

McTimoney College of Chiropractic Students' Association,
McTimoney House,
Kimber Road,
Abingdon.
OX14 1BZ

16 February 2015

**OPEN LETTER TO THE CHIROPRACTIC COMMUNITY
FROM THE STUDENTS OF THE MCTIMONEY COLLEGE OF CHIROPRACTIC
REGARDING THE RECENT ECCE DECISION ON ECCE ACCREDITATION OF THE
COLLEGE.**

We write on behalf of the entire student body at the McTimoney College of Chiropractic ("MCC") in order to communicate our viewpoints and perspectives of the recent ECCE accreditation panel visit and decision. Whilst we are aware the contents of this letter will not directly change the outcome of the visit, we believe the contents of this letter needs to be shared and investigated and would appreciate your support therein.

It is our opinion that the future of Chiropractic lies in working together. We see the wording of the panel's decision, as well as the behaviour of the panel during their visit, to be an obstacle to harmonised practice in Europe.

As a student body, we question the role of any organisation that singles out philosophies, techniques and/or approaches. We invite you to join us in asking whether this truly is the correct approach for the future of Chiropractic.

1. OVERVIEW

1.1 As a student body, we felt we were compelled to offer some response to the recent decision of the European Council on Chiropractic Education (ECCE) not to award accreditation to the MCC. The overwhelming feeling by our students¹ is that, during their visit, the ECCE panel did not conduct themselves with the level of professional respect and impartiality expected of an accrediting body whilst at the college.

1.2 As a student body;

- a) We believe that there are points in the ECCE report that are written without a focus on educational standards- upon which, we were of the understanding, was the sole rationale for the visit and assessment.
- b) We are aware that there are points within the ECCE report that did not address all points raised or evidenced during their visit, or that the panel could have observed if they had chosen to or approached questioning from a more objective perspective.

¹ Of which many have professional backgrounds before joining the college

- c) We feel that the panel created a hostile environment when engaging with students. We feel that this prevented students in giving answers, perspectives or viewpoints in an open fashion. We note that students were intimidated and prevented from expressing themselves during meetings. We are now aware that in some circumstances there were points the panel silenced students on, which were of detriment to the final result of our college.
 - d) We note that there are some areas we addressed that were not represented accurately by the panel in their report. We question the accuracy of the report and the panel's levels of observation.
- 1.3 We wish to highlight the inaccuracy of on a number of points raised by the panel. These include points regarding the notions that ;
 - a) The college teaches a "mono-therapy"
 - b) The quality and breadth of teaching are limited at the MCC to only the McTimoney approach
 - c) Staff members are insufficient in providing a suitable level of evidence-based and/or clinically relevant teaching
 - d) Students' diagnostic ability or ability to provide evidence-based patient care is limited, as a result of the quantity or quality of teaching.
 - 1.4 We note the ignorance of key facts related to the panels during our time with them, and question the panel's level of objectivity.
 - 1.5 We question the right of the ECCE to exclude accreditation based on philosophical preference.
 - 1.6 We question the power of the ECCE in making judgments against matters that our legal accreditor (The "GCC") have approved and/or commended.

2. VISION OF MCC STUDENTS

- 2.1 We believe that the future of Chiropractic lies in working together.
- 2.2 We see the wording of the panel's decision, as well as the behaviour of the panel during their visit, to be an obstacle to harmonised practice in Europe.
- 2.3 As a student body, we question the role of any organisation that singles out philosophies, techniques and/or approaches.
- 2.4 As representatives of the future of Chiropractic, we note the ability of Chiropractic organisations worldwide to see themselves as valid or equal to the next. We believe and support notions of greater collaboration and increased professional respect within the profession. We believe that intra-professional cooperation is both fundamental to this end. We further believe that such equivalency, respect and cooperation is a fundamental cornerstone of offering 'gold-standard' evidence-based Chiropractic care both nationally and between nations.

- 2.5 MCC students are baffled and disappointed by the ECCE report. We appeal to all Chiropractors and Chiropractic institutions worldwide to consider the future interests of Chiropractic, support our vision and help to make positive changes towards these goals. We appreciate any and all support you can provide.

