

**EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION**

**COMMISSION ON ACCREDITATION**

**EVALUATION TEAM REPORT**

**LE DIPLÔME DE CHIROPRACTEUR  
INSTITUT FRANCO-EUROPÉEN DE CHIROPRACTIE – IFEC  
(IVRY AND TOULOUSE)**

**02-06 DECEMBER 2019**

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## 1. EXECUTIVE SUMMARY

- 1.1 Institut Franco-Européen de Chiropraxie (IFEC) was established in Paris in 1984, then moved to Ivry-sur-Seine in 1999 (IFEC Ivry). In 2006, an additional facility was established in Toulouse (IFEC Toulouse). Both IFEC Ivry and IFEC Toulouse are under the direction of the governing body AFEFC (Association pour la Formation et l'Enseignement en France de la Chiropraxie). AFEFC operates as a not for profit organisation and determines the aims and objectives of IFEC which ensures its academic autonomy.
- 1.2 In January 2011 chiropractic practice was made legal in France, and subsequently, in September 2011, chiropractic education and training was formally recognised by the government becoming accountable at the national level to the Ministère du Travail, de l'Emploi et de la Santé (Ministry of Work, Employment and Health). In June 2013 the Ministry accredited IFEC's chiropractic education and training for the first time and subsequently granted re-accreditation for a period of 5 years as of September 2018.
- 1.3 To become a chiropractor in France students must complete 5 years of education and training and obtain 300 ECTS credits. Graduates are entitled to use the title "Chiropracteur" once they have registered with the regional health agency.
- 1.4 IFEC submitted its Self-Study Report for reaccreditation with ECCE on 29 June 2019. The QAAC reviewed the document and decided that an evaluation visit could and should proceed. This decision was made on 15 August.
- 1.5 This document is the Evaluation Report (henceforth referred to as the Report) compiled by the Evaluation Team based on the evidence provided beforehand and during the on-site visits at IFEC Toulouse and IFEC Ivry between 02 to 06 December 2019. The Report was sent in draft format to IFEC for factual verification on 18 December 2019, and its final version to QAAC on 15 January 2020.
- 1.6 The Chair invited IFEC to send representatives to the QAAC meeting on 14 March 2020 where the Report will be discussed and a decision made on the reaccreditation of IFEC.
- 1.7 Members of the Evaluation Team extend their thanks to IFEC executive, teaching and professional support staff and IFEC students for the courtesy and hospitality extended to them during the Evaluation Visit, and for conducting the Visit in a very open and transparent manner.
- 1.8 This Report addresses the compliance of IFEC Ivry and IFEC Toulouse with each of the ECCE Standards in the provision of chiropractic education and training. At the evaluation visit of IFEC Ivry and IFEC Toulouse 2019, the ECCE evaluation team identified seven **Commendations**, six **Recommendations**, and no **Concerns** as follows:

**Commendations:**

- The dedicated leadership provided by the Directeur Générale and his Senior Management Team in raising the academic standards of chiropractic education and training in France
- The commitment and enthusiasm of both the teaching and administrative staff
- The longitudinal strategy of embedding the delivery of Evidenced Based Practice from the classroom to the clinic
- The commitment and support to staff training
- The strong commitment to a research ethos which informs and underpins teaching and clinical training and the clear strategy for expanding research capacity
- The integration of new teaching tools to enhance teaching practices and enrich the learning experience of students
- The innovative system introduced to evaluate individual clinicians for competency as clinical educators

**Recommendations:**

- The graduate competencies for the 5-year programme should be mapped against ECCE standards
- The programme management team should introduce a formal process to ensure that both teaching and assessment for individual units are equal at both sites of programme delivery
- Ensure that patients are included as stakeholders at both sites and contribute to the reviewing and updating of the programme
- The implementation of a system to keep track of the individual students' case mix to ensure they see a variety of conditions
- Add more practical stations to increase the validity of the clinical competency exam
- Put in place formal processes to monitor the turnaround time for providing assessment results to students

**Concerns:**

- None

## 2. INTRODUCTION

2.1 IFEC Ivry has been accredited by the ECCE since 1996. In 2012 IFEC applied for the initial accreditation of the Toulouse branch of the institute. Accreditation was granted for an initial period of three years as was normal for new accreditations. In February 2013 the Institute applied for fully accredited status as a single institution as it had graduated its first cohort of students from IFEC Toulouse and was due for reaccreditation of IFEC Ivry in 2014. As both sites delivered an almost identical programme and shared staffing, both the then CoA and Executive of ECCE agreed that a single evaluation team event should take place, and that hence forward IFEC Ivry and IFEC Toulouse should be treated as a single institution.

2.2 At the last evaluation visit of IFEC Ivry and IFEC Toulouse in December 2014, the ECCE evaluation team identified nine **Commendations**, four **Recommendations**, and there were no **Concerns**.

### **Commendations:**

- *The dedicated leadership provided by the Direction (Senior Management), working in collaboration with AFEFC, to raise the academic standards and profile of chiropractic within France*
- *The delivery of the programme by a strong, enthusiastic and committed staff*
- *The supportive environment that exists between staff and students across the whole programme*
- *The thorough student selection process*
- *The excellent clinical training and clinic facilities at both sites, including placements in hospitals and chiropractic practices, producing highly competent graduates*
- *The risk management that maintains and protects the financial future of IFEC*
- *The support for personal development of all faculty, particularly for postgraduate degrees and research*
- *The inter-professional integration with the French healthcare system*
- *The excellent IT support that underpins the teaching and learning on the programme*

### **Recommendations:**

- *Improve quality assurance policies and procedures in relation to assessment and the role of external examiners*
- *Include patients as stakeholders in reviewing, updating and delivering the programme*
- *Enhance the linkage between teaching and application of evidence-based practice regarding patient management*
- *At Ivry, upgrade the equipment in some of the technique rooms and improve the upkeep of other spaces*

### **Concerns:**

- *There were no concerns*

2.3 QAAC received the initial request for reaccreditation on 02 April 2019, this was followed up with a formal letter on 29 June 2019. QAAC agreed that an Evaluation Team be sent to IFEC to verify the submitted SSR and report back.

2.4 Members of the Evaluation Team were nominated by the ECCE Executive and each member received the SSR and written comments from QAAC related to the document prior to the visit. The members of the Evaluation Team were as follows:

<b>Chair – Philip Davies</b>	(Senior Lecturer Bournemouth University)
<b>Evaluation Secretary – Haymo Thiel</b>	(retired Principal of AECC University College)
<b>Team Member – Mirjam Baechler</b>	(Lecturer and clinical researcher Department of Chiropractic Medicine, University of Zurich)
<b>Student – Dan Sullivan</b>	(AECC University College)

2.5 All members of the team were disclosed to the Institute prior to the visit 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. The members of the team received the SSR three months prior to the visit and were allocated specific sections of the report as their areas of responsibilities.

2.6 The on-site visit was scheduled between 02 and 06 December 2019 (inclusive) and a draft timetable was sent to IFEC on 14 October 2019 and agreed with IFEC. A copy of the schedule is appended to this Report (Appendix 1).

2.7 The purpose of the Evaluation Visit was to assess the compliance of the Institution with the ECCE Standards in Chiropractic Education and Training (hereafter referred to as the ECCE Standards, or Standards). An examination was made of the SSR and its supporting documents, interviews and oral evidence and other documentary evidence consulted during the on-site visit.

2.8 Members of the Team arrived in Toulouse on 01 December 2019. The Team held a preliminary meeting prior to the on-site visits which were 02 – 03 December in Toulouse and 04 – 06 December at Ivry. Meetings were held with the Institution over the week and time was allocated for the Team to hold private meetings as the visit proceeded. The Report was compiled on an on-going basis during the visit and time was set aside on the final day (06 December) to complete the draft report and feedback orally to the Institution.

2.9 The draft Report was finalised by the Chair of the Evaluation Team and sent to Team members for comments. Based on these, the final draft Report was sent to IFEC for factual verification on 18 December 2019. The response was received from IFEC on 15 January 2020. The Chair and Secretary finalised the Report and this was submitted to the Chair of QAAC on 15 January 2020. The Chair of the Evaluation Team presented the Report to QAAC members on 14 March 2020.

- 2.10 The Report includes an Executive Summary, a description of IFEC and the findings of the Team regarding compliance of IFEC with the ECCE Standards. The Report ends with the Conclusions of the Team and any Commendations, Recommendations and/or Concerns the Team wishes to draw to the attention of the QAAC. The Evaluation Report was based on the ENQA Guidelines for external reviews of quality assurance agencies in the European Higher Education Area ([www.enqa.eu](http://www.enqa.eu)).
- 2.11 Members of the Team were very well hosted by the two constituent parts of IFEC, afforded every courtesy and had full access to documentation and to staff and students. Members of the Evaluation Team and the ECCE extend their thanks and appreciation to IFEC.

