**EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION**

**COMMISSION ON ACCREDITATION**

**EVALUATION TEAM REPORT**

**Barcelona College of Chiropractic**

**13-16 OCTOBER 2014**

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1. **EXECUTIVE SUMMARY**
	1. Barcelona College of Chiropractic (BCC) is a new chiropractic education and training institution admitting students for the first time in October 2009. It is the first college of chiropractic to offer a bilingual chiropractic programme (English and Spanish).
	2. The Asociación Española de Quiropràctica (AEQ) is the national association representing the chiropractic profession in Spain. There are around 300 chiropractors in Spain where chiropractic is not defined in law although there is *de facto* recognition. The AEQ, which was founded in 1986, was legalised the same year by the Ministry of the Interior with the approval of the Ministry of Health.
	3. Led by the AEQ, development of the BCC began in 2007. Subsequently, BCC forged formal agreements with three of Spain’s public universities; the Universitat Pompeu Fabra (UPF), the Universitat Autònoma de Barcelona (UAB) and the Universitat de Girona (UdG). UPF was established in 1990 and is ranked in the best five universities in Spain. Today, BCC has operating arrangements with both UPF and UAB.
	4. The chiropractic programme is a first qualification, five year full time programme leading to a dual award. The Titulo Superior en Quiropràctica is awarded by BCC, and completion of the final year also leads to the Master en Quiropràctica awarded by the UPF. To clarify, there are two categories of Masters awarded in Spain, one of which is the Masters ‘proprio’. The Masters ‘proprio’, in contrast to the other category of Masters, does not allow graduates to enter Doctorate level education. The Masters ‘proprio’ is awarded to chiropractic students on successful completion of their final year.
	5. In November 2010, BCC gained Candidate (for Accredited) Status with the ECCE.

1.7 In April 2014, BCC submitted its Self-Study Report (SSR) for full accredited status with the ECCE. The CoA reviewed the documents at its meeting on 30 June 2014 and on this basis decided that an Evaluation Visit could and should proceed.

1.8 A four day Evaluation Visit took place (13 to 16 October 2014). The site visit provided further documentary and oral evidence to the previously submitted documents. BCC was given feedback at the end of the visit and informed verbally of any commendations, recommendations and concerns regarding its provision of chiropractic education and training.

1.9 Members of the Evaluation Team extend their thanks to the Principal, senior staff, teaching and administrative staff and students at BCC, and senior staff of the UPF for the courtesy and hospitality shown to them during the Evaluation Visit, and for conducting the Visit in an open and transparent manner.

1.10 This document is the Evaluation Report (henceforth referred to as the Report, or Evaluation Report) compiled by the Evaluation Team based on the evidence provided beforehand and during the on-site visit to BCC. The Report was sent in draft format to BCC for factual verification on xx November 2014, and the final Report was submitted to COA on xxxx November 2014.

1.11 The Chair COA invited BCC to send representatives to the COA meeting in Frankfurt (28 November 2014) where the Report will be discussed and a decision made on full accreditation of BCC.

1.12 This Report addresses the compliance of BCC with each of the ECCE Standards in the provision of chiropractic education and training. The outcomes of the Report are as follows:

1.12.1COMMENDATIONS:

* The strong leadership of the Principal, and the work and support from teaching and administrative staff in implementing and providing education and training in chiropractic.
* Development of a chiropractic programme that is unique in being the first to provide bilingual education and training.
* Success in forging a formal agreement with a public university in Spain leading to a Masters (‘proprio’) award from the University for graduates.
* The facilities and resources available to staff and students, in particular the clinical training facilities and e-learning resources.
* Robust lines of student (and in the future the planned graduate feedback) to inform and improve the curriculum.

1.12.2 RECOMMENDATIONS:

* Monitor the balance of part-time and full-time teaching staff aiming to increase the number of full-time staff in due course.
* Separate the roles of external examiner and external advisor as soon as possible producing clearly defined responsibilities for the role of external examiner.
* Consider the membership of the Board of Governors to broaden the skills mix as well as to reduce any potential areas for conflict of interest.
* Write Terms of Reference and Membership for all academic and management committees.
* Enable students to start planning for the final year research project earlier in the curriculum.
* Implement a student database to record student progress and enable informed decision-making.
* Reconsider the use of non-conventional terminology (i.e. ‘practice member’)

1.12.3 CONCERN:

* There is a non-evidenced based approach throughout the curriculum in patient assessment and management, which is not aligned to the biopsychosocial model and patient-centred care.
1. **INTRODUCTION**

2.1 In April 2014 BCC submitted a Self Study Report (SSR) in support of its application for full accredited status. The Report was considered by the CoA at its meeting on 30 June in Dublin. The CoA agreed that an Evaluation Team should visit BCC in October 2014.

2.2 Members of the Evaluation Team were nominated by the ECCE Executive and each member received the SSR (in English), and written comments from COA related to the documents prior to the visit. The members of the Evaluation Team were:

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| Professor Jennifer Bolton PhD, MA Ed | Professor in Chiropractic Education, and Vice-Principal (Postgraduate Studies and Research) Anglo-European College of Chiropractic (AECC), UK.  |
| Olivier Lanlo DC LL.M | Executive President of the Institut Franco-Européen de Chiropraxie, France |
| Kenneth Vall DC,MA Ed | Vice President of the Council on Chiropractic Education International, Council member of the World Federation of Chiropractic. |
|  |  |
| Diego Rothschild | Fourth year student, IFEC Institut Franco-Européen de Chiropraxie, Ivry, France |
| David Burtenshaw MA, PgCE, FRGS,FEAC, MCIE | Evaluation Secretary ECCE, formerly Director CollaborativeProgramme Development, University of Portsmouth. Chair ofExaminers, Welsh Joint Examinations Council, Cardiff. |

Mr David Burtenshaw acted as Secretary to the Team, and also as a member of the team. The members of the team were allocated specific sections of the report as their areas of responsibility before arriving at BCC.

2.3 The purpose of the Evaluation Visit was to verify the SSR and other evidence presented by BCC, and to evaluate the institution in terms of its compliance with the ECCE Standards in Chiropractic Education and Training (hereafter referred to as the ECCE Standards, or Standards). On the basis of the SSR and its supporting documents, and on oral and other documentary evidence given and consulted during the on-site visit, an Evaluation Report compiled by the Team was submitted to BCC for correction of any factual errors, and thereafter to the COA for a decision on full accreditation of BCC.

2.4 All members of the Team were presented by name beforehand to BCC, and no objection to any member was received. All members of the Team signed confidentiality and conflict of interest statements before the on-site visit. No conflicts of interest by any of the members were declared.

2.5 A draft timetable for the visit was sent to BCC before the Evaluation Visit, and the final schedule agreed with BCC. A copy of the schedule is appended to this Report (Appendix).

2.6 Members of the Team arrived in Barcelona on 12 October. Meetings were held with BCC over the first two days and time was allocated for the Team to hold private meetings as the Visit proceeded. This allowed the Team to reflect on the (written and oral) evidence it had been presented with, and enable the Team to request further evidence where clarification was necessary. The Report was compiled on an on-going basis during the Visit, and oral feedback was given to the institution before the Team’s departure on 16 October.

2.7 Members of the Team were very well hosted by staff at BCC, afforded every courtesy and had full access to documentation and to staff, students and other stakeholders in the institution. Members of the Team and the ECCE extend their thanks and appreciation to the Principal, senior staff, teaching and administrative staff and students at the institution.

2.8 The draft Report was finalised by the Chair of the Team, and sent to Team members for comments. Based on these, the final draft Report was sent to BCC for factual verification on xxx November 2014. The response was received from BCC on xxxxNovember 2014. The Chair and Secretary finalised the Report and this was submitted to the Chair COA on xxxNovember 2014. The Chair of the Evaluation Team presented the Report to COA members on 28 November 2014.