3 SUPPORT OF ACCREDITATION

- 3.1 Students supported the application by MCC for full accreditation from the ECCE on the back of these viewpoints. We recognise that the ECCE is not recognised as a legal standard or statutory regulatory body within the UK and note that notions of increased mobility, equivalency or recognition of degrees lie in realms of the working of politics.
- 3.2 We are aware that our college benefits from independent statutory regulation and accreditation set by the General Chiropractic Council (GCC) with high levels of commendation (Last inspection:2013).
- 3.3 We note that the GCC regulates chiropractic education, training and practice to ensure required standards are met for Chiropractic within in the UK. We note that as one of few statutory authorities in Europe, it has legal weight covering the European jurisdiction.
- 3.4 We question the role of ECCE accreditation should the wider political profession note equivalency of GCC accreditation.
- 3.5 We question the ability for a voluntary non-statutory organisation to question points (such as issues or philosophy, or the nature of evidence-based teaching) when it has been awarded by the compulsory, statutory organisation.

4. STUDENT PERSPECTIVES OF ECCE PANEL VISIT

- 4.1 Students felt interrogated, pressured and at times persecuted within the meetings. On several occasions students were prevented from giving their perspectives or viewpoints. These include discussions on technique or approach- areas in which red flags were noted by the panel. We question why the panel chose to do this and why we were not given opportunities to respond and clarify.
- 4.2 On asking students that interacted with the ECCE panel, the following points were raised by individual students (quoted);

- 4.2.1 One student said the following about his experience;

“When it was my turn to speak I was bombarded with questions in an interrogative style from one lady on why at McTimoney do we think we are better than any other chiropractor? I did try and explain that we learn several techniques including Diversified and how the patient will be missing out with a single technique approach. Unfortunately she did not want to hear my

response and got out of her chair, slapped the table and ranted whilst the rest of the panel looked on embarrassed and rolling their eyes. Needless to say I felt very uncomfortable being there and the fact that I wasn't allowed to speak. This is far from what I expected from a professional organisation and wonder is this how the ECCE expect to be represented?

Overall I am disappointed at how the ECCE treat chiropractic colleges, there is certainly no feeling of being united in Europe with our profession and I worry for its future with such bigoted views."

(James Lakin, MChiro Student, Year 2)

4.2.2 Another student said the following about his experience:

"I was excited to meet the panel and was proud to represent the college and be a part of the accreditation process. Having sat as a student representative during the GCC accreditation, I had a benchmark to compare it to, and was expecting a similar process.

The meeting started off in a professional and friendly manner, but soon it changed tone and it suddenly felt like we were being positioned on the back foot. It's difficult to think on the spot and perform at your best when you are on the defensive and taken by surprise.

In particular,[a member of the panel] singled out a student and said 'you'... she pointed and stabbed her finger. . 'You are quiet, you haven't said anything, this is either because you are quiet or you are stupid... we will find out!'

At this point we were all shocked, even the other members of the evaluation team appeared to be taken back, she continued to ask questions that were unclear and open to interpretation, they could have been answered in many different ways, when the student asked for clarification, she jumped up and became very animated and started barking questions at him, which again did not clarify the question any further. The student calmly responded, but it was as if the answer to her was unimportant. From this point on everyone clammed up. She continued at points throughout the meeting with her aggressive style of questioning. The majority of her questions were suited for a student in their clinical year (the most senior students in the meeting I was in were 2 months into year 3).

The whole experience was highly unprofessional and at periods it felt like we were under direct personal attack. Being a mature student I was able to see through the facade, I hate to think what the younger students brought away from their experience, I assume to them, that it reflected badly on the chiropractic profession they were embarking on."

(Jonas Cunningham, MChiro Student, Year 2)

4.2.3 Another stated;

"[...] I came out of the meeting feeling like it was a real grilling, one which I think many of us in the room would not normally tolerate. The take home message from the panel seemed to be, hold whatever opinion you want, as long as it's exactly the same as ours."

