

**General
Chiropractic
Council**



**Protecting patients
Setting standards**

Degree Recognition Criteria

12 May 2010

*plain English
approved*
by the word centre

Section 1: Introduction

Statutory powers of the General Chiropractic Council (GCC)

Anyone who wants to call themselves a chiropractor in the UK must register with the GCC. To do this they must satisfy the Registrar that they are of good character and in good health, both physically and mentally, and they are suitably qualified. It is a criminal offence for anyone to call themselves a chiropractor in the UK if they are not registered with the GCC.

The GCC was set up under the [Chiropractors Act 1994](#). As a statutory body we have three main duties:

- 1 protecting the public by regulating chiropractors
- 2 setting the standards of chiropractic education, conduct and practice
- 3 ensuring the development of the profession.

The second function includes making sure that graduates of initial chiropractic degree programmes are able to meet all the requirements set out in the GCC's [Code of Practice and Standard of Proficiency](#) for the Competent and Safe Practice of Chiropractic. The GCC has the power to recognise such programmes, whether they are delivered in the UK, another part of Europe or elsewhere in the world. [The Privy Council](#) performs the final stage in approving a qualification following recommendations from the GCC.

We can also withdraw recognition of a qualification, with the approval of the Privy Council, if we are satisfied that any of the following circumstances apply:

- a that a recognised qualification no longer provides evidence of having reached the required standard of proficiency
- b that a proposed qualification which has yet to be granted, but which was recognised under section 14(2)(b) of the Chiropractors Act 1994, will not be evidence of having reached that standard, or
- c that a condition for the continued recognition of a qualification (imposed under section 15(4)) has not been met.

Chiropractors Act 1994, paragraph 16

Content, structure and format of this document

[Section 2](#) of this document sets out what people have to achieve at the point of graduation from recognised chiropractic degrees. These are called the 'programme outcomes', as they define the broad content of chiropractic programmes and the areas against which individuals will be assessed in order to graduate from the degree programme. The programme outcomes have been taken from the GCC's Code of Practice and Standard of Proficiency (2009 edition for implementation in 2010), which set out for patients the quality of care they are entitled to receive from chiropractors. For chiropractors, the Code of Practice and Standard of Proficiency are the standards of conduct and practice they will be measured against if a complaint is made to the GCC.

Section 3 of this document gives the other criteria that chiropractic programmes, and programme providers, must meet for the programme to be recognised by the GCC. These include: the length and level of the programme; the teaching, learning and assessment methods and approaches; the overall organisation and resources of the institution that delivers the degree programme; and the institution's contribution to research, the development of the evidence base and the development of the profession. The purpose of these criteria is to ensure that undergraduates on chiropractic programmes receive a high-quality education, which develops them into reflective and effective primary healthcare practitioners.

The criteria that undergraduate chiropractic degree programmes have to meet is shown in the left-hand column of the page and guidance on the criteria is in the right-hand column. The right-hand column also gives the information that institutions will need to provide to the GCC as evidence of the criteria.

The terms below have the following meanings in this document:

'Institution' – an identifiable organisational unit that is responsible and accountable for ensuring the appropriate resources are available. The 'school' and the 'institution' might be one and the same thing, or the school might form one part of an institution.

'Module' – an identifiable and meaningful piece of learning which has learning outcomes, a credit rating, teaching and learning methods, assessment methods and an indication of the resources that will enhance student learning.

'Must' – something that has to happen or be achieved. That is, it is a mandatory criterion that has to be achieved for the degree to be recognised.

'Patient' – a person who has been given advice, assessment or care by a chiropractor. Chiropractors and others who volunteer to allow colleagues to demonstrate or practise techniques on them are not included in this definition.

'School' – an identifiable organisational unit responsible and accountable for planning and delivering the chiropractic programme. This may be a school, institute, department, or division within a higher educational institution (HEI), or a free-standing organisation.

Links to other quality assurance systems

There are other ways in which the quality of higher education is assured. These other systems and processes cannot be used to replace the GCC's Degree Recognition Criteria and related procedures. This is because the purpose of the two systems is different.