2.9 The Report includes an Executive Summary and the findings of the Team regarding compliance of BCC with ECCE Standards. The Report ends with the Conclusions of the Team and the Commendations, Recommendations and Concern the Team wished to draw to the attention of the COA. The Evaluation Report was based on the ENQA Guidelines for external reviews of quality assurance agencies in the European Higher Education Area ([www.enqa.eu](http://www.enqa.eu)).

1. **BCC**
	1. BCC is a new institution in Europe offering first qualification chiropractic education and training in Barcelona, Spain. BCC is a private institution with formal agreements with UPF and UAB.
	2. BCC delivers the majority of its classes (lectures and practical classes) in years 1, 2 and 3 at the Instituto de Educacion Continua (idEC). Set up in 1993, idEC is UPF’s institute for continuing and postgraduate education with a strong professional focus particularly in business. The agreement also allows BCC students to access the student services, facilities and resources of the UPF at idEC, including provision of translation facilities. The BCC programme is bilingual, taught in English with simultaneous translation into Spanish and vice-versa in the first year of the programme.
	3. Clinical training facilities, including lecture rooms, technique rooms, radiology facilities and an outpatient clinic are provided at the BCC Chiropractic Centre at a separate site in a suburb (Sarria) of the city. This facility is leased by BCC, and is where most of the clinical teaching in years 4 and 5 takes place.
	4. The chiropractic programme is a first qualification, five year full time programme leading to a dual award. The Titulo Superior en Quiropràctica is awarded by BCC, and the Master en Quiropràctica by UPF. This masters is categorised as a Masters ‘proprio’, which limits access to further Doctorate level education.
	5. The first students were admitted to BCC in October 2009.

3.6 The following section details the findings of the Evaluation Team with regard to the compliance of BCC with ECCE Standards in the provision of chiropractic education and training. The findings of the Team are based on both written and oral evidence presented by BCC.

3.7 The colour coded system outlined below is used by the Evaluation Team to indicate the level of compliance with each standard:

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

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

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

Red = does not comply/high risk. (Serious concerns threaten this area; high risk in the organisation’s overall performance.)

**4. ECCE STANDARDS COMPLIANCE**

**4.1 Aims and Objectives**

**4.1.1 Statement of Aims and Objectives**

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

*4.1.1a Description*

The College’s vision is to see *‘Human beings and society developing sustainably through the cultivation and enrichment of the human body, mind and spirit. We believe that educating chiropractors has an integral role to play in bringing that vision to fruition.*’ Its mission is *‘to deliver a programme of study that leads to the graduation of compassionate, bilingual chiropractors committed to the pursuit of personal development and excellence, and capable of integrating the philosophy, science and art of chiropractic in providing high quality cost-effective chiropractic care’.*

The aims and objectives state:

*1) Provide chiropractic students with the educational opportunity to gain the attitudes, knowledge, skills needed to become competent primary contact health care providers capable of practising either independently or in a collaborative setting.*

*2) Support chiropractic students in their development of life-long learning skills in order to enhance their personal approach to chiropractic.

3) Enable students to acquire an understanding and practice of the scientific method, other methods of investigation and evidence-based practice, including critical and analytical thinking skills.

4) Enhance the students’ ability to understand what and how they are learning, to help the learner review, plan and take responsibility for their own learning, and prepare students to be able to discern the best conditions for their learning by obtaining reflective practices skills.

5) Provide the educational opportunities to obtain the knowledge and understanding of the principles and information related to the basic sciences which are fundamental to the practice of chiropractic and ensure the integration of theory with clinical practice.

6) Provide chiropractic students first with the opportunity to observe and interact with experienced chiropractic professionals, and then to provide care to patients whilst under close supervision by well-trained professionals.

7) Support students linguistically so that they become proficient in the BCC’s two official languages before graduating.

8) Develop a programme of study in chiropractic that is accredited and maintains compliance with the standards identified by the ECCE.*

 *9) Educational facilities, the quality of the graduates, and the research and scholarly activities of all those associated with the BCC.*

*4.1.1b Analysis*

The emphasis in the mission, aims and objectives has been revised since the submission of the Self Study Report (SSR) to include *‘safe and competent chiropractor’* thus rectifying an omission. There is an emphasis on transferable skills and attributes of a professional, and less on the knowledge and skills associated with the chiropractic knowledge base. Objectives should be assessable as a part of the programme and therefore the last two bullets are not educational objectives but College aspirations. Moreover, the mission is not consistently written in the documents provided to the Team.

The objective of producing bilingual (Spanish-English) chiropractors is commendable and a unique feature of the programme.

*4.1.1c Conclusion*

BCC substantially complies with Standard 1.1.

**4.1.2 Participation in formulation of aims and objectives**

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

*4.1.2a Description*

The College has consulted a range of stakeholders listed in its Policy and Procedures Handbook. At present the range is limited by the fact that the profession is still in its infancy in Spain. The government and partner universities have been involved for legal and contractual reasons. The Spanish Chiropractic Association (AEQ) has been continuously involved as a major stakeholder. BCC also consults external experts, for example an educational consultancy company (Blue Egg) and legal experts.

*4.1.2b Analysis*

There is some confusion between the role of stakeholders and other individuals and organisations that provide services for the College. Universitat Pompeu Fabra (UPF) awards the Masters qualification at the end of the fifth year. UPF accepts the education and training in the first four years as qualification to enter the Masters programme in the final year. Universitat de Girona is listed as a stakeholder in the policies document despite the collaborative arrangement being dormant. Instead, dissection (prosection) facilities are now provided at the Universitat Autònoma de Barcelona (UAB).

External consultants are not strictly stakeholders but instead advisors on the development of the programme. Patients (often referred to as ‘Practice Members’) are mentioned as stakeholders although their involvement is relatively recent. However, there is no clear evidence of how patients have been involved in the formulation of the aims and the mission of the College.

*4.1.2c Conclusion*

BCC partially complies with Standard 1.2.

**4.1.3 Academic autonomy**

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

*4.1.3a Description*

The College has total control over the design and development of the curriculum and has policies and procedures that enable developments and changes to take place. The development of the Masters programme in the final year was undertaken by BCC within the academic regulations of UPF-idEC. The students are not taught with students from other programmes.

*4.1.3b Analysis*

The College has designed and developed its own curriculum with input from stakeholders and no undue influence from external sources. The various educational experts and consultants have advised the College on changes and developments. The College has maintained its philosophical approach within the programme, which appears to be supported in the advice given by its stakeholders and advisors.

*4.1.3c Conclusion*

BCC fully complies with Standard 1.3.

**4.1.4 Educational outcome**

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

*4.1.4a Description*

The competencies are listed in section 2.1 of the SSR and draw heavily on the CanMed statements of competence which are expanded in the ‘Graduate Competencies’ document made available to the Team. The College has also mapped their stated competencies against the Competencies outlined in Part 2 of the ECCE Standards in Appendix 2.

*4.1.4b Analysis*

These competencies are defined in detail in a separate document ‘Graduate Competencies’ produced by the College’s Curriculum Development and Review Committee in 2013. Approximately 30 competences are listed and these have been mapped against each module in the programme. With such a level of detailed mapping the College will need to ensure that the assessments test all of these competences. Although the competencies fit with the biopsychosocial model and patient-centred care there is concern that evidence from observations of the clinical training part of the curriculum indicates that students may not fully meet the competencies as described.

*4.1.4c Conclusion*

BCC substantially complies with Standard 1.4.