### 3. IFEC LE DIPLÔME DE CHIROPRACTEUR

- 3.1 The following section details the findings of the Evaluation Team with regard to the compliance of IFEC with ECCE Standards in the provision of chiropractic education and training through the award of Le Diplôme de Chiropracteur.
- 3.2 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 overall performance).

## 4. ECCE STANDARDS COMPLIANCE

### 4.1 AIMS AND OBJECTIVES

#### 4.1.1 Statement of Aims and Objectives

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

##### *4.1.1a Description*

The IFEC's programme Le Diplôme de Chiropracteur is designed to produce competent and safe chiropractors ready to enter practice and to meet the standards set by the Ministère des Solidarités et de la Santé. The programme's aims fall into three broad areas:

- To educate and train chiropractors in compliance with the regulations in France and the standards of the ECCE
- Develop a continuing education offer for practising professionals
- Perform research in the field of chiropractic and develop academic partnerships both in France and abroad.

The French government requires all healthcare programmes to have a competence framework in a specified format which the IFEC programme follows. The IFEC programme was created in 2011 and revised in 2018 to meet these requirements. The curriculum is divided into teaching units, each of which have clearly specified learning objectives set out in graduate competencies specified for each unit of the programme as defined in "Le référentiel de compétences" determined by the Ministère des Solidarités et de la Santé. These cover the entire programme from entry level to practice and form an appropriate foundation for postgraduate education.

The aims and objectives of the programme are made known to students through information sheets held in each classroom and on the Virtual Learning Environment (VLE). Staff and external examiners are made aware through induction, and wider stakeholders through the website.

##### *4.1.1b Analysis*

The evaluation team found that the overall aims and objectives of the chiropractic programme were clearly defined and made known to its stakeholders. The aims and objectives are focussed on training chiropractors that are competent and safe to enter practice, laying a foundation for postgraduate education and training, and developing a capacity for life-long learning.

##### *4.1.1c Conclusion*

IFEC fully complies with Standard 1.1.





#### 4.1.2 Participation in the formulation of aims and objectives

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


##### 4.1.2a Description

The Board of Governors (Association pour la Formation et l'Enseignement en France de la Chiropraxie AFEFC) determine the overall aims and objectives of IFEC. This board is representative of the stakeholders and is composed of practising chiropractors, other healthcare professionals and two students who have been elected by their peers. The Board of Governors also has links to professional chiropractic associations and the Ministère des Solidarités et de la Santé. All IFEC staff are invited to contribute to the values of IFEC and proposals can be made directly to the Board. Those proposals are reviewed and adopted by the General Assembly.

##### 4.1.2b Analysis

The evaluation team concludes that overall aims and objectives of the chiropractic programme are defined by its principal stakeholders.

##### 4.1.2c Conclusion

IFEC 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


AFEFC as the governing body guarantees academic autonomy through its statutes which guarantees IFEC is fully autonomous and independent of any other educational institution, department or university in relation to designing and developing the curriculum. In 2013 IFEC received official certification from the Ministère des Solidarités et de la Santé which requires AFEFC to operate within the laws of France governing the approval of chiropractic teaching institutions. Following discussions with the Ministère des Solidarités et de la Santé an educational reform resulted in the replacement of the existing 6-year curriculum with a new ministry approved 5-year (300 ECTS) curriculum for a September 2016 start. In 2018 IFEC was recertified by the Ministère des Solidarités et de la Santé for a 5-year period.

##### 4.1.3b Analysis

IFEC has control over the design and development of the new 5-year curriculum in terms of unit content, style of delivery, assessment and achieving the aims and objectives of the programme within the parameters set by the Ministère des Solidarités et de la Santé. IFEC needs to obtain

Ministry approval for any changes to the curriculum. The Ministry sets overall teaching hours and the maximum student staff ratio (fixed at 1:25) and is required to give its approval should student intake surpass 100 students. The Ministry also maintains regular oversight through a Ministry appointed representative of the Pedagogic Council of IFEC. The evaluation team concludes that IFEC has sufficient autonomy within French law to design and develop the curriculum.

#### 4.1.3c Conclusion

IFEC 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 creation of the new IFEC graduate competencies in 2011 introduced a framework of 9 competency attainment targets (Référentiel des Compétences) annexed to the chiropractic regulation document by the Ministère des Solidarités et de la Santé which all chiropractic students are expected to have acquired upon graduation.

The IFEC programme competencies require that chiropractic graduates must be capable of the following activities:

1. Assessing a clinical situation, making a differential diagnosis and a working diagnosis
2. Conceiving, launching and conducting a therapeutic project
3. Designing and delivering care and therapeutic activities appropriate for the patient
4. Conceiving and delivering therapeutic patient advice and education
5. Communicating and interacting with a patient
6. Organising activities and coordinating with other healthcare professionals
7. Evaluating a professional practice and its setting
8. Seeking out, processing, and analysing professional and scientific data
9. Managing a professional practice

The new 5-year curriculum is divided into 9 'domains' or subject areas and each subject area is further divided into individual teaching units which have been mapped against the competencies which the student must achieve. The 9 domains are:

- Domain 1 – Basic and biological sciences
- Domain 2 – Descriptive and functional anatomy
- Domain 3 – Clinical sciences – general
- Domain 4 – Clinical sciences – neuromusculoskeletal system

- Domain 5 – Clinical sciences – patient examination
- Domain 6 – Chiropractic treatment and management
- Domain 7 – Human sciences
- Domain 8 – Research methodology and evidence-based practice
- Domain 9 – Integration of knowledge and skills in chiropractic practice

IFEC has defined graduate competencies for the new 5-year programme and they appear to be closely linked to ECCE requirements. However, there is no specific mapping document available which would demonstrate how this is achieved at specific teaching unit level for all the requirements.

#### 4.1.4b Analysis

The evaluation team concludes that the competencies that students should exhibit on graduation are well defined but that IFEC should undertake to map these against the ECCE standards in order to assure themselves of their completeness.

#### 4.1.4c Conclusion

IFEC 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 underwent a substantial change in 2018 following discussions with Ministère des Solidarités et de la Santé. The change from a 6 year to a 5 year curriculum has meant significant restructuring and necessary transition arrangements to allow both programmes to run in parallel while the old 6 year programme is allowed to run out. Staff have coped with this transition well though it has meant additional workloads.

The new IFEC curriculum is 300 ECTS credits delivered over 2150 hours of lectures with 1460 hours of directed learning and 1350 hours of placements. While the curriculum is driven by the Ministère des Solidarités et de la Santé, IFEC have had significant input into the design and content and they are free to determine their own curriculum delivery model and to determine their own assessments.

IFEC has designed its curriculum model around the competencies, skills and activities, support resources and assessments related to the chiropractic regulations in France with specific focus on diagnostic and patient centred care. Both vertical and horizontal integration are engineered into the programme which means that the student revisits each subject in greater depth over the five years following a spiral model. Students work more independently as they progress through the programme so that there is increasing self-reliance in learning which by the end of the programme leads to self-reporting. The curriculum model is varied and comprehensively designed to develop the ability for lifelong learning including the use of information technology and group work.

The same programme is delivered on both Ivry and Toulouse sites and consistency is maintained by coordinators and subject expert staff who travel between sites regularly to oversee delivery and advise lecturers. The curriculum is integrated as far as possible and the mechanisms to ensure this include email exchange and meetings between different staff members and access to each other's content delivery.

#### *4.2.1b Analysis*

The evaluation team concludes that IFEC has a clear and well-defined curriculum model and employs educational methods consistent with the objectives of the curriculum to ensure that students have responsibility for their own studies and prepare them for lifelong, self-directed learning.

#### *4.2.1c Conclusion*

IFEC 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 programme. Curricular Domain 8 (Research Methodology and Evidenced Based Practice) is dedicated to the scientific method and includes research methodology, biostatistics, epidemiology, and critical literature reading. The programme is overseen by The Scientific Council which was set up in 2018 in response to a requirement of the Ministère des Solidarités et de la Santé. This Council has the responsibility to ensure the scientific quality of the training and to recommend strategies to enhance evidence-based research. IFEC has spent significant sums on its research activities over the past ten years. The scientific approach is supported by a programme of regular scientific conferences within IFEC, 25 of which have been delivered in the last 5 years. The conferences are usually held in English and not all students attend.

An annual scientific evening is organised where a gathering of 120 to 170 attendees celebrate the research activities of the department and the major papers published during the year.

Initially, students are taught to be effective research users through exposure to journal articles and by a critical appraisal of scientific literature. Working in groups of five they discuss papers and critically assess them. In this way they are taught to recognise the difference between scientific and non-scientific approaches. After this they are taught research techniques including randomised control and blind testing methods. Barriers to research have been identified including a lack of English language skills in IFEC students and graduates and to address this, English courses have been implemented.

