

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION

COMMISSION ON ACCREDITATION

EVALUATION TEAM REPORT

4 year full-time

Integrated Masters in Chiropractic and Pathway Programme

McTimoney College of Chiropractic,

School of Health, BPP University,

Abingdon, UK,

17-20 November 2014

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1. EXECUTIVE SUMMARY

- 1.1 McTimoney College of Chiropractic (MCC) is a long established chiropractic education and training institution, the Oxfordshire College of Chiropractic, admitting students for the first time in 1972, although the name McTimoney Chiropractic College was used between 1982 and 1998 and renamed as McTimoney College of Chiropractic in 1998. It has always been associated with the McTimoney technique that was developed by its founder, John McTimoney and subsequent owners. The college was managed and developed by McTimoney Trust as an international centre for learning “McTimoney chiropractic” although the college maintains its independence from the Trust.
- 1.2 The chiropractic programmes of the college were validated by the University of Wales between 1997 and 2013. In 2011 the College was merged into the structures of BPP University which has guided the developments in chiropractic education within its School of Health. Therefore, the relationship to the McTimoney Trust has altered slightly since BPP has become the managing university; the Trust is now only an Advisory Board. Nevertheless, the McTimoney Trust continues to have an input mainly philanthropically into the work of the College. The College was accredited by the General Chiropractic Council most recently in 2013.
- 1.3 In November 2010, McTimoney College gained Candidate (for Accredited) Status with the European Council on Chiropractic Education (ECCE).
- 1.4 In April 2014, McTimoney College submitted its Self-Study Report (SSR) for full accredited status with the ECCE for its four year integrated programme in chiropractic (MChiro) and the one year Pathway Programme. The Commission on Accreditation (CoA) of the ECCE reviewed the documents at its meeting on 30 June 2014 and, on this basis, decided that an evaluation visit could and should proceed.
- 1.5 A four day evaluation visit took place between 17 and 20 November 2014. The evaluation visit provided further evidence to that submitted in the SSR. McTimoney College 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.
- 1.6 Members of the Evaluation Team extend their thanks to the Principal, senior staff, teaching and administrative staff and students at McTimoney College and BPP University for the courtesy and hospitality shown to them during the Evaluation Visit, and for conducting the visit in an open and transparent manner.
- 1.7 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 McTimoney College. The Report was sent in draft format to McTimoney College for factual verification on 21 December 2014, and the final Report was submitted to CoA on 19 January 2015.
- 1.10 The Chair invited McTimoney College to send representatives to the CoA meeting in London (07 February 2015) where the Report will be discussed and a decision made on full accreditation of McTimoney College.
- 1.11 This Report addresses the compliance of McTimoney College with each of the ECCE Standards in the provision of chiropractic education and training. In this document the term “college” refers to McTimoney College of Chiropractic, School of Health, BPP University. The term

University will refer to BPP University. All conclusions in Section 4 of the report will refer to “McTimoney College (BPP)”. The outcomes of the Report are as follows:

Commendations:

- The advantages afforded by being part of the School of Health, BPP University rather than a small college supported by a Trust.
- The quality of leadership provided by the Principal supported by the senior management team.
- The dedication of all faculty and staff in creating a learning environment that enables a wide range of students to achieve their professional goals.
- The use of the Pathway Programme to broaden the entry profile in both age and ability terms, which has enabled the college to demonstrate value added to a broad range of applicants.
- The exceptional student support systems provided by both the college and the wider university.
- The excellent IT infrastructure and library facilities provided by the University that underpin learning in and beyond the classroom.
- The involvement of patients as stakeholders and their role in educational processes.
- The opportunities provided by being the sole occupier of a modern building that has been converted into a contemporary educational facility

Recommendations:

- The type, rigor, breadth and depth of the summative assessments should be investigated and supported by a wider spectrum of external examiners drawn from the chiropractic profession and chiropractic education.
- The teaching and assessment of radiology should be brought into line with the needs of the chiropractor practicing in a primary care environment.
- The apparent mismatch between the declared management team’s aim to broaden the approaches to chiropractic management and the adherence of students and staff to the more limited “McTimoney” approach should be addressed.
- The clinic facilities should move towards greater use of digital record keeping and patient encounter recording to match with modern clinic practice. This will enable greater use of electronic tools already in use such as Care Response in patient management.
- The current clinic monitoring system, while impressive, places a great burden on a single tutor and its operation should be revised.
- The video recordings of patient encounters in the clinic should be considered in order to improve the quality of clinical assessment.

Concern:

- The college has largely subscribed to the McTimoney philosophy and whole body approach, which to our knowledge has a limited scientific evidence base, often to the exclusion of treatments with a much stronger evidence base giving the graduating student a limited range of treatments to use in patient management.

2. INTRODUCTION

- 2.1 On 14 May 2010 the CoA reviewed the Self Study Report for the four-year integrated Masters in Chiropractic plus foundation year programme from McTimoney College of Chiropractic, School of Health, (BPP University). At this time CoA granted candidate status to the college for 5 years.
- 2.2 In November 2013 the college applied to the ECCE for fully accredited status because it had graduated its first cohort of students from the integrated Masters in Chiropractic in the summer of 2013. It was agreed that an Evaluation Team should visit McTimoney College in November 2014 and to report back to the CoA.
- 2.3 Members of the Evaluation Team were nominated by the ECCE Executive and each member received the Self-Study Report (SSR), and written comments from CoA related to the documents prior to the visit. The members of the Evaluation Team were:

Lise Lothe, DC MSc, FEAC	Private practitioner, Norway. Researcher Oslo University Hospital, Norway. Registrar European Academy of Chiropractic, Chair
Cynthia Peterson, RN, DC, DACBR, M.Med.Ed	Professor, Departments of Chiropractic Medicine and Radiology, Orthopaedic University Hospital Balgrist, University of Zurich. Director, Post-graduate programme, Swiss Academy of Chiropractic, Bern, Switzerland
Charlotte Leboeuf-Yde, PhD,	Professor at the University of Southern Denmark, Denmark and Research Director at IFEC, France
Johannes Mackeprang	Final year student at the University of Southern Denmark, Denmark
David Burtenshaw MA, PgCE, FRGS, FEAC, MCIE	Evaluation Secretary ECCE, formerly Director Collaborative Programme Development, University of Portsmouth. Chair of Examiners, 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 responsibilities before arriving at the University. ECCE secretary Mandy Stagg was an observer on one day of the evaluation visit.

- 2.4 The purpose of the Evaluation Visit was to verify the SSR and other evidence presented by the university, 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, visual and other documentary evidence given and consulted during the on-site visit, an Evaluation Report compiled by the Team was submitted to the university for correction of any factual errors, and thereafter to the Commission on Accreditation for a decision on the full accreditation of the McTimoney College of Chiropractic (BPP University).
- 2.5 All members of the Team were presented by name beforehand to the College, 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.

- 2.6 A draft timetable for the visit was sent to the college on 01 October 2014, and the final schedule agreed with the college on 01 November 2014. A copy of the schedule is appended to this Report (Appendix 1).
- 2.8 Members of the Team arrived in Abingdon on 16 November 2014. The Team held a preliminary meeting prior to the on-site visit which was from 17 to 20 November 2014 (inclusive). Meetings were held with the institution over the first three days and time was allocated for the Team to hold private meetings as the visit proceeded. The Report was compiled on an on-going basis during the visit, and the final day (20 November) was set aside to complete the draft report and feedback orally to the institution.
- 2.9 Members of the Team were very well hosted by the college, 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 McTimoney College and BPP University.
- 2.10 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 the college for factual verification on 21 December 2014. The response was received from the college on 12 January 2015. The Chair and Secretary finalised the Report and this was submitted to the Chair CoA on 19 January 2015. The Chair of the Evaluation Team presented the Report to CoA members on 07 February 2015 in London.
- 2.11 The Report includes an Executive Summary, a description of McTimoney College of Chiropractic (BPP University) and the findings of the Team regarding compliance of McTimoney College with the ECCE Standards. The Report ends with the Conclusions of the Team and any Strengths, Weaknesses and/or Concerns the Team wishes to draw to the attention of the CoA. The Evaluation Report was based on the European Association for Quality Assurance in Higher Education (ENQA) Guidelines for external reviews of quality assurance agencies in the European Higher Education Area (www.enqa.eu).

