



Quality Assurance and Accreditation Committee

THE ECCE Standards November 2023

The Standards have been compiled to reflect the structure and process of chiropractic education and training that is required to achieve the competencies (exit outcomes) required of graduating chiropractors.

DEFINITIONS

The Standards are grouped into 10 areas with a total of 37 sub-areas as follows.

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- 1.2 PARTICIPATION IN FORMULATION OF AIMS AND OBJECTIVES
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 - 8.4 INVOLVEMENT OF STAKEHOLDERS
- 9 GOVERNANCE AND ADMINISTRATION**
 - 9.1 GOVERNANCE
 - 9.2 ACADEMIC LEADERSHIP*
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 - 9.4 INTERACTION WITH PROFESSIONAL SECTOR
- 10 CONTINUOUS RENEWAL and IMPROVEMENT**

The ECCE 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 of a programme which merit commendations, recommendations and concerns in education and training. Chiropractic programmes wishing to be accredited by the ECCE must demonstrate compliance with the 37 standards. Full compliance with all Standards is not necessary to qualify for accreditation. However critical Standards (identified with the * sign) must achieve at least a “Substantially Compliant” level of compliance to achieve the maximum accreditation time frame.

Programmes are evaluated against each standard and can achieve one of the following grades:

Fully Compliant (No Risk - on track)

Substantially Compliant (Low Risk - Broadly on track with some areas which may be addressed)

Partially Compliant (Medium Risk – Significant areas which could be detrimental if not addressed)

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

The 37 Standards are listed below. The wording of each standard is contained within the boxed text and is used for making judgements. The annotations 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.

1 AIMS AND OBJECTIVES

1.1 STATEMENT OF AIMS AND OBJECTIVES

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

Annotations:

- *Postgraduate education and training refer to pre-registration training.*
- *Lifelong learning includes continuing professional development (CPD) to keep up to date and maintain and improve competencies throughout professional life.*

1.2 PARTICIPATION IN FORMULATION OF AIMS AND OBJECTIVES

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

Annotations:

- *Principal stakeholders include the academic staff and students of the chiropractic institution, the university, the chiropractic profession, government (including regulatory) authorities, bodies involved with postgraduate education and training, and the community.*

1.3 ACADEMIC AUTONOMY

The institution/programme must have sufficient autonomy to design and develop the curriculum.

Annotations:

- *Although there are many ways to manage and administer a chiropractic institution, the chiropractic institution must have sufficient control over the curriculum to ensure that its aims and objectives are achieved.*
- *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. The chiropractic institution must have sufficient curriculum control so that the specific aims and objectives of chiropractic education can be achieved.*

1.4 EDUCATIONAL OUTCOME*

The institution/programme must define the competencies (exit outcomes) that students will exhibit on graduation in relation to their subsequent training and future roles in the profession and the wider healthcare system.

Annotations:

- *Educational outcome is defined in terms of the competencies the students will acquire before graduation.*
- *Competencies within chiropractic and chiropractic practice based on practice in a primary contact setting include knowledge and understanding of the basic, clinical, behavioural and social sciences, and ethics relevant to the practice of chiropractic; attitudes and clinical skills (with respect to establishment of diagnosis*

and differential diagnosis, examination and contemporary diagnostic imaging procedures, communication skills, treatment (including the psychomotor skills) and prevention of disease, health promotion, rehabilitation, clinical reasoning and problem solving); and the ability to undertake lifelong learning and professional development.

- *It is difficult to define competencies 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.*
- *The institution should encourage a variety of student-centred teaching and learning approaches to obtaining the required competencies.*
- *The competencies expected of a chiropractic graduate are listed in this document (see COMPETENCIES OF CHIROPRACTIC GRADUATES, Part 2). Whilst each institution defines the objectives and outcomes of its curriculum, these must encompass the competencies listed in these Standards.*

2 EDUCATIONAL PROGRAMME

2.1 CURRICULUM MODEL AND EDUCATIONAL METHODS

The institution/programme must define a curriculum model and educational (teaching and learning) methods consistent with the objectives of the curriculum. The curriculum model should be 'student centred' taking into account the healthcare needs of their future patients.