#### *4.2.2b Analysis*

IFEC has embedded the scientific method in its culture and teaches wider forms of research inquiry and evidence-based practice, including analytical and critical thinking. Students recognise the global importance of the scientific approach and the competent use of scientific tools. The evaluation team concludes that IFEC teaches the scientific method and evidence-based practice, including analytical and critical thinking and trains students in scientific thinking and research methods.

#### *4.2.2c Conclusion*

IFEC fully 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 curriculum at IFEC is determined by the Ministère des Solidarités et de la Santé following the decree and order of February 2018. The Biomedical sciences are covered across two domains: 1. Fundamental and Biological Sciences (including biophysics, biochemistry, chemistry, cellular and systems physiology, embryology, immunology, nutrition and pharmacology), and 2. Descriptive and Functional Anatomy. These are taught during the first two years of the 5 year curriculum. A variety of teaching methods are used including lectures, group directed learning, digital learning using the Anatomage tables and practical human dissection tutorials.

#### *4.2.3b Analysis*

IFEC includes basic biomedical sciences in the curriculum to a level which satisfies the requirements of the Ministry. The high standard of teaching and biological content provides students with the opportunity to be competent in biomedical sciences and have the required underpinning knowledge

when in practice. The students understand the value of a basic biomedical science knowledge and understand the applicability of the domain to the practice of chiropractic. The evaluation team finds that IFEC have clearly identified and included in the curriculum basic biomedical sciences applicable to the practice of chiropractic.

#### 4.2.3c *Conclusion*

IFEC fully complies with Standard 2.3



#### 4.2.4 **Behavioural and Social Sciences, Ethics and Jurisprudence**

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

##### 4.2.4a *Description*

The curriculum is designed to prepare graduates for practice within the French healthcare system. Students are trained in the behavioural sciences to enable them to communicate effectively with patients to make clinically justifiable decisions. Ethical practice is also a component of teaching within the research units as well as in the clinic.

Behavioural and social sciences, ethics and jurisprudence are assessed under Domain 7: Social Sciences (including psychology, psychiatrics, communication, clinical communication, ethics and judgement and reasoning). The first three years of the course contains units on clinical psychology and there are specific units to develop a student's ability to communicate with patients (including Communication en Chiropraxie I & II, Psychologie Clinique and Relation Avec L'usager Ethique Et Deontologie). Students report that the course trains them to be effective communicators.

##### 4.2.4b *Analysis*

Elements of the curriculum are aimed at improving the graduate's ability to communicate and interact with patients, colleagues, other healthcare professionals as well as a public that is still relatively unaware of the work of chiropractors. Clinical decision making and ethics are covered across many years throughout the course (Under domains 7, 8, 9) and students are informally assessed on their decisions in the clinical setting when they present their treatment plans to support clinicians. The evaluation team finds that IFEC have included in the curriculum elements from the behavioural sciences, social sciences, ethics and legal requirements to enable effective communication, clinical decision-making and ethical practice.

##### 4.2.4c *Conclusion*

IFEC 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

Clinical sciences and clinical skills are taught in 5 domains. They both start early in the programme and are sequenced in such a way that the same topics are addressed in both theoretical and practical classes at the same time with the content becoming more complex during the progression. Clinical application builds on knowledge of semiology learned in earlier clinical case studies. Content experts have been added with the new curriculum to oversee the linkage of related topics throughout the course, evaluating and updating the content.

The acquisition of skills is supported by the early practice observations in the student clinic and two hospital internships in relevant areas (neurology, orthopaedics, rheumatology, radiology). The clinical placements in the student clinic, hospital settings and private practices enable the student to gradually gain sufficient independence in treating patients.

##### 4.2.5b Analysis

The use of content experts for evaluating and updating the course is a valuable addition. IFEC includes 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.

##### 4.2.5c Conclusion

IFEC fully 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 curriculum includes relevant aspects of the history, philosophy, development and scope of chiropractic as well as the sociology of healthcare and chiropractic in the first two years of training. Chiropractic care training is delivered with a focus on patient-centeredness and evidence-based

practice. Scientific training is provided in a range of formats throughout the curriculum in a longitudinal fashion. This longitudinal strategy and the variety of formats used to deliver Evidence Based Practice from the classroom into the clinic setting is commendable. Clinical practice guidelines for chiropractors were recently developed at the request of the French Chiropractic Association. They have been implemented in the school clinics and were disseminated within the profession.

#### *4.2.6b Analysis*

The curriculum exposes the students to relevant aspects of chiropractic history and philosophy as well as a contemporary view of chiropractic and healthcare. There is a focus on evidence-based practice with the aim of training the students to becoming competent consumers of research. The recent development and dissemination of French guidelines show that there is a motivation for the scientific development of chiropractic in France. The evaluation team conclude that IFEC fosters the ability to participate in the scientific development of chiropractic.

#### *4.2.6c Conclusion*

IFEC 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*

IFEC operates a student clinic on both sites. Students experience early patient contact through a clinical observation internship in years 1 and 2. In year 3, the students play a more active role by taking a patient history and in year 4 they additionally perform clinical examination under the direct supervision of a year 5 student reporting to the supervising clinician. These placements are documented by reflective reports. As part of their programme, students are required to observe in a multidisciplinary setting and IFEC recommends that they do this close to their hometown.

The students undertake a three-stage clinical placement in years 4 and 5 (in the old curriculum which is still running-out, years 5 and 6), by the end of which they will have completed at least 300 appointments. The students adopt a patient-centred approach and follow evidence-based practice. The students work under the supervision of experienced chiropractors and are exposed to a variety of tutors. Each appointment is followed by a debriefing which helps the student to reflect on their



performance. In addition, the students undergo six direct observations per clinic placement where feedback is given by the supervising clinician. The passing of each stage is dependent on achieving specified competencies and is decided by the clinic council. Overall competency is assessed during placement three by a clinical competency exam consisting of a written exam and one practical station in the OSLER (Objective Structured Long Examination Record) format. The format of the practical portion with only one station raises some questions over the validity of the exam in this high stakes situation and it is recommended that more practical stations are added to increase the validity of the clinical competency exam.

Selected students are able to go through an external hospital placement in the Purpan Hospital in Toulouse and in the University Hospital Kremlin-Bicêtre near Ivry-sur-Seine. These are multidisciplinary settings, where 2 students work alongside an experienced clinician for two months. The students need to apply for these positions and they are allocated to the best students based on grades, motivating statements, and overall feedback on clinical performance. However, this is not standardized as only selected students are able to work in a multidisciplinary setting. The final placement for all students is for 30 days in private practices with field chiropractors who are members of the AFC (Association Française de Chiropraxie). This can be in one place or through a compagnonnage with different chiropractors. Some students seem to be experiencing difficulties in finding placements of their own and depend on help from IFEC.

#### *4.2.7b Analysis*

French law does not require a separate licensing examination which means the overall competency of the student is measured by the clinical competency exam. The clinical training is sufficient to achieve the specified competencies and to become an independent chiropractor upon graduation. The tasks that students are able to perform on their own are sequentially built-up during their time in clinic and students are closely supervised by a sufficient number of clinicians. At the Ivry clinic there is evidence that a variety of presentations are seen. Although patient numbers are monitored for each student there is no record of a student's individual case mix. The case mix is only known for the clinic in Ivry, not for Toulouse and the evaluation team recommends the implementation of a system to keep systematic records of each student's case mix to ensure they see a variety of conditions.

The evaluation team concludes that every student has early patient contact leading to participation in patient care. Furthermore, IFEC provides supervised clinical training to ensure the student gains the necessary clinical and communication skills and ethical values to assume clinical responsibility upon graduation. However, IFEC needs to take steps to assure itself that every student sees a variety of conditions in clinic and that it has enough practical stations to assure itself of the validity of the clinical competency exam.

#### *4.2.7c Conclusion*

IFEC substantially complies with Standard 2.7



#### 4.2.8 Curriculum Structure, Composition and Duration

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

##### *4.2.8a Description*

From 2016 the chiropractic programme became a 5-year, full time curriculum delivered on a semester basis leading to 300 ECTS. The curriculum was revised in 2018 in order to comply with French regulations and is based on acquiring competencies organised into 9 domains. The learning outcomes of each unit have been mapped onto the domains and competencies, however mapping against ECCE standards has not been done. The curriculum is organized in a spiral model where each unit specifies the learning outcomes, the delivery modes, the ECTS points achieved, the approximate hours spent by the students in class and on self-directed learning, and the assessment types. Course Coordinators and content experts ensure that horizontal and vertical integration between units is achieved, while lecturers share information at unit level on class delivery and assessment. The overall design shows clear linkages between different units and between years. In the first two years, the focus is on the acquisition of knowledge with more lecture and tutorial time allocated. As the programme progresses, more emphasis is placed on skill development and practical placements. Individualized learning is possible under specified circumstances such as direct entry into year 2 for health students or refresher placements upon entry for students needing to consolidate prior learning.