3. McTIMONEY COLLEGE OF CHIROPRACTIC, SCHOOL OF HEALTH, BPP UNIVERSITY

- 3.1 McTimoney College of Chiropractic was founded in 1972 in Oxford as a private institution to train chiropractors in the treatments (McTimoney methods) that the founder had developed. In 1982 the college was taken over by three former students who emphasised the recruitment of mature students on to part-time programmes.
- 3.2 In 2001 the college applied for Candidate for Accreditation status with the ECCE. The application was unsuccessful because, at that time, the programme was a part-time programme which did not meet the ECCE criteria for accreditation.
- 3.3 The McTimoney Chiropractic programmes were formerly validated by the University of Wales. The University of Wales withdrew its validation of the undergraduate chiropractic programme along with many other externally validated programmes in other subjects in other institutions in 2011. The college had already commenced discussions with BPP in 2010.
- 3.4 The College has been accredited by the General Chiropractic Council (GCC) since the first round of accreditations in 1999. The Principal is a member of the GCC Council.
- 3.5 Since 2012 the integrated Masters in Chiropractic has been validated by the BPP University. BPP is part of the larger Apollo Education Group based in Phoenix, USA. Besides BPP the group includes nine higher education institutions in the USA. Since 2007 BPP has received degree awarding powers from the British Government. BPP University, which describes itself as teaching university, currently comprises a Law School, founded in 1992, a School of Business, a School of Foundation and English Language Studies and the School of Health. The School of Health is administered from the McTimoney campus in Abingdon and has other sites in London and Manchester. Currently the School delivers undergraduate programmes in Chiropractic, Psychology, Nursing, and Health and Social Care. It is also responsible for postgraduate courses in Animal Manipulation, Chiropractic Paediatrics, Health Service Leadership and Clinical Dentistry. The School is also responsible for a CPD programme in Medico-Legal studies. The current McTimoney College Principal is the Dean of the School of Health.
- 3.6 The college is applying for accreditation only of its 4 year integrated Masters programme and its Foundation (Pathway) programme.
- 3.7 The colour coded system outlined below was 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 SSR states that the purpose of the Integrated Undergraduate Masters in Chiropractic (MChiro) is to produce chiropractic graduate professionals who are able to deliver chiropractic care competently and safely within the standards of the profession and the laws of the land.

The Programme aims are to:

- *educate and train students in the philosophy, science, and practice of safe and effective chiropractic management of patients*
- *enhance students' knowledge of health, health promotion and other health related issues*
- *prepare students for their role of primary contact practitioners*
- *develop skills that will enable students to think critically and to evaluate the current research evidence base*
- *produce competent chiropractors capable of safe and effective chiropractic care*

An extensive list of objectives and a range of skills to be achieved by the end of the programme are listed in the supporting documentation.. The aims and objectives are available to staff, students and stakeholders in several forms such as on the University website and in the Programme Handbook.

4.1.1b Analysis

The list of aims and objectives listed in the SSR encompasses the knowledge, skills and attitudes necessary for safe and competent practise as a primary contact practitioner in line with the competencies outlined in the ECCE standards.

4.1.1c Conclusion

McTimoney College (BPP) fully 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 aims and objectives of the current programme have evolved and build on the previous chiropractic programmes delivered over the last 40 years where staff and the McTimoney Trust have been consulted. Stakeholders have been involved in the development through surveys to graduates, and reviewed as part of internal and external validation and accreditation processes. The College's

Board of Trustees was informed and approved the aims and objectives before the University approval took place. As part of a university there are several systems in place to assure on-going developments of the aims and objectives through annual monitoring, internal review as well as external annual monitoring through GCC and ECCE. Emphasis is placed on the involvement of patients through the Patient Engagement Group throughout the programme. This group is not a patient organisation but individual patients who are encouraged to become involved at different areas of the programme. Patient satisfaction survey responses are also consulted in the internal review processes.

4.1.2b Analysis

The faculty management and senior staff of the college comprise the main development team for the aims and objectives together with a broad representation from stakeholders that have been consulted in the renewal of the programme and in the development of the current aims and objectives. The addition of BBP University has broadened the stakeholder mix to give greater externality to the process of defining aims.

4.1.2c Conclusion

McTimoney College (BPP) fully complies with Standard 1.2. 

4.1.3 Academic autonomy

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

4.1.3a Description

The college has been able to retain its independence within the structures of BPP's School of Health. The university validated the programme in 2012 and has enabled the college to continue to operate as an autonomous division of the university. At present, teaching is completely focused on the 4 year programme and its sister 5 year part time programme. In the past more control over the academic focus of the college was exerted by the McTimoney Trust. Several staff commented positively on the increased autonomy that BPP gave the college compared with the McTimoney Trust.

4.1.3b Analysis

The autonomy enjoyed by the college within the structures of BPP has many aspects from the academic to the financial.

4.1.3c Conclusion

McTimoney College (BPP) 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 exit level outcomes are adequately described under the topics of knowledge, skills and attitudes but the terminology used is for learning *objectives* rather than learning *outcomes*. Specific learning outcomes and objectives are also included in each individual course outline.

4.1.4b Analysis

The exit outcomes are appropriate and adequately covered. However, a mixture of learning objectives and learning outcomes terminology is used. Appropriate and consistent terminology is needed because it is sometimes used interchangeably. It might be that some expertise in health care education would solve this issue.

4.1.4c Conclusion

McTimoney College (BPP) 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 College provides a four year integrated masters' programme, which is fairly traditional in design with the first 2 years primarily focused on the basic sciences, year 3 on clinical topics and year 4 devoted to the clinical training. Integration between various subjects has been facilitated by linking the anatomy and physiology topics and pathology with pharmacology in Human Function I and II. Additionally, there is integration of content in the Chiropractic Studies course particularly with Anatomy. Early patient contact is facilitated with rotations and structured observations in the Clinic and discussions with clinical students and supervisors. Research methodology is introduced in year 1 and continues throughout the entire 4 years, culminating in the masters' research project. The Chiropractic Studies courses continue throughout the first 3 years of the programme. A couple of short rotations occur in a stroke unit as well as in a care home. Additionally, actual patients are brought into lectures a few times per year in the early years of the programme.


The teaching methods are primarily lectures during the first 3 years with additional small group sessions, seminars and practical classes. Year 4 is the clinical year as well as used for completing the masters' project. The basic science courses are taught primarily by a PhD scientist or chiropractors with additional science qualifications and there are no shared courses with other health care professions at this time. A medical practitioner, a chiropractor/PhD in neurology and McTimoney trained graduates teach the diagnosis and technique courses. All practical and clinical training is delivered by practising McTimoney trained chiropractors. Each course has a detailed course outline with additional learning materials available on the virtual learning environment and provided to the students by email.

Students are encouraged to become increasingly independent learners throughout the curriculum and to learn to identify and remedy their own learning needs.

4.2.1b Analysis

The curriculum model is appropriate and improvements have recently been made. McTimoney trained chiropractors dominate the technique and clinical training part of the programme. Thus, the students have very little exposure to musculoskeletal health care providers other than McTimoney graduates and chiropractors, in part due to the political situation in chiropractic in the UK.

4.2.1c Conclusion

McTimoney College (BPP) substantially 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

Research methodology is introduced in year 1 and the methods and skills for chiropractic research education builds throughout the entire programme, culminating in the masters' research project. This is designed to facilitate the evidence-informed practice approach and develop critical thinking throughout the programme. Relevant essay assignments requiring application of evidence-based practice and the scientific method are incorporated throughout the programme. A detailed Research Handbook is provided to students at the beginning of their studies. All research projects are submitted to the Ethics Committee for review, introducing to students and staff the need for "official" description of their projects.

The Research Director provides 'Research Alerts' to faculty approximately once per month including articles relevant to chiropractic practice.

The Ethics Committee includes members of staff but does not include a methodologist or a person with specific training in moral/ethical issues. It was not clear if anyone directly involved in a reviewed research project participated in decisions.

4.2.2b Analysis

Staff and students need to be more firmly embedded in the principles of evidence-based practice.


For the students, evidence-based practice has been well integrated throughout the first three years of the programme with relevant assignments to underpin this process. But evidence-based practice is less well applied during the final clinical year in terms of determining appropriate evidence-based treatments for individual patients. It was apparent from the examination of clinical files that the McTimoney treatment technique was applied to most patients, independent of the clinical presentation.

Evidence-based practice principles need to be better understood and practised by all faculty members as most interviewed appeared to have an inadequate understanding of the various components of evidence-based practice. Further, there appears to be a limited understanding of the levels of evidence and relative academic quality of chiropractic journals.

The 'Research Alerts' circular is excellent but the number of articles per alert could be increased. The alerts should be expanded to include a wider search of relevant health journals (i.e. 'Spine', 'The Spine Journal' and 'European Spine Journal') for relevant abstracts.

The Ethics Committee would have its role enhanced if it included a methodologist and a person with an appreciation of moral/ethical issues. The committee should exclude anyone directly involved in the research project so as to avoid conflicts of interest.