(Alaistair Kitchener, MChiro Student, Year 3)

4.2.4 Another stated;

"The conversation during the meeting wasn't one of natural progression - it was definitely a meeting in which we were there to answer pre-determined questions. One of the ECCE panel members (the lady with the short grey hair) was very offensive in what she said and how she spoke to one our 2nd year students. [...] She [then] went on to question him about how he would treat a patient and explain to a patient how the adjustments worked.... The student took his time in answering and you could tell that he was choosing his words carefully, but the ECCE lady just kept pushing him. I felt so sorry for him and it was at that point I realised this lady was biased and had already made up her mind or had a preconceived idea of us. Towards the end of the meeting she was talking to us 3rd years and she asked me what I was planning to do my dissertation on and when I started to explain "due to my background.... she jumped in and said "just answer the question", so I said "motivation" and left it at that."

(Sharee Muir, MChiro Student, Year 3)

4.2.5 Another stated;

"I can't help think that some of the panel members didn't come with the open mind that perhaps they should have and didn't have the objectivity one would expect. I felt that certain panel members entered into the process with a complete bias towards their own beliefs and practice and that some of the questions asked were based upon their own methods of practice and principles [...]"

"It appears that some of the panel members didn't have an appreciation or good understanding of how the Health service works in the UK and how we as Chiropractors fit into that. Upon speaking more informally at lunch the following day, a panel member kept on saying how things were done in her country [...] When we tried to explain how that can't be translated effectively to the UK, they didn't seem to get it. If they were judging us from their way of education in general, it would be impossible to ever meet them!"

(Lorraine Le Mare, MChiro Student, Year2)

4.2.6 Another commented;

"I will say that during the meetings I felt on trial and even intimidated by a couple of the members. One person in particular was downright rude! The questions were posed in a way seemingly to trip us up! There was a palpable bias against us!"

“What mystifies me is that on one hand the student population, speakers and organisations are using concepts of Unity and Diversity [...] and here a small minority with a dogmatic view have the power to just dismiss our college on the grounds of its uniqueness. This is more an attempt to segregate and restrict the profession.”

(Julie Dropinski, MChiro Student, Year 3)

4.3 The following points were raised by Interns of the MCC clinic about their experiences of meeting the ECCE panel.

4.3.1 One intern stated;

“I was somewhat taken aback by my experience with the ECCE panel. I was quite excited initially, although they were there to conduct an audit of the college, it was an opportunity to interact and exchange ideas with colleagues within the Chiropractic Industry. However, rather than an open discourse, I felt like we students were being rather aggressively interrogated.

The majority of questions came from one single panellist, rather than being spread evenly across the group; the questions were sometimes bizarre and difficult to interpret. It is possible some questions were difficult based on differences in language, but I felt that rather than wanting to get an understanding of our training to date, or how we felt about our clinical experience, the panellist in question was seeking a specific, "right" answer. On one occasion, I was answering a question and the lead questioner interrupted me mid-way not wanting to hear the entirety of my response.

It seemed that the panel leader found it difficult to control the direction of the questioning and the layman had to intervene several times when the questioning became inappropriate. For example, a fair amount of time was spent on questioning about the external examination process for our dissertations. A large amount of time was spent debating whether an OSCE for entry/exit examination was more fair than the current McTimoney entry/exit exam. Obviously, we students have no control on either subject and valuable time was lost. It wasn't so much that the questions were wrong, as examination standards are important, but these questions should have been directed towards another panel group and thus the focus of the questioning seemed misplaced.

The focus on our clinical experience was actually quite small compared to the other items discussed. Many of the questions asked were also difficult for some of the students to answer - they were fairly advanced questions which would have been suitable for someone who had spent a significant amount of time dealing with patients. However, the discussion took place relatively early in the academic year with the majority of the other students new to clinic (September start date). When a student had difficulty answering a question because they hadn't had that experience yet, it was taken negatively by the questioner rather than being re-framed as a "what would you do if..." type question to intuit their clinical reasoning skills. When I tried to answer, on the

basis I had been in clinic longer, I was told to "be quiet." Again, it wasn't that the questions were wrong, but the emphasis of the questions wasn't really fair to students just beginning their clinical rotation. Perhaps the panel was inexperienced in this respect - but it did introduce a certain amount of bias."
(Chandra Ricks, MChiro Student, Now graduated and GCC registered)