**4.2 EDUCATIONAL PROGRAMME**

**4.2.1 Curriculum model and educational methods**

**The institution/programme must define a curriculum model and educational (teaching and learning) methods consistent with the objectives of the curriculum.**

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

*4.2.1a Description*

The curriculum is based on a modular framework, and is defined in the Programme Specification document and Module Catalogue. The curriculum is essentially a traditional one with the emphasis on the basic sciences in the early years informing the clinical sciences and clinical training period thereafter. Much of the teaching in the early years takes place in the Instituto de Educacion Continua (idEC) of UPF in traditional classrooms and technique rooms, and in the later years in the BCC Chiropractic Centre which houses techniques rooms and classrooms as well as the outpatient clinic. The mix of teaching methods includes didactic lectures and practical classes as well as clinical training in dedicated facilities. Students have access to a VLE including lectures, programme information, policies and regulations and access to e-journals provided by UPF.

The curriculum is hierarchical with learning outcomes expressed at levels F, I, H and Masters. Year 4 is entirely at level H, and year 5 at Masters level. The academic year is divided into two semesters with examinations at the end of each.

*4.2.1b Analysis*

The curriculum model is well defined, coherent and structured. There is evidence of a variety of teaching and learning methods, including e-learning resources and a VLE that students make good use of. While broadly paper based, electronic learning resources are clearly used, and there is an awareness of the need to keep abreast of learning technologies and incorporate these as the programme matures. Throughout the curriculum there is evidence in the module descriptors of teaching students the importance of reflective practice and the adoption of self-directed learning skills. The excess of credits in year 1 should be reviewed by the college and reduced.

*4.2.1c Conclusion*

BCC fully complies with Standard 2.1.

4**.2.2 The Scientific Method**

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

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

*4.2.2a Description*

Knowledge and the skills of evidence-based practice, and the scientific method are not evident in the module descriptors in years 1 to 4 of the curriculum. There is however, evidence of critical thinking as explicit learning outcomes in the theme ‘Chiropractic in Society’ running from years 1 to 5 of the curriculum, and in Reflective Practice modules in years 1 and 2, and in Clinical Practicum in years 3, 4 and 5. Similarly, research skills are included in Research Project Design and Research Project modules in year 5. There is an agreement between BCC and UPF-idEC to use UPF teaching staff to deliver the majority of the 5th year research module.

*4.2.2b Analysis*

Although critical thinking skills are included in the learning outcomes of modules throughout the curriculum, how these are assessed in student work is not clear. Students inferred that they did make use of research in informing their work, but the skills to do this were not apparent in the learning outcomes in the module descriptors. Therefore, the relevant knowledge and skills in literature searching, critical appraisal, and application to clinical practice (evidence-based practice) should be taught in the early years of the curriculum and explicitly included in the intended learning outcomes and assessed.

There is little emphasis on research skills until year 5, at which point the knowledge and skills required by students in planning and conducting their research project are introduced. This is too late, and students from years 4 and 5 had very little idea of what they intended to do for their project work, and what was expected of them. Samples of the research project from the first year of graduates, while covering broadly appropriate research topics, reflected that the process may have been rushed, and there is a strong recommendation to approach the research project in a more timely fashion. This intention to introduce planning for the research project earlier in the curriculum was expressed by the College, but how this is done in view of the teaching agreement with UPF in the final year is something that the College will have to manage.

*4.2.2c Conclusion*

BCC partially complies with Standard 2.2.

**4.2.3 Biomedical Sciences**

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

*4.2.3a Description*

The biomedical sciences are taught in the early years by appropriately qualified staff, most of whom are employed by BCC on a part-time basis. Students in year 1 have access to prosection facilities at the Universitat Autònoma de Barcelona (UAB), and all the relevant biomedical sciences are taught and assessed in years 1 to 3 including anatomy, physiology, biochemistry and histology, biophysics, embryology, pharmacology, microbiology, nutrition and neurology. The College has in place a ‘critical friend’ system to pair up the basic science teachers with a senior member of the chiropractic faculty to help facilitate the integration of basic sciences with chiropractic. This is reinforced by the use of clinical cases in basic science classes.

*4.2.3b Analysis*

There is sufficient evidence that the relevant basic biomedical sciences delivered in a didactic manner are included in the curriculum. There is a heavy emphasis on neurology throughout years 1 to 3, and there is a need to review the basic sciences to reduce content and ensure that all material is relevant in the education of a chiropractor. Conversely, there should be some consideration given to increase the anatomy teaching although this may already be addressed within the neurology units. There was no evidence of practical laboratory teaching in the basic sciences, which is in keeping with modern approaches in many clinical programmes.

*4.2.3c Conclusion*

BCC fully complies with Standard 2.3.

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

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

*4.2.4a Description*

Although not taught as specific subjects the behavioural sciences are taught across different modules throughout the years of study. A recurring theme throughout module descriptors is the teaching of professionalism including patient-centred care and communication skills.

Communication skills are further enhanced by the teaching of chiropractic in modules Chiropractic in Society 1-5 and Personal Development and Reflective Practice 1 and 2. Epidemiology and Public Health form part of the 3rd year modules Microbiology and Public Health and Clinical Nutrition and Toxicology.

Scope of practice and legal requirements are taught by representatives of the Spanish Chiropractic Association (AEQ) in the final year.

*4.2.4b Analysis*

It appears that relevant teaching occurs through the programme to enable students to appreciate the value of effective communication and understanding legal and ethical responsibilities of a chiropractor. In reviewing clinic patient files however, it appears that clinical decision-making, taught in modules Chiropractic in Society 1-5 and Personal Development and Reflective Practice 1 and 2, do not reflect the quality expected in a chiropractic clinical setting. Moreover, in spite of the curriculum addressing relevant topics in these subject areas (as evidenced in module descriptors), the knowledge and skills do not appear to be applied in the clinical training programme suggesting that application of theory in practice needs further work.

*4.2.4c Conclusion*

BCC partially complies with standard 2.4

**4.2.5 Clinical Sciences and Skills**

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

*4.2.5a Description*

The clinical skills modules are taught based on a conservative ethic of first doing no harm and respecting the body’s ability to heal itself. This approach guides decision-making and problem solving skills. Modules build and integrate to support the model from Clinical Biomechanics in year 1 and Human Structure in year 2, to Clinical Skills in year 3. Neurology is taught throughout the programme starting in year one.

Only those students who have satisfactorily completed all year 1 to 3 requirements can progress to the modules related to the Clinical Practicum modules in years 4 and 5. Full entry into the clinic can only be achieved through satisfactory completion of Clinical Practicum 1 concluding with a must pass OSCE. The College states that: ‘*Students should be able to assess patients using standard chiropractic examination procedures including advanced imaging, differential working hypothesis and need for referral’.*

*4.2.5b Analysis*

Clinical competencies are integrated through many modules. Clearly the programme is new but by establishing a comprehensive clinical entrance exam with a two year clinical training period in the BCC Chiropractic Centre enhances students’ clinical skills over time. Evidence of the use of relevant research papers was found in some patient files but not all. There was also no evidence of a differential diagnosis working hypothesis or referral protocols in those patient files reviewed at random. Reviewing the OSCE exam on video showed a generally poor organisation and some students with poor patient assessment skills. There would appear to be further work to do to ensure that the clinical sciences and skills teaching is more closely aligned to the stated clinical competencies of graduates.

*4.2.5c Conclusion*

BCC partially complies with standard 2.5

**4.2.6 Chiropractic**

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

*4.2.6a Description*

The history of chiropractic, chiropractic scope of practice and chiropractic theory are taught in years 1, 2 and 3 in Chiropractic and Society I, II & III. During years 3 and 4, and integrated in the modules Clinic Practicum I and II, there is some evidence of critical appraisal skills in assessing research and an evidence-based approach in patient management. However, most of the research exposure, critical appraisal and application of the scientific method are evident in the research modules in year 5.

