



**EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION**

**Self-Evaluation Report**

**March 2022**

**External Review against the Standards and Guidelines for Quality  
Assurance in the European Higher  
Education Area (ESG)**

## INTRODUCTION

The European Council on Chiropractic Education (ECCE) is a quality assurance agency for the education and training of chiropractors primarily in Europe but also for countries outside of Europe where no other quality assurance agency for chiropractic education exists (currently South Africa). Chiropractors are primary contact healthcare practitioners concerned with the diagnosis and management of a range of musculoskeletal disorders. The profession is recognised in a number of countries in Europe ranging from a statutory regulated healthcare profession to a fully regulated medical profession.

Chiropractic education and training occurs throughout the world, and in Europe there are a growing number of educational institutions providing undergraduate chiropractic education and training. Some of these institutions are private, but an increasing number are part of the higher education university system in their respective countries.

The ECCE is an autonomous agency, established in 1986 and supported by the chiropractic profession and educational institutions, with its core purpose centered on assuring that chiropractic education and training is of high quality and excellence reflective of best practice in higher education in order to produce safe and competent practitioners.

The ECCE received membership of the European Association for Quality Assurance in Higher Education (ENQA) in 2010. The ECCE sought to renew its ENQA membership in 2015 but was put into the 'member under review' category after the review pending recommended changes and improvements. However, the subsequent partial evaluation of the ECCE in 2017 failed to renew ECCE's membership. This was due to ECCE's obtaining a non-compliant assessment for ESG Standard 3.4 'Thematic Analysis' as well as partially compliant assessment for ESG 2.1 (Consideration of Internal Quality Assurance) and ESG 3.6 (Internal Quality Assurance and Professional Conduct). Therefore, the ECCE is currently an affiliate of ENQA but seeks, through this self-evaluation and peer review/site visit process, to demonstrate that it has undergone significant internal reflection and subsequent actions resulting in substantial changes and improvements in order to operate in line with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) (edition 2015). The primary changes include conducting several research studies on the ECCE operations and processes applicable to the ESG Standard 3.4 'Thematic Analysis'. The findings from these studies have led to changes and improvements in the relevant ECCE operations

which include expanding the roles of students within the ECCE, providing formal training for new student members and expanding the range of stakeholders within the ECCE.

As an external quality assurance agency in a specialist area of higher education and training operating in Europe, the ECCE wishes to align itself with standards of quality assurance in higher education (ESG) and to share best practice with other agencies undertaking similar roles and responsibilities. In seeking to regain its membership of ENQA, the ECCE has consulted its principal stakeholders (i.e. the European Chiropractors' Union (ECU), chiropractic educational institutions in Europe and South Africa, chiropractic students, both non-chiropractic and chiropractic educationalists), and continues to receive unanimous support. The ECCE is cognizant of levels of qualifications in line with the National Centers of the European Union (ENIC-NARIC). This is important as the ECCE operates in 6 different jurisdictions in both Europe and South Africa offering programmes relevant to their country of operations (i.e. BSc, MSc, MChiro, DC, MChiroMed, etc). Programme compliance levels with the ECCE Standards is how accreditation decisions are determined and not the specific named qualification awarded.

Therefore, ECCE has once again opted to submit to a review for membership as defined in the the Guidelines for ENQA Agency Reviews and, as such, is centered on compliance with the ENQA membership criteria and ESG. To demonstrate ECCE's compliance with the ESG, the current Self-Assessment Report (SAR) was prepared. This report will also be used for EQAR registry purposes. The ECCE's Quality Assurance Consultant (CQA), who is experienced in preparing numerous SARs for undergraduate and post-graduate chiropractic education in Switzerland, coordinated the creation of the SAR and wrote the first draft. This draft was then submitted to the ECCE Executive for input and revision. The first revision of the SAR was then sent via email to six members of the ECCE who had volunteered to peer evaluate the report and included chiropractic and non-chiropractic educationalists from various European countries as well as two heads of ECCE accredited chiropractic programmes. Feedback from this group was obtained and revisions completed prior to sending the report to the entire ECCE Council, which includes students and representatives from the European Chiropractors' Union (ECU) for additional feedback and comments. In addition, as part of the ENQA progress visit, the ECCE executive members and quality assurance consultant participated in a day-long meeting facilitated by ENQA with two experienced ENQA evaluators familiar with our organization. This was done in order to obtain feedback and insight into current ECCE policies and procedures prior to submitting this Self-Evaluation Report.

Given the changes implemented as a result of past reviews by ENQA, as well as those implemented with the normal passage of time by a learning organisation, the ECCE now considers itself in a strong position to submit a successful application for membership of ENQA. The ensuing documentation details ECCE's compliance with each of the ESG standards and signals its readiness to undergo a review by ENQA.

*Kenneth Vall, DC, MA(Ed)*

*ECCE President*

<b>Table of Contents</b>	<b>Page numbers</b>
<b>Introduction</b>	<b>2</b>
<b>Abbreviations</b>	<b>8</b>
<b>1. Background Information on the Higher Education System in Chiropractic</b>	<b>10</b>
1.1 The size and shape of the system	10
1.2 Structure of programmes and awards	11
1.3 Accreditation of Chiropractic Programmes	12
<b>2. Structure and Organisation of the ECCE</b>	<b>13</b>
2.1 ECCE in a world-wide context	13
2.2 Status of ECCE	14
2.3 Establishment of ECCE	15
2.4 Mission and Purpose	15
2.5 Initiation of Evaluations	16
2.6 Finances	17
2.7 Membership of ECCE	18
2.8 Executive of ECCE	19
2.9 Standing Committee of ECCE	20
ECCE Organigram	22
2.10 Activities of ECCE	23
<b>SWOT Analysis</b>	<b>25</b>
<b>3. External Quality Assurance Undertaken by ECCE</b>	<b>27</b>

<b>4. Evaluation Procedures Used by ECCE</b>	<b>29</b>
4.1 Initial Contact	29
4.2 ECCE Standards	30
4.3 Evaluation Method	32
4.4 Evaluation Team	33
4.5 Evaluation Visit	35
4.6 Evaluation Report	36
4.7 Decisions on Accreditation	37
<b>5. Compliance with ESG</b>	<b>38</b>
5.1 Part 2. European standards and guidelines for external quality assurance	38
5.2 Part 3. European standards and guidelines for quality assurance agencies	48
<b>6. Key Challenges and Areas for Future Development</b>	<b>61</b>
<b>Organigram for ECCE Accreditation/Re-accreditation Procedures</b>	<b>63</b>

## **Appendices**

1. ECCE Constitution
2. ECCE Accreditation Procedures and Standards in First Qualification Chiropractic Education and Training
3. Financial Policy
4. Financial Reports: Accounts for previous 3 years (4a and 4b)
5. Quality Assurance and Accreditation Committee Induction Manual

6. Evaluation Team Manual

7. Mapping of the ESG section 1 to the ECCE Standards

8. Changes to 'Standards' regarding student-centred learning, multidisciplinary learning and international mobility.

9. Evaluation Team Report for most recent ECCE Accreditation with Timetable at the end.

10. Strategic Plan

## Abbreviations

AAQ	Swiss Agency of Accreditation and Quality Assurance
AECC	Anglo-European College of Chiropractic
AECC-UC	Anglo-European College of Chiropractic - University College
AMoR	Annual Monitoring Report
BCC	Barcelona College of Chiropractic
CCE	Council on Chiropractic Education
CCEI	Council on Chiropractic Education International
CHE	Council on Higher Education
CQA	Consultant for Quality Assurance
DUT	Durban University of Technology
DC	Doctor of Chiropractic or Diploma of Chiropractic
ECCE	European Council on Chiropractic Education
ECU	European Chiropractors Union
EHEA	European Higher Education Area
ENQA	European Association for Quality Assurance in Higher Education
ESGs	European Standards and Guidelines
GCC	General Chiropractic Council (UK)
HEIs	Higher Education Institutions
IFEC	Institut Franco Européen de Chiropraxie
MCC	McTimoney College of Chiropractic
MChiro	Masters of Chiropractic degree

MChiroMed	Masters of Chiropractic Medicine degree
MSc	Masters of Science degree
QAA	Quality Assurance Agency
QAAC	Quality Assurance and Accreditation Committee
RCU	Real Centro Universitario Escorial-Maria Christina
UJ	University of Johannesburg
UK	United Kingdom
WFC	World Federation of Chiropractic
WIOC	Welsh Institute of Chiropractic

## **1. BACKGROUND INFORMATION ON THE HIGHER EDUCATION SYSTEM IN CHIROPRACTIC**

### **1.1 The size and shape of the Chiropractic Educational system**

1. The first higher education institution (HEI) for the education and training of chiropractors in Europe (Anglo-European College of Chiropractic (AECC)) was established in Bournemouth, UK in 1965. AECC University College is now an HEI offering a number of undergraduate and postgraduate degrees in the health sciences. The institution was initially a monotechnic providing undergraduate education for chiropractors, first with the University of Portsmouth and subsequently Bournemouth University as its validating partner. In 2017, the institution was designated for direct HEFCE funding, awarded TDAPs and gained University College title. From September 2017, the AECC University College admitted students to its own validated programmes, which now span a range of health subjects including the MChiro (Hons) degree accredited by the ECCE and the GCC (General Chiropractic Council). The institution is a QAA subscriber and following its last institutional review in 2016, is designated with the QAA Quality Mark.

Students from the UK and European Union (EU) who are eligible, receive direct funding from Student Finance Services. Students who are not eligible to receive direct funding, may receive support from their own government to attend the AECC University College. The chiropractic degrees awarded by the School are accredited by the ECCE and GCC in the UK.

2. In addition to the AECC University College, there are currently two other universities with ECCE (and GCC) accredited chiropractic education and training programmes in the UK. These are the Welsh Institute of Chiropractic (WIOC), operating as a division within the Faculty of Health (University of South Wales), and McTimoney College of Chiropractic (MCC) (part of BPP University School of Health), in Oxford, UK. Students from both WIOC and MCC are eligible to receive public funding. WIOC and MCC both deliver an integrated Master's degree (MChiro), validated by the Universities of South Wales and BPP University respectively. In addition, two other UK universities have started chiropractic programmes to help meet the increasing demand for chiropractors in the UK. None of these new programmes have yet graduated their first cohort

of students. Consequently, evaluation by the ECCE for accreditation, will take place in the near future.

3. Outside the UK, ECCE accredited chiropractic programmes are delivered in France (Institut Franco-Européen de Chiropraxie, IFEC) (IFEC Ivry-sur-Seine and IFEC Toulouse), Denmark (Syddansk Universitet Odense), Spain (The Real Centro Universitario Escorial-Maria Christina (RCU) and the Barcelona College of Chiropractic (BCC) affiliated with the Universitat Pompeu Fabra), and Switzerland (University of Zurich Medical programme.) There are developments in other European countries to establish chiropractic education including Norway, Germany, Turkey and Poland. The Turkish programme has submitted its first Self-Evaluation Report) to the ECCE for a pending accreditation evaluation event.

The ECCE also evaluates and accredits two chiropractic programmes in South Africa. One is within the Faculty of Health at the University of Johannesburg (UJ) and the other is within the Health Sciences Faculty at Durban University of Technology (DUT).

4. The continual growth of complementary healthcare alongside or integrated with orthodox medicine, together with increased government recognition and regulation of chiropractic in Europe, indicates that the need for chiropractic education and training in Europe will increase significantly in the future.

## **1.2 Structure of programmes and awards**

5. Current educational institutions delivering chiropractic programmes include both private colleges/universities and established public universities. Even where the institutions are private and not for profit, there may be close associations with the university sector and/or the programmes validated by a partner university. For new chiropractic institutions it is advisable to establish these within the HE Sector in order to facilitate and promote chiropractic education and training at the same level as other professional health-care HE degrees.

6. Irrespective of the status of the institution delivering chiropractic education and training, each will act autonomously and independently within the context

of its setting and national legislation and requirements. Each programme has the academic freedom to design and develop a chiropractic curriculum that ensures a graduate is safe and competent to practice. To obtain official national and/or ECCE accreditation, the curriculum must adhere both to national accrediting documents, where they exist, as well as to ECCE Standards. To this end, the ECCE has mapped and aligned its 'Standards', 'Competencies' and 'Policies and Procedures' with the Council on Chiropractic Education International (CCEI) Framework, available on the CCEI website. Additionally, the ECCE has also independently mapped its Standards with the UK's GCC Standards as well as the Swiss Agency of Accreditation and Quality Assurance (AAQ) Standards. The GCC and the AAQ also independently performed this same mapping exercise. In all of the mapping exercises there were very close matches for the agencies' Standards, thus facilitating possible joint evaluation events in the future. (Mapping available upon request).

