



STANDARDS AND GUIDELINES
for Quality Assurance in
Chiropractic Programmes

2025

Please cite this publication as:

ECCE 2025 Standards and Guidelines for Quality Assurance in Chiropractic Programmes

URL:

Date 1 March 2025

Ownership:

European Council for Chiropractic Education (ECCE)

Referenced:

European Association for Quality Assurance in Higher Education (ENQA)

The Councils on Chiropractic Education International (CCEI)

European Chiropractor Union (ECU)

General Chiropractic Council UK (GCC)



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Foreword

The Standards and Guidelines for Quality Assurance in Chiropractic Higher Education were adopted by the Council Members of the ECCE in 2025 following a proposal prepared by the Quality Assurance and Accreditation Committee (QAAC) with reference to the CCEI, the ECU, and the GCC.

The 2025 standards are the result of a review of the previous 2019 Standards following a need to modernise, clarify, and simplify while improving their applicability and usefulness. There has been significant contextual change in Chiropractic education over these six years with the introduction of new technologies, the advent of generative AI, the increasing importance of research to inform teaching and the more certain embedding of evidence-based approaches. In addition there has been a significant shift towards student-centred learning and teaching. Given this changing context, The Executive Committee of the ECCE in 2023 requested the QAAC to prepare an initial proposal for a revision of the 2019 Standards to meet the needs of the new Chiropractic context.

The revision involved the setting up of a Steering Group to create a first draft of the updated standards. These were then submitted to three consultation rounds involving key stakeholder organisations. The comments, proposals and recommendations received were incorporated into a second draft which was passed by the QAAC and presented to The Executive for ratification and finally presented to The Council members of the ECCE for adoption in 2025.

As a result of this participative process we are confident that these 2025 Standards reflect a consensus among all the organisations and stakeholders involved in improving the quality assurance of chiropractic education in the European Higher Education Area and South Africa and provide a firm basis for institutions in these areas to assure themselves of the quality of their educational provision.

Context

Chiropractic education has become increasingly research-led and evidence-based and has rightfully taken its place in higher education as a necessary component of the healthcare field. At the same time there has been an increasing demand for chiropractic skills and competences by a new generation of practitioners requiring broader access to chiropractic programmes in higher education.

This increased need for chiropractic provision has led to a greater emphasis on a student-centred approach to learning and teaching, greater flexibility in curriculum offerings and a widening of recognised competencies within the chiropractic profession. Students have become more mobile and higher education institutions more diverse in their educational provision in order to meet the needs of internationalization and cooperation with professionals in other countries. The role of quality assurance is crucial in supporting this cross-national mobility of chiropractic professionals, to ensure that qualifications achieved by students are of equal standard and transferable.

A key goal of the 2025 ECCE Standards and Guidelines for Quality Assurance in Chiropractic Education is to create and maintain a common standard of quality assurance for chiropract education across borders and among all stakeholders in the European and South African regions and to foster cross-border cooperation. The 2025 Standards allow accredited chiropractic programmes to demonstrate their quality and to build mutual trust and recognition. The 2025 Standards are used by institutions as a reference document for internal and external quality assurance systems in chiropractic education.

Scope

The focus of the 2025 Standards is on the quality assurance of chiropractic education in Europe and South Africa. The standards ensure that institutions have policies and processes which ensure and improve the quality of governance and management, teaching and learning, research and innovation and the learning environment in chiropractic higher education.

The 2025 Standards and Guidelines have been developed for internal and external quality assurance in chiropractic education in Europe and South Africa. They set the educational standards for programme accreditation and prescribe how the quality assurance processes are implemented. In addition they provide guidance for institutions to benchmark the quality provision and learning environments of their own provision.

The 2025 Standards apply to all chiropractic education offered in Europe and South Africa regardless of the mode of study or place of delivery and are applicable to transnational and cross-border provision. Chiropractic education includes preparing students for their future careers, their active participation in the chiropractic profession, supporting their personal development, and stimulating participation in research and innovation.

A successfully accredited chiropractic programme will provide assurance to the higher education institution and the public of the quality of the higher education institution's activities as well as provide advice and recommendations on how it might improve what it is doing.

Purpose

The 2025 Standards serve as benchmarks for both self-evaluation by the Institution and external evaluations conducted on-site by an external panel experts chosen by ECCE. The Standards are the criteria against which programmes are measured and assessed and which serve to identify areas within a programme which merit commendations, recommendations and concerns in education and training.