*4.2.6b Analysis*

Students are exposed to chiropractic history and development. In contrast, links within the context of modern day chiropractic practice appear to be insufficient. The critical appraisal of scientific evidence and the scientific method exposure occur too late in the curriculum.

*4.2.6c Conclusion*

BCC partially complies with Standard 2.6

**4.2.7 Clinical training**

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

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

*4.2.7a Description*

Students begin clinical observation in the 2nd semester of year 1 and continue in year 2 through the Personal Development Planning and Reflective Practice II modules. Students in year 3 Clinical Practicum module observe their senior colleagues before they start clinical practice in the BCC Chiropractic Centre. Students start clinical practice in the 2nd semester of year 3 providing care to fellow students, BCC staff, family and friends. At the end of year 3, before access to patients from the local community, students must complete a Clinic Entrance OSCE. In years 4 and 5, students must complete 350 treatment visits and assess 35 new patients. Students at this level are continually assessed using a summative assessment tool called an Intern Qualitative Assessment (IQA) and formatively using a mini-clinical evaluation exercise (mini-CEX). At the end of year 5, students sit the Clinic Exit OSCE. The College is currently setting up a programme for final year students who have met their clinical requirements in which they can spend part of the final semester working outside the institutional setting in approved chiropractic clinical placements.

*4.2.7b Analysis*

The early exposure to clinical activities and students are continually assessed during training (e.g. Mini-Cex). Interaction with other health professionals is minimal, which can be explained by the absence of legislation for the chiropractic profession in Spain. The patient case mix exposure is insufficient. Evidence from patient files suggests that practice does not reflect the biopsychosocial and patient centred care models as espoused in the graduate competencies detailed by the College. Moreover, the use of the term ‘practice member’ is highly questionable and again does not align to the biopsychosocial model. Similarly, patient assessment and patient treatments do not necessarily reflect the best evidence available and patient needs. This suggests that students may not be able to assume appropriate clinical responsibility on graduation. For these reasons, further attention is needed to both clinical skills teaching and clinical practice.

*4.2.7c Conclusion*

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BCC does not comply with Standard 2.7

**4.2.8 Curriculum Structure, Composition and Duration**

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

*4.2.8a Description*

The curriculum is five years full time based on a modular framework, and is defined in the Programme Specification document. There are two semesters a year, with assessments at the end of each semester and coursework throughout the year. All the module descriptors are included in the Module Catalogue, including intended learning outcomes, teaching methods, the teaching schedule and the assessment schedule. There is also a Graduate Competencies document that articulates the exit learning outcomes of the graduate chiropractor, and mapped against ECCE Standards and the BCC module descriptors. The curriculum is broadly based on a traditional model with the basic sciences and informing disciplines in the early years, followed by the clinical sciences and clinical training in years 4 and 5. Students are introduced to chiropractic technique from year 1, and also engage in a clinic observation programme in the early years. There is a continuing thread of ‘Chiropractic in Society’ throughout the 5 years focused on the scope of chiropractic practice in the wider historical and contemporaneous contexts, and professional and ethical practice. Similarly there is a thread emphasising reflective and professional practice in the Reflective Practice modules in years 1 and 2, replaced by the Clinical Practicum modules in years 3, 4 and 5.

The curriculum is hierarchical with learning outcomes expressed at level F, I, H and M level. Year 4 is entirely at level H, and year 5 at Masters level (as defined by the ‘unofficial’ Masters category in Spain).

Integration between the basic sciences and chiropractic is facilitated through the system of ‘critical friends’ in which each basic science teacher is paired with a senior member of the chiropractic faculty. Faculty also come together in attending the academic committees, and discussing course content in the Curriculum Development and Review Committee, the Learning, Teaching and Assessment Committee and the Examinations Setting Committee. The College describes other activities that facilitate this integration including the staff induction process, and meetings with the external examiner/expert, and review by the Head of Operations.

*4.2.8b Analysis*

There is clear documentation detailing the curriculum, and module descriptors. There is a coherent structure detailing the basic sciences, chiropractic subjects and clinical training. However, in places it is difficult to see clear distinction in the intended learning outcomes between the ‘Chiropractic in Society’ modules and the Reflective Practice/Clinical Practicum thread, which should be addressed.

*4.2.8c Conclusion*

BCC fully complies with Standard 2.8.

**4.2.9 Programme management**

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

*4.2.9a Description*

The programme is managed by a number of chiropractic faculty and administrative staff. The Principal has ultimate responsibility for the academic programme, resources and teaching and management staff supported by the College Manager and Education Liaison Officer. At the next level in the academic function of the College, are the Head of Planning, Development and Research and the Head of Operations. The Head of Operations manages the Heads of Basic Sciences and the Head of Chiropractic. Management of the chiropractic area is devolved to Heads of Departments in Clinic, Clinical Skills, Technique, Radiology, Professional Development and Philosophy. In addition to academic staff, administrative support is provided through Co-ordinators for Admissions, Assessment, Students, Teachers and Personal Tutors.

Management of the programme is also executed through the Academic Committees and the Management Board. Academic Board has ultimate responsibility for the academic function of the College, which in turn is informed by a number of committees and sub-committees. In particular, the Curriculum Development and Review Committee and the Learning, Teaching and Assessment Committee play a major role in overseeing the academic programme.

*4.2.9b Analysis*

There is a well-defined academic management structure defined by roles and responsibilities at every level. Academic staff were clear on lines of management and how the structure worked. There is room for development of staff in these roles, particularly as the College grows in the future. Similarly, there is a defined and clear structure of academic committees that are pivotal in how the programme is managed in both its development and delivery. However, the terms of reference are not clearly defined for each of the Committees and Boards, and some work is needed to ensure that any overlap is removed and there are clear remits and boundaries in place.

*4.2.9c Conclusion*

BCC substantially complies with Standard 2.9.

**4.2.10 Linkage with subsequent stages of education and training, chiropractic practice and the health care system**

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

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

*4.2.10a Description*

BCC has formal relations with the AEQ’s representatives through the AEQ/BCC Liaison Committee. In the absence of a Graduate Education Programme in Spain for chiropractic graduates, the BCC has drafted a plan for an infrastructure that will support the continued self-directed and life-long learning of its graduates during the initial 12 months after graduation. The BCC has also set-up a pilot Clinical Transition Programme (CTP). Two final year students had experienced training in private chiropractic clinics through this programme during the last academic year under the close supervision of approved off-campus supervisors. A questionnaire called the Preparedness for Chiropractic Clinical Practice Questionnaire (PCCPQ) has been formulated. It is planned for the first cohort of graduates to be surveyed with the PCCPQ six months after graduation in February 2015.

*4.2.10b Analysis*

The absence of regulation and registration of chiropractic in Spain as well as the absence of a Graduate Education Programme in Spain means that there are no formal linkages at this point. However, the College demonstrates a clear understanding of the actions required in this regard, and the planned implementation of a survey of graduates’ attitudes and opinions 6 months after graduation in order to inform the curriculum is to be commended.

*4.2.10 c Conclusion*

BCC substantially complies with Standard 2.10.

**4.3 ASSESSMENT OF STUDENTS**

**4.3.1 Assessment methods**

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

*4.3.1a Description*

There is an appropriate range of assessment methods including written examination and practical examinations, occurring at the end of each semester, and coursework during the year including portfolio work. There is a mix between formative assessments and summative assessments. Written examinations take the form of EMQs (extended matching questions) and short answer questions, while some coursework is based on case reports, and is conducted both in groups and by individuals. There is a written research project and oral defence in year 5. Practical examinations include mini-CEX and OSCEs (clinic entrance and exit).

Assessments are moderated by the Examination Setting Committee with the active participation of the external experts/examiners. External examiners also produce an Academic Report on all the learning, teaching and assessment procedures used over each year. This report is considered by the Academic Board. Assessments are marked anonymously whenever possible. Moderators are assigned by the module leader for each individual component of assessment to assure that the marking criteria are used properly and that all assessment is reliable, fair and consistent.