The curriculum and educational methods must ensure the students have responsibility for their learning, and prepare them for lifelong, self-directed learning throughout professional life as well as preparing them for interdisciplinary practice.

Annotations:

- *Curriculum models include discipline, system, integrated, spiral, problem or case-based learning models, using organising principles such as themes and domains.*
- *Instructional methods encompass teaching and learning methods that while not neglecting the transmission of factual knowledge and skills, also stimulate enquiry, critical analysis and problem-solving abilities. 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.*
- *Teaching and learning methods should be diverse, integrative, interactive, and clinically relevant as much as possible and include a variety of methods, e.g. prosection (or dissection), computer assisted methods, and large and small group classes.*
- *The curriculum and educational methods should foster life-long learning skills and an appreciation of the need to undertake CPD.*
- *Multidisciplinary teaching and learning environments are encouraged.*
- *Assessments should reflect the teaching and learning methods and facilitate higher-level learning.*

2.2 THE SCIENTIFIC METHOD*

The institution/programme must teach the scientific method, other forms of research inquiry and evidence-based practice, including analytical and critical thinking.

The curriculum must include elements for training students in scientific thinking and research methods.

Annotations:

- *The role of empirical evidence in informing knowledge and principles of practice will be examined.*
- *Training in scientific thinking and research methods will include the use of research projects (or equivalents) to be conducted by chiropractic students.*

2.3 BIOMEDICAL SCIENCES

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

Annotations:

- *The basic biomedical sciences include anatomy, biochemistry, physiology, biophysics, molecular biology, cell biology, genetics, microbiology, immunology, pharmacology, pathology and biomechanics.*
- *It is essential that basic science teaching is relevant to the overall objectives of the chiropractic curriculum, and its relevance is apparent to students.*
- *It is essential to ensure that there is sufficient integration of the biomedical sciences with the clinical elements of the programme, highlighting the relevance of the basic sciences to clinical practice.*
- *It is desirable for the basic sciences faculty and clinicians to collaborate in combined teaching sessions based around clinical problems.*

2.4 BEHAVIOURAL AND SOCIAL SCIENCES, ETHICS AND JURISPRUDENCE*

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

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.*

2.5 CLINICAL SCIENCES AND SKILLS*

The institution/programme must identify and include in the curriculum those contributions of the clinical sciences that ensure students have acquired sufficient clinical knowledge and skills to apply to chiropractic practice in a primary contact setting.

Annotations:

- *The clinical sciences include general diagnosis, diagnostic imaging, physical, clinical and laboratory diagnostic procedures, orthopaedics, special populations, nutrition, dermatology, pathological anatomy, neurology, spinal analysis including motion palpation, manipulative-, mobilisation- and supportive- techniques, rehabilitation.*
- *To reflect the most common conditions treated by chiropractors, the curriculum should emphasise pain management particularly as it relates to neuromusculoskeletal conditions.*
- *Clinical skills include radiography, history taking, general physical examination, neuromusculoskeletal examination, procedures and investigations, communication skills, treatment procedures, patient care and management including case follow-up and review, patient advice and education, disease prevention and health promotion, first aid and emergency procedures.*
- *Clinical skills include competency in general diagnosis and referral procedures consistent with scope of practice in a primary contact setting.*

2.6 CHIROPRACTIC

The institution/programme must foster the ability to participate in the scientific development of chiropractic.