- 4.3.2 It is noted that questions during the intern interview were often not related to Chiropractic or were hypothetical in nature. One intern was asked 'what would a student do if a patient developed pain after injecting saline.' The intern stated;

"I think they were very medical based [...] The saline question I was asked [...] was completely left-field and I had no way to prepare for such a question. I feel the time allocated for observation in clinic was insufficient and therefore could not provide representation of the clinic at the college."
(MChiro Clinic Intern, Year 4)

- 4.3.3 Another Clinic Intern noted;

"The GCC has already proved that the college are producing safe and competent chiropractors and I wouldn't expect the GCC to start going round to other colleges in Europe and questioning the ECCE's decision making so why should they question the GCC's?!"
(Priya Lowes, MChiro Clinic Intern, Year 4)

- 4.4 Without addressing or acknowledging any of the points contained within these quotes, we feel that questions raised about conduct and mutual respect of the panel are warranted. As a student body, we have chosen to stand up in writing this letter in saying we think it is unacceptable and behaviour that we consider unfit for a united, ethical, unbiased profession. We hope that you, as our leaders, will support us in this viewpoint and raise questions that we are unable to as students.

5. CONTENT OF THE REPORT: STUDENT PERSPECTIVES

- 5.1 It comes as no surprise, given the above comments, that students felt as if the panel did not listen to them, treat them fairly or come without bias. At the time of the meetings, students raised their concerns with our college staff. We were encouraged at the time to treat the panel with the level of respect that we would expect in return (despite their hostility) and, if in the event we felt we were unheard, were advised to raise further points at the panel at the Student lunch if required, which many of our students and interns did. It comes as a complete shock therefore to read some of the contents of the report.
- 5.2 Students and interns do not identify with many of the comments made within the report and question the level of accuracy of note taking undertaken by the panel in meetings or conversely, as raised above, the time management of the panel in making representative, accurate decisions.
- 5.3 As impassioned members of our future profession, we feel as if we cannot remain silent given the potential political ramifications of the panel's decisions.

- 5.4 We believe the language used in the document creates unnecessary emotive judgment which is well outside the remit of an educational accreditor. Given that the ECCE authority has no legal weight in our country, our chief concern is the political impact of the ECCE's refusal.
- 5.5 We appeal to you for support in working together and moving forward. We trust that you will support us in ensuring ideals of both equality and accountability and will assist us in making links to our future that, we feel, this document has threatened. We hope that through your support our graduates can continue to obtain professional respect internationally and that our education, passion, or abilities, ratified by legislation, are not denigrated by the subjective opinions contained within the report.

5.6 PANEL BIAS

- 5.6.1 The report appears biased from the outset. We notice bias in the report from the outset. The panel write, for example, that the college was set up only to "train chiropractors in the treatments (McTimoney methods)". We note that this is not correct in that the college was set up to teach Chiropractic and not just one particular technique: It was set up to teach traditional (Palmer Style) Chiropractic with a more traditional style philosophy.
- 5.6.2 The McTimoney approach developed organically after the tuition and teaching of these approaches, in the belief that more specific adjustments (focussed over individual joint motion segments) gained biomechanical advantage and/or enabled the practitioner to use less force to achieve similar goals. There was no written technique or approach until after John McTimoney's death. [This was in 1982](#) At this point a protocol was written to teach Chiropractic in this adapted way however is still something that is considered fluid, even if it taught with a degree of ordering.
- 5.6.3 The McTimoney approach remains integrative of other techniques and approaches in that the protocol was never intended to be treated as a rigid algorithm and consequentially, as the college has developed, so has the ability for students to integrate other techniques under the McTimoney banner.

5.7 TECHNIQUE, CLINIC OBSERVATIONS & "MONO THERAPY" TECHNIQUE

- 5.7.1 We do not feel that the ECCE Panel listened to us in explaining the techniques we learn at the college.
- 5.7.2 We learn a large range of techniques at MCC and therefore do not feel that the judgment that we learn a "mono-therapy" is accurate.
- 5.7.3 We have access to and learn multiple Chiropractic adjusting styles and techniques ranging from toggle, extremities, cranio-facial, side posture/lumbar roll- The list goes on.