The curriculum structure allows for a variety of teaching methods and has integrated small group learning, clinical case studies, simulation tools, and e-learning. The integration of new teaching tools to enhance teaching practices and enrich the learning experience of students is to be commended.

##### *4.2.8b Analysis*

The new 5-year curriculum fully describes the content, duration and sequencing of courses that guide both staff and students on the learning outcomes expected at each stage of the programme. The integration of basic sciences with clinical sciences is well established.

##### *4.2.8c Conclusion*

IFEC 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 Director of the Undergraduate Programme is responsible for the overall management of the programme and for implementing the guidelines stipulated in the decrees of 2018. The director is responsible for five Course Coordinators, one for each academic year, who undertake administrative and managerial roles as well as their teaching responsibilities. In addition nine Content Experts ensure that the domains interlink across all years of the programme.

The former Academic Council has been divided into two new bodies; the Scientific Council and the Pedagogic Council. The Scientific Council is responsible for assuring the programme's scientific quality. It sets the main outline of the programme in compliance with national standards and with regard to new evidence arising from research as well as profession-based developments. It also makes recommendations to the Pedagogic Council and suggests themes for research and continual professional development. The Pedagogic Council is primarily responsible for the enactment of academic policies and procedures and reviews the delivery and assessment of teaching units together with individual student performance, circumstances and related issues. Representation includes external academic/expert representation on both Councils, an undergraduate student from each of the IFEC sites on the Pedagogic Council and one postgraduate student on the Scientific Council. In addition, a representative of the Ministère des Solidarités et de la Santé sits on the Pedagogic Council. Both Councils produce annual reports which are included in the Annual Institutional Report.

The programme management team are overseeing the change from a 6-year curriculum to a 5-year curriculum. Both curricula are being taught in parallel with the transition period ending in 2021/2022 when the final year of the 6-year curriculum will be taught out. Transition arrangements are in place to allow any failing students on the old curriculum to repeat the year and systems have been put into place to identify students that need remediation and additional support.

IFEC delivers the same curriculum on both sites. However, it is not always possible to ensure that the full range of materials is taught equally as lecturers may differ in their expertise from one site to another. Despite this the same examination is taken on both sites and the potential mis-match between delivered content and examination on the different sites has been a cause for concern with some students at the Toulouse site. Programme managers are aware of the potential issues and are seeking to address this by improving communication between staff and sharing teaching content and the setting of the examinations.

##### 4.2.9b Analysis

The Course Coordinators appear to be coping satisfactorily with their additional responsibilities and the new system of Content Experts has started to bed-in. Post-holders for both roles are happy with the support given by Senior Management and the teaching faculty feel the new system has helped

the integration of course content and the moderation of assessments. The evaluation team conclude that the programme management have the resources, responsibility, authority and capacity to plan, implement and review the curriculum to achieve the aims and objectives of the chiropractic programme. However, there is no formalised process in place to ensure that teaching content and assessment of individual units are equal across both sites. The evaluation team recommends that IFEC should introduce a formal process to assure itself that both teaching and assessment are equal at both sites.

#### 4.2.9c Conclusion

IFEC substantially 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

After completing the undergraduate programme at IFEC, the graduate must possess the competencies required to undertake independent and unsupervised practice. The obtained diploma (le Diplôme de Chiropracteur) must be registered with the local Health Regional Agency (ARS). This allows the right to use the title “chiropractor”.

Clinical training includes on site practice as a student chiropractor under supervision as well as a mandatory hospital internship and a mandatory assistantship in private practice during the 5th year. The French Chiropractic Association is facilitating finding field chiropractors willing to serve as principals, but this is still difficult. To address this, an additional form of internship or “compagnonnage” (trade-guilds) is employed where students spend a maximum of 3 days in the same office with a total of 30 compagnonnage days required.

##### 4.2.10b Analysis

The undergraduate diploma of IFEC allows the graduates to practice independently once the diploma is registered with local authorities. The transition to practicing as an independent chiropractor is facilitated by mandatory hospital internships as well as an assistantship in private practice during the last year of study. Many students initially join the practices of more experienced chiropractors. The evaluation team find that there is an operational linkage between the programme and subsequent stages of training and practice and that the curriculum appropriately reflects the

working environment and is responsive to feedback from graduates, the profession and the community.

#### 4.2.10c Conclusion

IFEC 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

IFEC employ a wide range of assessment methods including written and oral examinations, continuous evaluation of theoretical and practical learning, Practical Objective Structured Exams (POSE), Objective Structured Clinical Exams (OSCE) and Objective Structured Long Examination Records (OSLER). In addition, portfolio work is assessed during clinical internship and final year students are assessed via a thesis.

Assessments are moderated by Course Coordinators who agree the assessments beforehand and internally verify the students' assessed work. IFEC policy is that feedback is provided to students within 2 weeks of assignments being handed in, but this was rarely observed and students complained of a 4 week wait and longer in some cases.

Assessments are reviewed when necessary by the pedagogic coordinators and overseen by the Pedagogic Council. New evaluation methods are considered as necessary in the light of new resources and curriculum changes. The introduction of force-sensor tables and a virtual dissection table have introduced new approaches to assessment. There is continuous training of employee assessment methods through participation in pedagogical forums.

All students are made aware that they have the opportunity to appeal examination results by writing to the Head of Student Affairs and a second marker is allocated who may be an external. The Pedagogic council adjudicates on all student appeals.

##### 4.3.1b Analysis

The turnaround time for providing assessment results is often longer than the two weeks promised to students which causes student dissatisfaction. It is recommended that formal processes are put in place to monitor the turnaround time when providing assessment results to students. However, in general the panel finds that IFEC documents the methods used for assessment, progression and

appeals procedures and that assessment methods are regularly evaluated by Pedagogic Council, and new assessment methods are developed as appropriate.

#### 4.3.1c *Conclusion*

IFEC substantially complies with Standard 3.1



### 4.3.2 **Relation between assessment and learning**

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

#### 4.3.2a *Description*

Assessments are linked to the intended learning outcomes for each unit and this is checked by the Course Coordinators for each year. Assessment practices and methods vary with the needs of each year. Multiple Choice Questions are no longer used, but short answer questions, written examinations, coursework, a portfolio and practical assessments are fully employed. Clinical assessments are made via direct observation of procedural skills allowing the acquisition of competency to be tracked.

The assessment strategy for each unit as well as the assessment timetable is provided to the students by the lecturer at the start of the unit. The number of assessments is capped at 2 per semester for 1st to 4th year students and the type of assessment is matched to the type of learning so that transfer of knowledge matches the educational aims.

#### 4.3.2b *Analysis*

The evaluation team concludes that the assessment principles, methods and practices are appropriate to the learning outcomes and the educational aims and objectives, and that they promote learning practices.

#### 4.3.2c *Conclusion*

IFEC fully 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 application process has two stages. Initially students are required to send their application by post or email. After screening students are invited to attend an eligibility day which is divided into four stages: presentation, tests, observation of a clinical visit and an interview. Candidates face logic and general knowledge tests, and a 16 scenario situational questionnaire. Applicants are then asked to comment on a chiropractic consultation video as part of a 30 minute interview. At the end of the eligibility day the candidates are ranked according to the defined modalities. Applicants from outside France are required to pass a French language examination and to have reached a satisfactory standard in the TOEIC English test. Accreditation of Prior Learning (APL) is available for those who come from other degree level disciplines.

#### *4.4.1b Analysis*

The evaluation team finds that IFEC have an admission policy which is clearly applied, well defined and provides a specified process for the selection of students. The requirements on admission are made known to applicants and are consistently followed by the team.

#### *4.4.1c Conclusion*

IFEC 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 number of IFEC students is fixed by law at a maximum of 100 students per year at each site (1000 in total) which is specified in the accreditation issued by the Ministère des Solidarités et de la Santé. IFEC is required by the Ministry to have staff and physical resources at each site to accommodate this number of students.

IFEC has reached its 1000 student capacity, which includes direct entry and returning students who repeat a year. Both sites contain enough resources to ensure a high level of training and resources offered to students. If additional student numbers were to be recruited there would need to be a corresponding increase in resources, which is especially the case at the Toulouse site, particularly with respect to clinical and IT facilities. IFEC has plans to develop its resources and apply to the Ministère des Solidarités et de la Santé to increase student numbers in the future.

#### *4.4.2b Analysis*

The evaluation team finds that the size of student intake is defined and linked to the capacity of IFEC to provide adequate resources at all stages of the programme and concludes that there are adequate resources to accommodate present student numbers.