The 2025 Standards have four specific purposes:

- **They set an international framework for the quality assurance of Chiropractic programmes delivered by institutions based in Europe and South Africa.**
- **They enable the continual improvement of Chiropractic programmes.**
- **They facilitate qualification recognition and mobility within and across national borders;**
- **They provide assurance on the quality of accredited Chiropractic programmes to applicants and other stakeholders.**

The 2025 Standards may be used and implemented in different ways by different institutions, agencies and countries, but they provide the required standard of Chiropractic educational provision against which institutions and their programmes are assessed. This ensures that the Chiropractic programmes which have been accredited by ECCE adhere to the same set of standards and are fit for purpose while delivered in their own geo-political contexts.

The field of Chiropractic education is subject to a diversity of legal and political systems, higher education systems, cultural traditions, while being delivered in different languages across different countries and continents. This diversity of provision and programmes requires a means of determination of comparable standards in order to create a common understanding of quality assurance. The 2025 Standards ensure that all accredited provision meets these threshold standards so that prospective students and stakeholders can be confident in the programme they choose, regardless of where it is delivered.

Principles

The 2025 Standards are based on the following four principles:

- **Responsibility:** Institutions take primary responsibility for the quality of their provision and make use of the 2025 Standards to assess its own quality assurance;
- **Applicability:** The 2025 Standards are applicable to the full range of higher education systems, institutions, programmes, students and stakeholders;
- **Enhancement:** The 2025 Standards support institutions to take deliberate steps to develop and continually enhance their programmes;
- **Participation:** The 2025 Standards takes into account the needs and expectations of students, staff, patients, the profession and all other stakeholders.

Judgement

Programmes are evaluated against each standard and are graded as follows:

Fully Compliant (No Risk - on track)

Partially Compliant (Low/Medium Risk – Significant areas which should be addressed)

Not Compliant (High Risk - Serious concerns threaten this area)

The 33 Standards are listed below. The wording of each standard is contained within the shaded text and is used for making judgements. The guidelines are not part of the standards and not used to formulate judgements but are provided to clarify, amplify or exemplify expressions used in the Standards.

Application

Chiropractic programmes wishing to be accredited by the ECCE must demonstrate compliance with the 33 standards. Full compliance with all Standards is not necessary to qualify for accreditation. However All programmes must attain at least a partially compliant judgement in all standards to gain accreditation. Any standard which is not compliant will mean that accreditation is not given. The term of accreditation will be based on a points based system where 1 point is given for fully compliant and 0.5 points given for partially compliant and 0 points for non-compliance.

Based on the outcome of a risk based assessment, the length of accreditation is determined as follows:

- 8 year accreditation: Achieve at least 30 points and no areas of non-compliance
- 5 year accreditation: Achieve at least 25 points and no areas of non-compliance
- 3 year accreditation: Achieve at least 20 points and no areas of non-compliance
- Not accredited: fewer than 20 point or some standards non-compliant.

Terminology

Within this document the following terminology is used:

- *The 2025 Standards* refer to the 33 educational standards by which institutions can benchmark the quality of their chiropractic programmes.
- *Institution* is used to refer to higher education institutions offering chiropractic programmes. It can refer to the institution as whole or to any actors within the institution.
- *Programme* refers to higher education in its broadest sense, including that which is not part of a programme leading to a formal degree.
- *Quality assurance* describes all activities within the continuous improvement process which ensure a learning environment in which the content of programmes, learning opportunities and facilities are fit for purpose. It should support the development of a *quality culture* embraced by students and academic staff and to the institutional leadership and management as a whole.
- *Stakeholders* are understood to cover all actors within an institution, including students and staff and patients, as well as external stakeholders such as employers and external partners of an institution.



Standards and Guidelines for Quality Assurance of Chiropractic Programmes

1. GOVERNANCE

1.1 Governance

STANDARD

Governance, committee structures and functions of the institution are clearly defined, including their relationships within the institution.