7. Chiropractic programmes that are validated by a university (the majority) or national government conform to the European Higher Education Area (EHEA) qualifications framework. These programmes are either integrated undergraduate Master's degrees or postgraduate MSc or MChiroMed degrees which range from 4 to 6 years of combined study and practical experience. Outside national statutory requirements, there is no pre-determined qualification for chiropractors in Europe, and for those programmes not validated by a university the norm is the Diploma of Chiropractic (DC) degree.

### **1.3 Accreditation of Chiropractic Programmes**

8. Chiropractic education and training leads to a professional qualification. In line with other professional degrees, such as medicine, chiropractic education and training are subject to accreditation by the relevant professional or statutory body. In the UK, for example, undergraduate chiropractic education and training is accredited by the General Chiropractic Council (GCC), which is a statutory body established by Parliament under the Chiropractors Act 1994. In Switzerland, the chiropractic medicine programme is accredited by the AAQ of the Swiss government, the same as for Human Medicine. In contrast, the ECCE is an agency established by the chiropractic profession in Europe for accreditation of programmes across national boundaries.

9. Given the diversity of higher education in chiropractic, including the setting of the institution, university validation of the programme and the qualification required to practice chiropractic, it is essential that there is an overriding and uniform accreditation process that ensures the quality and standard of chiropractic education and training irrespective of these differences. In some countries in Europe there is statutory accreditation, but this is the exception rather than the rule. Where programmes are validated by a university, there will be systematic internal quality assurance processes such as periodic reviews, regular monitoring cycles and possibly external examiners, but not all chiropractic programmes in Europe are university validated. The role of the ECCE is therefore that of an external quality assurance agency in the periodic review of institutions providing chiropractic education and training in Europe. The underlying assumption is that accreditation by the ECCE provides confidence to the chiropractic profession and to the public that chiropractic programmes are delivering an education and training that produces chiropractors who are safe and competent to practice. It also facilitates international mobility for graduates of ECCE accredited programmes, as the ECCE is a member of the Council on Chiropractic Education International (CCEI).

## **2. STRUCTURE AND ORGANISATION OF THE ECCE**

### **2.1 ECCE in a world-wide context**

10. Chiropractic as a form of treating disorders of the spine originated in the USA at the end of the 19<sup>th</sup> century. The first chiropractic educational institution was established in Davenport, Iowa, and then as the practice of chiropractic proliferated throughout America, so the number of chiropractic educational institutions grew. Today, there are chiropractic colleges in the USA, accredited by the Council on Chiropractic Education (CCE USA), together with chiropractic colleges in Asia, Australia, Canada, Europe, Mexico, New Zealand, South Africa, South America.

11. As part of this world-wide network of chiropractic education and training, chiropractic colleges are accredited by the Councils on Chiropractic Education (CCEs) depending on their geographic distribution. There are four such

accrediting bodies: CCEUS (USA),<sup>1</sup> CCEC (Canada),<sup>2</sup> CCEA (Australasia)<sup>3</sup> and ECCE (Europe).<sup>4</sup> The latter is registered as the European Council on Chiropractic Education (ECCE) and is the (sole) subject of this self-evaluation.

12. To ensure parity of educational standards world-wide, the Council on Chiropractic Education International (CCEI)<sup>5</sup> was established in 2001. The CCEC, CCEA and ECCE are all member agencies of CCEI. The CCEI publishes a set of 'model core standards' (CCEI Framework) to which the Standards set by the individual CCEs adhere. This reciprocity facilitates, but does not guarantee, recognition to those chiropractors who have graduated from CCE-accredited programmes world-wide and facilitates the movement of chiropractors across national and international borders.

13. Within this international framework however, each CCE is an autonomous agency, setting its own Standards, establishing its own policies and procedures, and acting independently from all other CCEs, and from the CCEI.

## 2.2 Status of ECCE

14. The ECCE is an autonomous and independent, non-profit external quality assurance agency for (first qualification) chiropractic education and training in Europe. The agency's purpose and Constitution is registered in Aachen, Germany at the Register of Associations (*Vereinsregister 73 VR 2732*) (appendix 1).

---

<sup>1</sup> <http://www.cce-usa.org/>

<sup>2</sup> <http://www.chirofed.ca/>

<sup>3</sup> <http://www.ccea.com.au/>

<sup>4</sup> <http://www.cce-europe.org/>

<sup>5</sup> <http://www.cceintl.org/>

### 2.3 Establishment of the ECCE

15. The ECCE was established in 1981 by the General Council of the European Chiropractors' Union (ECU) to oversee the accreditation of chiropractic education and training in Europe on behalf of the chiropractic profession in Europe. The ECU is the union of the national chiropractic professional associations in Europe and represents the chiropractic profession in Europe. In 1986, the ECCE formally separated from the ECU, and in 1991 registered under its own name and Constitution (appendix 1). The first institution to receive ECCE accreditation was the AECC in 1992.

### 2.4 Mission and Purpose

16. The ECCE's mission is to establish educational 'Standards' of safe and competent practice in the education and training of chiropractors (appendix 2). By periodically reviewing programmes against these Standards, the ECCE safeguards the chiropractic profession's and the public's confidence in the competencies of chiropractors and their ability to carry out safe practice. The ECCE's mission is also to facilitate continuous improvement and sharing of best practice between providers of chiropractic education and training. The ECCE evaluates higher education in chiropractic in Europe across national borders and within a diverse framework of national requirements and legislation. In areas of the world where there is no CCE, applications can be made to the ECCE from chiropractic programmes outside Europe (i.e. South Africa for example).

17. The ECCE's purpose, as set out in its Constitution (appendix 1) is:

- *To encourage the highest possible standards in chiropractic education and training.*
- *To establish standards of excellence for the education and training of chiropractors as safe and competent primary contact practitioners.*
- *To foster academic environments in which ethically and professionally responsible future practitioners of chiropractic can be educated and trained.*
- *To evaluate and accredit chiropractic institutions (and/or chiropractic educational programmes) according to, and against, a pre-determined and evolving set of procedures and Standards.*

- *To publish a list of those institutions that deliver programmes in compliance with the Council's procedures and Standards.*
- *To ensure that institutions holding accredited status with the Council are comparable in their educational programmes in achieving the core competencies.*
- *To actively seek recognition of the Council as the policy-making body for chiropractic education and training by all relevant authorities whether independent, national or international.*
- *To develop equivalent accreditation agreements where appropriate with other co-operating accreditation bodies.*
- *To exclusively and directly pursue non-profit objectives in accordance with the Section "Tax-deductible objectives" of the German tax regulations.*
- *To engage altruistically. The Council does not pursue profit-making goals. The funds of the Council shall be spent in accordance with the Constitution only. The members shall not receive allocations from the Council's funds. Expenditure and remunerations must not exceed costs actually incurred. They shall be documented by the Council's accounting records. No person shall benefit from expenditures which are alien to the purpose of the Council.*

## **2.5 Initiation of evaluations of chiropractic programmes**

18. The ECCE is not a statutory body, and is not instructed by government. The ECCE initiates evaluations at the request of programmes, subject to the programme meeting the eligibility criteria for accreditation (as set out in the ECCE Accreditation Procedures and Standards) (appendix 2). Although not initiated by government, the work of the ECCE is cited in official government documents in the UK, Norway, Finland, South Africa and Denmark as reported and included in the original ENQA application.

## 2.6 Finances

19. The ECCE is funded from two principal sources: annual dues from programmes with accredited status, and from the chiropractic profession (through the ECU). Annual membership dues from accredited programmes are set on a band structure, categorized by the number of students graduating in that year (appendix 3). The band structure allows for a sustainable budget projection. Additional funding is also obtained from European countries that do not belong to the ECU (i.e. currently France) as well as from South Africa. The ECCE publishes a Financial Policy (appendix 3) which is kept under regular review and agreed by the membership of the ECCE. For an evaluation of a programme for accredited status, an evaluation fee is charged, and a fee for each re-accreditation thereafter. Again, the fee in question is set at a level agreed by the membership of the ECCE and only covers the actual costs of the accreditation/evaluation event, with no profit going to the ECCE.

20. Budgets for income and expenditure are set by the Executive of the ECCE and approved by the full membership of the ECCE. Any changes to the budget must be approved by the full membership of the ECCE. Externally audited accounts for the preceding year are presented to the full membership of the ECCE for information on an annual basis. Accounts for the previous 3 years are included in appendices 4a and 4b. These accounts reflect the increase in annual fees from the 10 accredited programmes which were voted on and unanimously approved by the general council in November 2018, supporting the financial sustainability of the ECCE. Furthermore, with 2 new university-based chiropractic programmes having already started in the UK, both of which will apply for ECCE accreditation once their first cohort of students has graduated, additional funding for the ECCE's operations will become available if they are accredited. Additional chiropractic programmes have also started in Turkey and Germany and meetings between their leaders and the ECCE executive members have taken place to try to facilitate their progression and eventual ECCE membership.

## 2.7 Membership of ECCE

21. Members of the Council (ECCE) must comply with the requirements as set out in the Constitution (appendix 1, sections 3 and 4). These ensure the independence of members and reduce the possibility of conflicts of interest with the autonomy of the ECCE. For example, members of Council must not be acting in an executive capacity in a chiropractic professional association. The ECCE aims to include a spread of expertise and experience and there are categories of membership to ensure chiropractors and non-chiropractors contribute to the work of the Council. There are 35 members of Council, which include all stakeholders (see the Organigram on page 22). These include 2 student members who have been added since the first review against the ESG in 2010. Student members are nominated by their respective student bodies after an official notice, outlining the required commitments and duties, is sent out to all ECCE accredited student councils from the Student Liaison Officer (letter available upon request). The curriculum vitae of all nominated students are included in the ECCE agenda for the annual general council meeting and voting takes place during this meeting. In addition, each programme accredited by the ECCE is represented by one member, normally the Head or Principal of the programme. These programme members remain on Council for as long as they have accredited status with the ECCE. All other members, with the exception of the member elected to the post of Treasurer, normally serve a maximum of two terms each of four years. In exceptional circumstances Council members can be voted in for more than the 8-year period (see appendix 1: 'Constitution', sections 3 and 4). All members of the Council, with the exception of the programme members, are nominated by a range of constituencies and elected by the Council. Section 3 of the Constitution (appendix 1) provides specific details of who nominates the members for the various membership categories. The ECCE has an equal opportunities policy which states: "People will be treated with respect, dignity and equality at all times regardless of age, race, nationality, sex, sexual orientation, disability or religion. Harassment, bullying, and victimization will not be tolerated. Behaviour of this type may lead to expulsion from the ECCE."

The purposes, roles and functions of the Council are outlined in the Constitution (appendix 1, section 2) and the numbers and types of members of the Council

are described in section 3 of the Constitution. This full membership meets once a year at the Annual General Meeting, and observers can be invited at the discretion of the Executive. Minutes of Council meetings are recorded, circulated amongst members and approved by the Council. Minutes of Council meetings are not publicly available. Outside Council, the work of the ECCE is carried out by the Executive and by the Standing Committee of the ECCE, supported administratively by the Executive Secretary and the Quality Assurance Consultant (CQA). The duties of the Executive Secretary and the CQA are outlined in the Constitution (appendix 1) in sections 8.7 and 8.9 respectively. The Executive Secretary and the CQA are contracted by the ECCE and are not voting members of the ECCE, the Executive or the Standing Committees, but are in attendance at appropriate meetings of the bodies of the ECCE (i.e. Council, Executive and Standing Committee). Details of the above are set out in the Constitution (appendix 1). Other members of the ECCE, including the Executive, QAAC, and Evaluation Team members are paid on specific work or tasks performed, typically at €500 for a full day and €250 for a half day.

## **2.8 Executive of ECCE**

22. The Executive consists of the President, Vice-President, Treasurer, and Chair of the Quality Assurance and Accreditation Committee (QAAC). The Executive Secretary and the CQA also sit on this committee but without voting rights. The responsibilities and tasks of the CQA are outlined in the Constitution, section 8.9. The President, Vice President, Treasurer and Chair of the QAAC are elected by the full membership of the Council. Section 4 of the Constitution (appendix 1) provides the details regarding length of membership for these members.

23. The Executive is responsible for the day-to-day running of the ECCE. As set out in the Constitution (appendix 1), the Executive is responsible for:

- *Day-to-day administration of the Council.*
- *Appointment of Evaluation Teams.*
- *Organizing training sessions for Evaluation Team members*
- *Correspondence with CCEI and other CCEs.*

- *Appointment of a representative(s) to the CCEI (who may or may not be a member of the Council).*
- *Administering initial contacts with institutions prior to application for accredited status.*
- *Dealing with all queries (other than those under the jurisdiction of the QAAC) directed to the Council.*
- *Invitation of Observers to meetings of the Council.*
- *Production of financial statements and budgets for approval by the Council.*
- *Production of the Financial Policy to include annual dues and accreditation fees for approval by the Council.*
- *Production of an annual report on the activities of the Council (ECCE).*

24. The Executive communicates principally by email and telephone, and holds on average two to three face-to-face meetings per year in non-Covid times. Additionally, at least 2 Skype or Zoom meetings are also held each year. Minutes of these meetings are recorded and submitted to the full membership of Council at its annual general meeting for information and discussion.