#### *4.4.2c Conclusion*

IFEC 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*

IFEC provides a supportive programme for students. Help is provided with academic and social difficulties in a timely fashion both through its own staff and the professional sector. When they first arrive, all students have an induction and are provided with guides on using the IT facilities and software during the course. IFEC has a specific policy to support students with additional learning needs which ensures these students have extra time for written assessments and the availability of a language dictionary at each exam. IFEC has a counselling programme and specific policies to deal with student difficulties. Students have the opportunity to speak to lecturers if they are struggling academically and will be signposted to further support if they need it. Students report that teachers are easy to contact and are available by e-mail and/or telephone and that they respond within one week. There are plans to introduce a customer management system in 2021 which will allow monitoring of academic progress.

#### *4.4.3b Analysis*

The evaluation team concludes that IFEC provides appropriate student support. There is induction for new arrivals on both sites, and counselling around student progress and other academic matters, as well as for the personal and social needs of students.

#### *4.4.3c Conclusion*

IFEC fully complies with Standard 4.3



#### **4.4.4 Student representation**



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

#### *4.4.4a Description*

Students have representation at all levels. The Governing Body AFEFC has two elected student members, The Pedagogic Council also has student representation as does Scientific Council which has a postgraduate student representative (1 member). Each year group has a student representative elected by their class. The student representatives on the various committees showed enthusiasm for their roles and an appreciation for being involved in decision making. Students are also encouraged to participate in WCCS (World Congress of Chiropractic Students) and IFEC send student representatives. Students felt their voice was being heard and that improvements have been made in response.

#### *4.4.4b Analysis*

Students are represented at committees so the communication between students and the Administration and Head of Studies is established. There is opportunity for the student representatives to communicate with their counter-parts across the two sites via video link and there is room for further collaboration. The evaluation team finds that student representation is evident throughout IFEC's committee structure and decision making panels. IFEC supports student representation and allows for student participation in all matters relevant to students, and feedback is sought from students on aspects of the curriculum.

#### *4.4.4c Conclusion*

IFEC fully complies with Standard 4.4



## **4.5 ACADEMIC and CLINICAL FACULTY (STAFF)**

### **4.5.1 Faculty (Staff) recruitment**

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

#### *4.5.1a Description*

A Human Resources department was created in 2016 in order to enable good and professional practice in relation to the recruitment, employment and development of staff. A recruitment strategy and policy are in place, as is a sourcing policy which aids in identifying specific needs and in identifying potential future staff. There is a procedure to consider and define overall staffing

requirements, which is linked to the annual budget setting process. Specific proposals reach the Directeur Générale or Principal via a report from the HR Manager, who in turn is informed by the Director of the Undergraduate Programme and the Teaching Coordinators. A staff handbook is currently being developed for all staff and will be made available on the VLE and there is also an induction procedure for new staff.

IFEC has around 140 teaching staff at both Ivry and Toulouse sites, with approximately one third supervising in the clinical settings. The great majority of the pedagogical team are on part-time contracts with a full-time equivalent of 32 staff. The regulatory obligations require an overall student to teaching staff ratio of 25:1. Currently the overall student to staff ratio is 23:1. The student to staff ratio in practical classes is 10:1 and within the clinical setting it is 3:1. The students feel that the ratio is appropriate.

Currently 54 teaching staff hold either a Masters (33) or Doctoral (21) qualification, with a further 8 enrolled on a PhD programme. 75-80% of teaching staff hold a chiropractic qualification, which is well over the minimum of 50% required by law.

Generally, there is no difficulty with the recruitment of staff, the exception being clinicians for the Toulouse site. In order to address this, the institution decided to improve its internal communication on career and staff development opportunities for current part-time clinicians with the intention to convert these to full-time positions. An international recruitment drive is seen as a second line approach.

#### *4.5.1b Analysis*

Following the introduction of the Human Resources Department good practices have taken root in recruitment, employment and the development of staff. There is a good ratio of pre-clinical and clinical staff, who interact effectively in the delivery of the programme. The great majority of key posts are held by staff on full-time contracts. The evaluation team finds that IFEC have a recruitment policy with which to deliver the curriculum adequately, and which monitors the balance between chiropractic and non-chiropractic faculty, and between full-time and part-time faculty.

#### *4.5.1c Conclusion*

IFEC fully 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*

IFEC has a system of annual faculty appraisal covering pedagogical, research and other duties and responsibilities. An appraisal is conducted with the Course Coordinator with feedback from students taken into account and results in an individual action plan for skills development, feeding into an overall training plan approved by the Principal. Teaching staff feel that the annual review and appraisal process works well. Staff development sessions are run by external educational experts in addition to an annual 'pedagogic day', and staff agreed this had improved their own personal teaching. IFEC also actively encourages academic staff to pursue relevant tertiary degrees and qualifications through financial support and protected research/study time.

Recognition of good teaching, research and service contribution is done via salary increase, promotion or one-off bonus payments. In 2019 all staff, with the exception of senior managers, were awarded a salary increase. Employment in private higher education in France is regulated by a nationally agreed convention, the 'Convention Collective de l'Éducation Privée Supérieure', and salaries, duties, holidays and promotion at IFEC accord with this agreement.

In 2017, a new evaluation system for clinical teachers was developed and became operational in 2018 to aid their managers in decisions about promotion and advancement. It allows clinical teachers to ask, on a voluntary basis, for an evaluation of their overall competency as a clinician and clinical educator through undertaking a number of clinical case-based assessment scenarios. It also identifies specific training needs for individuals and provides managers with an objective view of staff capability. A similar system for non-clinical staff is planned for 2020.

#### *4.5.2b Analysis*

The evaluation team concludes that there is a robust system of regular staff appraisal in place. Each member of teaching and professional support staff is evaluated annually by their manager. There are clear opportunities for development and promotion, and the evaluation team commends the unique and innovative system of assessing a clinical educator's level of knowledge, expertise and competency as a clinical educator.

#### *4.5.2c Conclusion*

IFEC 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 Ivry site is located in the south-eastern Parisian suburb of Ivry-sur-Seine. Ivry has a total of 4000 sqm located in two twin-storey buildings with an underground car park. The clinic was renovated in 2018. The school is located on four floors, with one floor for administrative staff, the rest of the school on three floors. The Ivry site offers more space for diverse uses than Toulouse.

The Toulouse site is located near the Toulouse Purpan hospital. It was built in 2009 and opened in 2010. It has a total of 3000 sqm located in a 3-storey building including an underground car park. A new clinic was built in 2016. Some Toulouse students indicated that there is a lack of space for quiet learning when the IT lab is being used for teaching.

Both sites contain amphitheatres for lectures, classrooms for smaller groups, and rooms equipped with a range of chiropractic tables for practical courses. Both sites have rooms with flexible walls which can be joined to create larger spaces. Both include spaces for cafeterias, IT, imaging and research laboratories and are equipped equally with audio-visual equipment, Anatomage tables and force sensing tables for technique instruction. Resources available to students and staff include a small library that also houses anatomy models. There is WiFi throughout all buildings and electronic resources such as Science Direct are available but only on site and not from home. The facilities conform to the local health and safety regulations.

Following the approval decision in 2018, the Ministère des Solidarités et de la Santé fixed the maximum student number at 1000 (500 students per site). Both sites have reached maximum capacity so any plans to increase student numbers will require expanded facilities.

#### *4.6.1b Analysis*

IFEC have demonstrated that they have sufficient physical facilities on both sites for faculty, staff and students to ensure that the curriculum can be delivered adequately. The evaluation team also found that library facilities and computer-based reference systems, support staff and reference collections are adequate to meet teaching and research needs. The addition of innovative teaching tools (Anatomage tables and force sensing tables) provides exemplary resources and shows a commitment to the development of teaching.

#### *4.6.1c Conclusion*

IFEC fully complies with Standard 6.1



### **4.6.2 Clinical training resources**

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

#### *4.6.2a Description*

The Ivry Teaching Clinic is situated on two floors next to the IFEC building and has a surface area of 800 sqm. The clinic consists of 26 treatment rooms, one room for rehabilitation, interns' and tutors' rooms, administrative offices, waiting rooms and a reception area for the patients.

The Toulouse Teaching Clinic is located just across the street from the main IFEC building and has a surface area of 500 sqm located on one level. The clinic consists of 17 treatment rooms; one of the treatment rooms is equipped with a two-way mirror which allows for discrete observations of clinic interactions. There are interns' and tutors' rooms, administrative offices as well as a waiting room and reception area for the patients. The students and clinicians from Toulouse are concerned over waiting times (up to two weeks) for new patient consultation with the Toulouse clinic at maximum capacity. Transitioning from the 6 to the 5-year programme means students from 3 different years are present together. Plans are in motion to increase room and supervisor capacity.