GUIDELINES

- *Governance refers to the structures and processes of the whole institution and not just the programme*
- *Clearly defined means that they are documented somewhere and openly published*
- *Relationships between committees and reporting structures should be clear including ultimate responsibility for decision making*
- *Evidence should be sought in the form of organisational diagrams and possibly policy documents and committee terms of reference*

1.2 Academic Leadership

STANDARD

Academic management structures and responsibilities, are clearly defined and functioning to the benefit of the programme

GUIDELINES

- *Academic management refers to programme structures.*
- *Programme committee structures including monitoring committees, assessment committees, validation committees etc should be available and reporting lines clear*
- *Clearly defined means that staff and students are aware of them*
- *Evidence should be sought in the form of organisational diagrams and possibly policy documents and committee terms of reference*

1.3 Academic Autonomy

STANDARD

The institution has sufficient autonomy to design, develop and deliver the curriculum, irrespective of where or by whom it is delivered. The programme is implemented securely and managed effectively.

GUIDELINES

- *Autonomy means the institution has sufficient control over the curriculum to ensure that it can achieve the programme's aims and objectives, and can change it if necessary.*
- *Irrespective of where it is delivered means that if any of the provision is outsourced then the institution still has control over what is delivered and has checks to ensure it is done correctly*
- *In areas where chiropractic students are taught together with other health science or basic science students, the specific needs of chiropractic students must be identified and addressed.*
- *Implemented securely means that the programme is protected from outside influence*
- *Evidence should be sought from independent validation documents*

1.4 Interaction with Professional Sector

STANDARD

The institution has constructive relations with the chiropractic and other health-related sectors which informs and enhances the programme.

GUIDELINES

- *Constructive relations means that the programme is informed by the local healthcare sector and/or the local chiropractic profession*
- *External advice is sought on the structure of the programme and possibly delivery or assessment?*
- *Check if there are any enhancements to the programme which have come from the external relationships which could be commended*
- *Evidence should be sought in minutes and communications with external bodies or email communications*

2. ADMISSION

2.1 Published Information

STANDARD

Institutions publish information about their activities and programmes, which is clear, accurate, objective, up-to-date and readily accessible.

GUIDELINES

- *Published information means prospectus or website information. All public information needs to be checked for accuracy and clarity. Is any public information found to be misleading?*
- *Did the students find the public information before joining the programme accurately reflect the programme they found after they joined?*
- *Evidence should be sought on websites and reconciled with student feedback on its accuracy*

2.2 Admission Policies and Selection

STANDARD

The institution has admission policies which are clear, fair and consistently applied.

GUIDELINES

- *Admission policies refer to documents which are available publicly.*
- *Clear means it is available to staff and students*
- *Fair means that it is non-discriminatory and determined by merit only*
- *Consistent means that it applies the same year after year and the same in one place as another*

2.3 Student Intake and Induction

STANDARD

Steps are taken to orientate new students through induction activities

GUIDELINES

- *Orientation means that students are given early direction of what they must do*
- *Evidence may be found in induction activities. Are they suitable to introduce new students to the area? Do they help to adjust them to the needs of the programme?*
- *Does induction cover essential items like plagiarism, structure of the programme, social needs etc.*
- *Evidence should be documented in handbooks and websites. Are there any gaps?*

3. EDUCATIONAL PROGRAMME

3.1 Programme Aims and Objectives

STANDARD

The institution works with stakeholders to define and publicize the aims, objectives and intended learning outcomes of the chiropractic programmes

GUIDELINES

- *Stakeholders should include Managers, Staff, Students, Patients, External Professionals and Relevant External Bodies.*
- *Programme aims, objectives and Intended Learning Outcomes (ILOs) should be documented in programme validation documents and programme handbooks.*
- *Students should be asked if they are aware of Intended Learning Outcomes (ILOs) and if they know where to find them*

3.2 Curriculum Design

STANDARD

Descriptions of the content, duration and sequencing of courses are fit for purpose at each stage of the programme. Educational and other experts are consulted in the design and development of the programme.

GUIDELINES

- *Content refers to the curriculum and it should include all necessary elements for a degree level programme*
- *Duration refers to the length of the programme and how many taught hours, clinic hours, and self-study hours are scheduled. Are the students aware of time requirements?*
- *Sequencing means that taught elements logically build upon each other to make a whole*
- *Fit for purpose means that the programme will produce fully competent chiropractors able to operate at a professional level*
- *At each stage means that each year of the programme provides sufficient knowledge and experience to progress to the next year*
- *Educational and other experts means that professionals outside chiropractic are consulted on the educational and teaching aspects of the programme*
- *The curriculum must encourage active participation through the principles of self-directed and student-centred learning and foster the concept that the curriculum is not only 'taught' based solely on didactic models.*

3.3 Educational Outcomes

STANDARD

The programme defines the competencies that students will need to attain and be able to exhibit when they complete the programme and enter the healthcare system.