5.7.4.1 Though we recognise the panel used the term “The McTimoney approach” as if it were a technique, it is indeed (both historically and presently) an operation of working that enables each joint within the body to be checked and adjusted only where necessary.

5.7.4.2 We note that the McTimoney approach originated from the organic development of adjusting styles from other techniques and note, in a similar vein to diversified technique that the approach is as much an amalgamation of skills as well as a skill of its own.

5.7.4.3 We note that whilst some colleges may have modules in extremity adjusting, cranio-facial adjusting, pelvic adjusting, we label it under the same banner.

5.7.4.4 We feel disadvantaged by linguistics and are disappointed that the panel did not accurately listen to representation or note what they saw in our clinic to note that our training encompasses much more than a single “mono” technique.

“MONO THERAPY”

5.7.5.1 We consider the notion of “mono-therapy” education a complete fabrication given that we also have timetabled education for other techniques that are very much independent and separate to the McTimoney approach. These include TRT and diversified. Given that our college teach these modules and that students are examined separately in these modules and are permitted to utilise them in clinic (after justifying their value in line with our legal GCC standards to their clinic supervisor) we feel that there is no way or justification that the panel could conclude the college only teach a “mono-therapy” or that, by implication, students here are unable to practice other approaches on leaving the college.

5.7.5.2 Indeed, we note a number of recent graduates who competently practice happily in non-McTimoney approach clinics with no requirement of additional training.

OBSERVATIONS OF CLINIC

5.7.6 We note that students in clinic use an array of Chiropractic and non-Chiropractic techniques and approaches. These range from soft connective tissue, muscular and osseous modalities. We note from discussing with students that were in clinic during the ECCE visit that many different techniques were used and discussed. We are sorry that the panel appear not to have noted this.

5.7.7.1 We note that the report (section 4.2.7b) states that interns rely on a “single, non-validated test for misalignment to justify treating a range of health complaints”. We are astounded at this comment given that a whole booklet of orthopaedic, neurological and systems testing is utilised throughout the patient interaction to justify and understand criteria for adjusting. This booklet needs to be filled out every time a patient is consulted and initially before a rationale for care is determined. We note that this recording of information has been scrutinised by GCC validation processes and is signed off at each consultation by the clinic supervisor (often after checking of tests that are considered positive). We note that this booklet, whilst full in itself, does not limit students to any particular forms of testing; students are encouraged to justify

special tests based not only on the evidence base but also their critical and analytical skill which they continue to develop throughout their clinical year.

- 5.7.7.2 It is noted that many students use motion palpation as well as static palpation in the above mentioned document to record range of motion: A fact we note is not mentioned in the document, even though the document does seem to make a judgment on static palpation.
- 5.7.8.1 We question the status of individual members of the panel as we noted that the student on the panel seemed incredibly impressed with our clinic facilities and ability to adjust using different modalities.
- 5.7.8.2 We further note that, apart from a quick clinic tour, no other members of the panel entered into the clinic for an extended period of time.
- 5.7.8.3 We find it difficult to understand how the panel can adequately comment upon the clinical teaching without observing what was going on in the clinic.
- 5.7.8.4 Interns are encouraged to utilise one technique/approach as a “base technique” in the college clinic to ensure consistency of patient handling. This is important given that numerous patients receive care from multiple interns. We note that it does not imply the use of only one technique as the report implies.

5.8 INAPPROPRIATE COMMENTS

- 5.8.1 We are disappointed to note from the report that the panel seems under the notion that graduates and students at the college are in “relative isolation” to the rest of the UK profession (4.2.10a- ECCE report on MCC) given that McTimoney graduates make over one quarter of UK Chiropractors and the McTimoney Chiropractic Association is notably the second largest association in Europe. We question the relevance of this comment in relation to the value of our education and consider it irrelevant to the standards of education offered by the college. It is neither within the remit nor the scope of the college to influence the actions of external organisations.
- 5.8.2 We note that the panel make comment to judge the PRT (post registration training) courses as well as courses that are not applied to the college itself (4.2.10b – ECCE Report on MCC). Whilst we note the ECCE are tasked as a panel in determining transferability/mobility of degrees at various institutions, we note that such material is irrelevant to the college or the course under scrutiny, given that these courses are conducted by other UK institutions (notably the Royal College of Chiropractors). We question the right of the ECCE to judge any college based on circumstances outside of the college’s control.