## **2.9 Standing Committee of the ECCE**

25. The ECCE has one standing committee: The Quality Assurance and Accreditation Committee (QAAC) which has a minimum of 5 members. The members of the QAAC are elected by the Council (Appendix 1: Constitution, section 9.1). The Chair of the QAAC is elected annually by and from its membership at the annual meeting of the QAAC and is a member of the ECCE Executive committee. In the history of the ECCE, the annual election of the Chair of the QAAC has resulted in confirming the re-election of the current Chair until that person's tenure on the ECCE is finished. Members of the QAAC committee, which include non-chiropractic and chiropractic educationalists, practitioners and 1 student, as well as their terms of reference, are set out in the

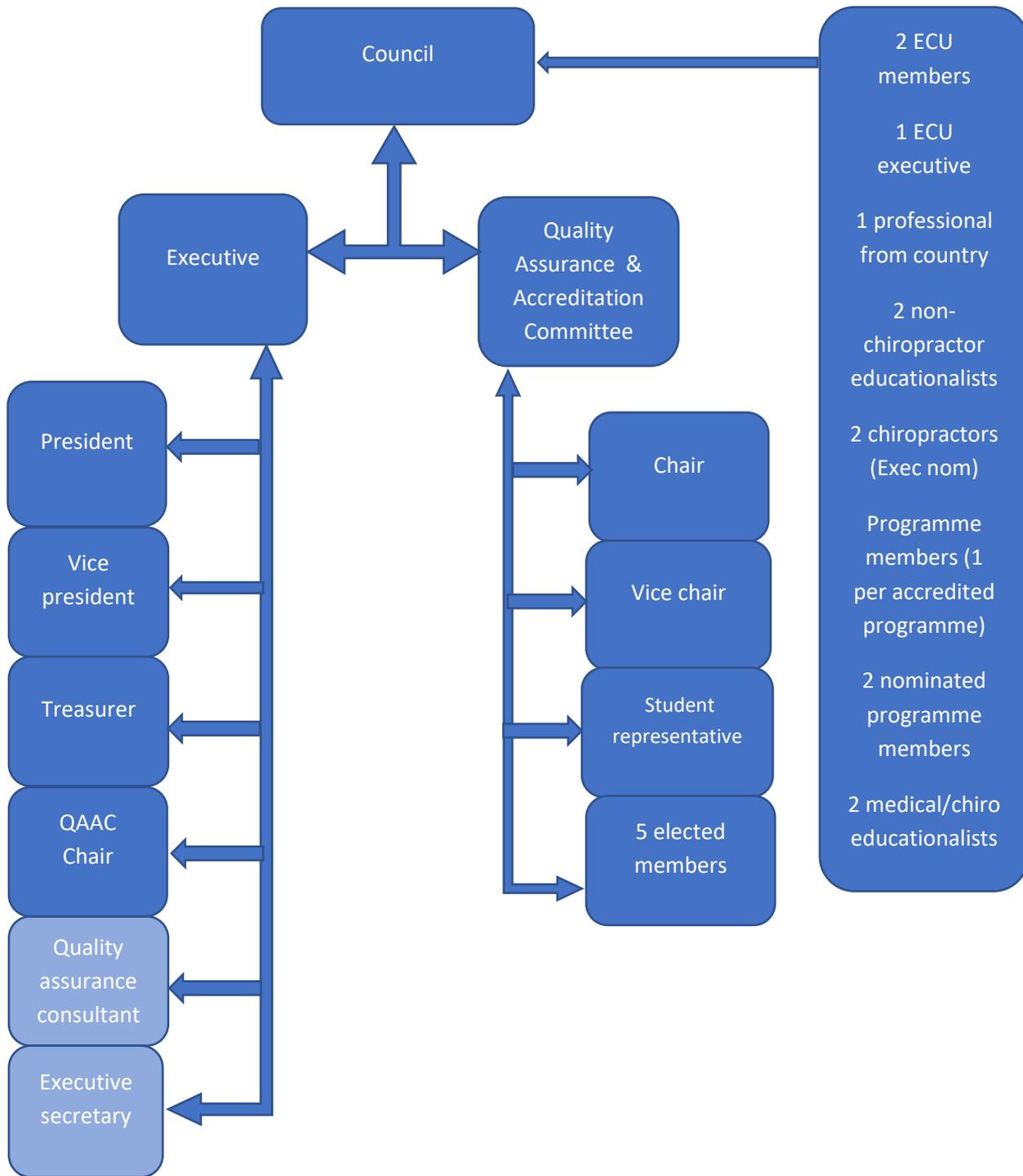
Constitution (appendix 1). Members of the QAAC are required to sign a Declaration of Confidentiality. The QAAC Induction Manual, which outlines the duties of this committee, is available as appendix 5 of this report.

26. The QAAC is the body of the ECCE responsible for all matters pertaining to the accreditation (and re-accreditation) of institutions, including the final decision on accreditation (and re-accreditation) following receipt of the institution's self-study report and the evaluation report compiled by the evaluation team following an on-site visit to the institution (or 'virtual' zoom visits during the Covid-19 pandemic). Minutes of QAAC meetings are recorded and remain confidential.

27. The duties and responsibilities of the QAAC, as set out in the Constitution, are:

- *The QAAC is responsible for all matters (including all correspondence) pertaining to the accreditation of chiropractic programmes and providing a list of institutions with accredited status to the Council.*
  
- *The QAAC shall apply and follow the standards and procedures set forth in the current Council's publication entitled "Accreditation Procedures and Standards for Chiropractic Education" and in such documents and regulations which may be adopted by the Council.*
  
- *The QAAC shall be responsible for all decisions on granting, revoking or refusing of any status of accreditation to an institution.*
  
- *The QAAC shall be responsible for receipt and approval of Annual Monitoring Reports from the programmes in line with relevant policies and procedures.*

# ECCE ORGANIGRAM



## 2.10 Activities of ECCE

29. This section of the self-evaluation has focused on the structure and organisation of the ECCE in carrying out its principal activity, i.e. the external quality assurance of higher education in chiropractic and accreditation of programmes providing education and training at a standard that ensures students have the opportunity to attain the knowledge, skills and attitudes to be safe and competent chiropractors. The ECCE is strictly apolitical and does not enter into, or make comment on political issues that may face the profession from time to time. The ECCE operates a no fear or favour policy towards programmes, and conducts its procedures in a transparent and sensitive manner, and is only concerned with whether or not a programme provides chiropractic education and training that is in compliance with the ECCE Standards. A significant proportion (but not all) of the members of the ECCE are themselves members of staff at the ECCE accredited chiropractic programmes. Quite properly, these members of Council are the people with the experience and expertise in chiropractic education and training, and who are in a position to judge the quality of education and training. However, staff of particular programmes are never involved in determining the accreditation decision of their programme. As with the external examiner system in higher education, and review procedures in other disciplines such as medicine, the ECCE is fortunate to be able to rely on the professionalism of these people who give freely of their time to promote the standards of chiropractic education and training. At the same time, the ECCE is cognisant that conflicts of interest may occur, and has put procedures and policies in place that ensure that these do not compromise the work of the ECCE in terms of selecting evaluation teams and the work of the QAAC.

30. The ECCE is a credible and recognised agency internationally, which has earned a reputation for undertaking external review of programmes that is rigorous, transparent and fair. All but one of the eligible chiropractic programmes in Europe have sought accredited status with the ECCE. In 2009, the first programme outside Europe (for reason of not having a CCE in its own geographic area) received ECCE-accredited status (Durban University of Technology, South Africa). This programme received re-accreditation in 2012 and 2017. Additionally, the chiropractic programme at the University of

Johannesburg in South Africa applied for and received its first accreditation by the ECCE in 2010 followed by re-accreditation in 2013 and 2018.

31. The ECCE's Consultant for Quality Assurance (CQA) is responsible for continual review and evaluation (as directed by the Executive committee) of the ECCE's policies and procedures, the Constitution (appendix 1), the ECCE Accreditation Procedures and Standards (appendix 2) and the Evaluation Team Manual (appendix 6). All changes/updates to the documents must be approved by the ECCE Executive as well as the entire council. The CQA focuses on the internal and external quality assurance of the ECCE and reports in the first instance to the ECCE Executive committee. The CQA sends feedback questionnaires to all members of a site evaluation team as well as to the programme being evaluated after every accreditation evaluation. This information is then assessed and a formal written report produced which is shared with the Executive committee, the QAAC as well as the other members of the ECCE and the evaluated programme. Feedback questionnaires are also sent to all stakeholders after every ECCE general council meeting and QAAC meeting with written reports provided to the Executive members. Issues arising from all reports are acted upon in the first instance by the ECCE executive committee.

The CQA also coordinates and performs internal 'Thematic Analysis' research on the ECCE's various activities, recruiting other members of the ECCE Executive, the QAAC, and external experienced scientific researchers as needed for analysis and review of the research protocol and final report for each study. Formal, peer reviewed reports/papers are written and shared with ECCE members and accredited programmes for discussion and potential modification of the ECCE policies and procedures. Topics for the Thematic Analysis projects are determined by the QAAC as well as the Executive committee with input from the entire council.

The following section includes the 'Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis of the ECCE structure, accreditation activities, processes, policies and procedures followed by details of the external quality assurance activities undertaken by the ECCE. The final SWOT analysis was updated by the CQA and reviewed and approved by the ECCE Executive and General Council.

## SWOT ANALYSIS 2021-22

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<p>Experienced in international accreditations.</p> <p>Currently the only agency with its' core purpose the external review of chiropractic education in Europe.</p> <p>Respected as an autonomous, independent QA agency.</p> <p>Graduates from ECCE accredited institutions may seek employment internationally.</p> <p>ECCE members bring experience from several different countries.</p> <p>ECCE members have a depth of higher education as well as clinical practice experience and come from a variety of professional backgrounds in higher education and healthcare.</p> <p>Site evaluation team members are not subject to the maximum 8 year term of service and thus serve as highly experienced evaluators and mentors to new site evaluation team members.</p> <p>Some ECCE members have advanced degrees in</p>	<p>The maximum 8 year term of membership for some (but not all) non-institutional members may mean that some with the most experience are usually (but not always) replaced by members with less experience. (Institutional members may be on council as long as they are the head of a programme.)</p> <p>Some ECCE members volunteer their time and efforts, having full-time jobs outside of the ECCE.</p> <p>The international membership coming from across Europe and South Africa makes frequent face-to-face meetings challenging.</p> <p>The frequent changes in student members as they graduate has meant that they may not</p>	<p>Potential to work with national accrediting agencies in some countries to conduct joint accreditation site visits. (This took place with the Swiss AAQ for the Zurich programme in 2020-21. The UK GCC and the ECCE attend each other's meetings and evaluation visits.)</p> <p>The risk-based assessments and flexible re-accreditation time frames allow the ECCE to align with national accreditation time frames where they are available and open to collaboration.</p> <p>The opportunity to positively influence chiropractic education internationally, particularly in emerging countries (i.e. Latin America).</p> <p>The opportunity to mentor and advise potential new European programmes to facilitate future ECCE membership</p>	<p>Currently the only agency with its' core purpose the external review of chiropractic education in Europe. If another agency took on this role it would be a threat.</p> <p>Financial limitations affect some desired activities (i.e. attending some ENQA and related agency workshops or meetings.) However, this has improved since the last ENQA evaluation.</p> <p>Some chiropractic institutions question the need for both the ECCE and their own national accreditation.</p> <p>The future need for the ECCE's services is predicated by the profession's desire for an independent, cross-border quality assurance agency for chiropractic education. As such a change in the political will of the</p>

<p>medical education or related educational qualifications in addition to their professional academic qualifications.</p> <p>Some ECCE members are experienced researchers which facilitates high quality thematic analysis studies leading to publication in medical and educational journals.</p> <p>The addition of student members to the ECCE as well as site evaluation teams has been a positive experience.</p> <p>The appointment of an excellent Executive Secretary.</p> <p>The appointment of a Quality Assurance Consultant to advance the internal and external quality assurance monitoring, serve as a mentor to emerging programmes, as well as performing and publishing QA research studies on the ECCE activities.</p> <p>A stronger financial position which allows remuneration to several ECCE executive members, QAAC members as well as allowing increased attendance and participation at ENQA meetings and seminars.</p> <p>The implementation of the new, flexible re-evaluation time periods, with specific criteria for assigning levels of compliance for each</p>	<p>fully understand ECCE processes, procedures and documents. (see Opportunities)</p>	<p>(currently 2 new programmes in the UK, 2 in Germany, 1 in Turkey, 1 possibly in Poland.)</p> <p>The opportunity to continue to explore and perfect web-based training for site evaluation team members as well as new student members.</p> <p>Mentoring new ECCE members by more experienced members.</p> <p>Redefining the criteria for Student members so that they can remain on council for more than 1 – 2 years.</p> <p>Opportunities to conduct joint evaluation/accreditation events with other (national) accrediting organisations.</p> <p>The opportunity to gaining full membership in ENQA and EQAR.</p>	<p>profession to support the ECCE would have dramatic consequences.</p>
---	---	--	---

<p>Standard has reduced subjectivity in determining accreditation decisions and length of accreditation.</p> <p>The ECCE is the only international CCE that includes students as equal members of council and evaluation teams.</p> <p>The ECCE is the only international CCE that publishes all evaluation reports on its website for public access.</p> <p>Independence of accreditation procedures.</p>			
--	--	--	--

### 3. EXTERNAL QUALITY ASSURANCE UNDERTAKEN BY THE ECCE

32. External review of a programme takes place on a systematic and regular basis. Once accredited, an institution must undergo re-accreditation every three to 8 years, the time period depending on the levels of compliance to the various ‘Standards’ on their most recent accreditation. Details outlining the processes for determining the length of accreditation are available in our thematic analysis research paper [Peterson, C, Browning M, Vall K. The European Council on Chiropractic Education identification of critical standards to accredit chiropractic programs: a qualitative study and thematic analysis. *Journal of Chiropractic Education*, 2019: 33(2), pp.145-150]. This study is available for download on the ECCE website. In addition, the institution is required to submit an annual monitoring report (AMoR) each year.