‘Blue Egg Global Education’ is an educational consultancy, which monitors the quality of the assessment process and attends relevant academic committees.

New and innovative assessment methods are encouraged by the College and implemented by the Head of Operations. These are discussed at the Learning, Teaching and Assessment Committee and monitored by the Examination Setting Committee and external examiners/advisors.

There is an appeals system in place whereby students can appeal a mark based on failure of administrative procedures and mitigating circumstances.

*4.3.1b Analysis*

The assessment methods are diversified, relevant and there are clear procedures for their continual review and change. There are clear procedures for progression of students, and an appeals system is in place. The College should ensure that it continues to build its own in house expertise in assessment methods and thus reduce its reliance on external sources.

*4.3.1c Conclusion*

BCC fully complies with Standard 3.1.

**4.3.2 Relation between assessment and learning**

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

*4.3.2a Description*

All assessment criteria are given to the students in advance. Module descriptors all have clear outlines of the intended learning outcomes (ILOs) and the assessment strategy. There is an assessment calendar given to the students at the beginning of the year and students are given time at the end of the semester for revision.

*4.3.2b Analysis*

Assessments reflect the ILOs in each of the modules, although each piece of assessment is not linked directly to the relevant ILO(s) in the module descriptors. There is a sound structure in place for ensuring that assessments are appropriate for the level of learning, and that timing of the assessments is not overly burdensome. This is done through the Examination Setting Committee, and Learning, Teaching and Assessment Committee. The College is mindful of over assessment, and the student voice is heard through the Staff and Student Liaison Committee.

*4.3.2c Conclusion*

BCC fully complies with Standard 3.2.

**4.4 STUDENTS**

**4.4.1 Admission policies and selection**

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

*4.4.1a Description*

The College has a published admissions policy that outlines both admissions regulations and procedures. The Admissions Panel administers the interview of all applicants which is normally undertaken by the Principal and Head of Operations. Spanish applicants in particular are made fully aware of the legal situation of chiropractic in Spain. Applicants who are unable to come to Barcelona at this stage may be interviewed via Skype or in certain circumstances in their own country. Applications may be made in Spanish or English in keeping with the ethos of the College. The prospectus is available in both Spanish and English.

All students must have achieved the minimum standard for entry into the Spanish Higher Education system. The wide range of applicants from other countries have their certificated qualifications checked for equivalence.

The College has an APL policy.

There is a policy for applicants with disabilities and a policy for disclosure of criminal records.

*4.4.1b Analysis*

The Admissions Panel distinguishes between standard entry (i.e. those who fulfil all of the entry qualifications) and non-standard entry (i.e. those who do not meet the entry qualifications in basic science and languages yet have the background (e.g. parent is a chiropractor) and motivation to become a chiropractor). In 2014 197 students applied for the programme of which 45 registered onto the programme. Approximately 58% of the 45 students entering the programme came via the standard entry route. The remaining 42% entered having completed the 50 hour intensive refresher/upgrading programme in basic sciences and languages put on by BCC. Passing the examinations at the end of the intensive course is mandatory for entry to the first year of the programme. However, some students had been granted extenuating circumstances if their marks were close to the pass level and permitted to enter the programme. Students perceived this as lenient and questioned whether a pass was necessary. Further data provided by the College revealed that almost all students who took the pre-entry programme passed the first year. Approximately 20% of students enrolled on the programme are mature students who have either returned to higher education having studied for other degrees or qualifications or have decided to embark on a new career.

*4.4.1c Conclusion*

BCC substantially complies with Standard 4.1.

**4.4.2 Student intake**

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

*4.4.2a Description*

Since starting the College has recruited between 35 and 38 students each year although recruitment rose in 2014 to 49 students. There are plans to increase the intake to 60 students per annum.

*4.4.2b Analysis*

At present the College has the physical capacity to deliver the programme. Should the College recruit 60 to each cohort some of the classroom space will not be able to house the groups. BCC suggested that a large cohort would be split and taught in two groups which would increase the overall cost of delivering the programme. idEC has capacity for both larger groups and repeat teaching. Larger cohort size would be a challenge in the clinic however, especially finding further well-qualified clinicians and more patients.

Current resources are sufficient to meet current numbers of students. If numbers increase, the College has plans in place to meet demand.

*4.4.2c Conclusion*

BCC fully complies with Standard 4.2.

**4.4.3 Student support and counselling**

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

*4.4.3a Description*

The College places heavy reliance on the personal tutor system to support all of the students’ social and personal needs. This tutor remains with the student throughout his/her college career. Health related issues are dealt with by Student Coordination, and students are able to access care in the College’s clinic.

New students are inducted during Induction Day, which covers the academic regulations, the academic programme, and what is expected of students. There are presentations by senior students, and video recordings by the external examimers/advisors. The day finishes with an informal social event.

Other forms of support include the Student Handbook, the VLE, language classes and financial support. The Student Coordination office employs two full time administrative staff who are responsible for supporting and co-ordinating the activities of students, including search for accommodation and support for overseas students.

After Examination Boards, an Academic Review Committee confirms the progress of students. Those identified as requiring remedial help are notified together with their personal tutor.

*4.4.3b Analysis*

The open-door policy encourages students to make full use of the academic and personal support that is available. There are ample support mechanisms available for students which may evolve into the establishment of a Student Union as the College matures.

*4.4.3c Conclusion*

BCC fully complies with Standard 4.3.

**4.4.4 Student representation**

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

*4.4.4a Description*

The BCC has a policy on Student Representation. Students are represented on all the main academic committees and there is an induction process for new student representatives. The Student Staff Liaison Committee is chaired by a student, and student representatives are responsible for setting the agenda and taking the minutes. Student representatives are elected by the student body, and the College holds a Leadership Weekend to improve leadership skills, communication and team building skills, which is mandatory for all students.

Regarding other matters relevant to students, they are encouraged to start to interact with other professional organisations including formal contact with the AEQ, the World Congress of Chiropractic Students (WCCS) and the ECU Congress. Links with students at the chiropractic college in Madrid are also encouraged.

*4.4.4b Analysis*

Students are considered to be one of BCC’s key stakeholders, and are fully involved in both academic and non-academic matters. Recently, a student representative has been appointed to the Board of Governors (without voting rights).

*4.4.4c Conclusion*

BCC fully complies with Standard 4.4.

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

**4.5.1 Faculty (Staff) recruitment**

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

*4.5.1a Description*

There is a high proportion of part-time staff who teach on both the chiropractic and basic science parts of the curriculum. Most faculty are bilingual and teach in their preferred language. There are formalised recruitment procedures, including an interview, and induction process for all new staff as well as a Staff Handbook.

*4.5.1b Analysis*

In spite of the large proportion of part-time teaching staff, the process appears to be well managed, and staff from both the basic sciences and chiropractic faculties are strongly committed to, and supportive of the institution. It is recommended that the number of full time staff is raised over time to ensure appropriate staff development and a level of pedagogic expertise, as well as development in future research projects at the institutional level.

*4.5.1c Conclusion*

BCC substantially complies with Standard 5.1.

 **4.5.2 Faculty Promotion and Development**

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

*4.5.2a Description*

There is a staff promotion and development policy and all staff are appraised on an annual basis. This is an essentially paper based exercise involving both the Principal and the Head of Operations. This appraisal process provides staff with feedback on their performance as well as identifying any areas for staff development. Two members of full-time staff are currently on postgraduate Masters programmes, one of which is in medical education. Much of staff development occurs through visits from the College’s external experts, where pedagogic topics are covered including content and delivery of the programme, and assessment methods.