4.2.2c Conclusion

McTimoney College (BPP) 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

Biomedical Sciences delivery covers the necessary topics relevant for safe and competent chiropractic practice. These have been reorganised recently based on student feedback so that the integration and linkages between Anatomy and Physiology as well as Pathology with Pharmacology have been improved. At present the college does not have a dissection laboratory nor are there prosection specimens at the college. However, students have access to the anatomy laboratory in Oxford University. On-line anatomy programmes are available and used for the Anatomy course. Assessments in the Biomedical Sciences appear to be appropriate with a variety of assessment methods including MCQ, short answer, and application questions. The faculty are qualified in their subject areas. The basic sciences are integrated into the clinical sciences as needed.

4.2.3b Analysis

There has been an effort to improve the delivery of Biomedical Sciences in recent years but some further improvements could be made by incorporating some of the modern pedagogic methods. More use of clinical cases in the Basic Science courses both in the teaching and the examinations would facilitate and enhance problem solving abilities and further underpin the relevance of the basic science courses to clinical practice.

4.2.3c Conclusion

McTimoney College (BPP) substantially complies with Standard 2.3. 

4.2.4 Behavioural and Social Sciences, Ethics and Jurisprudence

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

4.2.4a Description

The behavioural and social sciences are introduced throughout the curriculum from the Pathway programme right through to the clinic year. Law, relevant legal issues, and the Code of Practice and Standard of Proficiency in the UK are covered in the latter stages of the programme. Likewise, Ethics is delivered in Research III with reference to evidence-based health care.

The context of the social sciences is focused upon those aspects that help explain the interface between the mind and body. The social needs of patients are taught across the curriculum but form a major focus during the clinic year. Students receive contributions from outside speakers from the Royal College of Chiropractors, the GCC and an insurance company that prepare them for the world of working as a chiropractor. Aspects of clinical management including finance, auditing and risk management are introduced so that the student is prepared for work. There is an ethics committee

that deals with both staff and student research proposals. However, this committee has student research supervisors among its members which may lead to conflicts of interest.

4.2.4b Analysis

Contributions of the behavioural sciences, social sciences, ethics, scope of practice and legal requirements to the curriculum is well identified. Procedures for dealing with potential conflicts in regards to research supervisors on the ethics committee should be established.

4.2.4c Conclusion

McTimoney College (BPP) substantially 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 Sciences courses include Musculoskeletal Medicine, Clinical Medicine, and Neurology. Diagnostic Imaging is integrated into these courses. Orthopaedic and other physical examination procedures are integrated into the relevant courses. Special populations are also integrated into these courses. The Clinical Neurology course is very evidence based and taught by a chiropractor with a PhD in neurology. The Clinical Medicine courses are delivered by an MD. The practical neurology examination appears to be comprehensive.

The topics listed in the course outline for Medical Imaging are inclusive. A DACBR is brought in once per year for a 1 week intensive course on musculoskeletal radiology. However, this tutor is not involved in preparing or marking the examination. The college does not have an imaging interpretation library of cases for students to use to underpin their studies nor is there a radiology expert available regularly for discussion and consultation. The Clinic Entrance examination consists of 3 short cases and 1 long case. The short cases always include 1 spine case, 1 visceral case and 1 extremity case. The exact same examination plan is used for the Clinic Exit examination. No simulated patients are used in either of these examinations and students answer directly to the examiner. The same cases are not necessarily given to all students and students are not all examined on the same day in the same examination session. Students are aware of the case mix categories for the short cases.

4.2.5b Analysis

The team were very aware of the issue of the depth of the Diagnostic Imaging teaching and its assessment. Diagnostic imaging is taught at a lower level than at comparable institutions and students have no access to interactive teaching cases (i.e. an imaging interpretation library) to underpin their imaging knowledge. The written and imaging interpretation examination, although including a wide variety of cases and using a problem solving approach, is still not at the level of clinical practice reality. The current absence of a diagnostic interactive film reading library inhibits students from enhancing their skills in this area. The college has experienced some difficulty recruiting a radiologist. The students met by the team were unaware that this area of their education is not adequate in order for them to take necessary steps to improve their abilities prior to taking up a clinical position upon graduation outside the UK.

The long clinical case used in the Clinic Entrance and Exit Examinations has been largely abandoned in health care education for many years due to a lack of reliability. The fact that all students do not receive the exact same cases in the Clinic Entrance and Exit examinations also means that these examinations do not have reliability. If an examination is not reliable then it lacks validity. A health care education expert at the College would help with these problems. The students are also well aware of the case mix prior to the examination. The case mix is small and should provide a better representation of conditions likely to present to chiropractic practice. Validity of an examination suffers with inadequate case numbers. Additionally, students speak to the examiner rather than to a patient or simulated patient during both the Clinic Entrance and Exit examinations. This does not simulate the realities of clinical practice and certainly communication skills are not assessed with this method. Qualified health educators with clinical expertise as external examiners would also solve many of these issues.

The course outlines for Clinical Medicine cover the necessary conditions but suffer from a lack of clearly written learning outcomes.

The neurology course appears to be excellently delivered and the Musculoskeletal Medicine and Clinical Medicine courses show no apparent problems other than those outlined above.

4.2.5c Conclusion

McTimoney College (BPP) 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 programme incorporates chiropractic principles and covers chiropractic history, philosophy and techniques in Philosophy I-III as well as in Chiropractic Studies I-III. Models of chiropractic care including the bio-psychosocial, musculoskeletal, subluxation, evidence informed practise, wellness and patient-centred models, are listed in the indicative syllabus for Philosophy II.

The ability to participate in the scientific development of chiropractic is dependent on the teaching institution's ability to impart to the student a professional identity and, at the same time, to be critical of historical explanations of the mechanisms behind spinal manipulation. Assessment of students mirrors the programme's ability to foster critical thinkers in this manner. Student examinations made available to the team show a range of responses, when comparing four chiropractic techniques that are not validated for effectiveness, from a student highlighting; "... real concern for the lack of scientific evidence underpinning the effectiveness of chiropractic techniques" to a response concluding that; " the techniques discussed have good logic and scientific evidence to back up their theories on how to find a subluxated area, plus how to adjust and remove the subluxation". Subluxation theory is taught from an historical perspective in Philosophy II and is used as the term of reference for where to manipulate in the McTimoney Technique Manual, last revised in 2012.

The McTimoney protocol is the first choice for the management of patients in the clinic. The treatment rationale is to treat misalignments by delivering a shallow, quick release toggle movement to a misalignment found through light static palpation. There is no joint cavitation, as the manipulation is not aimed at mechanical joint restriction, but rather to influence misalignment


through neurological reflex processes. The rationale is to balance the nervous system to allow for optimal health down to a molecular level. The description is clearly stated on the McTimoney Clinic website: “It is a simple, gentle and effective method of realigning the structure of your body to help relieve pain and discomfort, increase mobility and provide a route to better health.”

The Thirty-Three Chiropractic Principles are found on display as part of the artwork in the teaching facility. The autonomic (“Meric” chart) as well as a chart entitled “Chiropractic Nerves” are found in every treatment room in the clinic.

4.2.6b Analysis

The history and philosophy of Chiropractic is well covered in the programme. However, the engagement in the scientific development of chiropractic is lacking a breadth of perspectives. The programme neglects research underpinning the rationale behind spinal manipulative techniques or the breath of available manual treatment options.

4.2.6c Conclusion

McTimoney (BPP) 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

The students have early contact with patients through shadowing students in the clinic and are required to have experienced chiropractic treatment themselves even before acceptance to the programme. Students are required to observe field chiropractors outside the programme and normally, with a wide range of practitioners, as indicated in the observation handbook. Students stated that these were normally, but not always, McTimoney trained providers. Students are also encouraged to observe other health care providers. Students are observers for a half-day each at a stroke unit and a nursing home. There is no training or quality assurance of the chiropractic observation clinics or formal assessment/reflective assignments of the students’ clinical observation experience.

The programme aims to teach the student to assess and treat patients with musculoskeletal complaints. During their clinic year (Year 4) students have a minimum of 8 hours of patient encounters a week and meet the GCC Standard on this account. Students are exposed to a mix of cases from the local community, students and student family including people with different health conditions including musculoskeletal pain complaints, maintenance and wellness care. Patient numbers are met during the clinic year. Students are encouraged to actively obtain new patients through screening sessions out in the field.

