutions to develop their own assessment of their position as professional and academic providers of quality chiropract programmes.

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Appendix

Table 6 Full Coding System

ECCE STANDARDS CODES	SUB-CODES
1. AIMS AND OBJECTIVES	
1.1 Statement of Aims and objectives	
1.2 Participation in Formulation of Aims and Objectives	
1.3 Academic Autonomy	
	1.3.1 External Influences
2. EDUCATIONAL PROGRAMME	
2.1 Curriculum Model and Educational Methods	
	2.1.1 Mapping to ECCE standards
	2.1.2 Encourage Self-directed Learning
2.2 The Scientific Method	
2.3 Biomedical Sciences	
2.4 Behavioural and Social Sciences, Ethics	
2.5 Clinical Sciences and Skills	
2.6 Chiropractic	
2.7 Clinical Training	
2.8 Curriculum Structure, Composition and Duration	
	2.8.1 Training is linked to Learning Outcomes
2.9 Programme Management	
	2.9.1 Wide Range of courses
2.10 Linkage with Subsequent Stages	
3. ASSESSMENT OF STUDENTS	
3.1 Assessment Methods	
	3.1.1 Assessment equal across programmes and sites
	3.1.2 Good and timely feedback
	3.1.3 External verification and external examiners
	3.1.4 Internal verification
3.2 Relation between Assessment and Learning	
4. STUDENTS	
4.1 Admission Policies and Selection	
	4.1.1 Widening participation
4.2 Student Intake	
	4.2.1 Change in student status
4.3 Student Support and Counselling	
	4.3.1 Student support in Lectures
	4.3.2 Student support in clinics
	4.3.3 Student support financial and other
	4.3.4 Broadening Student Experience
4.4 Student Representation	
	4.4.1 Student satisfaction
	4.4.2 Student expectation
5. ACADEMIC and CLINICAL FACULTY (STAFF)	
5.1 Faculty (staff) Recruitment	
5.2 Faculty Promotion and Development	
	5.2.1 Staff training
	5.2.2 Workload
6. EDUCATIONAL RESOURCES	
6.1 Physical Facilities	
	6.1.1 Estate Improvement
6.2 Clinical Training Resources	
	6.2.1 Clinical Telemedicine
	6.2.2 Paperless Clinic
6.3 Information Technology	
	6.3.1 New teaching tools
	6.3.2 Zoom and MS Teams
	6.3.3 AV and Video
6.4 Educational Expertise	
	6.4.1 Dedicated Teaching staff
6.5 Administrative and Technical Staff	
	6.5.1 Dedicated Admin staff
7. RELATIONSHIP BETWEEN TEACHING AND CLINICAL OR BASIC SCIENCE RESEARCH	
	7.1 Evidence based practice
	7.2 Quality of Research and Research base
	7.3 Student engagement in research
8. PROGRAMME EVALUATION	
8.1 Mechanisms for Programme Evaluation	
	8.1.1 Alignment to learning outcomes
8.2 Staff and Student feedback	
8.3 Student Cohort Performance	
8.4 Involvement of Stakeholder	
	8.4.1 Patients are full stakeholders
9. GOVERNANCE AND ADMINISTRATION	
9.1 Governance	
9.2 Academic Leadership	
9.3 Educational Budget and Resource Allocation	
	9.3.1 Administrative systems
	9.3.2 Communication channels
9.4 Interaction with Professional Sector	
	9.4.1 Institutional reputation
	9.4.2 contacts with the profession
	9.4.3 Contacts with other HEIs
10. CONTINUOUS RENEWAL AND IMPROVEMENT	
	10.1 Innovation
	10.2 COVID-19 Innovation