*4.5.2b Analysis*

Opportunities for promotion are understandably limited given a limited budget and a low number and turnover of staff. It is a strong feature of the College that from the outset there are formal staff appraisal processes in place. The College will need to develop a staff development strategy to systematically identify those areas where staff development can occur to the mutual benefit of staff and the College, and that this can be implemented as the College’s financial resources accrue. In particular, staff development should focus on pedagogic practice, and staff engage in external practice, for example acting as external examiners in other institutions.

*4.5.2c Conclusion*

BCC substantially complies with Standard 5.2.

**4.6 EDUCATIONAL RESOURCES**

**4.6.1 Physical facilities**

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

*4.6.1a Description*

BCC rents its space in the idEC (UPF Balmes campus) building from UPF. The space includes shared teaching rooms, one of which has simultaneous translation facilities, some study space and tutorial rooms, a resources centre, office space for the full time teaching and administrative staff, and cafeteria facilities. There are also two technique rooms which are for the exclusive use of the chiropractic classes.

Barcelona Chiropractic Centre is the College’s training clinic, which is leased by BCC. It is a 1000sqm customised space including a library, teaching and technique rooms, and space that can be used for written examinations.

Masters students can make use of the impressive main UPF library although it does not stock chiropractic texts and journals. These are held on the Balmes (idEC) and Sarria (Barcelona Chiropractic Centre) site libraries.

Dissection (prosection) takes place at the Universitat Autònoma de Barcelona.

*4.6.1b Analysis*

There are good physical facilities for staff and students, including good library facilities and access to e-learning resources.

*4.6.1c Conclusion*

BCC fully complies with Standard 6.1.

**4.6.2 Clinical training resources**

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

*4.6.2a Description*

The BCC Chiropractic Centre is located in the Barcelona city suburb of Sarria. It is a leased property and is at street level with disability access. It is approved and registered as a health care centre by the local government. The clinic is 1000 square meters in size and includes a reception area, (12) treatment rooms, technique teaching rooms, lecture rooms, a radiology training laboratory, library and student facilities. The clinic has a physiotherapist, nutritionist and psychologist assisting in patient care.

The Head of the clinic is a full time member of staff who is also involved in lecturing to third, fourth and fifth year students. There are 12 part time clinic supervisors who work in organised shifts. All treatment rooms have video cameras installed for supervision of students and feedback to students, and patient files are now being recorded electronically. The BCC Chiropractic Clinic Committee meets twice a month to review student clinical performance, the number and case-mix of patients, and the adequacy of facilities.

*4.6.2b Analysis*

The current facilities are of a high standard with adequate space and good treatment room sizes. The video technology is an excellent tool for supervising and teaching clinical student and always done with patient approval. Moving to paperless patient files will also improve efficiency and opportunities for research. Although the patient numbers are increasing there remains a challenge to supply enough patients with an adequate and appropriate case-mix.

*4.6.2c Conclusion*

BCC substantially complies with Standard 6.2.

**4.6.3 Information Technology**

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

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

*4.6.3a Description*

The College has its own Virtual Learning Environment (VLE) (MOODLE) which is populated with lectures, reading material, academic regulations and policies, assessment calendars, and other information to keep students up to date with their programme. Students have Wi-Fi access on all campuses. An e-portfolio system is also in place and being developed for use in the clinical training part of the programme.

Electronic databases for literature searching can be accessed at the Sarria site (Barcelona Chiropractic Centre) and in the main University library on the Cuitadella campus. Recently BCC has made use of remotely delivered lectures and the videoing of presentations through the VLE. Video technology is in use in the clinic (Barcelona Chiropractic Centre) as a teaching and assessment tool.

*4.6.3b Analysis*

The IT facility is fully integrated as part of the student learning experience and students have good access to e-learning resources.

*4.6.3c Conclusion*

BCC fully complies with Standard 6.3

**4.6.4 Educational expertise**

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

*4.6.4a Description*

Educational expertise has been outsourced from the start. The College has used two educational experts to advise on its curriculum development and assessment of students. These experts have also acted as external examiners for the first 5 years of the programme running. The experts/examiners have worked closely with the Curriculum Development and Review Committee (CDRC) as well as providing some staff development seminars. One member of staff is currently studying for a Masters in Medical Education at the University of Dundee. In addition to the two external advisers/examiners (one is a Professor at a university in the UK, and the other is a senior member of the chiropractic faculty in a chiropractic institution in the USA), an educational consultancy provider (Blue Egg) is employed to advise the College and audit academic quality of the programme.

*4.6.4b Analysis*

It is understandable that the College has relied heavily on external expertise in pedagogy in the early years of its development. The dual role of external examiner and external educational adviser is not appropriate however, because it presents a potential conflict of interest. The College recognises this and will separate these roles at the next opportunity (i.e. when the current term of office expires).

It is desirable that more of the academic staff look to enhancing their pedagogic expertise as this will enhance teaching, learning and assessment across the programme. Less reliance on external expertise and development of permanent staff will understandably be a challenge for the College in the near future.

*4.6.4c Conclusion*

BCC partially complies with Standard 6.4

**4.6.5 Administrative and technical staff and management**

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

**The management must include a programme of quality assurance, and the management itself should submit itself to regular review.**

*4.6.5a Description*

A total of eleven staff are involved in coordinating and supporting staff and students, nine full time and two part time. There is a College Manager, an Education, Liaison and ICT Coordinator, Assessment Supervisor, Teacher Coordinator, two Student Coordinators, Administrative Support, two Chiropractic Clinic Assistants, all of whom are all full time, and two part time Librarians. In addition there are a number of external companies assisting with the VLE platform and IT systems. The Management Board chaired by the College Manager with five senior staff including the Principal as members meet every month to manage college affairs. This Management Board in consultation with the external examiners/advisors and the Curriculum Development and Review Committee also take account of teacher and student feedback to determine staffing needs in line with budgetary constraints.

*4.6.5b Analysis*

There is good interface with programme and quality assurance matters, and the administrative and support management. Again, the input of external examiners/advisors in this process should be addressed.

*4.6.5c Conclusion*

BCC fully complies with Standard 6.5.

**4.7 RELATIONSHIP BETWEEN TEACHING AND RESEARCH**.

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

*4.7.a Description*

There is a positive commitment to develop a strong research ethos in the institution in due course. The Principal has a background in research and is well placed to direct this development and a number of research areas of strategic importance have already been identified. Staff have access to a good range of e-journals through the institution’s arrangement with UPF. In 2011 the BCC established a Research Committee, and more recently an Ethics Committee to review student and staff research projects.

*4.7.b Analysis*

It is understandable that to this point, resources have been directed to curriculum development and implementation rather than to institutional research. It is also the case that as clinicians, there is likely to be limited overlap between teaching and research in presenting a research evidence-based approach to students. This will change as more staff become research active within the institution. There is little doubt that the institution recognises the importance of research not only in the development of the College in the future but also of the profession in Spain. How resources are directed towards research at the institutional level is a challenge that the College will have to meet in the future.

*4.7.c Conclusion*

BCC partially complies with Standard 7.1.

**4.8 PROGRAMME EVALUATION**

**4.8.1 Mechanisms for programme evaluation**

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

*4.8.1a Description*

There are a number of mechanisms involved in the quality assurance of the programme. This includes collecting and analysing student feedback to inform programme development and modification through the Curriculum Review and Development Committee and Teaching, Learning and Assessment Committee. All modifications to modules are made at the committee level. Feedback from teaching staff is gathered in face to face meetings between staff and Heads of Departments and the Head of Operations, where much of the evaluation of individual modules occurs. Considerable use is made of external examiner/experts, and the educational consultant (Blue Egg) employed by BCC in the review of the content of the programme and assessments. For example, all examinations are reviewed by external examiner/experts, as well as being moderated internally by BCC faculty.