In the past 5 years the ECCE has completed 10 programme re-accreditations: One in 2017, two in 2018, two in 2019, two in 2020, and three in 2021. One of these re-accreditation events was conducted for the University of Zurich Chiropractic Medicine programme together with the Swiss Agency for

Accreditation and Quality Assurance (AAQ). This agency is an ENQA member. There were no first accreditation events.

The table below shows the external review activities undertaken:

Programme	First accredited	Last accredited	Re-accreditation review date:
Anglo-European College of Chiropractic – University College	1992	2021	2026
Durban University of Technology	2009	2017	2022
Institut Franco-Européen de Chiropraxie	1996	2019	2027
Syddansk Universitet Odense	1999	2021	2029
Welsh Institute of Chiropractic University of South Wales	2002	2020	2028
University of Johannesburg	2010	2018	2026
RCU Escorial Maria-Cristina	2012	2018	2023
Barcelona College of Chiropractic	2017	2021	2029
McTimoney College of Chiropractic	2016	2019	2027
University of Zurich	2016	2020	2026

33. The ECCE has previously reviewed programmes applying for candidate (for accredited) status rather than full accredited status. These were normally new programmes that were in the process of development. However, due to the confusion that this status caused both for the programmes and the chiropractic profession at large, the 'candidate status' was discontinued in 2015. Candidate status was often misinterpreted to mean that the programme would achieve full accreditation once eligible to apply, which was not necessarily the case.

34. The following section details the procedures used by the ECCE as an external quality assurance agency.

#### **4. EVALUATION PROCEDURES USED BY ECCE**

35. The procedures used by the ECCE in the external review of chiropractic higher education programmes are detailed in the documents: Accreditation Procedures and Standards in Undergraduate Chiropractic Education and Training (appendix 2) and the Evaluation Team Manual (appendix 6). These documents, together with other documentation, are available for download from the ECCE website.

##### **4.1 Initial contact**

36. For a programme seeking accreditation with the ECCE, an initial application is made in writing (in English) to the Chairperson of the QAAC from the Head/Principal of the programme with the signed approval of the programme's governing body, together with evidence of how the programme meets the eligibility criteria as set out in the ECCE Accreditation Procedures and Standards (appendix 2) Part 4 Section 2. The QAAC will make a decision as to whether or not there is satisfactory compliance with the eligibility criteria, and if satisfied, will request a programme self-evaluation. The self-study report is evidence of the programme's ability to comply with the ECCE standards. A detailed outline for the preparation of the self-study report is set out in the ECCE Accreditation Procedures and Standards (appendix 2) Part 3. The self-study report is submitted to the QAAC, and a decision made as to whether it is satisfactory in detail and critical reflection. If so, the programme is contacted to put in place arrangements for an external review (evaluation visit). At this point all arrangements for the on-site visit, including proposed membership of the

evaluation team and a draft timetable are made between the programme and the ECCE Executive and Executive Secretary. These arrangements are done in discussion with members of the evaluation team once appointed, and the Chair of the QAAC. The terms of reference for the evaluation visit are set out in the ECCE Accreditation Procedures and Standards (appendix 2) Part 4 Section 3.1.4 and the Evaluation Team Manual (appendix 6). Once the team members and timetable have been agreed, an evaluation fee is paid by the programme. There is flexibility in scheduling on-site visits to allow programmes to hold reviews at times that are best suited to the programme, although all reviews must be carried out at a time when students are present.

37. Similar procedures occur for re-accreditation reviews; i.e. re-evaluation at the end of a programme's prior 3 – 8 year accreditation period (ECCE Accreditation Procedures and Standards (appendix 2) Part 4 Section 3.2). Re-accreditation processes are nearly identical to the initial evaluation, but also place particular emphasis on how programmes have addressed recommendations made in the prior review, as well as changes made to the programmes since the previous visit. The ECCE is usually aware of ongoing programme changes however, as these are included in the Annual Monitoring Reports presented to the QAAC during the ECCE annual meetings.

Applications to extend an existing accreditation to the programme being delivered at an additional site are set out in the ECCE Accreditation Procedures and Standards (appendix 2) Part 4 Section 3.2.1.1. To be recognized as accredited however, the programme at the new location must be virtually identical to the original, accredited programme in terms of structure, course content, and assessment. Subsequent programme evaluations then require visits to both sites.

38. The ECCE Standards (ECCE Accreditation Procedures and Standards (appendix 2) Part 2) are the predefined criteria that inform all stages of the external review process.

## **4.2 ECCE Standards**

39. The ECCE Standards comply with Part 1 of the ESG for internal quality assurance within HEIs and have been recently mapped against these ESGs (appendix 7) with several changes/additions to the ECCE Standards (appendix 2)

done as a result of this mapping exercise (appendix 8). The original mapping of these two documents was done on March 2, 2017, with an updated mapping exercise completed on August 31, 2019. Five accreditation evaluations have been completed after this mapping was done, including the joint evaluation visit with the Swiss AAQ for the University of Zurich Chiropractic Medicine programme. Additionally, the ECCE Standards were also mapped against the Swiss AAQ Standards independently by both agencies prior to agreeing to the joint evaluation procedure. The very strong mapping shown between the Standards of these two agencies facilitated this collaboration.

There are ten areas defined in the ECCE Standards as set out in the ECCE Accreditation Procedures and Standards (appendix 2) Part 2 Section 2.2 These are:

- *Aims and Objectives*
- *Educational Programme*
- *Assessment of Students*
- *Students*
- *Academic and Clinical Staff*
- *Educational Resources*
- *The Relationship between Teaching and Research*
- *Programme Evaluation*
- *Governance and Administration*
- *Continuous Renewal and Improvement*

40. Within each of these ten areas, there are sub-areas (i.e. Standards) each with specific performance indicators. These are the Standards that must be met by the programme to gain accredited status. In total there are thirty-seven Standards encompassed within the ten areas, each of which is annotated to clarify, amplify or exemplify expressions that are used in the Standards; these annotations are used as guidelines in interpreting the Standards. These ECCE Standards have also been mapped against the UK's GCC Standards as well as against the Swiss AAQ Standards with very good mutual matching.

41. A thematic analysis study of these 37 Standards identified 18 which were deemed 'critical' requiring that the programme being evaluated achieve fully or substantially compliant levels in order to obtain the full 8-year accreditation time frame. Details on the methodology and results of this study are available in

the publication cited previously (“The European Council on Chiropractic Education identification of critical standards to accredit chiropractic programmes: a qualitative study and thematic analysis” published in the Journal of Chiropractic Education 2019: 33(2):145-150. Data from all ECCE stakeholders was collected for this study. This publication is also freely available on the ECCE website. Programmes which achieve only ‘partially’ compliant levels for one or more ‘critical’ Standards may be awarded a shorter accreditation time period, depending on the number of Critical Standards involved. The specific criteria for assigning a particular level of compliance for each Standard are found in a table, modified with permission from the UK’s QAA similar table, and available in the Evaluation Team Manual (appendix 6), available on the ECCE website.

### **4.3 Evaluation Method**

42. The ECCE uses a staged process for the evaluation of chiropractic education programmes. This is outlined in Figure 1 (page 63).

43. Following the initial contact, and evidence of meeting the eligibility criteria and submitting a satisfactory self-study report as outlined in 4.1 above, the evaluation proceeds with an on-site visit to the programme (in non-Covid times) by a group of experts (evaluation team) to verify the self-study report and attain further evidence through additional documentation made available by the programme and face-to-face meetings with staff and students. Following the visit, and subsequent to the programme’s opportunity to make factual corrections, an evaluation report is finalized, which is submitted to the QAAC outlining the team’s recommendations and any Strengths, Weaknesses and Concerns that are of particular note. At the meeting of QAAC to make the final decision, the Chair of the evaluation team presents the final report, and is available to answer any questions members of QAAC may have. The decision, together with the period of accreditation, is communicated in writing to the programme, and placed on the ECCE website together with the final report.

Based on formal feedback obtained from all evaluation team members and programme chairpersons involved in virtual evaluations during the Covid-19 pandemic, it is suggested that future ECCE evaluation visits may be in a hybrid

format with some team members on site and others involved using 'Zoom'. This is currently under consideration.

The following sections detail this process:

#### **4.4. Evaluation Team**

44. The ECCE Executive seeks experts from education both within and outside of chiropractic, and where there is assumed to be no conflict of interest either perceived or real. All members of the Panel must have attended an ECCE training event/workshop or been on a previous evaluation team within the last 3 years. These training workshops are normally held as one day workshops (or less often webinars) at regular intervals. Face-to-face training days (in non-Covid times) are normally conducted annually by the head of the QAAC and the CQA at the spring European Chiropractors' Union (ECU) conventions and are very well attended. Feedback questionnaires are sent to all attendees after each training event and a feedback report written and shared with the ECCE Executive. Modifications of the training workshops occur based on this feedback. Web-based refresher training is also done for previous evaluation team members who have not been on an evaluation team during the past 3 years. Training events (in person or virtual) are held to provide information on interpretation of the ECCE standards and the external review process as well as how to formulate questions to obtain necessary information so that all members of an evaluation team are fully conversant with the evaluation process. The 'Power Point' presentations used for these training events are available upon request. The requirements, and roles and responsibilities for team members are set out in the ECCE Evaluation Team Manual (appendix 6) Sections 2 and 3 respectively.

45. Team members are currently appointed by the ECCE Executive, with particular note of any conflicts of interest as well as language requirements pertinent to the visit, and are required to sign a 'Conflict of Interest' statement (ECCE Evaluation Team Manual (appendix 6, appendix 2) to the effect that there is (or is not) a conflict of interest. If a declaration is made, the Executive may still proceed with the appointment if it is considered that this will not compromise that member's role on the team. Any declaration is made known to the programme. Irrespective of declarations of interest, once appointed all members

of the team are disclosed to the programme. If the programme objects on reasonable grounds, then a replacement(s) is provided. All team members are agreed by the programme before the on-site visit proceeds.

46. The team normally consists of three to five members (depending upon whether this is a first accreditation event or subsequent evaluation), one of whom is appointed as Chair of the team, and one of whom is appointed to be the Evaluation Secretary. Members of the team are normally professionals with experience in higher education. Since 2012 the ECCE includes 1 student on each evaluation team. Student members of the evaluation teams are nominated by the heads of those accredited chiropractic programmes not undergoing the current evaluation and normally are students in their later years of study. Each student member must undergo the same training as other evaluation team members. The experience to date of using students on the ECCE evaluation teams has been uniformly positive. This was studied in depth via one of the ECCE 'thematic analysis' studies with the final paper on this subject published in a peer-reviewed health-care journal and also freely available on the ECCE website under 'Downloads' [Peterson, C., Miller, J., Humphreys, B.K. and Vall, K., 2019. Is there any benefit to adding students to the European Council on Chiropractic Education evaluation teams and general council? An audit of stakeholders. *Chiropractic & manual therapies*, 27 (1), pp.1-8].

All members of the evaluation team contribute to the final report, which is the responsibility of the team Chair. The roles and responsibilities of the Chair and Secretary are set out in the ECCE Evaluation Team Manual (appendix 6) Sections 5 and 6 respectively.

47. The ECCE Executive Secretary is responsible for liaising between the Chair of the evaluation team, members of the team and the programme to ensure that everyone involved is fully briefed and all travel and accommodation arrangements are in place. A timetable for the visit is agreed beforehand with the programme so that there is as little disruption to the programme as possible, and staff and students who are required to meet with the team can make the necessary arrangements. The programme is also informed beforehand of all the documentation that is likely to be required for scrutiny by the team. It is recognised that much of this documentation may not be in English.