Both sites have well-equipped treatment rooms with a range of chiropractic treatment tables, negatoscopes and ancillary equipment. Ultrasound machines are available for neuromusculoskeletal diagnosis. Patient files and patient scheduling are digital. Both clinics are run by a full time clinic director while most of the supervising clinicians are part time with students filling some of the front desk duties as part of their clinic placements. The overall patient case mix has been monitored by a patient survey at Ivry in 2018 but this has not been done at Toulouse. All installations have obtained the authorization of the local authorities and comply with the regulations for reception of disabled persons. As of 2019, consultations are held at Purpan Hospital in Toulouse within the Sports Medicine Department and in the University Hospital Kremlin-Bicêtre in the Pain Management unit.

#### 4.6.2b Analysis

Overall both student clinics are well laid out, in good condition and have adequate clinical training resources. The number of treatments provided by each student is tracked and the individual case mix of the students is monitored by the clinic council as the students go through the stages of the programme.

#### 4.6.2c Conclusion

IFEC 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

Both sites at IFEC provide IT facilities to students and staff. Computer access is available at both sites and there is a subscription to online resources including Elsevier's Worldwide Science Direct which

provides access to over 900 journals, though this is only available on site. IT is integrated into the curriculum delivery using a Google platform to hold and disseminate documents, videos, lectures and other materials to students. Students are encouraged to purchase a laptop for their studies as a supplement to the limited computer space. There is sufficient power and Wi-Fi access in all teaching areas.

Notification of updates is sent directly to each student's email account in the event of changes to lectures and the timetable. The teaching clinic uses web-based software which students find works well. The patient files are digital as is the chain of control of the interns' work and progression in clinic. The clinical management software is accessible on and off site allowing students easy access to information and management of patients when they are in a clinical setting.

#### *4.6.3b Analysis*

The evaluation panel finds that IFEC has 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 are able to use IT for self-learning, accessing information and managing patients. Furthermore, staff use cutting-edge technology in the classroom, such as Anatomage, Poll Everywhere and Google Forms to enhance learning.

#### *4.6.3c Conclusion*

IFEC 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 programme is overseen by The Pedagogic Council which was set up in 2018 in response to a requirement of the Ministère des Solidarités et de la Santé. The Pedagogic Council, which includes a state representative, has the responsibility to ensure the quality of pedagogic activities at IFEC. In addition 5 pedagogic coordinators have been appointed, one for each year of the programme, to ensure that educational needs are considered in the design and delivery of the teaching and assessment. Reinforcing the pedagogic skills of the teaching staff are annual pedagogical days for all staff. In the past these have covered issues such as; teaching activities, teaching evaluation, motivation of the student (Jan 2018), the transversality of teaching, understanding the needs of students and the use of innovative teaching tools (June 2019). In addition IFEC teachers received feedback from behavioural and cognitive coaching and management teachers. Pedagogical training programmes are available and recommended to all new teachers joining the staff.

#### 4.6.4b Analysis

While the design and development of the curriculum lies with the Ministère des Solidarités et de la Santé, the evaluation team found evidence that IFEC has a clear determination to enhance the educational expertise of its own staff and makes appropriate use of educational expertise in the design and development of chiropractic teaching, learning and assessment methods.

#### 4.6.4c Conclusion

IFEC 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

IFEC currently relies on an administrative and technical team of 23 employees; a ratio of 1 professional support staff to 40 students. It is planned to increase this to 27 by January 2020. Two librarians are currently employed on both sites on a part-time basis (2 half days per week), and IFEC recognises there is a need to extend their support to students, especially during the project thesis and assessment periods. The students appreciate the presence of a psychologist for student counselling and also ask for expert advice regarding some of their patients. The institution's senior management also undertake some administrative tasks particularly in relation to IT based systems.

#### 4.6.5b Analysis

The evaluation team concludes that IFEC employs a broad range of administrative and technical staff to support the implementation of the institution's undergraduate programme and other activities, and to ensure good management and deployment of its resources. IFEC is proactive in responding to future needs by employing additional staff. Senior managers also assist in the establishment and maintenance of a number of support functions and submits themselves to regular informal review to ensure best employment of their resources.

#### 4.6.5c Conclusion

IFEC 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

The research team is currently composed of 5 staff with PhDs and a further 8 who are working towards a doctoral qualification. Three professors from national and international universities are associated with the research department. The institution's strategy is to recruit two doctoral students each year with the long-term goal to have between 10 to 15 teacher-researchers by 2025 as outlined in its Horizon 2025 strategic plan. Over the last 10 years the research team has achieved around 50 indexed publications, and cumulative funding for research has exceeded € 1 million. So far funding has come from chiropractic related sources, but the institution aims to add further funding from collaboration with other universities and CIFRE contracts.

The undergraduate curriculum is connected to research at every level through Domain 8 'Research Methodology and Evidence Based Practice'. Students, in groups of 5, carry out a critical review of the literature and write and defend a thesis in their final year. From their fourth year onward, students are encouraged to attend presentations by French or international researchers, and lower years are allowed to attend if their time-table permits.

IFEC has its own Ethics Committee which includes staff with expertise in law, an external university professor and a patient lay member and reviews all undergraduate and postgraduate research proposals. The Committee can refer proposals to another university ethics committee and in the case where patients are involved, to the national Person Protection Committee (CPP). Clinical supervisors are trained to become critical consumers of the published literature and clinical staff have been encouraged to actively participate in the conduct of a systematic review.

##### 4.7b Analysis

IFEC has developed appropriate procedures relating to research governance. There is a systematic approach to support non-research active staff to become better consumers of research and to actively applying research evidence and findings in their own teaching or clinical supervision responsibilities. IFEC demonstrates a strong commitment to research and a firm research ethos permeates the institution at a number of levels. A good research base has been developed and connects well with teaching, encouraging and preparing students to engage in research activity. The evaluation team commends the firm research ethos and a strong commitment to inform teaching



and clinical training with research and evidence-based approaches, and the clear strategy for expanding a research active faculty.

#### 4.7c *Conclusion*

IFEC fully 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 and evaluated by mechanisms set up by IFEC in conjunction with the Ministère des Solidarités et de la Santé to which it reports annually through the Rapport Annuel d'Activité. This is written to government specifications and made available to the public and is a comprehensive report covering the entire activity of IFEC. The report includes student results and academic feedback, an analysis of student success rates, student feedback, internal audits on teaching quality carried out by coordinators, pedagogical activity, a report from the Science Council on the scientific quality of the training, a report on the research undertakings of IFEC and also personnel and budgetary matters. This substantial reporting mechanism provides a critical analysis of the previous academic year based on stakeholder feedback and is submitted to Ministère des Solidarités et de la Santé for approval.

Evaluation data are obtained from students through a teaching evaluation questionnaire assessing the programme on a unit by unit basis. External examiners who assist with the independent marking process produce a report assessing the Clinical Competency Exam (CCE), hospital staff provide feedback on internships while patients provide feedback on clinic operations. In addition, discussions between the Student Council and members of the Board take place on average once a month.

##### 4.8.1b *Analysis*

IFEC has genuinely extensive mechanisms for programme evaluation. Most stakeholders have input into the annual monitoring process. However, teaching staff and patient feedback could be more comprehensive. That said, the evaluation team is satisfied that IFEC has thorough mechanisms for programme evaluation and that the curriculum, quality of teaching, student progress and student outcomes are monitored and concerns are identified and addressed.

##### 4.8.1c *Conclusion*

IFEC 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

Student feedback is sought through various means. A formal questionnaire evaluating aspects of student experience is administered at the end of each semester. Informal meetings throughout the year gather additional feedback from students. The results are analysed by the administration and teaching staff respond by making necessary changes. Students feel they are listened to and state that changes have resulted from their feed-back. Students have the opportunity to feedback via their class representatives who attend a student council with direct access to the Principal, the Deputy Principals and the Director of the Undergraduate Programme. However there is no formalised procedure for reporting back to the students.

Staff feedback is obtained through the annual appraisal system and information is passed through the internal committee structure. The annual pedagogic day allows for discussion and informal feedback for teaching staff while clinical staff have further informal opportunities. Additionally, a satisfaction questionnaire is distributed to teaching staff.

##### 4.8.2b Analysis

The evaluation team concludes that both faculty and student feedback are systematically sought, analysed and responded to and this is used to develop and improve the curriculum.