- The purpose of quality assurance systems in higher education is to ensure that the educational programme is fit for the qualification that is awarded at the end of the programme.
- The purpose of the GCC's degree recognition system, because of its statutory powers, is to ensure that people graduating from chiropractic degree programmes are fit to practise as a chiropractor, and are therefore fit to apply to register as a chiropractor.

The two systems are therefore connected but different in purpose. We realise the burden that the full range of quality assurance systems can place on schools. So we are happy for our recognition system to be coordinated and run in parallel with the quality assurance systems for higher education, as far as this is possible without compromising either process.

Recognition process

The Chief Executive and Registrar, and the chair of the GCC's Education Committee, are happy to meet informally with current and potential providers of a recognised chiropractic qualification. This would be to discuss the criteria for recognition and their implications for the development of chiropractic degree programmes.

Once a provider has decided to develop a degree programme there are a number of steps to take this forward. These are set out below. A diagram of the recognition and monitoring process is shown in [Appendix A](#).

Steps

- 1 The institution tells us that it is planning to develop a chiropractic degree programme and the broad timescale of its development.
- 2 We liaise with the institution about the timing of its submission (see *below*) so that the necessary meetings and processes can be put in place for the institution's submission.
- 3 The institution develops a business plan, setting out the costs and income required year-by-year to run a chiropractic degree programme. If the business plan includes an expectation of income from a chiropractic clinic or sales to students, we will need an assurance from the most senior level (such as the Vice Chancellor or the Chairman of the Board of Trustees) that any shortfall in this income will be made good. That is, this is not a fundamental way of resourcing the programme. The business plan is submitted to the Education Committee.
- 4 The Education Committee considers the viability of the business plan produced by the institution and provides feedback. Once the committee is satisfied that the business plan is adequate to develop and deliver a chiropractic degree programme, it will agree with the institution a timetable for taking forward the full recognition process.
- 5 The full recognition process involves the following steps:
 - the GCC's lead officer for education liaises with the institution about the overall schedule for the submission and the recognition process. This is to ensure the timetable works effectively from both the GCC's and the institution's perspectives
 - the institution produces its detailed submission for degree recognition – setting out the programme of study and the organisation of the programme, structured and cross-referenced to the GCC's Criteria for the Recognition of Degrees in Chiropractic. The institution must provide enough written, bound copies of the submission for the Education Committee of the GCC and one electronic copy
 - a visiting panel appointed by the Education Committee will make a two-day visit to the Institution. The panel consists of:
 - a GCC lay member – who acts as the chair of the panel
 - two Education Committee members who are chiropractic educationalists
 - the GCC's lead officer for education
 - an independent educationalist who serves as Quality Assurance Adviser to the GCC.
 The visit will take place after the submission of the detailed documentation and on the dates agreed with the GCC's lead officer for education. This will usually be about two months after the submission of the documentation. Before the visit, the Education Committee will consider the documentation and identify the issues it wishes the panel to

deal with during the visit. During the visit the panel will be looking for evidence that the degree programme meets the criteria in the way given by the institution in its written submission. We may also ask for more information from the institution before the visit. At the end of the visit, the chair of the visiting panel will provide a brief summary of the points that the panel will be making to the Education Committee.

- the panel will produce a report of the visit within six weeks of the visit taking place. This includes recommendations to the Education Committee as to whether the qualification should be recognised and whether this should be with or without conditions.
- we send a copy of the report to the institution. The institution has one month, from the date the report was sent, to reply saying whether it wants to make any observations on, or objections to, the report.
- once the institution has replied, its reply and the visiting panel's report are sent to the Education Committee for it to consider both documents. There are three possible decisions:
 - a the qualification should be recognised without conditions, and the time period for that recognition
 - b the qualification should be recognised with conditions, and the time period for that recognition and for the conditions to be met – if conditions are set, these must be satisfied within the time given
 - c the qualification should not be recognised.