Annotations:

- *The curriculum should include relevant aspects of chiropractic history and development.*
- *The curriculum should keep up to date with evolving knowledge of chiropractic and of other healthcare fields relevant to chiropractic through an appreciation of the importance of research evidence and of research participation.*

2.7 CLINICAL TRAINING*

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

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

Annotations:

- *An essential component of the curriculum is a significant period of time devoted to the students' one-to-one contact with patients. This will normally be a minimum of one academic year (i.e. two (2) semesters, three (3) trimesters) spent primarily in contact with patients). The clinical training period provides the opportunity to undertake the role of primary contact practitioner within a supervised outpatient clinical environment, and develop clinical competency and most importantly, clinical judgment. Clinical training, including 'new patient assessments', treatment visits and the case mix of patients, must be sufficient to achieve the specific learning outcomes of the curriculum, as evaluated by OSCEs or other relevant assessments, and prepare the student for safe and competent practice as a primary contact practitioner. Above all, this period develops a level of clinical sophistication to enter practice and for a period of postgraduate training. (It would normally be expected that a student would complete 35 new patient encounters.)*
- *This period of training will reinforce issues of good record keeping, teamwork, communication with other healthcare practitioners, responsibilities of clinic management, ethics and jurisprudence.*
- *This period of training will reinforce issues of self-evaluation through reflective practice, self-directed learning principles and an appetite for life-long learning.*
- *The importance of faculty/clinician role models and the influence of standards in chiropractic practice set at this stage must be recognized in the clinical training facility offered to students.*
- *Close supervision of students at this stage is of paramount importance, including formative and summative feedback mechanisms.*
- *A clinic observation programme will be in place to provide opportunities for students throughout the curriculum to observe clinical procedures in practice, learn from more experienced colleagues, and to maintain the motivation for becoming a chiropractor.*
- *Multidisciplinary clinical placements are also encouraged to facilitate inter-professional communication and to enhance diagnostic and therapeutic skills.*

2.8 CURRICULUM STRUCTURE, COMPOSITION AND DURATION*

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

Annotations:

- *The duration of the programme must satisfy national requirements for graduates to practise as a chiropractor (either for pre-registration or full registration depending on national requirements for post-graduate and pre-registration training).*
- *The programme should facilitate international mobility.*
- *Chiropractic programmes may be diverse in points of entry reflecting prior learning achievements. The final qualification, must be at least equivalent to a Masters degree level 7 or higher in the European Qualification Framework.*
- *Integration of disciplines includes both horizontal (concurrent) and vertical (sequential) integration of curricular components. The process of integration can enhance student learning by demonstrating the relationship between programme material and future chiropractic practice. There should also be opportunities to revisit and further develop material covered early in the programme.*
- *The curriculum should develop as well as educate and train students through models of self-directed learning, student-centred learning as well as opportunities to develop in particular areas of interest, e.g. in the research project (or equivalent).*
- *All courses within the curriculum must have explicit learning outcomes in terms of the level of knowledge and understanding, skills and attitudes expected on completion of the course.*

2.9 PROGRAMME MANAGEMENT

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

Annotations:

- *The curriculum committee should include a variety of stakeholders, including students.*
- *The curriculum committee (or equivalent) is that system that manages the instruction (teaching and learning methods), content and assessment of the programme.*
- *The authority of the curriculum committee includes supremacy over specific departmental and subject interests, and the control of the curriculum within existing rules and regulations as defined by the governance structure of the institution, and governmental and professional authorities.*
- *Other stakeholders might include other participants in the educational process, representatives of the chiropractic profession and other healthcare professions, and/or other Faculties in the university.*
- *A curriculum committee is concerned with all aspects of the curriculum including content and sequencing, instruction (teaching and learning methods) and assessment.*
- *It is appropriate that review of the overall curriculum will lead to major restructuring from time to time, as well as more gradual changes in the short- to medium-terms. Mechanisms must exist for both minor and major changes to the curriculum. Additions to the curriculum must be accompanied by corresponding review in other areas to prevent curriculum overload.*

2.10 LINKAGE WITH SUBSEQUENT STAGES OF EDUCATION AND TRAINING, CHIROPRACTIC PRACTICE AND THE HEALTH CARE SYSTEM

Operational linkage must be assured between the first qualification programme and the subsequent stage of training or practice that the student will enter after graduation.