## 4.5 Evaluation Visit

48. The on-site visit (in non-Covid times) is conducted in English, and normally takes two to three days, with the final day concentrated on finalising a draft of the evaluation report. There is a preliminary private meeting of the team at the start, followed by meetings with staff and students as scheduled. Interspersed are private sessions for the team where team members can reflect on proceedings and start to prepare the report. Writing the report is an iterative process, and normally team members are allocated specified areas of the report depending on their subject expertise. A copy of the final evaluation report for an in-person accreditation event pre-Covid (accreditation of the Institut Franco-Europeen de Chiropraxie (IFEC) December 2019) is provided in appendix 9.

49. A detailed account of the evaluation visit is set out in the ECCE Evaluation Team Manual (appendix 6) Section 9. The Evaluation Team Manual (appendix 6) also includes a number of annexes (B to F) as aide memoires to the team. The level of compliance for each 'Standard' is determined using a colour code system as follows:

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

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

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

Red = Serious concerns threaten this area; high risk in the organisation's overall performance (Does not comply/high risk). (See paragraph 60 for details on the criteria for each compliance level and the reference for the research study on this topic.)

50. At the end of the on-site evaluation, the team finalises the draft report after agreeing the level of compliance for each Standard, and presents its main findings orally to senior staff of the programme. The key findings are structured as Commendations, Recommendations and Concerns, which are defined in the Glossary to the ECCE Accreditation Procedures and Standards (appendix 2).

## 4.6 Evaluation Report

51. The reporting stage is outlined in the ECCE Evaluation Team Manual (appendix 6) Section 10. The report is finalised after the visit by the Chair of the evaluation team and agreed by all members of the team. It is then sent to the programme for correction of factual errors only. The ENQA reporting process has been very helpful in informing the ECCE reporting process, and the format of the final report follows that used by ENQA whereby the team refers to each standard and describes the evidence, an analysis of that evidence leads to a judgment on compliance (fully, substantially or partially compliant as well as non-compliant) as described in 49 above. From the judgments against the 37 Standards, the team arrives at a recommendation on overall compliance. In order to obtain the maximum 8-year accreditation time period, all 18 'Critical Standards' (as described in paragraph 41 above) must receive at least the 'substantially compliant' level. This method of determining accreditation as well as the length of the accreditation has been successfully used for the 9 most recent evaluation events. All of the recent evaluation reports are freely available on the ECCE website.

52. The final report, after factual corrections by the programme, is submitted to the QAAC, together with an oral report from the Chair of the evaluation team. The decision of the QAAC is communicated to the programme and the final report placed on the ECCE website. The programme is also informed of the date for the next external review and of the annual monitoring process in which all accredited programmes are required to return an annual monitoring report (ECCE Accreditation Procedures and Standards (appendix 2) Part 3 Section 3.2 and Part 4 Section 6). This process ensures that programmes keep the ECCE informed of their current status in terms of numbers of students and staff, student admissions and progression data, fulfilment of clinical training requirements and major changes in resources. The annual monitoring report (AMoR) also includes any areas of concern/weakness identified in the evaluation report, and provides information to the QAAC as to how the programme is addressing these. The AMoR is submitted to the QAAC, and each programme, normally represented by the Head/Principal, is required to meet with the QAAC along with other ECCE accredited programme representatives and discuss this report in a round-table discussion. The purpose of this meeting is to share good practice and facilitate growth and improvement of new programmes.

53. Hence, programme self-evaluation is a critical component of the external quality assurance process of the ECCE. As outlined above, this takes 2 formats:

- Self-Study Report for accreditation and re-accreditation purposes
- Annual Monitoring Report (AMoR)

#### **4.7 Decisions on Accreditation**

54. Decisions to accredit or re-accredit a programme are the sole responsibility of the QAAC. The QAAC can approve, defer a decision or refuse accredited status. The decisions available to the QAAC, with their consequences, are set out in the ECCE Accreditation Procedures and Standards (appendix 2) Part 4 Sections 3.1.4, 3.2.4 and 5.2.2. Where a decision is deferred, further information is required. To date, there have been no cases where a decision has been deferred. In cases of refusal, the QAAC will make recommendations on areas of weaknesses and concerns to assist the programme to work towards a successful application.

55. The ECCE has an Appeals and Complaints procedure for a programme wishing to appeal an accreditation judgement. The Appeals and Complaints procedure was expanded and clarified after experiences in 2017 when the ECCE experienced its' first and only appeal to an accreditation decision (see paragraph 70 below). Previously the ECCE Standards had separate sections for Appeals (formerly section 4) and Complaints (formerly section 9) when in fact there was considerable overlap between these 2 areas resulting in some confusion. A previous ENQA evaluation in 2015 recommended combining these two sections into one Appeals and Complaints document and this was done. The current 'Appeals and Complaints' procedure is found in the ECCE Accreditation Procedures and Standards (appendix 2) Part 4 Section 4 and outlines in detail the procedures for lodging a complaint related to the process of the accreditation or to appeal an accreditation decision. The appellant programme must provide the grounds for an appeal or complaint in writing before the date of the hearing, and has the right to be represented at the hearing by up to 2 persons. Section 4.1.1 within Part 4 of the 'Standards' outlines the members of these appeals or complaints committees.

## 5. COMPLIANCE WITH ESG

56. This section itemizes the individual standards of Parts 2 and 3 of the ESG, followed by the ECCE's account of how it complies. The ESG standards (and reference numbering) are taken from Standards and Guidelines for Quality Assurance in the European Higher Education Area, 2015.

### 5.1. Part 2. European standards and guidelines for external quality assurance.

#### **2.1 Consideration of internal quality assurance**

##### **STANDARD:**

External quality assurance should address the effectiveness of the internal quality assurance processes described in Part 1 of the European Standards and Guidelines.

##### **GUIDELINES:**

Quality assurance in higher education is based on the institutions' responsibility for the quality of their programmes and other provision; therefore it is important that external quality assurance recognizes and supports institutional responsibility for quality assurance. To ensure the link between internal and external assurance, external quality assurance includes consideration of the standards of Part 1. These may be addressed differently, depending on the type of external quality assurance.

57. ECCE compliance: The ECCE standards as set out in the ECCE Accreditation Procedures and Standards (appendix 2) Part 2 cover the internal quality assurance processes as described in Part 1 of the ESGs, and as described in 4.2 above. Since the last evaluation by ENQA, the ECCE has mapped its 'Standards' against Part 1 of the ENQA ESG document (appendix 7). This mapping document was reviewed by the ECCE Executive and General Council, allowing for input. Changes were made to the ECCE Standards (appendix 2) following this mapping exercise which are outlined in appendix 8. These changes bring into sharper focus 'student-centred' teaching and learning approaches, inter-disciplinary teaching and learning, and international mobility. Chiropractic programmes are now required to address these issues directly and evaluation teams monitor this is done effectively. All changes were voted on and approved by General Council during the general Council meeting in November 2018. Additionally, changes were made to the ECCE procedures based on the results of recent 'Thematic Analysis' studies conducted by this organization and published in peer review journals. Details of these studies are given later in this report with all publications available on the ECCE website.

58. The ECCE also has its own quality assurance document specifically for the evaluation of our internal ECCE processes. There are 4 sections to this document which include: 1. Quality planning processes; 2. Quality Assurance data collection procedures; 3. Quality assurance data analysis and reporting/dissemination of findings; 4. Quality Improvement procedures. This document is available on the ECCE website under the category 'ECCE Policies'.

## **2.2 Designing methodologies fit for purpose**

### **STANDARD:**

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

### **GUIDELINES:**

In order to ensure effectiveness and objectivity it is vital for external quality assurance to have clear aims agreed by stakeholders.

The aims, objectives and implementation of the processes will

- bear in mind the level of workload and cost that they will place on institutions;
- take into account the need to support institutions to improve quality:
- allow institutions to demonstrate this improvement;
- result in clear information on the outcomes and the follow-up.

The system for external quality assurance might operate in a more flexible way if institutions are able to demonstrate the effectiveness of their own internal quality assurance.

59. ECCE compliance: The Standards, Policies and Procedures adopted by the ECCE have been developed, reviewed and revised over time in discussion with all stakeholders and are publicly available on the ECCE website. Furthermore, these ECCE documents have been mapped against the Councils on Chiropractic Education International (CCEI) Framework Standards together with the other CCEI member agencies and strongly align with this document as well as the educational Standards of the other international member agencies. A research publication on this international mapping project has recently been completed and submitted for publication. As mentioned previously in this report, the ECCE Standards have also been mapped against Part 1 of the ESGs (appendix 7), the Swiss AAQ Standards and the UK's General Chiropractic Council (GCC) Standards, showing very good matching in all areas.

The ECCE Standards, Policies and Procedures include information on procedures for reporting the outcomes and follow-up of an accreditation event. Following a site visit, questionnaires are sent to the head of programme and the members of the evaluation team to obtain feedback on the accreditation process and any impact on the running of the programme. Feedback is submitted to the ECCE executive and general membership and used to identify areas for improvement. The ECCE is responsive to institutional needs as far as possible and has developed a flexible approach that keeps programme disruption to a minimum. To this end, the ECCE is now more flexible in the re-evaluation time frames (maximum 8 years) in order to align with national accreditation bodies, where such exist, and perform joint evaluation visits when at all possible. This will significantly reduce the accreditation workload, costs and disruption to the programmes involved in this process. Indeed, the ECCE performed its first joint accreditation evaluation visit with the Swiss Agency of Accreditation and Quality Assurance (AAQ) for the University of Zurich's Chiropractic Medicine programme in October 2020. Feedback data collected after this joint evaluation procedure was unanimously positive from all stakeholders and significantly reduced the accreditation burden on that programme.

60. ECCE conducts external reviews of programmes on a cyclical basis, with the maximum re-accreditation period now extended to 8 years (from 5 years) starting in 2017. The duration of an accreditation period depends on the degree of compliance with the ECCE Standards and in particular with the 18 'Critical Standards'. Programmes must achieve either fully compliant or substantially compliant in all Critical Standards in order to be given the maximum 8-year accreditation. Shorter accreditation periods (or even non-accreditation) may be determined, depending on the number of Critical Standards falling below the substantially compliant level. A clear criteria table has been published which is used to determine the levels of compliance for each Standard. A thematic analysis study describing in depth the processes of determining the level of compliance for each Standard as well as deciding which of the 37 Standards are identified as 'critical' was published in the peer-reviewed journal publication mentioned in a previous section of this report. The full text is also freely available on the ECCE website, including the criteria table used to determine the various levels of compliance for each Standard. The length of accreditation also depends on the content of the Annual Monitoring Report (AMoRs) and if a major

issue arises within the accreditation period, a programme could be required to undergo an earlier ECCE evaluation event.

61. The maximum re-accreditation time period was increased to 8 years in 2017 and provides the opportunity for the ECCE to work together with national accrediting bodies, such as the General Chiropractic Council (GCC) in the UK, and the AAQ in Switzerland in order to reduce the accreditation burden on institutions/programmes when possible.

62. Reviews for re-accreditation are notified to the programme in good time so that a mutually agreed date can be identified, including time for the planning of a joint evaluation event with the national accrediting body if required.

### **2.3 Implementing processes**

#### **STANDARD:**

External quality assurance processes should be reliable, useful, pre-defined, implemented consistently and published. They include

- a self-assessment or equivalent;
- an external assessment normally including a site visit;
- a report resulting from the external assessment;
- a consistent follow-up.

#### **GUIDELINES:**

External quality assurance carried out professionally, consistently and transparently ensures its acceptance and impact.

Depending on the design of the external quality assurance system, the institution provides the basis for the external quality assurance through a self-assessment or by collecting other material including supporting evidence. The written documentation is normally complemented by interviews with stakeholders during a site visit. The findings of the assessment are summarized in a report (cf. Standard 2.5) written by a group of external experts (cf. Standard 2.4).

External quality assurance does not end with the report by the experts. The report provides clear guidance for institutional action. Agencies have a consistent follow-up process for considering the action taken by the institution. The nature of the follow-up will depend on the design of the external quality assurance.

63. ECCE compliance: The processes developed by the ECCE are identical to those described in this Standard and are detailed in the first sections of this report and require: 1. The submission of a Self-Study Report (SSR) by the programme, 2. An external assessment/ site visit by a panel of experts, 3. A report generated from the external assessment and 4. Consistent follow-up consisting of the annual monitoring reports (AMoRs) presented and discussed at each annual ECCE general council meeting. The ECCE bases all of its procedures on a fit for purpose principle. The self-study report and an intensive on-site visit are considered sufficient to scrutinise the relevant evidence on which to base analyses and form robust judgments. Evidence of programme improvement and enhancement policies is additionally assessed and recognised as essential to programme quality and explicitly referred to in the ECCE Standards (i.e. Section 10: Continuous renewal and improvement).