The Education Committee concludes its work by putting its advice in a report and recommendations for the General Council.

- 6 The General Council considers the advice of the Education Committee and decides whether to recommend to the Privy Council that the qualification should be recognised for a specified period of time, and whether this should be with or without conditions. The General Council then asks for the approval of the Privy Council. It can take some months for the Privy Council to reply, so to avoid undue delay we ask the Privy Council Office to agree that the institution can advertise the qualification as being 'subject to the approval of the Privy Council' (much as some degrees are advertised as 'subject to validation').
- 7 Once a qualification has been recognised by the Privy Council, the institution will receive a copy of the Order in Council as written confirmation of the outcome of the recognition process.

Recognition, with or without conditions, is always given for a specified period of time, so institutions will need to build this into their planning and development. Institutions must submit an annual report to the GCC's Education Committee. The content of this is set out in [Appendix D](#).

Section 2: Recognition criteria related to the content of the degree programme

Introduction

This section of the Degree Recognition Criteria gives the programme outcomes that students need to achieve at the point of graduation to ensure that they are fit to practise as a chiropractor. That is, they are fit to apply for entry in the register and begin their professional life as an independent primary care practitioner. (This also depends on the Registrar's being satisfied that they are of good character and physically and mentally fit.) These programme outcomes have been taken from the [Code of Practice and Standard of Proficiency](#).

The Code of Practice lays down standards of conduct and practice expected of all chiropractors in the United Kingdom, and gives advice on the practice of chiropractic. It is not an exhaustive set of rules. The Code of Practice is organised under six core principles. All chiropractors are personally accountable for their actions and must be able to explain and justify their decisions. All chiropractors have a duty to protect and promote the needs of their patients. To do this they must keep to the following principles. Chiropractors must:

- A** respect patients' dignity, individuality and privacy
- B** respect patients' rights to be involved in decisions about their treatment and healthcare
- C** justify public trust and confidence by being honest and trustworthy
- D** provide a good standard of practice and care
- E** protect patients and colleagues from risk of harm
- F** co-operate with colleagues from their own and other professions.

The principles are set out in more detail in the Code.

Chiropractors are independent primary care practitioners. The Standard of Proficiency sets out standards for the competent and safe practice of chiropractic. The Standard of Proficiency is in three sections:

- S1** Practice arrangements
- S2** Assessing the health and health needs of patients
- S3** Provision of chiropractic care.

The scope of practice of a chiropractor (that is, the exact forms of assessment and care they carry out) is not defined either by law or in the Standard of Proficiency. Rather the Standard of Proficiency sets the standards of practice a chiropractor has to meet when assessing patients or providing any form of chiropractic care.

Each school will need to interpret how the programme outcomes, which are set out below, will be developed and achieved within their particular chiropractic degree programme. Schools may include optional aspects and extra outcomes of learning in their programme if they want to. However, the optional aspects must not compromise the achievement of the chiropractic programme outcomes set out below.

General criteria on content	Guidance
<p>1 The school must enable students to develop, so that when they graduate they are able to achieve the following broad programme areas. Programme outcomes for each of these areas are set out in criteria 4 to 10.</p> <ul style="list-style-type: none"> a Develop and apply the knowledge and skills that form the basis of chiropractic <i>(see criterion 4)</i> b Develop and apply knowledge and skills of research and evaluation <i>(see criterion 5)</i> c Assess the health and health needs of patients <i>(see criterion 6)</i> d Provide care to improve patients' health and to address patients' health needs <i>(see criterion 7)</i> e Communicate effectively with patients and other healthcare practitioners <i>(see criterion 8)</i> f Understand the nature of being an independent primary care practitioner, and the related duties of managing a practice and developing throughout one's working life <i>(see criterion 9)</i> g Understand the nature of professional accountability and the duty to protect and promote the interests of patients <i>(see criterion 10)</i>. <p>2 Schools must develop their own staged learning outcomes from the broad programme outcomes detailed in the criteria 4 to 10.</p> <p>3 Every learning outcome must be assessed.</p>	<p>The broad programme areas, and the detailed programme outcomes that follow, set out the broad curriculum framework for the programme. Each programme provider will need to interpret how the programme areas and outcomes should be covered within the design of their programme, and how they will assess that students have achieved the specific learning outcomes developed within their programmes.</p> <p>The purpose of developing staged learning outcomes is to structure the curriculum so that students have an effective learning experience and are supported in their learning.</p> <p>Recognition process</p> <p>In the submission for recognition, we will require:</p> <ul style="list-style-type: none"> ● for criterion 1, evidence that learning in the programme adequately covers all the programme outcomes specified in criteria 4 to 10. This should take the form of a clear, explicit mapping between the programme's modules and learning outcomes against the GCC's programme areas and outcomes in criteria 4 to 10 ● for criterion 2, information on how appropriate staged learning outcomes have been developed across the programme, and how the learning outcomes enable students to develop and apply their knowledge and skills so that they can meet the GCC's programme areas and outcomes ● for criterion 3, evidence that every learning outcome is assessed.