*4.8.1b Analysis*

In broad terms, the institution adopts a reflective attitude to the programme and is willing to identify areas for improvement arising from evaluation methods. Student feedback strongly features in the evaluative process, and it is to the institution’s credit that students feel they are listened to in this process. There are quality assurance policies and procedures in place, but too much reliance on external expertise in this process. The College needs to develop its own staff in this regard so that there can be confidence in itself. There is a potential conflict of interest in experts acting as both examiner and advisor. It is understood that the two external examiners/advisors currently in post will be reviewed on a rotational basis. This opportunity should be taken to properly define the roles and responsibilities of the external examiner(s) in explicit ‘job descriptions’ for the future.

*4.8.1c Conclusion*

BCC substantially complies with Standard 8.1.

**4.8.2 Faculty and student feedback**

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

*4.8.2a Description*

Students are surveyed via student evaluation forms toward the end of each semester for each module, informing the annual monitoring process. Student feedback is made available to all the academic committees and the Management Board.

Staff feedback is gathered by way of staff appraisals, staff representation, active participation in committees and staff involvement in processes such as the ‘critical friend’ system.Staff are also encouraged to provide comment and feedback on the reports produced by external examiners and the educational consultant (Blue Egg).

There is strong reliance on student feedbackby UPF in evaluating the quality of the final year of the programme, which is done systematically as part of the quality framework for the award of the Masters qualification.

*4.8.2b Analysis*

There is good use of student and staff feedback at many levels throughout the College.

*4.8.2c Conclusion*

BCC fully complies with standard 8.2.

**4.8.3 Student cohort performance**

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

*4.8.3a Description*

BCC collects a range of data sets that inform student performance and progression. The data is analysed by the Academic Review Committee at the end of each semester after the results of examinations and assessments are known. Data on student progress and attrition are considered by both the management at the Management Board level, and also to inform the curriculum through the Curriculum Development and Review Committee. Students with less than satisfactory performance are required to meet with the Principal and Head of Operations.

Currently all student progress data is entered onto a spreadsheet rather than specialised software so that customised reports can be used to inform curriculum development.

*4.8.3b Analysis*

Student progress is closely monitored and used to inform development of the programme. The College should investigate the implementation of a centralised database (e.g. Microsoft Access) that can enable the data to be mined and provide reports to inform the College’s development in the future.

*4.8.3c Conclusion*

BCC substantially complies with standard 8.3**.**

**4.8.4 Involvement of stakeholders**

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

*4.8.4a Description*

A number of internal and external stakeholders are involved in the evaluation of the programme. Staff and students are involved via their representation on Boards and Committees. Additionally students provide feedback via evaluation forms that are administered twice a year and staff provide feedback via staff-appraisal. The Curriculum Review and Development Committee and Research Committee which includes administrative staff, part-time and full-time teachers and student representatives post the agendas and action lists on the VLE for access to all internal stakeholders.

External examiners as stakeholders are an integral part of the programme with continuous consultation and the end of academic year report.

The Board of Governors has ultimate responsibility for the programme and meets 4 times a year for evaluation and monitoring of the programme.

UPF has representation on the research committee and evaluates the Masters component of the programme on an annual basis, based in a substantive part on student feedback.

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Two representatives of the Spanish Chiropractic Association (AEQ) and two senior BCC staff (College Principal and Manager) form the AEQ/BCC Liaison committee which meets every 4 months.

*4.8.4b Analysis*

The College communicates with a variety of external and internal stakeholders regarding the educational and training provision of the College. The link with a public university as a key stakeholder is very positive.

*4.8.4c Conclusion*

BCC fully complies with Standard 8.4.

**4.9 GOVERNANCE AND ADMINISTRATION**

**4.9.1 Governance**

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

*4.9.1a Description*

The BCC was founded by the “*FUNDACIÓ PRIVADA QUIROPRÁCTICA*”. The Board of Governors of this non-profit organisation appointed the Principal of the College. The Board of Governors is formed of 6 chiropractors, including a graduate from the first cohort of BCC, and a lawyer. A process has started to enrol onto the Board of Governors a medical doctor for full membership, and a final year student with no voting rights. At the institutional level, the highest academic structure is the Academic Board. The Management Board prepares business and budgetary plans for the approval of the Board of Governors.

The organisation of the College is completed through a variety of academic committees including the Research Committee, the Curriculum Development and Review Committee and the Examination Board,the Interim Examination Committee, the Examining Board, the Learning, Teaching and Assessment Committee, the Examination Setting Committee, the Staff/Student Liaison Committee, the Barcelona Chiropractic Clinic Committee, the Resources (IT and Library) Committee, the Ethics Committee, the AEQ/BCC Liaison Committee. The number of members and the frequency of the meeting vary from one committee to another.

The relationship between the College and theInstituto de Educación Continua (idEC) of UPF started in June 2008. The College had signed several agreements and contracts with UPF and idEC regarding use of facilities and resources. One of the agreements includes the award by UPF of a Masters to BCC graduates. The Masters is a *titulo proprio :* Master en Quiropráctica*,* which in contrast to the other category of Masters in Spain, does not allow progression to Doctorate education and training*.* BCC also has a collaborative agreement with the Universitat Autònoma de Barcelona Anatomyregarding the use of dissection (prosection) facilities.

*4.9.1b Analysis*

The committee structure includes a large variety of Committees and Boards. There is a need for clearly defined term of references and membership for all committees. Moreover, several members of the Board of Governors are also Executive members of the AEQ which could lead to potential conflicts of interest compromising the academic autonomy of the College.

*4.9.1c Conclusion*

BCC substantially complies with Standard 9.1.

**4.9.2 Academic leadership**

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

*4.9.2a Description*

Academic Board meets once a year at the end of the academic year to discuss academic matters. Academic Board reviews the delivery and assessment of the programme of study and evaluates and approves changes to modules. The Learning, Teaching and Assessment Committee, the Ethics Committee, the Chiropractic Clinic Committee, the Research Committee, the Curriculum Development and Review Committee and the Examination Board all report to Academic Board. Academic Board also discusses staffing and learning resources and makes recommendations for budgets to the Management Board.

The Chair of the Academic Board is the Principal, who has driven the development of the College and been in post since the College opened to students in 2009. The Principal is appraised by the Board of Governors on an annual basis.

*4.9.2b Analysis*

There are clear academic management structures in place, and strong leadership by the Principal supported by senior managers.

*4.9.2c Conclusion*

BCC fully complies with Standard 9.2.

**4.9.3 Educational budget and resource allocation**

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

*4.9.3a Description*

Strategic plans, including medium and longer-term budgetary projections, are developed and modified where necessary via a systematic evaluation process that takes place annually. The process starts with consideration of the evolving curricular needs and the related budgetary ramifications. The budget is reviewed by the College Manager and external financial advisors every month and presented to the Board of Governors. The Board of Governors has a Finance subcommittee which now has a representative in contact with the College Manager to oversee the budgetary process.

*4.9.3b Analysis*

There is clear evidence of financial planning and resource allocation to ensure the viability of the programme. Financial issues raised in the last academic year were dealt with appropriately, which demonstrated the ability to take sound action to avoid any major risk to the College. Analytical monitoring of the expenses enables targeted allocation of financial resources and limits the risk to the College budget. The risk management on budget, financial resources and funding appears to be efficient and effective.

*4.9.3c Conclusion*

BCC substantially complies with Standard 9.3.

**4.9.4 Interaction with professional sector**

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

*4.9.4a Description*

The BCC/AEQ liaison committee formed with the Spanish Chiropractic Association (AEQ) informs both the Association and the College of ongoing development. Each year since 2011, the AEQ has donated funds for the purchase of chiropractic teaching materials. Students are student members of the AEQ and have an active involvement with the WCCS. The College has also received grants from the European Chiropractic Union (ECU) as a result of constructive interaction between the ECU-Executive and the College Principal. Apart from the involvement with UPF, the BCC has liaison with two other local universities. In order to conform to regulations, the BCC maintains appropriate relationships with local government bodies.