Students perform a comprehensive physical examination of the patient at first visit and perform orthopaedic and neurologic tests that have been shown to be sensitive and specific. A non-validated palpation test is used for assessing and reassessing “misaligned” vertebrae along the whole spine, which indicate the areas to treat with the McTimoney Toggle-Torque-Recoil Technique, which is a toggle technique with a rapid “return” of the hand after a shallow thrust has been given. This

technique has not been scientifically validated for clinical effect. Whilst motion palpation is taught in the programme, it was not seen in use in the student clinic nor did the Team observe the use of palpation for determining painful spinal segments (a method shown to be reproduceable). Other common tests such as active range of motion tests or pain provoking tests were not demonstrated being used during the team's time in the clinic.

The patient's physician is consulted if there is a need for further testing procedures. This includes requesting referral for diagnostic imaging.

After a thorough process to identify possible differential diagnoses, a working diagnosis is established and a treatment plan is suggested to the supervisor by the student. The usual treatment plan entails 4-6 weekly toggle release treatments before reassessment, which is the McTimoney primary treatment approach noted as "McT" in patient files. The aim of the treatment is to restore or improve misalignment, thereby "balancing" the nervous system.

The SSR emphasizes "the importance of research and the links with evidence-based practice". Yet there were several reports from students and some from staff on how "misalignment of joints" can cause pain and disease, how the McTimoney Toggle-Torque-Recoil Technique can realign these misaligned structures and that this would have a beneficial effect on health. This was unaccompanied by any type of factual evidence. One of the lecturers agreed with this concept and proposed that there was plenty of scientific evidence in its favour and there were no dissident voices heard in the group. It was also suggested that there could be a "philosophical" definition of vertebral misalignment.

The manual treatment is primarily performed through the McTimoney Toggle-Torque-Recoil Technique. In addition, stretching exercises are prescribed and lifestyle advice is given. All of the patient files made available to the evaluation team had either the standard McTimoney protocol or "gentle chiropractic" as the primary treatment option. Treatment was documented on a report sheet where it was noted whether the right or left side had been treated. Usually 20 or more spinal levels received the McTimoney Toggle-Torque-Recoil Technique treatment, seemingly regardless of area of pain complaint or diagnosis. In addition, extremity, rib and facial bones were treated with similar release techniques.

Upon reassessment at follow up visits the student could elect to use other treatment modalities such as diversified techniques. The diversified spinal manipulation techniques are taught in the College for use in the thoracic and lumbar regions, but not for the cervical spine. As none of the files that were provided for the evaluation team had annotations of other treatments, the evaluation team asked for examples of files where the student had used such other manual treatment techniques. The Team subsequently received six additional files where diversified manipulation had been used, three in the thoracic spine and three in the lumbar spine. All non-McTimoney treatments were an adjunct to the Toggle-McTimoney Torque-Recoil Technique after a series of McTimoney treatments had first been tried. There was no evidence that diversified or other treatment approaches had been used as the primary choice of treatment.

The students are covered by the liability insurance of the teaching institution and students in clinic informed the team that they need to buy personal liability insurance in order to use diversified techniques.

The clinic has been awarded the prestigious Patient Partnership Quality Mark and the Clinical Management Quality Mark by the Royal College of Chiropractic. The latter entails that the clinic uses patient satisfaction and patient outcome measures. The clinic sends out patient satisfaction surveys

using Survey Monkey to collect CPAQ data, and Care Response questionnaires to collect patient baseline data regarding the areas of complaint and psychosocial issues (these are validated tools such as Start Back and Mymop). Care Response automatically sends out follow up questionnaires to the patient but the follow up outcome questionnaires are not commonly used in patient management by either students or staff. The primary outcome tool used is the student subjective assessment of spinal alignments using the light palpation technique for spinal misalignment that determines which area/segment to treat as well as any perceived improvement of the misalignment.

The patient's comments on progress are also recorded.

The clinic supervisor monitors each treatment room and can observe communication between student and patient.

4.2.7b Analysis

The students have early clinical training and are exposed to a chiropractic treatment which may, or may not be a McTimoney treatment approach even before entering the programme. It is apparent that the programme model teaches and trains its students to be proficient in a mono-therapy approach to manage a range of health complaints. However, from the files it was apparent that the students had done an extensive work up and evaluation of possible differential diagnoses and that they have the ability to arrive at a conventional medical diagnosis. There is thus a perceived mismatch between the diagnostic ability of the student and the ability to provide evidence based approach to patient management, as it appears that the classical diagnostic aspect is more or less forgotten when the spinal palpation has been completed and recorded as a "misalignment chart", which thereafter largely determines the treatment.

The decision making process of where to treat (or not to treat) is significantly influenced by the McTimoney assessment method rather than by validated tests such as palpation of tender areas. It is not in line with evidence based chiropractic practice to rely on a single, non-validated test for misalignment to justify treating a range of health complaints. The concept of balancing the nervous system by removing misalignments is not well accepted by the scientific community today. In particular, the Team did not find it acceptable that the "palpation diagnosis" seemed to be at times more relevant than the pathological diagnosis such as the case of the patient with diabetes previously described.

Regardless of the symptoms and diagnosis, the same technique system appears to be applied in the majority of cases. The team found, for example, one patient with possible neurogenic symptoms in the feet because of diabetes and others with a probable biomechanical type of back pain, all receiving the same treatment package.

Patient management plans and prognosis were reported in all patient records made available to the team. The initial treatment plan seems to be standardised and not patient or diagnosis centred. Students are taught to "research" each patient case for differential diagnosis but critical thinking is not demonstrated when choosing how to treat the condition presented, as all presenting conditions receive the same therapy.


Patient satisfaction is reported as high and while this is part of quality assurance of the working of the clinic, it is not a tool to assess a treatment's effectiveness. Patient clinical outcome measures are available and could be better used in the patient management and in addressing psychosocial issues important for good patient care. Asking patients to report outcomes and not using the report in case management might be wasting the patient's time and giving a false sense of good outcome communication.

The use of gentle techniques was argued to be good evidence based practice allowing for patient's values and expectation to be considered since they have sought the care of a McTimoney clinic known for soft treatment. The McTimoney approach is perceived as very safe as there is very little tissue displacement during the procedure. In spite of this, contraindications to treating the cervical area are the same as for other manual therapies. Students were of the impression that extra insurance was required in order to be able to use alternative manipulative techniques to McTimoney. It appears that this assumption has restricted students in their choice of treatment options. Although safety should be a hallmark for safe and competent practice, unnecessary focus on safety can adversely affect the ability to act as a competent practitioner.

The students observed had good communication skills and the use of monitors in the treatment rooms enables feedback from supervisors at all stages of the student-patient encounter. When all treatment rooms are occupied it is difficult for the clinic supervisor to follow conversations because he/she has to focus on eight monitors. The use of recording for later replay could possibly be used to enhance good practice and further develop communication skills.

Although exposed to a range of patient demographics and health conditions, the primary treatment approach is a single technique, full body protocol where there is a lack of overarching logic between obtaining a diagnosis and the treatment rationale. Thus neither the scientific evidence available for diagnosis and treatment choice, the patient reported outcomes to guide treatment plan nor the expertise of the student in independent choice of a treatment package are in line with the evidence based practice model.

4.2.7c Conclusion

McTimoney College (BPP) 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 four year Integrated Undergraduate Masters in Chiropractic by BPP University already satisfies the GCC requirements for graduates to practice in the UK. The learning outcomes are matched to the criteria of the GCC. The college also submitted its Pathway to Higher Education (HE) Certificate in Health which is essentially an Access to HE programme that widens the points of entry to the programme.

The length of the programme is 480 UK credits.


All of the modules have learning outcomes. In the recent curriculum revision in preparation for BPP validation the major focus was on the vertical and horizontal integration of the basic and clinical sciences

4.2.8b Analysis

Integration is being achieved at each level although sometimes the content being integrated could be treated in greater depth and with more rigour.

The curriculum is developmental and focused upon the training of a safe and proficient practitioner. However, the academic breadth and depth being achieved is restricted because, as the students stated on several occasions, the primary focus is upon McTimoney style treatment. This was in distinct contradiction to the aim of senior managers to increase the depth and breadth of chiropractic skills as the college emerges from the perceived control of the McTimoney Trust. The outcomes are insufficient to enable students to be fully conversant with all the models of self-directed learning. Nevertheless, they do indicate promising directions to areas of study in the dissertation.

4.2.8c Conclusion

McTimoney College (BPP) substantially 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 MChiro programme is managed on a daily basis by the administrative staff and the Principal of the college who is also the Dean of the BPP University School of Health. The College's Programme Development Committee is responsible for the design, development and academic management of the programme. All chiropractors on this committee are McTimoney trained graduates. Changes are handled under the General Academic Regulations and Procedures of the BPP University.