GUIDELINES

- *Educational outcome is defined in terms of the ILOs or competencies the students will acquire before graduation.*
- *Competencies refers to the intended learning outcomes ILOs of the programme which should be clearly specified and students made aware of them*
- *There should also be an appropriate method of testing if the ILOs have been attained to ensure students are ready to enter the healthcare system*

- *It is difficult to define some competencies or ILOs simply as a set of factual knowledge and practical skills as many are essentially abstract qualities. Although knowledge and practical skills are essential, so too are cognitive and problem-solving abilities and attitudes.*
- *Whilst each institution defines its own ILOs these should be sufficient to enter the profession. Are there any gaps?*
- *Evidence should be sought in programme handbooks or in the validation documents*

3.4 Programme Management

STANDARD

The institution resources, plans, implements and reviews the curriculum to achieve the aims and objectives of the chiropractic programme.

GUIDELINES

- *Resources include the building, fabric, equipment, IT, books, etc and includes competent staff and all things necessary to ensure the success of the programme*
- *Planning concerns whether the curriculum has been put together well*
- *Implements means that the planning is accurately realised*
- *Reviews means that there are mechanisms to gain feedback to ensure it works well*
- *Evidence should be sought in planning documents and in student feedback*

3.5 Teaching and Learning Methods

STANDARD

Teaching and learning methods allow students to achieve the intended learning outcomes of the programme. The methods must ensure that students have responsibility for their learning and prepare them for lifelong, self-directed learning throughout their professional career.

GUIDELINES

- *Teaching and learning methods include lectures, demonstrations, practical, prosection (or dissection), computer assisted methods, and large and small group classes etc. The institution should encourage a variety of student-centred teaching and learning approaches to obtaining the required competencies.*
- *Teaching and learning methods should not only facilitate the construction of factual knowledge and skills, but also stimulate enquiry, critical analysis, and problem-solving abilities.*
- *The curriculum and educational methods should foster life-long learning skills and an appreciation of the need to undertake Continuous Professional Development (CPD).*
- *Check: Do teaching and learning methods stimulate enquiry, critical analysis and problem-solving abilities? Do they encourage active participation through the principles of self-directed and student-centred learning.*

3.6 Clinical Sciences and Skills

STANDARD

The programme includes contributions from the clinical sciences that enable the student to gain sufficient clinical knowledge and skills for chiropractic practice.

GUIDELINES

- *Clinical science combines principles of medicine, chemistry, biology and experimental science.*
- *Clinical skills involve assessing and diagnosing patients. They include soft skills such as communication, recording outcomes and liaising with other staff.*
- *Evidence should be found in clinical practice and policies*

3.7 Clinical Training

STANDARD

The programme includes supervised clinical training and early patient contact leading to participation in patient care and the ability to assume appropriate clinical responsibility.

GUIDELINES

- *Supervised clinical training means hours in a clinic working with patients under supervision. Is there enough time given to this?*
- *Early patient contact means before the final years*
- *Clinical responsibly means assigned to individual patients*
- *Evidence should be sought in clinical records*

3.8 Linkage to Graduate Programmes

STANDARD

Where relevant, the programme provides a suitable foundation for, and enables seamless progression into, other graduate education programmes.

GUIDELINES

- *Progression includes the facilitating of movement to courses which are at a higher level or to programmes which are in parallel associated disciplines or to programmes which are in other institutions*
- *Evidence for this might be found in validation documents and possible agreements with other institutions or programmes.*

4. ASSESSMENT

4.1 Assessment Methods

STANDARD

The institution defines and documents the methods used for assessment including the use of generative AI, internal and external verification and progression and appeals procedures. Assessment methods are regularly evaluated and improved.