##### 4.8.2c Conclusion

IFEC fully complies with Standard 8.2



#### 4.8.3 Student cohort performance

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

##### 4.8.3a Description

IFEC analyses assessments at the end of each academic year. In-year student performance is continually assessed by faculty staff. Performance is tracked using the IT platforms Poll Everywhere and Google Forms which gives live updates on student performance. Subject tutors contact students in the event of unit failures. Analysis of student performance is carried out in the following stages:

- The teachers receive the results of the examinations of their taught units in advance of publication by the Student Affairs Department and review their unit data
- The coordinators analyse the results of each taught unit at the end of the academic year including student success rates for each unit, the associated general average and the success rate for different areas. They implement any necessary follow-up actions as part of the process of continuous improvement
- The Pedagogic Council review individual student data as necessary
- Student performance data are included in Rapport Annuel d'Activité and reviewed by the Ministère des Solidarités et de la Santé

#### 4.8.3b Analysis

The evaluation team concludes that student cohort performance is adequately analysed to support the aims and objectives of the programme.

#### 4.8.3c Conclusion

IFEC 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

The regulatory standard of the Ministère des Solidarités et de la Santé provides the quality criteria that must be fulfilled in order to obtain approval to award the diploma that is required to practice chiropractic in France. IFEC has worked with the Ministry to develop the accreditation criteria and to define the education programme required by law for chiropractic. IFEC received its first official certification in 2013 and was recertified in 2018. Each year, IFEC submits a mandatory report on all aspects of its activities including pedagogic and research activity as well as financial information which it makes public. IFEC is also monitored periodically by the Ministry of Education via its local government arm Rectorat de Créteil for IFEC Ivry and Rectorat to Toulouse for IFEC Toulouse.

IFEC regularly consults the chiropractic profession in France (AFC) which participates in the curriculum revision process. This collaboration has allowed IFEC to prepare a new curriculum corresponding to the knowledge, skills and attitudes expected of a new graduate by the representatives of the chiropractic profession in France. It has also allowed IFEC to gain informal information on any difficulties encountered by its graduates who are members of AFC.

Student representatives are involved in planning and decision making at all levels of the IFEC programme management including the IFEC Administrative council and the Pedagogic Council. Periodic electronic surveys are distributed to all students. Staff can provide feedback during their yearly appraisal meetings with the Course Coordinators. A patient survey has been undertaken at the Ivry site in 2018 including questions on presenting complaints and satisfaction with care, management and locality.

#### 4.8.4b Analysis

A wide range of stakeholders are involved in different aspects of formal and informal programme evaluation. The patients have only been surveyed once in the Ivry site and seem not to be a stakeholder in any other areas. It is recommended that patients are included as stakeholders at both sites and contribute to reviewing and updating the programme. This was a recommendation in the last review and the recommendation is reiterated here. The evaluation team concludes that, in general, programme evaluation does involve the governance and administration of the institution, the faculty, staff and the students, and that the outcomes are communicated to a range of stakeholders including the general public.

#### 4.8.4c Conclusion

IFEC substantially complies with Standard 8.4



## 4.9 GOVERNANCE AND ADMINISTRATION

### 4.9.1 Governance

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

#### 4.9.1a Description

AFEFC is the governing body for IFEC recognised by the Ministère des Solidarités et de la Santé for the provision of chiropractic education in France. It consists of 8 to 13 members, most being chiropractors, and 2 student members who are elected by the General Assembly of IFEC. The strategy for the institution is defined by the President of AFEFC's Administrative Council in collaboration with the Directeur Général (Principal). The Principal is supported by 2 Deputy Principals and the Director of Undergraduate Studies, who together meet regularly as the Comité Exécutif (COMEX). COMEX is responsible for managing the 13 services which cover the operational aspects, and its reports reach the governing body via the Principal. The senior management team or Direction Générale is composed of the Principal and the 2 Deputy Principals and is responsible for the implementation of the strategic aims and goals as defined by the Board of Governors and as expressed within IFEC's strategic plan Horizon 2025. Both the Scientific and the Pedagogic Council report to the Principal. Their reports are included within IFEC's Annual Report which is published on the institutional website.

#### 4.9.1b Analysis

The President and the members of AFEFC's Administrative Council are responsible for the overall strategic direction and management of IFEC and ensure its educational and research functions are fulfilled. The evaluation team concludes that the governance and committee structures and functions are well defined, including their relationship to the Ministère des Solidarités et de la Santé.

#### 4.9.1c Conclusion

IFEC 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 academic leadership of IFEC is divided between 5 pedagogic coordinators responsible for the year groups and 9 content experts responsible for each of the learning domains. These academic leaders report to the Director of the Undergraduate Programme who reports to the Principal. The pedagogic coordinators are focused on the human and material resources for their year group. The roles of the academic leaders are clearly defined. The accreditation in February 2018 required the reworking of the structure of the undergraduate programme with the disappearance of head of domain posts and the creation of pedagogic coordinator posts dedicated to each student cohort.

#### 4.9.2b Analysis

The division of responsibilities between year groups and learning domains is sound and serves the IFEC well. Responsibilities are well defined and clearly determined for each role. The responsibilities of the Director of undergraduate programmes and the academic management structures are clearly delineated and are working well. The evaluation team finds that the responsibilities of the academic head of the chiropractic programme and the academic management structures have been clearly stated.

#### 4.9.2c Conclusion

IFEC 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

The finance and accounting department is led by the Head of Accounting and Finance who is directly responsible to the Principal for the budget and financing of IFEC Toulouse and IFEC Ivry. This post was previously at Director level but it was decided by the Principal and the Board of Governors that a mid-management level post would be more appropriate. The budgetary needs of each department are discussed with the individual Heads of the various services. Apart from the institutional members of the executive or COMEX, the only other area within IFEC holding their own budget is the research department. Small budgetary expenses can be authorised at middle management level, anything else needs consideration and agreement at the level of the executive. The accounts are monitored on a monthly basis by the Principal and the Head of Accounting and Finance, and bi-annual meetings compare the projected income and expenses against the real figures for the previous 6 months. A financial report is presented by the Principal to the Board twice a year. The finances are audited and certified by Price Waterhouse Cooper (PWC).

#### 4.9.3b Analysis

IFEC is financially independent. Its resources come from tuition fees, treatment fees and continuing-education income. A summary of the budgets over the last 5 years shows consistency and an overall healthy position with small surpluses each year. Over time the institution has managed to build a comfortable level of reserves and has recently developed a clear vision for its future, clearly outlining the areas of strategic importance. The Board and the executive have ambitious plans for future expansion and growth in student numbers. The development and provision of a robust quality assurance programme and the addition of highly qualified and expert staff are seen as the significant financial challenges for the next 3 to 5 years. The evaluation team concludes that there is a clear line of responsibility and authority for the curriculum and its overall resourcing.

#### 4.9.3c Conclusion

IFEC fully complies with Standard 9.3



#### 4.9.4 Interaction with professional sector

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

#### 4.9.4a Description

The French chiropractic profession provides private practice internships to students in their final year, by helping with student recruitment and providing input for conference subjects. Some of the teaching staff are practicing chiropractors.

The French Chiropractic Association (Association Française de Chiropraxie-AFC) and IFEC have a close relationship developed through many collaborations including working with Ministry to determine the legal status of Chiropractic in France, the participation of AFC in the development of the new IFEC curriculum, funding support for IFEC research and financial support of the IFEC student association.

International relationships have been established through scientific and pedagogic collaborations with: The University of Quebec at Trois-Rivieres (UQTR) Canada; The Canadian Memorial Chiropractic College, Toronto, Canada; Murdoch University, Perth, Australia; Parker University Dallas, USA and The Chiropractic Medicine Programme at the University of Zurich, Switzerland. IFEC is also a member of the Association of the Chiropractic College (ACC). On an individual level, staff from IFEC have participated in international forums such as ECU conferences including the research day and ACC-RAC conferences.

Inter-professional relationships are evident in undergraduate education where many subjects are taught by healthcare professionals other than chiropractors (e.g. medical doctors, physiotherapists) and through the specific teaching unit “Inter-professional and Inter-disciplinary Relationships”. The hospital internships and multidisciplinary consultations at the Purpan University Hospital in Toulouse and the University Hospital Kremlin-Bicêtre near Ivry-sur-Seine also provide the students with further interaction with healthcare professionals. At the continuing education level, the conjoint University Diploma with Université Paris Sud provides for inter-professional education and interaction.

#### 4.9.4b Analysis

The evaluation team finds that there are constructive and formalised relationships with the chiropractic profession, other healthcare professionals, other universities, international chiropractic institutions, and the government.