The curriculum must reflect the environment in which graduates will be expected to work and be responsive to feedback from graduates, the profession and the community.

Annotations:

- *Subsequent stages of training may include pre-registration training as appropriate and post-graduate residency programmes.*
- *Operational linkage implies a clear complementary relationship between undergraduate and early postgraduate education and training, and an undergraduate curriculum that in its final year ensures a smooth transition into the postgraduate training period (as appropriate).*

3 ASSESSMENT OF STUDENTS

3.1 ASSESSMENT METHODS*

The chiropractic institution/programme must define and document the methods used for assessment, including the criteria for progression and appeals procedures. Assessment methods must be regularly evaluated, and new assessment methods developed as appropriate.

Annotations:

- *The definition of methods used for assessment includes consideration of the balance between formative and summative assessment, the number of examinations and other tests, the balance between written and oral examinations, the use of normative and criterion referenced judgements, and the use of special types of examinations, e.g. objective structured clinical examinations (OSCE), and the role of external examiners.*
- *Evaluation of assessment methods should include an evaluation of how they promote learning.*
- *Evaluation of assessment methods includes the quantity and quality (reliability and validity) of assessment methods, in particular the reliability and validity of assessments in clinical skills and competencies.*

3.2 RELATION BETWEEN ASSESSMENT AND LEARNING*

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

Annotations:

- *Assessment methods and assessment criteria must be made known to students at the outset of the programme, or course component, and clearly reflect the course's learning outcomes.*
- *The number of assessments should not require excessive amounts of learning of detailed information to the detriment of time to reflect and assimilate the material.*
- *The type of assessments should encourage an integrated approach to learning, and encourage material delivered early in the programme to be revisited at later stages.*
- *Assessments throughout the programme should progressively facilitate higher-level learning.*
- *Rules and regulations for the preparing, reviewing and final approval of summative assessments must be transparent and available to all stakeholders.*
- *Rules and regulations governing student progression must be transparent and available to all stakeholders.*
- *Rules and regulations governing the 'appeals processes' (failed assessments/lack of student progression) must be transparent and available to all stakeholders.*

4 STUDENTS

4.1 ADMISSION POLICIES AND SELECTION*

The institution/programme must have a clearly defined admission policy that is consistently applied, and that includes a clear statement on the rationale and process of selection of students.

Annotations:

- *The admissions policy should be periodically reviewed to reflect changes in national and global educational practices.*
- *The admissions policy should make explicit any disabilities/impairments or other factors that either inhibits or disadvantages a person from being able to practise as a chiropractor.*
- *The policy must make explicit the entry requirements consistent with entry to a tertiary level education in a science-based discipline, including any language requirements.*

- *The policy must make explicit entry requirements at each of the entry points to the curriculum (where there is more than one), and where entry with advanced standing (Accreditation for Prior (Experiential) Learning (AP(E)L)) is possible. Students must, as a minimum, complete two years (equivalent to 120 ECTS credits) at the chiropractic institution/programme.*
- *The institution/programme may wish to make explicit policy on recruiting international students, particularly where governmental authorities define quotas.*
- *The institution/programme must have a Prospectus for recruiting students.*

4.2 STUDENT INTAKE

The size of student intake must be defined and related to the capacity of the chiropractic institution/programme to provide adequate resources at all stages of the education.

Annotations:

- *Institutions/programmes must state whether or not they have plans to increase enrolment over the period of the accreditation.*

4.3 STUDENT SUPPORT AND COUNSELLING

The institution/programme must offer appropriate student support, including induction of new students, counselling in terms of student progress and other academic matters, and personal and social needs of students.