GUIDELINES

- *Assessment means the mechanisms for testing the achievement of the ILOs. Are all the ILOs tested?*
- *A wide range of different assessment methods should be evidenced in documents suitable to the subject matter.*
- *Generative AI refers to artificial intelligence programmes which can answer detailed questions and is capable of generating written reports, images, video or other data using programmes such as ChatGPT, Copilot, DALL-E, Bard, Gemini etc*
- *Assessment methods should show some way of ensuring the work is original to the student and demonstrates the students abilities*
- *Creative use of assessment methods should be commended*
- *Evidence should be sought to show that assessment methods are regularly reviewed. This might be found in programme minutes or in annual monitoring reports. There should be a policy on the use of genAI*
- *Appeals procedures should be documented and published. Are students aware of them?*

4.2 Relation between Assessment and Learning

STANDARD

The assessment principles, methods and practices are suited to the learning outcomes of the programme and promote effective learning.

GUIDELINES

- *Assessment practices should be designed to align teaching, learning activities and Intended Learning Outcomes (ILOs), so that what is taught, learned, and assessed is coherent and supports student achievement.*
- *The link between assessment and learning should be explored as some students only consider that which is assessed as worthy of learning.*
- *Test to see if all the ILOs of a unit are being assessed*
- *Check that the assessment method is suited to the learning outcome.*
- *Are clinical assessment methods suitable?*
- *Are the students fully informed of what is expected and how they will be assessed?*

5. STUDENT SUPPORT

5.1 Student Support and Counselling

STANDARD

The institution provides support for the academic, personal and social needs of students.

GUIDELINES

- *Academic support means that students are provided with help to understand curriculum content and assessment requirements.*
- *Personal support means that students are assisted to overcome individual problems and provided with advice on finance, depression, stress etc.*
- *Social needs means that students are supported to join groups and can interact with each other outside of studies. Is there an active Student Union?*

5.2 Student Representation

STANDARD

The institution has mechanisms which engage students at all operational levels of decision making and in the design, management and evaluation of the curriculum.

GUIDELINES

- *Mechanisms may refer to student representatives and to student membership of committees*
- *Do students have any input into committees which concern their day to day activities or academic work?*
- *Are students consulted on changes to the curriculum or other things that affect them?*
- *Evidence might be found in the minutes of committee meetings and in organizational charts.*

6. STAFFING

6.1 Recruitment

STANDARD

The institution ensures an appropriate balance between clinical and lecturing staff, between full and part time staff, and ensures there is sufficient administrative and technical staff to support the programme.

GUIDELINES

- *Appropriate balance means that students are not disadvantaged by inadequate staffing*
- *Full staff provide continuity and part time staff provide experience.*
- *Evidence might be found in timetables and from students directly. Do they have sufficient staff to ensure the programme is run effectively? Do they have access to staff when needed?*

6.2 Appraisal and Development

STANDARD

The institution has effective arrangements in place to ensure staff appraisal objectives are met and good practice identified and disseminated.

GUIDELINES

- *Effective arrangements means that all staff are able to progress in their work.*
- *Check: do all staff have appraisals once pre year? Are objectives set? Are they monitored?*
- *Evidence might be found in staff interviews. Do they feel supported? Do they have enough time to do their jobs? Do they have opportunities to progress?*

7. RESOURCES

7.1 Teaching and Learning Facilities

STANDARD

The institution has sufficient physical facilities and learning resources, including access to computer-based reference systems, to ensure adequate delivery of the curriculum and support research.

GUIDELINES

- *Physical facilities refers to buildings, lecture theatres, classrooms, labs, clinics etc.*
- *Learning resources refers to library and online resources including a virtual learning environment*
- *Computer based systems refers to online databases and journals etc*
- *Are resources adequate for research as well as teaching?*
- *Evidence should be sought from the online systems directly. Are there any gaps?*

7.2 Clinical Training Resources

STANDARD

The institution provides students with access to adequate clinical experience including an appropriate case-mix, necessary resources, and sufficient clinical training facilities.

GUIDELINES

- *Adequate clinical experience means comparable with other institutions and programmes*
- *Case mix refers to the quality of the clinical experience not just the number of cases*
- *Evidence should be sought from the students directly. Do they feel the clinical experience is adequate? Are there any gaps?*

7.3 Information Technology

STANDARD

The institution provides sufficient IT resources to deliver the curriculum and deploys them effectively with guidance for independent learning, the use of generative AI, accessing information and managing patients.