4.2.9b Analysis

Procedures for programme management are well defined and followed. The Programme Development committee includes input from all key stakeholders and is commended for including patient representation. However, a lack of external expertise in relevant subject areas from the wider chiropractic profession and health care community needs addressing. The senior management of the school has shown impressive leadership capability throughout the process of establishing the full time programme within a university system.

4.2.9c Conclusion

McTimoney College (BPP) substantial 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

Well-organized procedures have been put into place in order to facilitate the transition from the chiropractic programme and the start of a professional career. The post-graduation training programme offered to the graduates by the Royal College of Chiropractors may be undertaken at a distance, with the tutor and the newly graduated chiropractor working in different clinics and

therefore not being able to meet up easily to discuss cases. Students at the college are enrolled as student members of the Royal Society of Medicine.

4.2.10b Analysis

The relative isolation of McTimoney chiropractic within UK chiropractic has limited the possibilities to cross over into other chiropractic “cultural” groups, which in turns limits further intellectual cross-fertilization between chiropractors of different educational backgrounds.

The Post-Registration Training period run by the Royal College of Chiropractors encourages all graduates to meet and share experiences. However, there is a need for some refinements in terms of closer supervision and better intergroup collaboration in order that the good experience of post registration training could be enhanced.

4.2.10c Conclusion

McTimoney College (BPP) 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

The College has developed a range of assessment methods that have been validated and accredited by the University and the GCC respectively. The assessment methods used are described in the Programme Handbook for each Module. Assessment policy is set by the College’s Programme Development Committee and endorsed by the University. The reliability of assessments is monitored by the Examination Board assisted by the reports from the External Examiners which are overseen by the School of Health Board, the Education and Training Committee and BPP Academic Council.

Varied summative assessment methods are used including multiple choice exams, short answer exams, several 1500 word essays, practical assessments, a clinic entrance and exit examination in addition to the master’s research project. A wide variety of formative assessments and student feedback is provided.

There is an appeals system which is well documented. Four external examiners are used to moderate all papers.

The clinic entry and exit examinations seen by the team raised several issues detailed below.

Patients have been involved in some aspects of assessment in Year 4.

4.3.1b Analysis

Both the summative and formative assessments are documented in the Programme Handbook although in the latter case the information is vague, “formative work will be set to encourage knowledge acquisition and understanding”. An indication of the type of assessment, its timing, duration and format could be given.

The monitoring of assessments did appear to be the responsibility of too many committees. Some of the assessments, despite meeting GCC accreditation standards, did appear to be rather basic for the future training needs of a chiropractor. For instance, assessments in radiology were rather basic and did not assess whether the student was competent to use x rays when in the clinic or subsequent practice. Students are trained as referrers and not radiology practitioners.

While the number of external examiners is more than adequate for the current number of students, it would improve the quality of the assessment process if there were more examiners with a chiropractic qualification and, possibly, a chiropractic qualification from another UK chiropractic institution. At least one external examiner with expertise in health care education is recommended in the GCC's Criteria for Degree Recognition and Code of Practice, and Standard of Proficiency regulations.

The clinic entry and exit assessments utilised the same format of three short and one long case examination of patients. The use of long cases has been questioned in health care education because it lacks reliability and involves a different examination case for each candidate with obvious implications for comparability of assessments for each student. The three short cases were found to be occasionally identical at both entry and exit examinations and gave no indication of progression other than indicating that the entry examination was at Level 6 and the exit examination at Level 7. The case mix is predictable with 1 X spine, 1 X extremity and 1 X visceral in every entry and exit examination. More spinal cases and a greater unpredictability of the case mix would increase the rigor of the Level 7 clinic exit examination in particular.

4.3.1c Conclusion

McTimoney College (BPP) partially 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

Assessment methods and criteria are clear and transparent for the students. They are assessed at multiple points in time throughout their study period. The integration of several topics into one assessment has been instigated with positive results.

Observations of the clinic activities revealed that assessments of students who treated patients center mainly around technical issues, i.e. on the detailed gathering of information that forms an essential part of the McTimoney Toggle-Torque-Recoil Technique. The indications for this technique are recorded on a pro-forma consisting of multiple (n=50) spinal levels/anatomical observations. Treatment is administered in a predetermined manner according to observations of articular "misalignments".

More comprehensive assessments of patients are programmed to occur every fourth or fifth visit which was confirmed by a check of the patient files provided by the College. All but one student managed to pass all examinations/resits the last 5 years.

4.3.2b Analysis

Adherence to some assessment methods in higher education tends to neglect some of the more established assessment methods in modern health care education. For instance, the extensive use of essay form questions and exit examinations that were not undertaken at the same point in time for

all, necessitating different questions for different groups of students. This brings the reproducibility and validity into question. The apparent use of an examination question pool that resulted in the same examination question being used both in the clinic entry and exit examinations on at least one occasion.


According to the students the assessment load seems fair and adequate. The small cohort size allows for identification and close follow-up of struggling students. The team is concerned by the very high pass rate whereby all students are successful at either first or second attempt to pass to the subsequent year. This raises questions concerning the appropriateness of the level of assessment.

Not enough time was spent by the student clinicians with the clinical supervisor following up on treatments from a more global perspective. This results in less attention given to assessing the student on the pertinence of the tentative diagnosis, the long-term strategy and the prognosis than on the technical issues of the specific technique. There was little evidence found that pointed to a structured methodology for the simultaneous supervision of up to eight students when only one clinic supervisor was on duty.

The computer monitoring system, although making it possible to keep an eye on all eight treatment rooms at the same time, is not conducive to in-depth, individualized supervision, and the fact that only one clinician is on duty during a four hour shift indicates that fatigue may also interfere with the observational powers. If the clinician focuses on one specific case the other cases will inevitably go unobserved.

The relative isolation of this college in the chiropractic community has resulted in an apparent lack of insight into modern assessment principles across health care education. Problem solving questions appear to be lacking and in clinical practice too much emphasis is put on mere technical issues and patient assessments are performed in a predetermined mechanistic, recipe-like manner.

4.3.2c Conclusion

McTimoney College partially 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.
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4.4.1a Description

The college's admission policies have been developed in conjunction with BPP. There is a college prospectus which informs the applicant of the minimum criteria for selection 3 grade C, A Levels or equivalent including especially biological science. Candidates are expected to have experienced a chiropractic treatment. Students with other degree qualifications and those returning to education are encouraged to apply. The Pathway programme has been designed for those who lack the appropriate entry qualifications to enable them to obtain the standard for entry onto the main programme. The numbers applying for the programme are relatively small, 20-25 despite it being a part of the UCAS application system for higher education. At present there are few applicants from international students.

4.4.1b Analysis

Currently 15-20 students are accepted onto the programme each year of whom 40-45% have A level qualifications. The rest come through the pathway programme and many of these (40% approximately) are aged over 25. The average points score of entrants with A levels is 270 and the minimum entry level is 240 points. It is to the credit of the college that it is recruiting students from a variety of academic backgrounds which results in a high value added cohort of students upon graduation. Up to 80% of applicants have been referred by practising chiropractors and most were referred by former students of the college.

4.4.1c Conclusion

McTimoney College (BPP) fully complies with Standard 4.1. 

4.4.2 Student intake

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

4.4.2a Description

Currently the intake is 15-20 annually although there are plans to increase the intake to 40 students. The current building can easily accommodate such an increase. The number of students coming from a “McTimoney background” is diminishing and is currently 20% of the intake.

4.4.2b Analysis

The current entry numbers enable the college to function efficiently within its current premises. Increased entry numbers may place stress on the clinic facilities although other areas of the college will be able to cope with greater numbers.

4.4.2c Conclusion

McTimoney College (BPP) 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 Self-Study Report states that there is a wide range of support mechanisms available to students, described as academic guidance and pastoral care. Every student is allocated a tutor to whom they can go for academic guidance, support and advice. The same tutor monitors attendance and performance and reviews them quarterly on the Formative Committee to identify struggling students. Students identified as struggling will be contacted directly by their tutor. Struggling students can also be appointed mentors that guide the students through the programme. Students described a very close relationship with their personal tutors and their teachers. Several examples were given of the College specially developing and fitting out individualised studying spaces for students requiring special needs.

4.4.3b Analysis

During the visit the team found the focus upon and resources put into student support and counselling to be quite extraordinary and extremely commendable. The very high retention rate throughout the course from beginning to end, may be due, in many respects, to this close support. There is very close personal support for students, as well as a comprehensive and informative induction programme for new students.

There is also an outstanding willingness to help and support students with learning- or other disabilities. The evaluation team were impressed by the way that the facilities management team were able to adjust the learning environment to cater for a range of disabilities.