Annotations:

- *Social and personal needs include academic support, career guidance, health problems and financial matters.*
- *Appropriate student support includes access to counselling services with trained staff*
- *The institution must have a policy on procedures for the support of students (and staff) with disabilities.*
- *Student extra-curricular activities should be supported and facilitated by the institution.*

4.4 STUDENT REPRESENTATION*

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

Annotation:

- *Students should be formally represented on academic committees and other relevant bodies in the institution.*

5 ACADEMIC and CLINICAL FACULTY (STAFF)

5.1 FACULTY (STAFF) RECRUITMENT*

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

Annotations:

- *The quality of teaching faculty is a vital ingredient of chiropractic education. Effective teachers not only have a strong knowledge of their own discipline, but also understand curricular design and pedagogic issues. For this reason, there must be an appropriate balance between part-time faculty, who in the main will bring their*

(clinical) expertise and experience to the programme, and full-time faculty who are accountable to the institution, and who will provide stability and continuity to the education and training of chiropractors.

- *Quality education occurs in an academic environment that allows scientific and clinical faculty to interact in teaching and in research.*
- *Where difficulty in recruiting appropriate faculty exists, the institution should recognise the problem, and take appropriate steps to resolve it.*
- *The SSR (staff/student ratio) must be at a level to effectively deliver the curriculum and achieve the learning outcomes. This ratio should be significantly lower in the final clinical training period.*
- *The institution must have induction procedures for new members of faculty.*
- *There must be a Faculty Handbook (or equivalent) for all faculty members, and the institution must operate an Equal Opportunities Policy which is compliant with the national employment law.*

5.2 FACULTY PROMOTION AND DEVELOPMENT

The institution must have a faculty policy that addresses processes for development and appraisal of academic staff and ensures recognition of meritorious academic activities with appropriate emphasis on teaching and research.

Annotations:

- *Regular faculty appraisal (or equivalent) processes should be carried out, in particular to recognise and reward achievement and to set future goals and objectives.*
- *A strategic faculty development plan should identify faculty development needs of both the institution and individual members of faculty, and the resources necessary to support development of faculty, including research.*
- *Recognition of meritorious academic activities in teaching, research and administration is by rewards, promotion and/or remuneration.*

6 EDUCATIONAL RESOURCES

6.1 PHYSICAL FACILITIES*

The institution/programme must have sufficient physical facilities for the faculty, staff and the student population to ensure that the curriculum can be delivered adequately, and library facilities available to faculty, staff and students that include access to computer-based reference systems, support staff and a reference collection adequate to meet teaching and research needs.

Annotations:

- *Physical facilities include lecture halls, tutorial rooms, science, radiology and clinical skills laboratories, clinical facilities, technique rooms, number and type of adjusting tables, libraries, IT facilities, recreational facilities, teaching and research equipment.*
- *All facilities must conform to local Health and Safety regulations and laws.*

6.2 CLINICAL TRAINING RESOURCES*

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

Annotations:

- *Clinical training facilities include the institution's/programme's own clinical facilities, off-site chiropractic practices and clinics approved by the institution for training, clinical skills laboratories, placements in hospitals and other healthcare centres including primary healthcare settings.*

- *Facilities for clinical training both on- and off-site must be evaluated regularly for meeting appropriate standards regarding chiropractic training.*
- *Students need exposure to a range of clinical problems, both in quantity and case mix (see 2.7).*

6.3 INFORMATION TECHNOLOGY

The institution/programme must have sufficient IT facilities for faculty, staff and students to ensure the curriculum can be delivered adequately, and that IT is effectively used in the curriculum.

Students must be able to use IT for self-learning, accessing information and managing patients.

Annotations:

- *A policy regarding the use of computers, internal and external networks and other means of information and communication technology include coordination with the library services of the institution.*
- *The use of information and communication technology is essential to a student-centred learning approach, and should be part of the education for evidence-based chiropractic and in preparing students for continuing chiropractic education and professional development.*

6.4 EDUCATIONAL EXPERTISE*

The institution must ensure the appropriate use of educational expertise in the design and development of the curriculum and instructional (teaching and learning) and assessment methods.