5.9 STAFF COMPETENCY & SKILL-SET

- 5.9.1 We note in section 4.2.1a that the panel states that “All practical and clinical training is delivered by practising McTimoney trained chiropractors”. We note that Chiropractors can be trained in more than one technique or approach and question the validity of this statement, or its relevance to academic standards.

5.9.2 The MCC student body consider the content and organisation of our curriculum as a great strength of our college and not a weakness. We are exposed to numerous viewpoints, terminologies and techniques in the belief our education is as rounded as it possibly can be. We believe that our staff has “expertise in healthcare education” in that we have a number of professors, doctors (Chiropractic and medical), researchers and skilled practitioners that make up our tuition team. We stand by our staff and are sorry that the panel appear to construe our ability to embrace diversity of all viewpoints and perspectives in the Chiropractic profession as a weakness.

5.10 THE SCIENTIFIC METHOD

5.10.1 We are astonished to have been given negative comments for this part of the report. We question the rationale behind the comment that the “scientific level of staff does not appear to be at an appropriate level for the school to teach the principles of logic (biological plausibility) and evidence of clinical practice” (4.2.2a ECCE report on MCC). We note, as mentioned above that our staff expertise come from a wide variety of different fields of clinical practice across both Chiropractic and medical disciplines. We note collegiate links with founders of techniques and approaches. We note that our college frequently presents peer reviewed research articles at conferences, including WFC and ACCRAC. We note that the notion of “principles of logic” and “plausibility” are values that lie in paradigm/philosophy and are not defined anywhere within the document.

5.10.2 We note the potential of bias of the panel in the application of Evidence Based Practice given recent published literature (Leboeuf-Yde C et al (2013)). We note however the limitations of this in that other viewpoints (eg: Greenhalgh (2014)) have been noted with equal professional respect and weight. We suggest that whilst the panel have their own viewpoints on Evidence Based Practice, they do not adequately reflect objective educational standards given that there is ongoing professional discussion/debate regarding these criteria.

5.10.3 We note that, in the spirit of evidence-based practice, the ECCE commended students for patient based care. We consider this of greatest importance in the entire report.

5.10.4 We note the comment (4.7.1b ECCE report on MCC) that the panel considered there to be a “grappling of two approaches” and implied we were not a “classical research university course”. We note that no terms of definition, reference or evidence were cited for these comments. We ask ‘what is a classical research university course in chiropractic?’ Given that we are a college that regularly publish research articles directly related to Chiropractic and are keen on integrating all facets of Chiropractic with an underpinning golden thread of research.

5.10.5 We note that there is no requirement of the ECCE for a Chiropractic School to be a research institute. However, we are proud and supportive of our research courses.

5.10.6 We note that questions asked about the Sackett three-legged concept of the evidence-based model was asked during the clinic interns’ interview session. The question asked at this point was “what are the limitations of the third leg of evidence based practice as proposed by Sackett?” We do not believe that this question tested

our knowledge of the model but rather warranted a commentary. Given that the panel clearly disagreed with our interpretation of the third leg, and we are at odds to understand the relevance of this to the standard; we are astonished to see that this has reflected poorly on our college: If the question had been asked more clearly or in a different way they would have gained the answer they desired. We note that there is further discussion and debate in the profession into what this contains.

- 5.10.7 We note that around our college walls are (peer reviewed) poster presentations of Chiropractic research that we have presented at varying events around the world. We also note that we have notice boards where staff alert students to current research that we should be aware of. We note that some of this research includes, but is not limited to, the McTimoney approach.
- 5.10.8 We note that research for Chiropractic in general is limited. Where there is research, we accept there is a need to focus on it- in order not only to improve our own evidence based practice but also to improve the wider understanding of Chiropractic as a healthcare modality. However, where there are multiple views, we welcome you to join our opinion that dichotomy and exclusion is not the way forward.