4.4.3c Conclusion

McTimoney College (BPP) 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 College has a very good working relationship with its students, who are represented at multiple levels within the College and University committee structures. Representatives are present at the Staff Student Liaison Committee, the Programme Development Committee as well as the School of Health Board.

Student representatives from all cohorts are present in the Staff Student Liaison Committee. The Committee receives feedback from students through the Students Association as well as through feedback questionnaires.

4.4.4b Analysis

The students seem to be well represented throughout the College and University. Students are able to provide feedback on individual classes, modules, semesters and the year as a whole.

At the heart of this process is the desire to take early action in order to address any real or perceived concerns, and the College encourages interaction between staff, students and the management of the College so that matters can be raised as early as possible and appropriate action taken. This might be as simple as extending library opening hours, or dealing with less than satisfactory teaching.

4.4.4c Conclusion

McTimoney College (BPP) 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


Staff recruitment has been constrained by the small size of the college. Since joining the University, the recruitment policy has begun to be opened up so that less reliance is placed on staffing the college with those who have been trained in the McTimoney methods. Much reliance is placed on the small, dedicated team of full-time staff. This is inevitable given the small size of the college. Part-time staff provide much of the academic support for chiropractic and clinic teaching and these have been justifiably drawn from the community of McTimoney graduates. Many of the staff are engaged on other programmes taught with the college such as the 5 year part-time degree in chiropractic. All new staff are subject to a probation period including an induction course.

4.5.1b Analysis

The staff profile of full and part timers, chiropractors and non-chiropractors fits the current structure of the programme and size of the student body. Clinical staff have a supervised training year. New staff are offered training in assessment techniques “appropriate for the level of learning”. The team were concerned that new staff training might need to be reviewed in order that the variety, type, rigor, breadth and depth of summative assessments is enhanced.

When the team asked questions related to teaching of Evidence Based Practice (EBP), only a few of the staff members seemed familiar with the concept and definition of EBP. Although two administrative staff members knew about the consensus recommendations of Evidence-Based Clinical Practise from the World Federation of Chiropractic education conference 2012, EBP had clearly not been adopted by the rest of the staff and implemented in the teaching of the programme. Mechanisms need to be established to ensure that new and established staff follow the direction set by the management.

4.5.1c Conclusion

McTimoney College (BPP) 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

The College employs a limited number of full-time staff and a larger number of part-time staff. The inclusion of the College into BPP University has brought with it the BPP University system for staff promotion and the opportunity to be promoted into senior positions. As a consequence, two of the full-time staff members went through the process and were awarded professorships.

A strategy of faculty development is in place including in-house ongoing education and support for attendance at external meetings and seminars. Members of staff are encouraged to enroll on Masters and PhD programmes. Some funding is available for supporting the staff with fees etc. both from the University and from the College and the McTimoney Trust.

In recognition of various positive activities/achievements of the part-time staff the College awards them by sponsoring their participation at conferences and external academic activities.

4.5.2b Analysis

The fact that the College is firmly embedded within the BPP University assures that the appraisal and development of staff activities are transparent and achievable. There is a will and positive signs of upgrading of the educational background of staff.

Some staff have masters and doctoral degrees that were awarded by the College (e.g. in animal chiropractic). Some but not all, of the awarded qualifications do not necessarily bring relevant advanced pedagogic and academic chiropractic knowledge to this course.

4.5.2c Conclusion

McTimoney College (BPP) fully complies with Standard 5.2. 

4.6 EDUCATIONAL RESOURCES

4.6.1 Physical facilities

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

4.6.1a Description

McTimoney College is located in a newly renovated former office building. Their most notable facilities include:

- 110-seater purpose-built, tiered lecture theatre with modern educational equipment including PA system, PowerPoint projector and x-ray light box. There is also the opportunity to stream a live television feed from the wet lab next door, or the student clinic, to a television in the lecture theatre.
- A practical/technique room with benches of various types, PA system, power point projector, digital smart whiteboard and flip charts.
- Three seminar rooms which can be used as a flexible resource/conference room, small technique room and seminar style tutorial room with all appropriate facilities.
- A dedicated mixed-use seminar and practical space fitted with tables, chairs and benches and containing smart boards and projection equipment.
- Two student common rooms with refreshment facilities, together with an outer paved recreation area with benches.
- A library/information centre.
- A student clinic facility with eight clinic rooms and a study space for students. Each clinic room is equipped with a video camera and microphone. They are linked to the clinic supervisor's office and can also be linked to the lecture theatre.
- A small Wet Laboratory with two microscopes.
- A small research laboratory with equipment that can be used for student projects.
- A reception area for College visitors and clinic patients with a clinic filing room adjoining.
- A dedicated boardroom fitted with smart board.
- Administrative offices including senior staff offices and meeting rooms.
- The college also run satellite clinics in Manchester and London but not for this programme.

It was noted that the clinic and first floor facilities are wheelchair accessible. There are also good parking facilities around the College/Clinic.

4.6.1b Analysis

The McTimoney College of Chiropractic could easily sustain a larger student body with its current physical facilities. The lack of rehabilitation facilities for training purposes and the small size of the Wet laboratory were noted as areas that could be improved.

The 8-screen monitoring system in the student clinic, with one supervisor monitoring up to 8 students at a time during 4 hour shifts, limits the amount of attention that the supervisor can put into individual feedback and skills assessment. Particularly history taking and communication skills are a challenge.

4.6.1c Conclusion

McTimoney College (BPP) fully complies with Standard 6.1. [REDACTED]

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 College has equipped a student clinic on the ground floor with 8 treatment rooms, a technique room fully fitted for educational purposes and 50 treatment benches and together with another smaller technique room.

Students confirmed that training hours in the technique rooms were easy access and students in the clinic described that there were enough patients for the current cohort size. During the clinic year students are required to see a minimum of 40 new patients and have sufficient additional patient contacts to ensure competency, normally set to around 300 existing patient follow-ups. Last year students averaged 42 new patients and 342 existing patient follow-ups. Fellow students, friends and family count as new patients.

While in the clinic, students are supervised remotely by the supervisor via a webcam and microphone in the treatment room. All 8 treatment rooms are supervised by the same supervisor viewing eight monitors.

Students in the clinic year go on a rotation at a local stroke unit and a community care home for clinical experience of other healthcare professions.


The College is opening clinics in London and Manchester, but these are not yet taking student interns from the integrated programme.

4.6.2b Analysis

The patient flow seems to be sufficient to provide the current body of students with clinical experience. The number of treatment rooms might become an issue if the volume were to be increased, but the Manchester and London clinics could be used, with adequate supervision arrangements, to provide more patients and relieve pressures on the Abingdon student clinic to find more patients.

The supervision in the clinic, with one supervisor monitoring up to 8 students at a time during 4-hour shifts, limits the amount of attention that the supervisor can put into individual feedback and skills assessment. Particularly history taking and communication skills are a challenge.

4.6.2c Conclusion

McTimoney College (BPP) fully complies with Standard 6.2 

4.6.3 Information Technology

The institution/programme must have sufficient IT facilities for faculty, staff and students to ensure the curriculum can be delivered adequately, and that IT is effectively used in the curriculum.
Students must be able to use IT for self-learning, accessing information and managing patients.

4.6.3a Description

The College has been equipped with the latest IT support. Wi-Fi is accessible everywhere. Power point projectors and a new Virtual Learning Environment have been rolled out recently. All students are required to have a laptop computer.

Students are provided with learning support materials through the University/College VLE (Blackboard) which can be linked to other resources on the internet. There are special computers designed for dyslexic students available in the library.

Students are given instruction at the start of the course by the College Librarian and Research Associate on how to access journals through the databases that the College subscribes to (Science Direct, RSM, Lippincott).

4.6.3b Analysis

McTimoney College is well equipped as a modern educational institution in the digital age. There is scope for the systems to be expanded.

The lack of a reference manager available to the students was noted. The need to update their paper based patient card system to a digital journal system in the near future would enhance student preparation for modern clinic practice.

4.6.3c Conclusion

McTimoney College (BPP) fully complies with Standard 6.3. 

4.6.4 Educational expertise

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

4.6.4a Description

The self-study report describes the history of the educational development of the College, which indicates that the course contents have been developed with pertinent assistance from experts.

At the time of the evaluation, several staff have diplomas in education, various masters and PhD degrees. Staff with more advanced knowledge in broader aspects of health care education are few in number although advice is sought from a broad range of experts when the programme was reviewed.

The learning outcomes listed in many of the course outlines often use terminology that is not consistent with the definition of a learning outcome.