Annotations:

- *Educational expertise deals with problems, processes and practice of chiropractic education and includes basic science and chiropractic staff with knowledge/research experience in chiropractic and discipline-related education.*
- *Educational expertise should be provided to teaching staff in staff development programmes.*
- *Education research improves practice and should be encouraged as part of the research profile of the institution.*

6.5 ADMINISTRATIVE and TECHNICAL STAFF

The administrative and technical staff of the institution/programme must be appropriate to support the implementation of the undergraduate programme and other activities, and to ensure good management and deployment of its resources.

The management must include a programme of quality assurance, and the management itself should submit itself to regular review to ensure best employment of its resources.

Annotations:

- *Administrative and technical staff may include those providing secretarial and personal assistant services, laboratory and radiological technicians, research assistants and other support staff.*

7 THE RELATIONSHIP BETWEEN TEACHING AND CLINICAL OR BASIC SCIENCES RESEARCH*

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

Annotations:

- *An institution in which research is actively pursued by faculty and staff enhances undergraduate (and postgraduate) chiropractic education. A research ethos attracts high calibre faculty/staff that can engender the attitudes of critical appraisal, and contribute to the generation of new knowledge. All students can benefit from direct contact with active researchers, and from exposure to an atmosphere of intellectual curiosity and enquiry. A significant proportion of research-active faculty/staff is essential to underpin research in the curriculum, particularly in supervising undergraduate research projects (or equivalents).*
- *The interaction between research and teaching must be reflected in the curriculum and influence current teaching, and encourage and prepare students to engage in research.*
- *The institution/programme must clearly demonstrate its commitment to research activity, particularly in its supportive mechanisms including time allocation to research-active faculty/staff and allocation of financial resources.*
- *The institution/programme must have appropriate policies and procedures relating to research governance (in particular, ethics approval procedures) for research projects undertaken by students and faculty/staff.*

8 PROGRAMME EVALUATION

8.1 MECHANISMS FOR PROGRAMME EVALUATION*

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

Annotations:

- *Mechanisms for programme evaluation imply the systematic use of valid and reliable methods for monitoring and evaluating the curriculum against educational outcomes.*
- *QA procedures must be transparent, and a detailed annual QA report produced.*
- *External examiners (or equivalent) must be an integral part of QA policy and procedures.*
- *Identified concerns include problems presented to the curriculum committee (or equivalent(s)).*
- *QA procedures must clearly show an audit trail demonstrating how problems/concerns are identified, acted upon, and actions evaluated.*

8.2 FACULTY AND STUDENT FEEDBACK

Both faculty and student feedback must be systematically sought, analysed and responded to so as to develop and improve the curriculum.

Annotations:

- *Feedback from student questionnaires is valuable to identify potential problems. Mechanisms for feeding the information back to those responsible for delivering the courses must exist, and in a manner to allow such feedback to be acted on.*
- *In addition to questionnaires, other mechanisms for student feedback must exist.*
- *The institution must have in place a range of QA procedures and not only rely on the feedback of students.*

8.3 STUDENT COHORT PERFORMANCE

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

Annotation:

- *Measures of student performance include annual information about average scores, pass and failure rates at examinations, dropout rates and student progression.*
- *Cohort performance is analysed in relation to the component parts of the curriculum in order to identify areas of concern.*

8.4 INVOLVEMENT OF STAKEHOLDERS

Programme evaluation must involve the governance and administration of the institution, the faculty, staff and the students, and the outcomes communicated to a range of stakeholders.