64. Criteria for reaching decisions on accreditation of programmes are clearly set out in the eligibility criteria and the ECCE Accreditation Procedures and Standards (appendix 2) Part 4. Members of evaluation teams and the QAAC are selected for their expertise and experience in higher education, and trained before participating in an evaluation event. The final team report must give the supporting evidence on which the analyses and judgments are based. The QAAC provides full and frank feedback to programmes in the way in which its decisions are made. As mentioned previously, recent experience with the new table, which was introduced in 2017, describing the criteria for allocating one of the 4 possible levels of compliance with each Standard (fully compliant, substantially compliant, partially compliant, non-compliant) has reduced subjectivity in determining not only the level of compliance for each Standard, but also accreditation decisions as well as the length of accreditation [Peterson CK, Browning M, Vall K. The European Council on Chiropractic Education identification of critical standards to accredit chiropractic programs: a qualitative study and thematic analysis. J Chiropr Educ. 2019]

65. Specific follow-up processes include the annual monitoring reports (AMoRs) submitted as a written report to the QAAC prior to the annual meeting and then discussed verbally with the QAAC in the presence of the heads of all other ECCE accredited programmes at the ECCE annual meeting. This provides a mutual learning environment and facilitates the sharing of good practice among

accredited programmes. The AMoR is required to address the Recommendations and Concerns included in the most recent site visit reports from the experts as well as any new issues that have arisen with the programme which may affect the accreditation of the programme. If major issues are identified, a programme may be required to undergo an ECCE evaluation event earlier than planned.

#### **2.4 Peer-review experts**

##### **STANDARD:**

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

##### **GUIDELINES:**

At the core of external quality assurance is the wide range of expertise provided by peer experts, who contribute to the work of the agency through input from various perspectives, including those of institutions, academics, students and employers/professional practitioners.

In order to ensure the value and consistency of the work of the experts, they

- are carefully selected;
- have appropriate skills and are competent to perform their task;
- are supported by appropriate training and/or briefing.

The agency ensures the independence of the experts by implementing a mechanism of no-conflict-of-interest.

The involvement of international experts in external quality assurance, for example as members of peer panels, is desirable as it adds a further dimension to the development and implementation of processes.

66. ECCE compliance: The ECCE currently has a pool of 70 experts who have completed training and/or have recently been on an evaluation team. Members of evaluation teams are appointed by the ECCE Executive with due regard to independence, experience and expertise. ECCE's evaluation teams consist of 4 or 5 members, including one student. All experts have qualifications in either Chiropractic or Educational fields and all are required to be trained before undertaking external reviews and site visits. In appointing a team due regard is given to the range of skills required. In addition, panel members are selected from an international cohort to ensure that the totality of members will not be

from any one country. Conflicts of interest are screened out to ensure that members of the team are not normally associated with other programme(s) in that country. Due regard is given to language, and although self-study reports and evaluations are carried out in English, steps are taken to ensure that there is at least one member whose native language is the same as that in which the programme is delivered.

67. Independence of the team is maintained through monitored rotation of membership (i.e: different team members on subsequent visits) and the screening out of conflicts of interest. All members of the site evaluation team must sign a 'no conflict of interest' statement and each programme is provided with the list of experts prior to the site evaluation with the opportunity for comment or rejection. A separate Secretary and Chair are appointed for each review from within the team. Training events are held by ECCE and all members of evaluation teams must have attended at least one of these within the previous 3 years. Training materials, including the power point presentations are available upon request. In addition, all panel members are briefed by the Chair of the team prior to the Evaluation visit (usually the evening prior to the start of the meetings) and potential issues arising from the Self Study Report are discussed. A Student member is included on all site evaluation teams since 2010. Student team members are full members of the team with equal decision making powers and have been shown to be very valuable assets as confirmed in the recent 'thematic analysis' study conducted by the ECCE [Peterson, C., Miller, J., Humphreys, B.K. and Vall, K., 2019. Is there any benefit to adding students to the European Council on Chiropractic Education evaluation teams and general council? An audit of stakeholders. *Chiropractic & manual therapies*, 27(1), pp.1-8.] This paper is freely available for download on Pubmed as well as on the ECCE website under 'downloads'.

## **2.5 Criteria for outcomes**

### **STANDARD:**

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

**GUIDELINES:**

External quality assurance and in particular its outcomes have a significant impact on institutions and programmes that are evaluated and judged.

In the interests of equity and reliability, outcomes of external quality assurance are based on pre-defined and published criteria, which are interpreted consistently and are evidence-based. Depending on the external quality assurance system, outcomes may take different forms, for example, recommendations, judgements or formal decisions.

68: ECCE compliance: The ECCE has 37 published Standards as described in detail in appendix 2, against which its judgements are formed. The formal 'outcome' of any judgement is based on evidence from the programme's self-study report and data collected during the site evaluation visit. The four possible outcomes for each independent Standard include 'fully compliant', 'substantially compliant' 'partially compliant' or 'non-compliant' as detailed in the evaluation team manual (appendix 6). A table of criteria used in determining the specific level of compliance with each Standard has been developed to support objectivity, based on a similar table used by the UK's QAA. The current version was unanimously approved at the general council meeting in November 2017 and can also be found in the published research study referred to previously in this report on the identification of 'Critical Standards'. Evaluation teams using this table reported that it reduces subjectivity in assigning a level of compliance and promotes unanimity amongst the evaluation team members. The evidence supporting each outcome is written in the evaluation team report against each Standard and all members of the evaluation team must agree on the specific outcome given for each Standard. The evaluation team also provides each programme with a list of Commendations, Recommendations, and Concerns at the end of the site evaluation as well as in the site evaluation report. The evaluation team report is presented to the QAAC for ratification which provides a final independent review and quality check on the report and its conclusions. All accreditation decisions, including decisions not to accredit, are published on the ECCE website along with the final reports (Appendix 9).

## **2.6 Reporting**

### **STANDARD:**

Full reports by the experts should be published, clear and accessible to the academic community, external partners and other interested individuals. If the agency takes any formal decision based on the reports, the decision should be published together with the report.

### **GUIDELINES:**

The report by the experts is the basis for the institution's follow-up action of the external evaluation and it provides information to society regarding the activities of an institution. In order for the report to be used as the basis for action to be taken, it needs to be clear and concise in its structure and language and to cover

- context description (to help locate the higher education institution in its specific context);
- description of the individual procedure, including experts involved;
- evidence, analysis and findings;
- conclusions;
- features of good practice, demonstrated by the institution;
- recommendations for follow-up action.

The preparation of a summary report may be useful.

The factual accuracy of a report is improved if the institution is given the opportunity to point out errors of fact before the report is finalized.

69. ECCE compliance: Evaluation reports follow a template provided in the Evaluation Team Manual (appendix 6) and are published in hard copy and on the ECCE website. For each of the 37 Standards the report provides 'evidence', 'analysis' and 'conclusion'. Evidence is triangulated from the SSR and the data collected during the onsite visit. Analysis matches the evidence against the Standard and evaluates its strengths and weaknesses. The 'conclusion' states the level of compliance with the Standard as agreed by the team members. The report identifies Commendations, Recommendations and Concerns, which summarize the key strengths and weaknesses identified by the evaluation team. The format of the final evaluation report is standardised against a template to facilitate the consistent evaluation of evidence and promote reliable analysis and robust judgement on the compliance of the programme. This template format started in 2010 with updates as needed, the last update occurring in 2020. The format of the final evaluation report helps to make the findings of the

team transparent to the programme and QAAC. The programme is provided with a draft copy of the evaluation report to comment on factual errors prior to it being sent to the QAAC. The report is published in full, regardless of the accreditation decision, is openly available on the ECCE website. The ECCE does not include summary reports. The ECCE is the only international chiropractic specific accrediting body in the world to make these reports fully open and available to the public (see Appendix 9).

## **2.7 Complaints and appeals**

### **STANDARD:**

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

### **GUIDELINES:**

In order to safeguard the rights of the institutions and ensure fair decision-making, external quality assurance is operated in an open and accountable way. Nevertheless, there may be misapprehensions or instances of dissatisfaction about the process or formal outcomes.

Institutions need to have access to processes that allow them to raise issues of concern with the agency; the agencies, need to handle such issues in a professional way by means of a clearly defined process that is consistently applied.

A complaints procedure allows an institution to state its dissatisfaction about the conduct of the process or those carrying it out.

In an appeals procedure, the institution questions the formal outcomes of the process, where it can demonstrate that the outcome is not based on sound evidence, that criteria have not been correctly applied or that the processes have not been consistently implemented.

71. The ECCE operates an appeals process in cases of declined accreditation or declined re-accreditation of a programme as determined by the QAAC. The specific criteria allowing for an appeal of an accreditation decision as well as time-lines and the criteria for membership on an appeals panel have been elaborated in more detail in the ECCE Standards (part 4, section 4, appendix 2) from 2015. The criteria include three categories: Evidence base; Criteria

application; and Consistent Implementation. Documentation of breaches of procedure in any of these areas are grounds for appeal. The specific criteria and format for an official complaint relating to the accreditation process are also outlined in part 4 of the ECCE Standards. Appeals and complaints are submitted in writing, and a hearing at which the programme is represented follows. The appellant programme has the right to appoint one member of the appeals or complaints panel, subject to defined eligibility criteria. These Standards are available on the ECCE website and are used by the programmes when preparing their self-study reports. All of the programmes are informed of these procedures.

## **5.2. Part 3. Standards and guidelines for quality assurance agencies**

### **3.1 Activities, policy and processes for quality assurance**

#### **STANDARD:**

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

#### **GUIDELINES:**

To ensure the meaningfulness of external quality assurance, it is important that institutions and the public trust agencies.

Therefore, the goals and objectives of the quality assurance activities are described and published along with the nature of interaction between the agencies and relevant stakeholders in higher education, especially the higher education institutions, and the scope of the agencies' work. The expertise in the agency may be increased by including international members in agency committees.

A variety of external quality assurance activities are carried out by agencies to achieve different objectives. Among them are evaluation, review, audit, assessment, accreditation or other similar activities at programme or institutional level that may be carried out differently. When the agencies also carry out other activities, a clear distinction between external quality assurance and their other fields of work is needed.

72. ECCE compliance: The ECCE is a small, international accreditation agency with its sole focus on chiropractic education. Therefore, the number of yearly accreditation site visits is currently small. Normally there are between 1 and 3 accreditation evaluation events per year. The new maximum accreditation period of 8 years may reduce this loading. However, this is balanced by 3 new chiropractic programmes recently started in Europe (2 in the UK, 1 in Turkey), so the number of accreditations per year will likely remain the same.

73. The mission statement of the ECCE is *‘to establish standards of excellence for the education and training of chiropractors as safe and competent primary contact practitioners*. This statement is available on the home page of the ECCE. In addition, the ECCE’s current ‘Strategic Plan’ is included in this report as appendix 10.

74. The purpose or goals of the ECCE are detailed in Part 1 of the ECCE Accreditation Procedures and Standards (appendix 2) and in the Constitution (appendix 1). Both are available in print format and in electronic format from the ECCE website.

#### Purpose/Goals:

- *To encourage the highest possible standards in chiropractic education and training.*
- *To establish standards of excellence for the education and training of chiropractors as safe and competent primary contact practitioners.*
- *To foster academic environments in which ethically and professionally responsible future practitioners of chiropractic can be educated and trained.*
- *To evaluate and accredit chiropractic institutions (and/or chiropractic educational programmes) according to, and against, a pre-determined and evolving set of procedures and Standards.*
- *To publish a list of those institutions that deliver programmes in compliance with the Council’s procedures and Standards.*
- *To ensure that institutions holding accredited status with the Council are comparable in their educational programmes in achieving the core competencies.*

- *To actively seek recognition of the Council as the policy-making body for chiropractic education and training by all relevant authorities whether independent, national or international.*
- *To develop equivalent accreditation agreements where appropriate with other co-operating accreditation bodies.*
- *To exclusively and directly pursue non-profit objectives in accordance with the Section "Tax-deductible objectives" of the German tax regulations.*
- *To engage altruistically. The Council does not pursue profit-making goals. The funds of the Council shall be spent in accordance with the Constitution only. The members shall not receive allocations from the Council's funds. Expenditure and remunerations must not exceed costs actually incurred. They shall be documented by the Council's accounting records. No person shall benefit from expenditures which are alien to the purpose of the Council.*

75. The ECCE has also met with the organizers of four additional chiropractic programmes in Europe (Sweden, Germany (2), Poland) to encourage them to develop programmes that would make them eligible to apply for accreditation by the ECCE. The ECCE has also offered to provide the names and contact details of highly qualified independent educationalists to assist with the development of programmes. These consultants are neither recommended nor appointed by ECCE and act as independent advisors which programmes make their own offers of employment. Consultants have no direct link with ECCE or its accreditation process. The main purposes of these consultancies are to offer independent advice to clarify requirements, suggest ways forward, and comment on existing procedures. The ECCE executive provides lists of highly qualified and experienced academics who are not on the ECCE but have extensive experience of accredited chiropractic or medical programmes in Europe, but does not appoint consultants.