4.6.4b Analysis

Pedagogic expertise could be used to draw attention to the fact that different examination questions are used for logistic reasons to assess the same student cohort at the clinical entrance and exit examinations. The same expertise would point out that the same clinical case was used twice with the same study cohort in their clinic entry and subsequently, their clinic exit examination. Such practice points to the need for enhanced external assistance in relation to the choice of assessment methods and the design of examination questions.

4.6.4c Conclusion

McTimoney College (BPP) 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

There is an impressive group of support and technical staff who are all well qualified in their field of responsibility from the facilities management, secretarial, financial, IT and library service to the BPP University QA and Human Resources staff. The college benefits from its position within a well-resourced university able to support a range of facilities on site and across its campuses. All staff undergo annual appraisal in accordance with the BPP University procedures.

4.6.5b Analysis

The administrative, support and technical staff members are well qualified and provide superb support to student and to the implementation of the programme.

4.6.5c Conclusion

McTimoney College (BPP) 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.

4.7.1a Description

The main aim of teaching research methodology and critical thinking in the College is to graduate chiropractors who are relatively competent research consumers. This should have the potential to transform the profession into a more evidence-based group of practitioners, rather than being mainly experience-based. Staff are encouraged to do research and it appeared that facilities are being provided on an individual basis but not necessarily in a transparent manner. The staff who supervised student research projects had formal education in research or an experience thereof.

Research activities are managed by the Research Director. There is an Ethics Committee and all projects are presented to that committee.

The SSR lists 70 publications but does not differentiate between conference abstracts and those papers published in peer-reviewed journals. Seven previously published papers written by presently employed staff at the College were located by the team in the commonly cited indices. The seven full text articles published since 2005 comprise of 2 surveys on education, 1 survey on patient satisfaction, 1 position paper, 1 experimental paper looking at force time profile of the McTimoney Toggle-Torque-Recoil Technique, 1 pilot cohort study on outcome of neck pain after treatment and 1 non-randomised clinical trial on effect of manipulation on blood pressure.

4.7.1b Analysis

It is understandable that a teaching university with its major focus on educating safe and competent chiropractors, with only few staff with a research education and the limited available time for other activities than teaching cannot and should not be compared to a classical research university course. There are clear signs of an effort to tie research into the teaching activities with staff expressing an interest in and having a stated habit of bringing research articles into their teaching.

There are obvious signs of an emerging attempt to introduce the concept of evidence-based practice in the College but it has not penetrated to all staff. The College has not calibrated its activities in relation to other comparable research institutions.

McTimoney College seems to be grappling with two approaches; evidence-based practice on the one hand and a somewhat dated non-evidence-based practice procedure including the misalignment-nervous system improvement model. The College management did indicate that they are keen to introduce evidence-based practice across the curriculum on a couple of occasions during the meetings. However, it is not clear to what degree the broader staff body is ready to outgrow the McTimoney model in favour of the more modern concepts of etiology of pain and treatment effect models as would be expected in a modern, evidence-based approach. This is essential if research is to be integrated more effectively into teaching and learning. If not, the research aspect might remain as yet another subject to study and pass and clinical practice will continue to rest on questionable concepts such as the misaligned spine causing disease.

There are obviously members of staff who do not know the scientific literature in their area or do not know how to read that literature critically. An interesting illustration of this point was the list of the five most common indications for chiropractic treatment provided by one of the scientifically educated lecturers during the visit. These were stated to be: discal herniation, pelvic pain in pregnant women, stress, diabetes and irritable bowel syndrome. The indication for diabetes was said to be evidence-based as there was a case-report (n=1) in the Journal of Vertebral Subluxation in which the blood profile had been reversed towards the better with chiropractic treatment. This indicates an inability to deal correctly with the research literature, which is likely to filter into the teaching and can have important negative repercussions on the future clinicians in relation to safety and a realistic clinical approach.

The Sackett three-legged concept of evidence-based medicine (the research evidence, the patient perspective and the clinician's knowledge and experience) was not well understood by some of the students and staff that attended the meetings. Also, the potential weaknesses associated with clinical observations ("practice-based evidence") were not demonstrated to be understood. In other words, the problems of observer bias, obsequiousness bias, and lack of validity of observations that are apparent when a clinician judges his own treatment results need to be better understood by staff and explored in greater detail.

Although the college partially adheres to the ECCE standards on various aspects, there are some important weaknesses that are likely to overshadow the strong points to such a degree that the point could be considered "non-compliant". These weaknesses are of importance because they are strongly related to patient safety and realistic practice behaviour. This point is closely linked to the team's observations under standard 4.2.7 where the lack of evidence in the clinical training and procedures is inevitably caused by a lack of research evidence in the teachings of some parts of the programme.

4.7.1c Conclusion

McTimoney College (BPP) 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

Programme evaluation which was once college based, is now fully integrated in the university system managed by BPP's Director of Quality and Academic Policy. As a teaching university emphasis is placed on a broad range of programme evaluation mechanisms, student feedback on modules, staff feedback, peer observation, external examiner reports and summarised in the Annual Programme Monitoring review (APMR).

4.8.1b Analysis

The institutional procedures involve the detailed and rigorous collection and collation of information that ensures that concerns are identified and addressed. Both staff and students were aware of concerns that had been addressed and the outcomes reported back. A potential weakness in the monitoring of the programme is the absence of external examiners from the broader chiropractic profession and chiropractic education. At present potential over-reliance is placed on one practising chiropractor and well qualified, both administratively and academically, university lecturers from other complementary and alternative medical disciplines. Rotation of external examiners can and does provide for a wider evaluative input over the years.

4.8.1c Conclusion

McTimoney College (BPP) 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

According to the Self-Study Report feedback is always forthcoming both formally and informally. Student feedback is collected after every semester and evaluated in the Staff Student Liaison committee. Meetings with students confirmed that feedback is multi-dimensional.

The opinions of faculty are collected through Staff Meetings and Programme Development meetings.

4.8.2b Analysis

There is a constant dialogue between the students, their tutors and other members of the faculty. Feedback is acted upon on almost every occasion with due alacrity.

4.8.2c Conclusion

McTimoney College (BPP) 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

Data is collected on student performance by module and year group and the student progression rates and individual examination performance records were provided for review. Students receive an extraordinary amount of support from the College in a variety of areas and learning needs are identified and remedied as soon as possible.

4.8.3b Analysis

Although a few students fail the initial exams and require a resit examination, it is extremely unusual for a student to fail a resit examination and only one example of a student failing in the clinical year could be provided. Students receive an extra-ordinary amount of support from the College in a variety of areas and learning needs are identified and remedied as soon as possible with special accommodation made for all possible learning needs. There are numerous processes in place to monitor student performance and intervene with help at the first sign of difficulties. This is likely one of the reasons for the very low number of student failures.

4.8.3c Conclusion

McTimoney College (BPP) fully complies with Standard 8.3. 

4.8.4 Involvement of stakeholders

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

4.8.4a Description

Stakeholders, including students, faculty, management, BPP University, the General Chiropractic Council, the Royal College of Chiropractors, members of the McTimoney Chiropractic Association as well as patients have input into programme evaluation. Regular rigorous quality assurance processes are performed annually by BPP University.

4.8.4b Analysis

Stakeholder input into the programme is strong and there is excellent support and mutual collaboration between the McTimoney College and BPP University and between the McTimoney Trust and the College.

4.8.4c Conclusion

McTimoney College (BPP) 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 college has been integrated into the School of Health of BPP University and the current Principal has been appointed Dean of the School of Health. The University's support for the school has extended to approving its committee structure, integrating procedures with those of the University and the appointment, using the university's criteria, of two Professorships in the School.

4.9.1b Analysis

Integration has resulted in an increasingly outward looking college that is beginning to consider links with other health care professions. The quality assurance systems of the school are managed by the central quality assurance service of the University. The College's finances are managed by the University and the College is able to gain investments in facilities such as the library and IT from the University. The University is highly supportive of the college.

4.9.1c Conclusion

McTimoney College (BPP) fully complies with Standard 9.1. 

4.9.2 Academic leadership

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

4.9.2a Description

The job descriptions of the Academic Head, Vice-Principal and other senior management persons were provided and contained detailed information on their duties and responsibilities. All of the senior management team exceed the expectations of senior staff in higher education. The committee structures and linkages are clearly outlined by BPP University in various documents.

4.9.2b Analysis

BPP University gives McTimoney College the autonomy to make their own decisions regarding the curriculum and processes within the college. BPP University has excellent evaluation processes, standard within higher education in the UK, to monitor the performance of the Academic head and senior staff. The Vice-Chancellor and Deputy Vice-Chancellor both expressed their confidence on the management structure within the School of Health and McTimoney College.