Annotation:

- *A range of stakeholders includes the university, validating universities, national regulatory bodies, those responsible for postgraduate education and training, and international accrediting bodies.*

9 GOVERNANCE AND ADMINISTRATION

9.1 GOVERNANCE

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

Annotations:

- *The committee structure includes a curriculum committee (or equivalent(s)) with the authority to design and manage the chiropractic curriculum.*
- *Relationship with a university is where the institution is part of, or associated/affiliated to a university, or other formal links with a university.*

9.2 ACADEMIC LEADERSHIP*

The responsibilities of the academic head of the first qualification chiropractic programme, and of the academic management structures, must be clearly stated.

Annotation:

- *The academic head must have sufficient authority to administer the educational programme to meet the aims and objectives of the programme.*
- *The academic head should also undergo annual peer and supervisor evaluation.*

9.3 EDUCATIONAL BUDGET AND RESOURCE ALLOCATION*

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

Annotations:

- *The educational budget depends on the budgetary practice in each institution.*
- *There must be clear evidence of financial planning and resources to ensure that all students currently enrolled on a programme can complete it.*
- *The institution should have the financial resources to employ an adequate number of faculty to develop and sustain the program on a continuing basis.*

9.4 INTERACTION WITH PROFESSIONAL SECTOR

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

Annotations:

- *There should be effective communication between the institution and the university (where appropriate), other chiropractic and higher education institutions, professional bodies, regulatory bodies and other health-related institutions. The more harmonious these relationships are, the more likely that an appropriate environment for teaching and research will be developed. Wherever possible, these relationships should be formalised through appointments on committees.*

10 CONTINUOUS RENEWAL and IMPROVEMENT

The chiropractic institution/programme must have procedures for regular reviewing and updating of its structure and functions to rectify deficiencies and meet changing needs. (See 8.1) The outcomes of these procedures should be made public (i.e. institutional websites) and should lead to continuous improvement of the programme. Institutions should publish information about their activities, including programmes, which is clear, accurate, objective, up-to-date and readily accessible.

Annotations: Continuous improvement could address the following issues:

- *Adaptation of the aims and objectives of the chiropractic institution to the scientific, socio-economic and cultural development of healthcare.*
- *Modification of the required competencies of the graduating students in accordance with documented needs of the environment graduates will enter. The modification shall include the clinical skills training and involvement in patient care appropriate to responsibilities encountered upon graduation.*
- *Adaptation of the curricular model and instructional methods to ensure that these are appropriate and relevant.*
- *Adjustment of curricular elements and their relationships in keeping with developments in the biomedical sciences, the behavioural sciences, the social sciences, the clinical sciences, and changes in the demographic profile and health/disease pattern of the population, and socio-economic and cultural conditions. The adjustment shall assure that new and relevant knowledge, concepts and methods are included and outdated ones discarded.*
- *Development of assessment principles, and the methods and the number of examinations according to changes in educational objectives and learning goals and methods.*
- *Adaptation of student recruitment policy and selection methods to changing expectations and circumstances, human resource needs, changes in the secondary/pre-chiropractic education system and the requirements of the educational programme.*
- *Adaptation of recruitment and staffing policy regarding the academic staff according to changing needs of the chiropractic institution.*
- *Updating of educational resources according to changing national policies and changing needs of the chiropractic institution, i.e. the student intake, size and profile of academic staff, the educational programme and contemporary educational principles.*
- *Refinement of the process of programme monitoring and evaluation.*
- *Development of the organizational structure and management principles in order to cope with changing circumstances and needs of the chiropractic institution and, over time, accommodating to the interests of the different groups of stakeholders. This document sets out the procedures for accrediting chiropractic programmes and to make clear to institutions the nature of the information required, and the process for assessing the institution against the Standards outlined in this document. For the purpose of this document, the name 'institution' encompasses 'school', 'department' or any other primary place where chiropractic education and training is administered and delivered and applies to EITHER:*
 - *Single-purpose institution, the primary goal of which is the delivery of chiropractic. Education.*
 - OR:
 - *An institution as part of a wider institution (normally a university), the primary goal of which is the delivery of a portfolio of higher education programmes of which chiropractic is one.*