76. Members of the QAAC are from a variety of European countries as well as from South Africa. The current members come from the UK and Switzerland and also include 2 student members.

As noted previously, each ECCE accredited programme has 1 representative on the ECCE (currently 10 in total). The ECU has 2 appointed members, 2 members are students nominated from the student bodies of the accredited programmes and voted on by council, and other members are appointed for their higher or medical/chiropractic education expertise. Particular effort has been made to include non-chiropractic higher educational professionals from Europe as well as chiropractic educators, thus establishing a good representation from the relevant stakeholders. The recently published thematic analysis study focusing on the use of students on council identified weaknesses in the preparation of students for their important and equal role. As mentioned earlier in this report, the ECCE has taken measures to remedy these problems and will be monitoring whether or not they are successful.

### **3.2 Official status**

#### **STANDARD:**

Agencies should have an established legal basis and should be formally recognized as quality assurance agencies by competent public authorities.

#### **GUIDELINES:**

In particular when external quality assurance is carried out for regulatory purposes, institutions need to have the security that the outcomes of this process are accepted within their higher education system, by the state, the stakeholders and the public.

77. ECCE compliance: Although the ECCE is not a statutory organization, it is recognized as an external quality assurance agency by public authorities in Europe (and in South Africa). As examples, the following are documented references to the ECCE. The supporting documentary evidence can be found in appendices 1 to 4 of the original application for ENQA membership submitted by ECCE (October 2007).

- In the UK, the ECCE was referred to when setting up the GCC following the Chiropractors Act 1994. The minimum standards of education are defined as

equivalent to those of the ECCE; *'...that the minimum standards of education and training should be equivalent to those of the European Council on Chiropractic Education at 1 January 1992'*. (appendix 1-ECCE application October 2007).

- In Norway, the Ministry of Health and Care Services defines the requirement to practise as a chiropractor as having *'passed the chiropractor training accredited by the European Council on Chiropractic Education (ECCE)...*'. In addition, the Norwegian Registration Authority for Health Personnel refers to authorisation to practise as a chiropractor *'...granted to applicants who have successfully completed education/training as a chiropractor at an educational institution approved by the European Council on Chiropractic Education (ECCE)...*'. (appendix 2 ECCE application October 2007).
- In Finland, *'the National Authority for Medicolegal Affairs has accepted the degree of Doctor of Chiropractic, issued at educational institutions accepted by the WFC or ECU, and the chiropractic quality assurance institution CCE, as a degree for the professional title of Educated Chiropractor'* (appendix 3-translation, ECCE application October 2007).
- In South Africa, the national external quality assurance agency (Higher Education Quality Committee, CHE) evaluated the chiropractic programmes at the DUT and the UJ. The CHE evaluation report (August 2006), specifically refers to the expectation that the institution would subsequently attain international accreditation with the ECCE.
- The ECCE is also a member of the Council on Chiropractic Education International (CCEI) which has facilitated graduates of ECCE accredited programmes being allowed to work in many countries around the world.

78. ECCE compliance: The ECCE is registered as a non-profit making organisation in Aachen, Germany. The current composition (named members) of the Executive Committee and the Constitution document is filed at Amtsgericht Aachen. The ECCE is legally registered on the Register of Associations (Vereinsregister VR 2732).

### **3.3 Independence**

#### **STANDARD:**

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

#### **GUIDELINES:**

Autonomous institutions need independent agencies as counterparts.

In considering the independence of an agency the following are important:

- Organisational independence, demonstrated by official documentation (e.g. instruments of government, legislative acts or statutes of the organization) that stipulates the independence of the agency's work from third parties, such as higher education institutions, governments and other stakeholder organisations.
- Operational independence: the definition and operation of the agency's procedures and methods as well as the nomination and appointment of external experts are undertaken independently from third parties such as higher education institutions, governments and other stakeholders;
- Independence of formal outcomes: while experts from relevant stakeholder backgrounds, particularly students, take part in quality assurance processes, the final outcomes of the quality assurance processes remain the responsibility of the agency.

Anyone contributing to external quality assurance activities of an agency (e.g. as expert) is informed that while they may be nominated by a third party, they are acting in a personal capacity and not representing their constituent organisations when working for the agency. Independence is important to ensure that any procedures and decisions are solely based on expertise.

79. Organisational: The ECCE has no government or educational institution affiliation. Although the European Chiropractors Union has two members on the ECCE, being a stakeholder, the ECCE is independent of the ECU and recently reduced the ECU membership number from 4 to 2.

Operational: The ECCE is not country specific and thus does not operate under any country's legislation. All nominations of members and evaluation team experts are done independently from member programmes/institutions. Evaluation team members are selected not only based on expertise, but also must sign a 'no conflict of interest' form pertaining to the programme to be evaluated.

Independence: The ECCE, being an international accreditation agency is totally independent of all government influences, while taking into consideration the laws and regulations governing the chiropractic profession within the various countries where accredited programmes exist. External experts are appointed to site evaluation teams by the ECCE executive and QAAC with consideration for real or perceived conflicts of interest and input from the respective programme. Although there are student members on ECCE as well as the site evaluation teams, it is the QAAC (which also has a student member) that makes the final decision on whether or not a programme receives accreditation. Any QAAC member involved with the programme being evaluated would be excluded from participating in the decision for that programme as are all those with any conflict of interest.

### **3.4 Thematic analysis**

#### **STANDARD:**

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

#### **GUIDELINES:**

- In the course of their work, agencies gain information on programmes and institutions that can be useful beyond the scope of a single process, providing material for structured analyses across the higher education system. These findings can contribute to the reflection on and the improvement of quality assurance policies and processes in institutional, national and international contexts.

- A thorough and careful analysis of this information will show developments, trends and areas of good practice or persistent difficulty.

80. ECCE compliance: Thematic Analysis was the main ENQA 'Standard' where the ECCE was deemed to be non-compliant in the most recent ENQA evaluation in 2017. Therefore, considerable effort went into improving this area and has resulted in four research publications in peer-reviewed, international health-care journals available on the Pubmed website and the ECCE website. One study identified 'Critical Standards' that must be achieved at least at the 'substantially compliant' level for the full 8-year accreditation time period. This led to the

development of a 'compliance table' for assisting the determination of fully, substantially, partially and non-compliant levels for each Standard as approved by the ECCE general council. The compliance table and 'Critical' Standards have reduced subjectivity in assigning compliance levels and have been used on at least 9 accreditation evaluations successfully.

81. The second study evaluated the use and effectiveness of students on the ECCE general council and evaluation teams. From the results of this study, the ECCE has lengthened the time period that students are allowed to serve on Council. Specific training materials have also been created and the ECCE has conducted training events targeted specifically for new students coming onto the ECCE. Students on evaluation teams were already required to attend a training event prior to an evaluation visit and the thematic analysis study found no issues with students in this capacity. On the contrary, it was reported that students on evaluation teams were very useful, particularly in certain areas and for specific student-related 'Standards'.

82. A third ECCE 'thematic analysis' study was recently completed and published in the Journal of Chiropractic Education. It investigated how programmes have used the ECCE evaluation reports to enhance, change and improve their programmes [Peterson, C.K., Miller, J., Humphreys, B.K. and Vall, K., 2021. Chiropractic program changes facilitated by the European Council on Chiropractic Education Accreditation reports: A mixed methods audit and thematic analysis. *Journal of Chiropractic Education*, 35(2), pp.242-248]. The CQA, as part of her/his work contract, is required to perform at least 1 thematic analysis study per year and it is expected that most studies will be published not only on the ECCE website, but in relevant, peer-reviewed health-care journals. The specific topics for the thematic analysis studies are selected by the ECCE QAAC committee.

83. Our fourth 'thematic analysis' study is now completed and was very recently accepted for publication in the Journal of Chiropractic Education. The topic focused on how the 10 accredited chiropractic programmes had to adapt their teaching, learning and assessment methods for the Covid-19 pandemic. Student input was also solicited for this study.

84. The QAAC has also recently completed the 5<sup>th</sup> official Thematic Analysis study (PDF available on the ECCE website). This study identified 'themes' found

in terms of 'Commendations', 'Recommendations' and 'Concerns' reported in the most recent accreditation evaluation reports. This resulted in a 'good practice checklist' to benefit all institutions in improving programmes.

### **3.5 Resources**

#### **STANDARD:**

Agencies should have adequate and appropriate resources, both human and financial, to carry out their work.

#### **GUIDELINES:**

It is in the public interest that agencies are adequately and appropriately funded, given higher education's important impact on the development of societies and individuals. The resources of the agencies enable them to organize and run their external quality assurance activities in an effective and efficient manner. Furthermore, the resources enable the agencies to improve, to reflect on their practice and to inform the public about their activities.

85. ECCE compliance: Members of the Council are elected as set out in the Constitution (appendix 1). The Council and its sub-Committee (the QAAC) are responsible for the strategic direction and conducting the business of the agency. The ECCE is funded from subscriptions and fees from the accredited chiropractic education programmes as set out in the ECCE Financial Policy (appendix 3), the ECU, which represents the chiropractic profession's interests in Europe pays an annual subscription and annual fees are paid from those countries not members of the ECU (France and South Africa). The ECCE employs an Executive Secretary responsible for the administration of the Council as well as coordinating all site evaluation visit logistics. The specific duties of the Executive Secretary are available upon request. In 2017 the ECCE also expanded the number of executive members remunerated for their work which includes the President, Treasurer and Quality Assurance Consultant (CQA). This has enhanced the ECCE's ability to carry out internal quality assurance procedures including thematic analysis studies worthy of publication in international journals, the provision of advice and consultation to new programmes in Europe, as well as attending ENQA sponsored seminars and workshops. All members of evaluation teams are remunerated from the funds that come from

the fees that the programmes pay for the accreditation evaluation events (appendix 3). Incoming funds have increased due to the revision of the annual fees paid by accredited programmes, an increased number of accredited programmes (now 10), and payments from the European Chiropractors' Union (ECU) and the chiropractic organizations in those countries not members of the ECU (France and South Africa). Members of the QAAC are additionally remunerated for their work analysing SSRs before the site visit as well as production of the final Evaluation Reports. Increasing the maximum re-accreditation period to 8 years has assisted some programmes to align their accreditation events with national accrediting agency time frames, potentially reducing their overall costs. Through appropriate budgeting, the ECCE is able to plan for further thematic analysis projects and conferences/meetings with stakeholders, including accredited institutions. This will focus on learning from the thematic analysis projects, discussing ways forward to enhance and improve chiropractic education and accreditation in the future. The ECCE is in a sound financial position with significant reserves. The ECCE audited accounts for the previous 3 years are included in appendices 4a and 4b.

86. The Executive is responsible for the day-to-day operation of the Council and conducts its business through emails, telephone conferencing as appropriate, and meets face-to-face 2 to 3 times a year in addition to 2 – 3 Skype or Zoom meetings as needed. The full Council normally meets annually. During the Covid pandemic face-to-face meetings took place via Zoom. The Quality Assurance and Accreditation Committee (QAAC) is responsible for the core business of the ECCE, i.e. external reviews and evaluations, and decisions thereof. The QAAC meets at least once a year, and at other times when programmes are in the process of being (re-) accredited. As the number of chiropractic educational programmes increases in Europe so the workload for ECCE will expand, but also its income stream will expand. ECCE membership and administrative support are thus areas that will be continually monitored to ensure they remain fit for purpose. Outside of membership, the ECCE is also able to draw on the experience and expertise of individuals in education (both in and outside of chiropractic) as part of evaluation teams that make on-site visits to programmes. Members of these teams are remunerated for their work as described in sections above.

87. The ECCE's technical support, apart from the expertise provided by the Executive Secretary and the current Vice President, has been with 'web-on Internetagentur (CMS, Sudhaus & Partner Unternehmensberatung GmbH)'. The ECCE's website hosting company is 'Neue Medien Münnich – All inkl.com. ECCE officers, staff and members provide their own internet security on their personal electronic devices.

### **3.6 Internal quality assurance and professional conduct**

#### **STANDARD:**

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

#### **GUIDELINES:**

Agencies need to be accountable to their stakeholders. Therefore, high professional standards and integrity in the agency's work are indispensable. The review and improvement of their activities are on-going so as to ensure that their services to institutions and society are optimal.

Agencies apply an internal quality assurance policy which is available on its website. This policy

- ensures that all persons involved in its activities are competent and act professionally and ethically;
- includes internal and external feedback mechanisms that lead to a continuous improvement within the agency;
- guards against intolerance of any kind or discrimination;
- outlines the appropriate communication with the relevant authorities of those jurisdictions where they operate;
- ensures that any activities carried out and material produced by subcontractors are in line with the ESG, if some or all of the elements in its quality assurance activities are subcontracted to other parties;
- allows the agency to establish the status and recognition of the institutions with which it conducts external quality assurance.