4.9.2c Conclusion

McTimoney College (BPP) fully complies with Standard 9.2. 

4.9.3 Educational budget and resource allocation

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

4.9.3a Description

The autonomy of the College within the BPP University was confirmed by both the College and the University. The University provides both a safety net and an excellent source of funding for new developments. The College retains the right to use its own funds as needed. In terms of insight and control, the thorough procedures of the BPP University are followed.

4.9.3b Analysis

The financial security of the college is very high and there is little or no financial risk. These avenues of resourcing are clear and the college is in a comfortable economic situation, which is clearly observed when visiting their premises and watching their equipment, the cleanliness and the orderly organization. The McTimoney Trust provides further financial support and security for the college

4.9.3c Conclusion

McTimoney College fully complies with Standard 9.3. 

4.9.4 Interaction with professional sector

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


4.9.4a Description

Members of the McTimoney College faculty and management play a very active role within the General Chiropractic Council and the Royal College of Chiropractors. As members of the School of Health at BPP University they interact with the other professions within the school. The head of the programme regularly attends the World Federation of Chiropractic (WFC) meetings and the Association of Chiropractic Colleges (ACC) meetings. McTimoney College students attend the WFC student events. Additionally, McTimoney College is involved with the McTimoney Chiropractic Association and several other philanthropic and educational institutions.

4.9.4b Analysis

McTimoney College has a large and varied interaction with a variety of professional sectors. Currently, McTimoney graduates are not allowed to become members of the British Chiropractic Association which has impeded interaction within the profession and fostered an environment of isolation. More integration into traditional healthcare settings is to be encouraged.

4.9.4c Conclusion

McTimoney College (BPP) fully complies with Standard 9.4. 

4.10 CONTINUOUS RENEWAL AND IMPROVEMENT

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

4.10.1a Description

Reviews of the chiropractic programme and updates have occurred regularly, the last within the past two years. The process of renewal is in line with the protocols of BPP University.


4.10.1b Analysis

Reviews of the curriculum ensure that all processes associated with renewals and improvements are followed. However, they do not automatically ensure relevant improvements in all areas of the curriculum and its contents.

The college utilises external experts in the review process in addition to stakeholders. However, unless the review process takes into account the analysis and advice from a range of competent pedagogic experts, the College will not be able to improve the quality of its curriculum especially in relation to the observed gap between diagnosis and treatment plans. Other opportunities to enhance the teaching in the basic sciences, diagnostic sciences and clinical supervision may be missed if the advice comes only from former students and McTimoney chiropractors. The college should consider recruiting experts with broader experience of health care education, alternative approaches to chiropractic education and experts in the pedagogic development in higher education.

The processes of renewal are in place yet the pedagogy needs more debate.

4.10.1c Conclusion

McTimoney College (BPP) substantially complies with Standard 10.1. 

5 CONCLUSIONS

5.1 Summary

In conclusion, the Evaluation Team acknowledges the commitment and work of the staff and students of McTimoney College in continuing the work of the college's founding fathers within a modern university setting. It welcomes the continuing development of the college and its potential role in the future education of chiropractors under the leadership of BPP University.

5.2 Commendations, recommendations and concerns

For the purposes of this report the Evaluation Team adopted the following definitions from the Standards:

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

5.2.1 Commendations

- 5.2.1.1 The advantages afforded by being part of the School of Health, BPP University rather than a small college supported by a Trust.
- 5.2.1.2 The quality of leadership provided by the Principal supported by the senior management team.
- 5.2.1.3 The dedication of all faculty and staff in creating a learning environment that enables a wide range of students to achieve their professional goals.
- 5.2.1.4 The use of the Pathway Programme to broaden the entry profile in both age and ability terms, which has enabled the college to demonstrate value added to a broad range of applicants.
- 5.2.1.5 The exceptional student support systems provided by both the college and the wider university.
- 5.2.1.6 The excellent IT infrastructure and library facilities provided by the University that underpin learning in and beyond the classroom.
- 5.2.1.7 The involvement of patients as stakeholders and their role in educational processes.
- 5.2.1.8 The opportunities provided by being the sole occupier of a modern building that has been converted into a contemporary educational facility.

5.2.2 Recommendations

- 5.2.2.1 The type, rigor, breadth and depth of the summative assessments should be investigated and supported by a wider spectrum of external examiners drawn from the chiropractic profession and chiropractic education.
- 5.2.2.2 The teaching and assessment of radiology should be brought into line with the needs of the chiropractor practicing in a primary care environment.
- 5.2.2.3 The apparent mismatch between the declared management team's aim to broaden the approaches to chiropractic management and the adherence of students and staff to the more limited "McTimoney" approach should be addressed.
- 5.2.2.4 The clinic facilities should move towards greater use of digital record keeping and patient encounter recording to match with modern clinic practice. This will enable greater use of electronic tools already in use such as Care Response in patient management.
- 5.2.2.5 The current clinic monitoring system, while impressive, places a great burden on a single tutor and its operation should be revised.
- 5.2.2.6 The video recordings of patient encounters in the clinic should be considered in order to improve the quality of clinical assessment.

5.2.3 Concern

- 5.2.3.1 The college has largely subscribed to the McTimoney philosophy and whole body approach, which to our knowledge has a limited scientific evidence base, often to the exclusion of treatments with a much stronger evidence base giving the graduating student a limited range of treatments to use in patient management.

5.3 Acknowledgements

The Team wishes to extend its thanks to McTimoney College and BPP University for the hospitality and courtesy afforded to it during the on-site visit.

APPENDIX 1 Timetable

MONDAY 17 NOVEMBER	Meeting with	Personnel	Team members	Standards
09.00	Arrival		All	
09.00-09.10	Private meeting of the Team	None	All	
9.10-10.30	Preliminary meeting with Senior Management Team	Principal/Dean of School of Health and senior management	All	
10.30-11.30	Tour of campus facilities to include teaching facilities and library		All	
11.30-11.45	Coffee break			
11.45-13.00	Meeting with students	Up to 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
13.00-14.00	Lunch with Part time Teaching Staff		All	
14.00-15,30	Meeting with Teaching Faculty (non-chiropractic)	FT & PT teaching faculty to cover all areas of basic science teaching a member of staff who is research active, module leader(s).	All	1, 2 (with exception of 2.6), 3, 5.2, 6.1, 6.3, 6.5
15.30-16.30	Meeting with Teaching Faculty (chiropractic)	(NOT to include anyone seen before) FT & PT Teaching faculty to cover all areas of clinical science teaching including a 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
16.30-18.00	Meeting with clinic year students	Up to 6 students	All	4.2, 4.3, 4.4, 8.2, 6.1, 6.2, 6.3,
17.30-18.00	Private meeting	None	All	

TUESDAY 18 NOVEMBER	Meeting with	Personnel	Team members	Standards
09.00-09.10	Private meeting of the Team	None		
09.10-11.15	Tour of clinic facilities and formal meeting with Clinic teaching faculty		LL/CP/JM	2.6, 6.2
9.15-10.00	Admissions	Admissions Officer and personnel	DB/CLY	4.1, 4.2
10.00-11.15	Research	Member of staff who is	CLY/DB	7

		research active and teaches research, research supervisor(s),		
11.15-11.30	Private meeting of the Team	None		
11.30-12.30	Programme Management	Senior managers McT	All	4.3, 4.4, 5.1, 5.2, 6.4, 6.5, 9.2, 9.4
12.30-13.30	Lunch with students across all years	2 from each year	All	
13.30-14.15	Quality Assurance	BPP officer and college staff responsible	All	3.1, 3.2, 8.1, 8.2, 8.3, 8.4, 10
14.15-15.15	Governance and Finance	Finance officer BPP, Senior managers, VC and Deputy VC BPP	All	9.1, 9.3, 9.5
15.15-16.00	Subsequent stages and professional sector	McTimoney Association. Any CPD manager.	All	2.7, 9.4
16.00-18.00	Private meeting of Team	None		

WEDNESDAY 19 NOVEMBER	Meeting with	Personnel	Team members	Standards
09.00	Arrive			
09.10-10.00				
10.00-10.45	Learning Resources including IT support	Library, IT from BPP and special support	DB/CLY	6.1, 6.3
10.45-11.00	Break			
11.00-13.00	Private meeting of Team	As meeting progresses we may need to ask further questions of key personnel.	All	
13.00-14.00	Lunch		All	
14.00-17.30	Private meeting of the Team	None	All	

THURSDAY 20 NOVEMBER	Meeting with	Personnel	Team members	Standards
09.00	Private meeting of Team	None		
12.30	Private Lunch			
14.00	Feedback to senior management	Dean/Principal et al		
14.30	DEPART			