#### 4.9.4c Conclusion

IFEC 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

IFEC has a strong history of continuous improvement seen in the development of its chiropractic education and training programmes over the past five years. IFEC believes that continual improvement is a matter of culture more than policies and this has been seen in the continual improvement of the programme. Improvements noted by the evaluation team include:

- IFEC has a strong commitment to dissemination of evidence-based learning and teaching through its participation in national and international scientific conferences
- IFEC has an exemplary commitment to staff training which contributes to the continual enhancement of the learning and teaching
- IFEC has an embedded commitment to Research through which it continually updates the technical skills of its staff and students
- IFEC is adapting well to the implementation of the new 5-year curriculum and is achieving its aims and objectives within the parameters set by the Ministère des Solidarités et de la Santé which has resulted in measurable improvements of the student experience
- IFEC has adapted and improved its educational resources in response to changes in previous teaching arrangements, e.g. purchasing two Anatomage Tables following changes in access to cadaveric dissection classes
- IFEC has strategically and consistently improved research activity and the teaching of evidence-based practice and staff development, i.e. clinicians becoming better users of research data
- IFEC has strong strategic vision expressed in Horizon 2025 and a clear understanding of its future direction and is taking deliberate steps in planning the extension of its infrastructure, physical resources and buildings
- IFEC has introduced an innovative system of evaluation of an individual's competency as a clinician and clinical educator

#### *4.10b Analysis*

The panel finds that IFEC has procedures that lead to continuous improvement of the programmes that meet changing needs. These changes are made public through the IFEC website and information about their activities and programmes is clear, accurate, objective, up-to-date and readily accessible.

#### *4.10c Conclusion*

IFEC fully complies with Standard 10





## 5. CONCLUSIONS

### 5.1 Summary

### 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 dedicated leadership provided by the Directeur Générale and his Senior Management Team in raising the academic standards of chiropractic education and training in France
- The commitment and enthusiasm of both the teaching and administrative staff
- The longitudinal strategy of embedding the delivery of Evidenced Based Practice from the classroom to the clinic
- The commitment and support to staff training
- The strong commitment to a research ethos which informs and underpins teaching and clinical training and the clear strategy for expanding research capacity
- The integration of new teaching tools to enhance teaching practices and enrich the learning experience of students
- The innovative system introduced to evaluate individual clinicians for competency as clinical educators

### 5.4 RECOMMENDATIONS

- The graduate competencies for the 5-year programme should be mapped against ECCE standards
- The programme management team should introduce a formal process to ensure that both teaching and assessment for individual units are equal at both sites of programme delivery

- Ensure that patients are included as stakeholders at both sites and contribute to the reviewing and updating of the programme
- The implementation of a system to keep track of the individual students' case mix to ensure they see a variety of conditions
- Add more practical stations to increase the validity of the clinical competency exam
- Put in place formal processes to monitor the turnaround time for providing assessment results to students

## **5.5 CONCERNS**

- None

## **5.6 ACKNOWLEDGEMENTS**

The Team wishes to extend its thanks to the staff and students at IFEC for the professionalism, hospitality and courtesy afforded to it during the on-site visits in Ivry and Toulouse.

APPENDIX – SITE VISIT AGENDA

## Timetable for visit to IFEC

**Outline of the visit**

**Sunday 01 December:** fly to Toulouse for private meeting of team p.m.

**Monday 02 December:** meetings/campus tour at Toulouse site

**Tuesday 03 December:** fly to Paris-Orly a.m., meetings/campus tour of Ivry-sur-Seine site p.m.

**Wednesday 04 December:** meetings/campus tour of Ivry-sur-Seine site

**Thursday 05 December:** meetings/campus tour of Ivry-sur-Seine site a.m., report writing in afternoon

**Friday 06 December:** report writing and verbal feedback to senior management a.m. Fly home p.m.

<b>SUN 1 DEC 19</b>			
<b>Fly to Toulouse for private meeting of team p.m.</b>			
18.00	Preliminary team meeting in hotel	All	

<b>MON 2 DEC 19 TOULOUSE</b>				
<b>Meetings/campus tour at Toulouse site</b>				
	<b>Meeting with</b>	<b>IFEC Personnel</b>	<b>IFEC members</b>	<b>Standards</b>
09.15	Arrival	Director Chiropractic programme	DG	
09.30-10.00	Team Meeting – Agenda Setting		All	
10.00-10.30	Course management team	Unit leaders	Coordinateur DFI	1.1, 1.2, 1.3, 1.4, 2.1, 2.8, 5.1, 5.2, 9.1, 9.2, 9.3, 10
10.30-11.15	Tour of campus facilities to include teaching facilities and library	Director Chiropractic programme or nominee	DG	2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 3.1, 3.2, 5.2, 6.2, 6.3, 6.4
11.15 - 13.30 (LUNCH)	Meeting with students from all years + Clinical Students followed by lunch with students	Up to 4 students from each year 6 clinical students	All	4.1, 4.2, 4.3, 4.4, 6.1, 6.2, 6.3, 8.2, 8.4
13.30-14.00	Team Meeting		All	
14.00-15.30	Meeting with Teaching Staff	FT & PT teaching faculty to cover all areas of teaching	Enseignant part time et full time	1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 2.5, 2.7, 2.8, 2.9, 2.10, 3.1, 3.2, 5.2, 6.1, 6.3, 6.5
15.30-16.30	Private Team Meeting		All	
16.30-17.30	Quality Assurance / IT Systems	Key quality personnel	DGA/	8.1, 8.2, 8.3, 8.4, 10
17.30-18.00	Private Team Meeting	None	All	
<b>DAY 2: TUE 3 DEC 19 TOULOUSE - PARIS</b>				
<b>Fly to Paris-Orly a.m., meetings/campus tour of Ivry-sur-Seine site p.m.</b>				
	<b>Meeting with</b>	<b>Personnel</b>	<b>Team members</b>	<b>Standards</b>
9.00-13.00	Transfer to Paris		All	
13.00	Arrival + Lunch	Director Chiropractic programme	DG	

13.30-14.00	Preliminary meeting with Executive/senior managers	Senior managers	DG/DGA/DFI	1.1, 1.2, 1.3, 1.4, 2.1, 9.1, 9.2
14.00-14.30	Private Team Meeting	None	All	
14:30-16.00	Teaching Team Meeting	Staff involved in teaching and Learning	All	1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 2.5, 2.7, 2.8, 2.9, 2.10,, 3.1, 3.2, 5.2, 6.1, 6.3, 6.5
16:00-16.30	Private Team Meeting	None	All	
16:30-17:00	Financial meeting	DG	Domaine 8	2.2, 2.3, 7
17.00-18:00	Private Team Meeting	none	All	
<b>DAY 3: WED 4 DEC PARIS</b>				
<b>Meetings/campus tour of Ivry-sur-Seine site</b>				
		Personnel	Team members	Standards
9.00-9.30	Private Team Meeting	none	All	
9.30-10.30	Private meeting	none		
10.30-11.00	Private Team Meeting	none	All	
11.00-12.45	Tour of campus and teaching and learning resources (non-clinical)	Course Director or nominee Librarian/computing experts	TK/DFI	6.1, 6.2, 6.3, 6.4, 6.5
12.45-13.00	Clinician staff both sites	1 or 2 clinicians per site		
13.00-14.00	Lunch with taught students to include discussion and questions	Up to 3 students from each year	All	3.1, 3.2, 4.1, 4.2, 4.3, 4.4, 6.1, 6.2,, 6.3, 6.4, 6.5, 7
14.00-14.30	Private Team Meeting	none	All	
14.30-16.00	Assessment and Learning	Assessment officer and staff responsible for collating assessments Staff responsible for marking/Internal verification	PM/DG	3.1, 3.2, 8.3
16.00-17.00	Research	Research active staff	RESEARCH STAFF	3.1, 7
17.00-18.00	Private Meeting	None	All	
<b>DAY 4: THU 5 DEC PARIS</b>				
<b>Meetings/campus tour of Ivry-sur-Seine site a.m., report writing in afternoon</b>				
		Personnel	Team members	Standards
9.00-9.30	Private	None	All	
10.00-10.30	Private meeting	None	All	
10.30-11.30	Private meeting	None	All	
11.30-13.00	HR (Staff recruitment promotions and development) and Admissions	HR manager, Admissions Officer and relevant personnel and Key personnel	All	1.1, 1.2, 1.3, 1.4, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 3.1, 3.2, 5.2, 6.1,, 6.3, 6.5
13.00-14.00	Lunch with clinical students to include discussion and questions	6 – 8 clinical students		6.1, 6.2,, 6.3, 6.4, 6.5
14.00-14.30	Private team meeting	None	All	
15.00-16.00	Subsequent stages and links to professional association	Professional body representative or other appropriate personnel	AFC REPRESENTANT AFC	2.10, 8.4, 9.4
16.00-17.00	Marketing/Learning Resources /Library/IT	Heads of Marketing, Learning Resources, Library, IT Demo of the VLE	DFI/TK/KARINE	6.1,, 6.3, 6.4,

17.00-18.00	Private meeting of Panel	None	All	
<b>FRI 6 DEC</b>				
<b>Report writing and verbal feedback to senior management a.m. Fly home p.m.</b>				
	Meeting with	Personnel	Team members	Standards
9.00-11.30	Private meeting of Panel and report writing		All	
11.30-12.00	Report back to senior staff	Senior management	All	
12.00	Depart for airport			