GUIDELINES

- *Sufficient IT resources means that the students have all that is necessary to complete their programme.*
- *Guidance for independent learning means that students are supported to work alone and they have the skills and knowledge to do so. How much of their work is self-study?*
- *Is there is documented policy on the use of genAI? Do students know when it is and when it isn't allowed?*
- *Are students taught how to use the many different IT systems including clinical systems?*
- *Evidence should be sought from the students directly. Are there any gaps?*

8. SCIENTIFIC METHOD AND RESEARCH ACTIVITY

8.1 Research and the Scientific Method

STANDARD

The programme embeds the scientific method, evidence-based practice and robust research methods into the curriculum and teaches analytical and critical thinking.

GUIDELINES

- *Embeds means that the scientific method is not just taught in a unit or separate from other units, but is present throughout the programme.*
- *Evidence based practice means that decisions are made on the basis of the results of investigation and not arrived at based on preconceived notions*
- *Robust research methods means that students are taught research methods at some point in the programme.*
- *Analytical thinking means they are taught how to break down a complex issue into its components*
- *Critical thinking means that they are taught how to come to a sound judgement and choice between competing alternatives.*
- *Evidence should be sought from the curriculum and the students questioned directly about research and the scientific method. Are they aware?*

8.2 Biomedical Sciences

STANDARD

The programme includes contributions from the biomedical sciences that enable the student to gain knowledge and understanding of the sciences as they apply to chiropractic.

GUIDELINES

- *Biomedical Sciences means the biology of human health and disease and may include such areas as anatomy, physiology, pharmacology, biochemistry, microbiology, mathematics and statistics*
- *Evidence should be sought from the curriculum.*

8.3 Chiropractic

STANDARD

The programme fosters the ability of staff and students to participate in the scientific development of chiropractic.

GUIDELINES

- *Fosters means provides the environment to enable it to happen.*
- *Scientific development means that the programme allows staff and students to explore the boundaries of knowledge of chiropractic and the latest improvements*
- *Evidence may be found in the publication of projects and papers outside the institution*
- *Commendations may be given for jointly published academic work between staff and students.*

8.4 Relationship between Teaching and Research

STANDARD

The institution employs a strategic approach to research that articulates its own research priorities, and supports research activities thereby informing both teaching and learning and the profession at large.

GUIDELINES

- *A strategic approach means that there are plans to develop research over a short term-medium term period*
- *Articulate means that there is some form of documentation that expresses the plans for research development possibly in a research policy*
- *Support means that research activities are provided with either addition time or funding*
- *Informing means that the research which is done trickles down into what is taught in the programme. Examples of this might be considered for commendation*
- *Evidence should be sought in published papers and policy documents*

8.5 Legal, Professional and Ethical Approval

STANDARD

The programme meets the needs of the professional and legal sectors and all research is undertaken with appropriate ethical approval. Students are enabled to develop effective communication, appropriate clinical decision-making and sound professional and ethical practice.

GUIDELINES

Annotations:

- *Behavioural and social sciences include:*
- *psychology, sociology, and the biopsychosocial model of chronic pain and non-specific neuromusculoskeletal pain conditions.*
- *aspects of patient-centred care models, practitioner-patient encounters and oral and written communications skills, and the transferable skills including IT and reflective practice skills.*
- *all aspects regulating professional practice including legal requirements, requirements of local national regulatory bodies and codes of ethical practice.*
- *other areas of professional practice including business management and administration issues and current practice models in a multidisciplinary healthcare setting.*
- *Ethical practice includes the principles of clinical governance including clinical audit, clinical guidelines and risk assessment and management.*

9. PROGRAMME EVALUATION

9.1 Mechanisms for Programme Evaluation

STANDARD

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

GUIDELINES

- *Mechanisms for programme evaluation may include feedback from staff, students and other stakeholders collected in an annual monitoring report AMR which reviews key performance indicators*
- *External oversight by someone from outside the programme and the institutions should be expected*
- *A process which compares this year's results with previous years should be evidenced*
- *Evidence of scrutiny of AMRs by committees at various levels which can respond to issues and implement change should be available.*

9.2 Stakeholder Feedback

STANDARD

The feedback of stakeholders is systematically sought, analysed and acted upon and results are conveyed back to the stakeholders.