5.11 DIAGNOSTIC ABILITY OF INTERNS

- 5.11.1 We note in section 4.2.7b of the ECCE's report on MCC the statement that there is a mismatch between "diagnostic ability of the student and the ability to provide evidence based approach to patient management". Whilst we repeat comments made above about notions of evidence-based practice in the profession, we note that the key purpose in having a supervisor in our clinic is to discuss clinical decision making and to hold interns to account in their decision making. We submit that if the panel had spent more time observing in clinic they would have seen that evidence-based principles, as noted in student case presentations as well as a biopsychosocial focus on patient care is an everyday occurrence. We question the observation of the panel given that this happens in pretty much every clinical interaction in clinic.
- 5.11.2 We question the comments that critical thinking is lacking in students when the preference of the reporting body appear to be based solely in line with written evidence as opposed to other facets of the evidence based model, as proposed and modified by Sackett (1996, 1997, 2000) including patient care and clinical judgment or indeed notions of the biopsychosocial model that a more holistic practice style aims to address. We believe that whilst the panel thought we adjust identically for every patient, they did not adequately observe what we adjust or objectively understand the rationale behind adjustments.
- 5.11.3 We note that many questions raised in the clinical intern interview were not based on clinical interactions but rather were largely formed of hypothetical questions, some of which left students on edge or baffled by what they were hoping to address.
- 5.11.4 Students are not restricted in their preference of adjustment by insurance, as described at the interview procedures. However, it was detailed that the insurance levels in the UK are monitored by perceived risk of whatever approach is taken and thus, are not within the control of either the college or the student body. We do not believe that insurance policy provision in the UK, and legislation behind that, is a

matter that reflects the quality or standards of our college or our tuition. We question the relevance of such comments but welcome the notion, as a student body, that other techniques can be made more accessible. We suggest this point would have been better as a suggestion for the college to work on and implement rather than a reason to exclude accreditation.

5.12 PHILOSOPHY

- 5.12.1 We feel as students of Chiropractic that any notions of Chiropractic Education require a focus on Chiropractic science (including research), art (technique) and also philosophy (a rationale of why to adjust, including evidence basing).
- 5.12.2 We note that there remains a culture of question and development with regards to the status of philosophy and its worth within education. We further note that philosophical education has not been standardised to the same academic standards as other modules, such as within science. We note however that there are WFC consensus statements regarding the education of philosophy, that we believe the content of our courses are modelled upon.
- 5.12.3 We consider that notions of philosophy, whilst under continued discussion within the profession as a whole, is not a reason in itself for considering a college as insufficient without further explanation or being held to account for seeming to prefer one philosophy over another.
- 5.12.4 We consider a judgment based on philosophical perspective to be one that is highly questionable in a body that is championed with the task of viewing educational standards, as opposed to the opinions or beliefs of the college or its students.
- 5.12.5 Whilst we note that belief systems may impact educational standards, we are fiercely proud of our philosophical education at the college. We note that we learn a wide range of philosophy that includes not only traditional concepts of Chiropractic, but contemporary ones too. We further note that our education affords research and critical analysis into research paradigm and philosophy, the in-depth exploration of research methodology and design flaws due to philosophy and the ability to understand authorship and publisher bias due to philosophical difference.
- 5.12.6 We believe, as a student body, that our education primes us to be more aware of the values and also the pitfalls of research and also the numerous viewpoints and dogmas in the profession. We believe that our training prepares us well should we wish to continue research and also to adequately prepare for reflective practice in the real world.
- 5.12.7 We note that our training for our dissertation is based on the stages/procedures of publishing journal articles, which is also evidenced by the large numbers of posters and presentations made by MCC at international research conferences such as ACCRAC which are largely based on the aforementioned student projects as well as hoping to encouraging research to stem from members of our college in later practice. For us, this is of great insight and is of note, to students who have taken professional degrees elsewhere, this is unique in comparison to many other

institutions worldwide. We believe this is a huge strength and disagree with the notions of weakness.