88. The ECCE's 'Internal Quality Assurance Document' is available on the ECCE's website under the heading "Policies". The CQA monitors the internal quality assurance processes of the ECCE to ensure that all published documentation is up-to-date and accurate, reflecting any changes voted on by Council and consistent with the new ESGs (Constitution (appendix 1), Standards (appendix 2), Financial Policy and Dues (appendix 3), Evaluation Team Manual (appendix 6).

89. The ECCE has Policies to ensure that all persons involved in its activities are competent and act professionally and ethically. A Conflict of Interest policy for site evaluation team members and for ECCE council members has been established (available upon request). The membership of the ECCE is defined in the Standards (appendix 2) to ensure that criteria are met regarding education/qualifications, expertise, stakeholder representation (including student members). Members are drawn from a wide variety of European countries (and South Africa). The breadth of knowledge, competency and professionalism of members is carefully reviewed when selecting applicants for vacant positions. The ECCE has worked with ENQA to advertise for recent 'educationalist' positions which has successfully filled 2 vacancies with highly qualified applicants.

90. The ECCE Policies include internal and external feedback mechanisms that lead to continuous improvement. The ECCE receives feedback from programme members on an informal basis at the annual meetings with members of the QAAC, and during the annual general meeting of the Council. There is also a formal mechanism for annual feedback from programme members through the AMoR process. Additionally, the CQA receives formal feedback from each evaluation team and programme after every site visit. Feedback is reviewed first by ECCE executive members and then by the Council from which issues are addressed. Recent feedback from evaluation team members resulted in the reorganization of meeting schedules to improve the engagement process with stakeholders. Formal feedback is also obtained for all ECCE General Council, QAAC and Executive meetings.

The ECCE has policies which guard against intolerance and discrimination (ECCE website under 'Policies').

The ECCE has policies which outline the appropriate communication with the relevant authorities of those jurisdictions where it operates.

The ECCE does not contract out its quality assurance activities to other parties.

The ECCE has policies which allow it to establish the status and recognition of the programmes with which it conducts external quality assurance (ECCE Standards, part 4, section 2).

### **3.7 Cyclical external review of agencies**

#### **STANDARD:**

Agencies should undergo an external review at least once every five years in order to demonstrate their compliance with the ESG.

#### **GUIDELINES:**

· A periodic external review will help the agency to reflect on its policies and activities. It provides a means for assuring the agency and its stakeholders that it continues to adhere to the principles enshrined in the ESG.72.

91. ECCE compliance: The ECCE became a member of ENQA in 2010, was put into the 'member under review' category in 2015 and subsequently was refused membership following a partial review in 2017. Since the 2017 feedback, the ECCE has made many changes and improvements to its operations and documents which have been discussed in detail in several sections above. The major improvements include:

- 1) A stronger focus on Thematic Analysis (see pages 54-56 in this report), resulting in 4 publications in peer-reviewed educational journals and significant changes to the ECCE's policies and procedures (ENQA Standards 3.4 and 2.3);
- 2) An increasing emphasis on student-centred learning, multidisciplinary learning and international mobility within the ECCE Standards (ENQA Standard 2.1) (page 38 in this report and appendix 8);
- 3) A stronger financial position allowing for the remuneration of more of ECCE's officers (ENQA Standard 3.5);
- 4) A broader range of stakeholders within the ECCE.

92. The purpose of this document is to demonstrate that the ECCE has addressed our deficiencies and significantly improved our operations with the goal to regain full ENQA membership.

93. The ENQA 'Standard' that was a 'concern' in 2017 was 3.4 Thematic Analysis. Significant effort has gone into addressing this issue, including several research publications, resulting in lengthening the maximum accreditation time period to 8 years and identifying the 'Critical Standards' which must be awarded at least

‘substantially compliant’ in order to receive the maximum 8-year accreditation as well as increasing the time frame for student members.

94. Other issues from the 2017 review were (2.1) Consideration of internal quality assurance and ‘student-centred learning’. Both of these areas have been addressed as noted in the relevant sections (page 38 and appendix 8) and changes made to the ECCE documents and procedures.

95. The last ENQA evaluation also noted that the ECCE relied too heavily on professionals providing voluntary work for the agency. This has now changed as outlined in this report above in section 3.5 (Resources). The number of remunerated positions includes not only all evaluation team members and the Executive Secretary who were always remunerated, but also the President, Treasurer and Quality Assurance Consultant as well as the QAAC members for their work on the reports associated with each evaluation procedure.

## **7. KEY CHALLENGES AND AREAS FOR FUTURE DEVELOPMENT**

The ECCE is an international autonomous organization concerned with *accreditation (and re-accreditation) of programmes* offering chiropractic education and training. Accreditation (and re-accreditation) of programmes is determined by the quality of their chiropractic education and training programmes judged against a set of educational quality *Standards*. The ECCE evaluates chiropractic education and training programmes in Europe and South Africa which has seen a steady growth in the demand for chiropractic services in the last 20 years.

The recommendations from ENQA have highlighted areas for improvement, as well as informing future strategic objectives for the organisation. Included in these future strategic objectives are closer collaborations with country-specific chiropractic accrediting bodies within Europe in order to potentially reduce the accreditation burden on programmes and increase the number of European programmes that also have ECCE accreditation. Having ECCE accreditation facilitates international mobility of graduates more than country-specific accreditation only. Additionally, sharing good practice with the other chiropractic specific accrediting bodies outside of Europe has recently been done as part of ECCE’s membership in the Councils on Chiropractic Education International (CCEI). Our thematic analysis research paper on including students

as equal members of the ECCE was sent to the other CCEI members as the ECCE is the only CCEI member that currently includes students.

Future developments within chiropractic education in Europe are being seen as other countries begin to investigate the feasibility of starting new programmes. The ECCE encourages new programmes and provides lists of external experts (independent consultants) to assist with development.

Monitoring how chiropractic programmes operate post-Covid will be ongoing. Based on one of ECCE's recent thematic analysis publications, it is likely that hybrid educational formats will remain for some courses and that the excellent on-line educational materials developed during the pandemic will remain available to students even during in-person classroom education. Programme leaders comment that the pandemic facilitated employment of high-level international faculty and researchers who could work within their own countries but contribute educationally via 'zoom'.

The ECCE engages in self-evaluation on a cyclical basis to assure itself that the organisation maintains its own quality and engages in continuous improvement and in so doing reassures its stakeholders in chiropractic education and training in Europe that the ECCE is operating at a level that is in keeping with that of its peers.

Membership of ENQA is important to the on-going development of the ECCE which values its attendance at ENQA-sponsored seminars and conferences, and facilitates the exchange of best practice with quality assurance peers. It is important that a single-profession quality assurance agency such as the ECCE maintains the primary focus on its core business and develops insight into the idiosyncrasies of the profession in question. Nevertheless, many of the challenges facing HE in the field of chiropractic are also apparent in the broader EHEA, and the ECCE believes it is through exposure to diverse QA agencies, HE institutions and stakeholder organisations that quality in ECCE's work continues to improve.

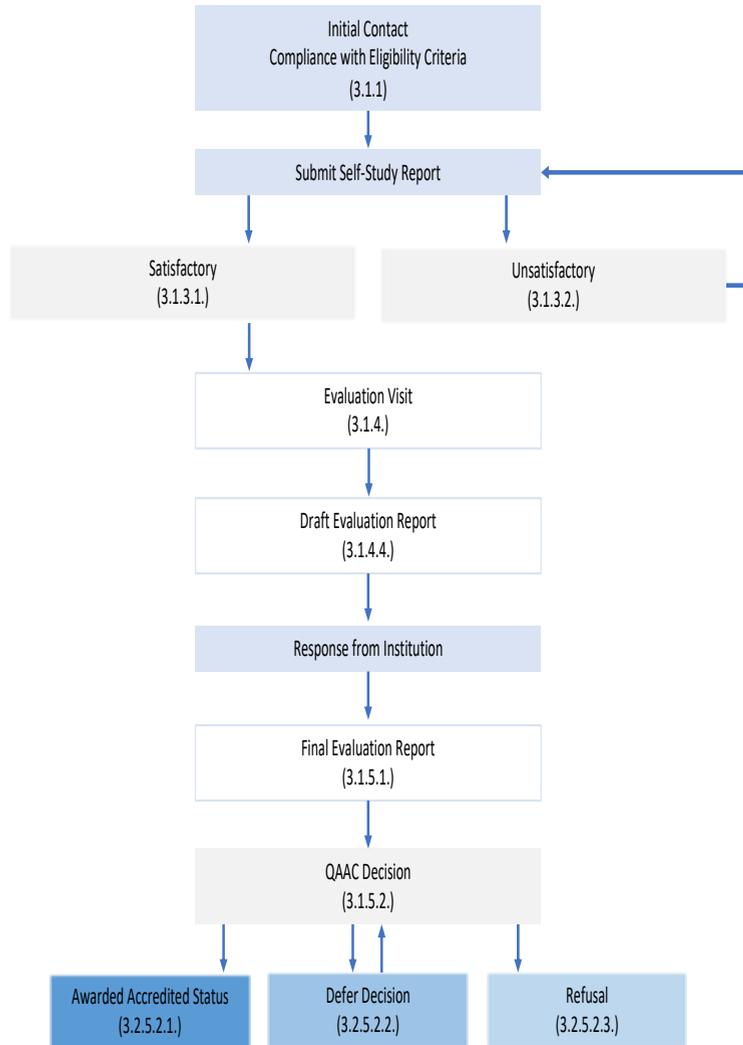


Figure 1. Accreditation Procedure

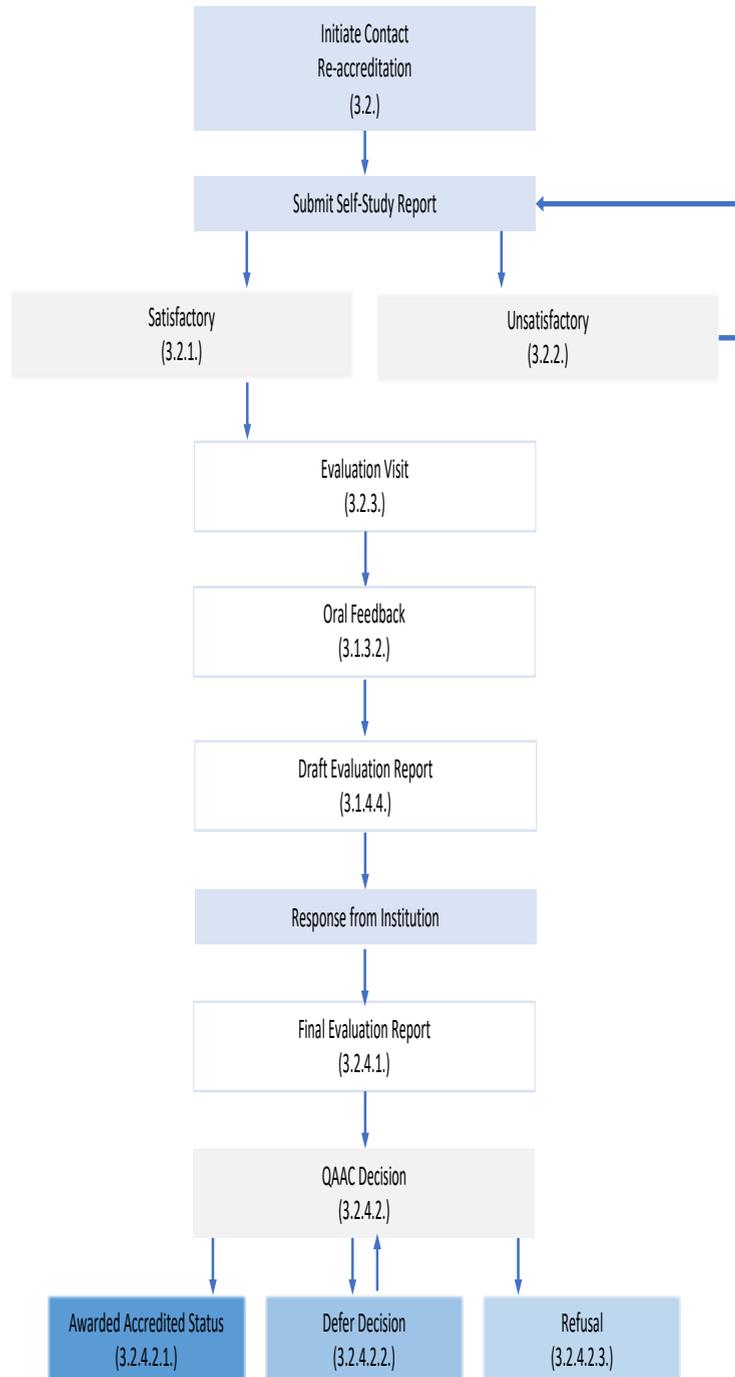


Figure 2. Re-Accreditation Procedure