GUIDELINES

- *Stakeholders should include Managers, Staff, Students, Patients, External Professionals and Relevant External Bodies*
- *Systematically sought means that there are processes in place which gather feedback from these stakeholders and bring them together*
- *Analysed means that the feedback data is broken down and interpreted and documented*
- *Acted upon means that you can find evidence of changes being made from the results obtained. This may be found in minutes of meetings and action plans*
- *Conveyed back to stakeholders means that the results are published. Evidence can be found from stakeholders to see if they are aware of the actions taken*

9.3 Involvement in Programme Evaluation

STANDARD

Internal and external programme evaluation is undertaken, with the outcomes reviewed at all level of the institution and shared with stakeholders, staff and students.

GUIDELINES

- *Internal programme evaluation means teams and management review their own programme in a formal and documented way*
- *External programme evaluation means that expertise is sought from outside the institution (preferably) or the programme (at least) and this independent assessment is added to the evaluation. External evaluation should include student members.*
- *At all levels of the institution means team level up to institution level*
- *Shared with stakeholders means that programme evaluations are published to all stakeholders.*
- *Evidence can be sought from stakeholders to see if they are aware of the results of programme evaluations*

9.4 Continuous Improvement

STANDARD

The institution takes deliberate steps to enhance and improve its programmes.

GUIDELINES

- *Deliberate steps means that there is a formal planned mechanism to improve the programme and that improvements do not just happen by accident.*
- *Evidence might be in the form of Meeting Agendas, Action Plans, committee structures set up to pro-actively improve the programme year on year.*
- *Clear examples of planned improvement may merit a commendation*

Appendix 1: Summary 2025 Standards



1. GOVERNANCE	
1.1 Governance	Governance, committee structures and functions of the institution are clearly defined, including their relationships within the institution.
1.2 Academic Leadership	Academic management structures and responsibilities, are clearly defined and functioning to the benefit of the programme
1.3 Academic Autonomy	The institution has sufficient autonomy to design, develop and deliver the curriculum, irrespective of where or by whom it is delivered. The programme is implemented securely and managed effectively.
1.4 Interaction with Professional Sector	The institution has constructive relations with the chiropractic and other health-related sectors which informs and enhances the programme.
2. ADMISSION	
2.1 Published Information	Institutions publish information about their activities and programmes, which is clear, accurate, objective, up-to-date and readily accessible.
2.2 Admission Policies and Selection	The institution has admission policies which are clear, fair and consistently applied.
2.3 Student Intake and Induction	Steps are taken to orientate new students through induction activities
3. EDUCATIONAL PROGRAMME	
3.1 Programme Aims and Objectives	The institution works with stakeholders to define and publicize the aims, objectives and intended learning outcomes of the chiropractic programmes
3.2 Curriculum Design	Descriptions of the content, duration and sequencing of courses are fit for purpose at each stage of the programme. Educational and other experts are consulted in the design and development of the programme.
3.3 Educational Outcomes	The programme defines the competencies that students will need to attain and be able to exhibit when they complete the programme and enter the healthcare system.
3.4 Programme Management	The institution resources, plans, implements and reviews the curriculum to achieve the aims and objectives of the chiropractic programme.
3.5 Teaching and Learning Methods	Teaching and learning methods allow students to achieve the intended learning outcomes of the programme. The methods must ensure that students have responsibility for their learning and prepare them for lifelong, self-directed learning throughout their professional career.
3.6 Clinical Sciences and Skills	The programme includes contributions from the clinical sciences that enable the student to gain sufficient clinical knowledge and skills for chiropractic practice.
3.7 Clinical Training	The programme includes supervised clinical training and early patient contact leading to participation in patient care and the ability to assume appropriate clinical responsibility.
3.8 Linkage to Graduate Programmes	Where relevant, the programme provides a suitable foundation for, and enables seamless progression into, other graduate education programmes.
4. ASSESSMENT	
4.1 Assessment Methods	The institution defines and documents the methods used for assessment including the use of generative AI, internal and external verification and progression and appeals procedures. Assessment methods are regularly evaluated and improved.
4.2 Relation between Assessment and Learning	The assessment principles, methods and practices are suited to the learning outcomes of the programme and promote effective learning.
5. STUDENT SUPPORT	
5.1 Student Support and Counselling	The institution provides support for the academic, personal and social needs of students.