*4.9.4b Analysis*

There is evidence of good relations and communication between the BCC and the professional sector including the professional Association and individual chiropractors. There are also good relationships with local higher education institutions as well as the other chiropractic college in Spain. Although other health care practitioners are involved in the clinic there is a lack of collaboration with the medical profession, which is understandably difficult considering the position of chiropractic in Spain.

*4.9.4c Conclusion*

BCC substantially complies with Standard 9.4.

**4.10 CONTINUOUS RENEWAL AND IMPROVEMENT**

The chiropractic institution/programme must have procedures for regular reviewing and updating of its structure and functions to rectify deficiencies and meet changing needs. (See 8.1 of standards)

*4.10.1a Description*

This is a new institution in its infancy that has successfully implemented a chiropractic education and training programme in an environment in which chiropractic is still not recognised in law. There are many external obstacles and barriers, yet the College is clear that it is committed to developing a quality programme which in time will have a strong research ethos. There are policies and procedures in place for continuous review, and a strategy for the College’s future.

*4.10.1b Analysis*

The College has mechanisms in place for continuous review, and a commitment to do so. It is incumbent on the leadership and senior management that the institution remains responsive and acts to continuously improve its provision.

*4.10.1c Conclusion*

BCC substantially complies with Standard 10.

**5. CONCLUSIONS**

5.1 Summary

In conclusion, the Evaluation Team acknowledges the commitment and work of the staff and students of BCC in establishing a new institution in Spain for the education and training of chiropractors bilingual in English and Spanish.

5.2COMMENDATIONS, RECOMMENDATIONS AND CONCERNS

For the purposes of this report the Evaluation Team adopted the following

definitions from the Standards:

* **Commendations** – Areas that meet or exceed the *Standards* and are worthy of specific recognition.
* **Recommendations** – Areas requiring specific attention and action by an institution.
* **Concerns** – Areas of substantial weakness/concern as to jeopardise the

accreditationof an institution that require specific attention and action by the

institution *as a matter of urgency.*

5.3 COMMENDATIONS

* The strong leadership of the Principal, and the work and support from teaching and administrative staff in implementing and providing education and training in chiropractic.
* Development of a chiropractic programme that is unique in being the first to provide bilingual education and training.
* Success in forging a formal agreement with a public university in Spain leading to a Masters award from the University for graduates.
* The facilities and resources available to staff and students, in particular the clinical training facilities and e-learning resources.
* Robust lines of student and graduate feedback to inform and improve the curriculum.

5.4 RECOMMENDATIONS

* Monitor the balance of part-time and full-time teaching staff aiming to increase the number of full-time staff in due course.
* Separate the roles of external examiner and external advisor as soon as possible producing clearly defined responsibilities for the role of external examiner.
* Consider the membership of the Board of Governors to broaden the skills mix as well as to reduce any potential areas for conflict of interest.
* Write Terms of Reference and Membership for all academic and management committees.
* Enable students to start planning for the final year research project earlier in the curriculum.
* Implement a student database to record student progress and enable informed decision-making.
* Reconsider the use of non-conventional terminology (i.e. ‘practice member’)

5.5 CONCERN

* There is a non-evidenced based approach throughout the curriculum in patient assessment and management, which is not aligned to the biopsychosocial model and patient-centred care.
	1. Acknowledgements

The Team wishes to extend its thanks to all those who met with them for their professionalism, hospitality and courtesy during the on-site visit.

APPENDIX

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MONDAY 13 OCTOBER** | Meeting with | Personnel | Team members | Standards |
| 08.45 | Arrival |  | All |  |
| 08.45-09.15 | Private meeting of the Team | None | All |  |
| 9.15-9.30 | Preliminary meeting with Senior Management Team BCC |  | All |  |
| 9.30-12.00 | Tour of campus facilities to include teaching facilities, clinic and library, and coffee break |  | All |  |
| 12.00-13.00 | Meeting with students | 4 students from each year(apart from clinic year students) | All | 4.1, 4.2, 4.3, 4.4, 6.1, 6.3, 8.2, 8.4 |
| 13.00-13.45 | Lunch with Teaching Staff |  | All |  |
| 13.45-14.45 | Meeting with Teaching Faculty (non-chiropractic)(NOT to include anyone seen before) | Teaching faculty to cover all areas of basic science teaching a member of staff who is research active and teaches research, research supervisor(s), module leader(s). | All | 1, 2 (with exception of 2.6), 3, 5.2, 6.1, 6.3, 6.5 |
| 14.45-16.15 | Meeting with Teaching Faculty (chiropractic)(NOT to include anyone seen before) | Teaching faculty to cover all areas of clinical science teaching including a member of staff who is research active and teaches research, research supervisor(s), module leader(s), Full-time, Part-time and a new member of staff (within past 12 months). | All | 1, 2 (with exception of 2.6), 3, 5.2, 6.1, 6.3, 6.5 |
| 16.15-17.00 | Meeting with clinic year students | 6-8 students | All | 4.2, 4.3, 4.4, 8.2, 6.1, 6.3, 2.6 and 6.2 |
| 17.30-18.00 | Private meeting | None | All |  |

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| **TUESDAY 14 OCTOBER** | Meeting with | Personnel  | Team members | Standards |
| 09.00-09.15 | Private meeting of the Team | None |  |  |
| 09.15-11.15 | Review of clinic records and clinic facilities and formal meeting with Clinic teaching faculty |  | OL/KV/DR | 2.6, 6.2 |
| 9.15-10.00 | Admissions | Admissions Officer and personnel | DB/JB | 4.1, 4.2 |
| 10:00-10.45 | Learning Resources including IT support |  | DB/JB | 6.1, 6.3 |
| 10.45-11.15 | Research | Research tutor(s), supervisor(s) | DB/JB | 7 |
| 11.15-11.30 | Private meeting of the Team | None |  |  |
| 11.30-12.45 | Programme Management | Senior managers BCC | All | 4.3, 4.4, 5.1, 5.2, 6.4, 6.5, 9.2, 9.4 |
| 12.45-13.30 | Lunch with students | 12 students across all years | All |  |
| 13.30-14.15 | Quality Assurance | Staff responsible for standards and quality enhancement | All | 3.1, 3.2, 8.1, 8.2, 8.3, 8.4, 10 |
| 14.15-15.00 | Governance and Finance | Senior managers BCC | All | 9.1, 9.3 |
| 15.00-15.45 | Subsequent stages and professional sector | Senior managers BCC | All | 2.7, 9.4 |
| 15.45-16.00 | Break | None |  |  |
| 16.00-17.00 | Meet with Executive of Universitat Pompeu Fabra |  | All |  |
| 17.00-18.00 | Private meeting  | None |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **WEDNESDAY 15 OCTOBER** | Meeting with | Personnel  | Team members | Standards |
| 09.00 | Arrive  | Senior managers on standby for any additional meetings |  |  |
| 09.30-10.30 | Private meeting of Team | None | All | None |
| 10.30-11.00 | Break |  |  |  |
| 11.00-13.00 | Private meeting of Team | None | All |  |
| 13.00-14.00 | Lunch  | senior management BCC | All |  |
| 14.00-18.00 | Private meeting of the Team | None | All |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **THURSDAY 16 OCTOBER** | Meeting with | Personnel  | Team members | Standards |
| 09.00 | Arrive and Private meeting of Team  | None |  |  |
| 12.00-13.00 | Private Lunch |  |  |  |
| 13.00 | Feedback to senior management |  |  |  |
| 13.30 | DEPART |  |  |  |