5.12.8 To note a weakness based on our philosophy is hugely disrespectful. We note that our philosophy does not jeopardise patient safety or standards of care.

5.12.9 We would like to note here that we are very proud of the broad philosophical curriculum employed at the college. We are aware that it is based heavily on the consensus statements of the WFC symposium on Chiropractic Philosophy. We believe that it allows us to explore multiple schools of thought in order to engender debate and to challenge the established concepts.

5.12.10 We do not believe, contrary to the panel's opinion, that we are taught any one single philosophy.

5.12.11 We note that a more rigid application of written evidence, as proposed by the panel, does nothing for future exploration of Chiropractic and does not enable students the educational ability to learn from experience. We further note that there is little evidence to suggest that any one particular philosophy is of greater educational candour to another.

6. CONCLUSIONS

6.1 The student body at the McTimoney College of Chiropractic is disappointed by the ECCE report.

6.2 Though students are understandably upset by the lack of accreditation, we note that the report raises distinct questions of the ECCE, its accreditation process, its observations and its handling of procedure.

6.3 We note, as a collective student body, the uncomfortable political questions this decision creates; including in that the ECCE appear to be questioning the authority of statutory powers and the credibility of pools of thought/philosophical reasoning within the profession.

6.4 We respect the viewpoints of any Chiropractor or Chiropractic body. We suggest authorities that aim to examine educational standards should view said standards objectively without personal opinion, bias or preference.

6.5 Students view the behaviours of the panel as a direct challenge to providing unity in the profession.

6.6 Though students want equality, increased recognition and increased mobility/portability of their education, many are currently questioning whether the voluntary ECCE standard is indeed the standard we aspire to given the way students were treated during the examination and the perceived lack not only of objectivity, but also of an apparent wish to force a homogenisation of the profession in the report.

6.7 We note the commendation for patient care in our college. We note that our college has full statutory accreditation.

- 6.8 We note the vision of increased mobility and equivalency of degrees lies in the realms of politics. We encourage you, as the leaders of our profession, to assist us in raising questions to make a positive change.
- 6.9.1 The MCC Students respect the ideals of unity through diversity. We expect notions of a “big tent” approach (McDonald & Strang (2009)) in the future of Chiropractic where we can all be treated with a base level of professionalism and courtesy.
- 6.9.2 We believe that the future of Chiropractic lies with the equal international recognition of Chiropractic degrees borne by meeting equal baseline standards of education as opposed to a standardisation of viewpoint or perspective. We are proud to hold these views and, in writing this letter, encourage you to support our vision in ensuring a more harmonious future.
- 6.10 We encourage the leaders of our profession to focus on the accuracy of this ECCE report , visit our college, and speak to us as students. We encourage you to ask questions about the credibility of this judgment and question whether, indeed, it truly serves towards the future vision of Chiropractic that we all deserve.
- 6.11 We believe the future is in working together and appeal to you to this end.

With the greatest level of gratitude and respect,

for a harmonised Chiropractic that embraces representation and unity through diversity,



James Harrison LL.B (Hons)

Clinic Intern

Year 4 MChiro Student



Sally Bannerman BSc. (Hons)

BPP Abingdon Student Association Branch President

Year 2 MChiro Student

On behalf of the McTimoney College Student Body

We invite correspondence regarding the above letter to be sent to:

Postal Address:

F.A.O.: McTimoney Students Association Branch President,
McTimoney College of Chiropractic Students Association,
McTimoney House,
Kimber Road,
Abingdon.
OX14 1BZ

Email:

Sally Bannerman: sb88659z@my.bpp.com

James Harrison: jh09980z@my.bpp.com

An initial copy of this letter has been sent to the following institutions; however we encourage the international circulation of this public document to leaders of chiropractic worldwide:

- The Principal of McTimoney College of Chiropractic
- The British Chiropractic Association (BCA), McTimoney Chiropractic Association (MCA), Scottish Chiropractic Association (SCA), United Chiropractic Association (UCA)
- The owners and validators of McTimoney College of Chiropractic: BPP University, McTimoney Trust.
- The Royal College of Chiropractors
- The World Congress of Chiropractic Students (WCCS)

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