5.2 Student Representation	The institution has mechanisms which engage students at all operational levels of decision making and in the design, management and evaluation of the curriculum.
6. STAFFING	
6.1 Recruitment	The institution ensures an appropriate balance between clinical and lecturing staff, between full and part time staff, and ensures there is sufficient administrative and technical staff to support the programme.
6.2 Appraisal and Development	The institution has a policy and effective arrangements in place to ensure staff appraisal objectives are met and good practice identified and disseminated.
7. RESOURCES	
7.1 Teaching and Learning Facilities	The institution has sufficient physical facilities and learning resources, including access to computer-based reference systems, to ensure adequate delivery of the curriculum and support research.
7.2 Clinical Training Resources	The institution provides students with access to adequate clinical experience including an appropriate case-mix, necessary resources, and sufficient clinical training facilities.
7.3 Information Technology	The institution provides sufficient IT resources to deliver the curriculum and deploys them effectively with guidance for independent learning, the use of generative AI, accessing information and managing patients.
8. SCIENTIFIC METHOD AND RESEARCH ACTIVITY	
8.1 Research and the Scientific Method	The programme embeds the scientific method, evidence-based practice and robust research methods into the curriculum and teaches analytical and critical thinking.
8.2 Biomedical Sciences	The programme includes contributions from the biomedical sciences that enable the student to gain knowledge and understanding of the sciences as they apply to chiropractic.
8.3 Chiropractic	The programme fosters the ability of staff and students to participate in the scientific development of chiropractic.
8.4 Relationship between Teaching and Research	The institution employs a strategic approach to research that articulates its own research priorities, and supports research activities thereby informing both teaching and learning and the profession at large.
8.5 Social, Professional and Ethical Approval	The programme meets the needs of the professional and legal sectors and all research is undertaken with appropriate ethical approval. Students are enabled to develop effective communication, appropriate clinical decision-making and sound professional and ethical practice.
9. PROGRAMME EVALUATION	
9.1 Mechanisms for Programme Evaluation	The institution has a mechanism for programme evaluation that monitors the curriculum, quality of teaching, student progress and outcomes, and ensures that concerns are identified and addressed.
9.2 Stakeholder Feedback	The feedback of stakeholders is systematically sought, analysed and acted upon and results are conveyed back to the stakeholders.
9.3 Involvement in Programme Evaluation	Internal and external programme evaluation is undertaken, with the outcomes reviewed at all level of the institution and shared with stakeholders, staff and students.
9.4 Continuous Improvement	The institution takes deliberate steps to enhance and improve its programmes.

In addition the steering group recommend that;

- 1 the distinction between Critical standards and ordinary standards is removed so that only one type of standard is used.
2. The steering group recommends that standards are graded using a three point system rather than four point system "Thus adopt: Fully met, Partially met, Not met, instead of: Fully met, Substantially met, Partially met, Not met"

Appendix 2: Mapping to ESG

ESG	2025 ECCE Standards
INTERNAL QUALITY ASSURANCE	
1.1 Policy For Quality Assurance	1.1 Governance 1.2 Academic Leadership 1.3 Academic Autonomy
1.2 Design And Approval Of Programmes	3.1 Programme Aims and Objectives 3.2 Curriculum Design 3.3 Educational Outcomes
1.3 Student-Centred Learning, Teaching And Assessment	3.5 Teaching and Learning Methods 3.6 Clinical Sciences and Skills 3.7 Clinical Training 4.1 Assessment Methods 4.2 Relation between Assessment and Learning
1.4 Student Admission, Progression, Recognition And Certification	2.2 Admission Policies and Selection 3.8 Linkage to Graduate Programmes
1.5 Teaching Staff	6.1 Recruitment 6.2 Appraisal and Development
1.6 Learning Resources And Student Support	7.1 Teaching and Learning Facilities 7.2 Clinical Training Resources 7.3 Information Technology 5.1 Student Support and Counselling 2.3 Student Intake and Induction
1.7 Information Management	3.4 Programme Management
1.8 Public Information	2.1 Published Information
1.9 On-Going Monitoring And Periodic Review Of Programmes	9.1 Mechanisms for Programme Evaluation 9.4 Continuous Improvement 5.2 Student Representation
1.10 Cyclical External Quality Assurance	9.3 Involvement in Programme Evaluation 9.2 Stakeholder Feedback 1.4 Interaction with Professional Sector
ADDITIONAL AREAS	
	8.1 Research and the Scientific Method
	8.2 Biomedical Sciences
	8.3 Chiropractic
	8.4 Relationship between Teaching and Research
	8.5 Social, Professional and Ethical Approval