Programme outcomes relating to the knowledge and skills that form the basis of chiropractic	Guidance
<p>4 At the point of graduation, students must have developed the knowledge and skills that form the basis of chiropractic. Specifically they must be able to:</p> <ul style="list-style-type: none"> a understand the history, theory and principles of chiropractic in a contemporary context b differentiate between normal and abnormal structure and functioning of the human body c recognise the range of conditions that present to chiropractors as independent primary care practitioners, and the nature and impact of their physical, psychological and social aspects. 	<p>These programme outcomes form the knowledge, understanding and skills on which students develop their fitness to practise. They relate specifically to sections S2 and S3 of the Standard of Proficiency.</p> <p>Programme outcome 4(a) Students need to understand:</p> <ul style="list-style-type: none"> ● how chiropractic has developed over time and in different places, ● the underlying theories on which chiropractic has developed, and ● the principles of and rationale for chiropractic in the contemporary context. <p>Each course provider is encouraged to approach this subject from a broad perspective. This is so that students develop an understanding of the spectrum of chiropractic care that exists.</p> <p>The contemporary context would include consideration of, for example:</p> <ul style="list-style-type: none"> ● the patient groups who traditionally attend for chiropractic as compared with those who might benefit from chiropractic, and how these have changed and developed over time ● opportunities for making chiropractic available to a greater number of people in the population, including through publicly funded health services in the UK. <p>Programme outcome 4(b) This programme outcome relates to the study of the basic human sciences: anatomy, physiology, biomechanics, biochemistry, neurology and pathology. The study of these subjects is necessary so that students can practise according to the criteria set out in more detail in programme outcome 6 (the assessment of health and health needs), and programme outcome 7 (chiropractic care).</p>

Programme outcomes relating to the knowledge and skills that form the basis of chiropractic	Guidance
	<p>Programme outcome 4(c)</p> <p>This outcome should be approached from a broad perspective so that students develop an understanding of the complexity of this area. This will include:</p> <ul style="list-style-type: none"> ● the relevance of patient characteristics (for example: age, gender, ethnicity, occupation, life circumstances, health perceptions), as well as the nature of their complaints (for example: incidence, prevalence, chronicity, severity), to their health and prospects of recovery ● aetiology, pathology, symptoms and signs, natural history and prognosis of neuromusculoskeletal and other complaints and pathologies, pain syndromes and associated conditions ● psychological and social needs – these can be directly associated with the above conditions or present in their own right. <p>The study of these subjects is necessary so that students can practise to the standards required to meet the criteria as set out in more detail in programme outcome 6 (the assessment of health and health needs), and programme outcome 7 (chiropractic care).</p>

Programme outcomes relating to research and evaluation knowledge and skills	Guidance
<p>5 At the point of graduation, students must have developed and be able to apply knowledge and skills of research and evaluation. Specifically they must be able to:</p> <ul style="list-style-type: none"> a understand different research methods related to clinical decision-making b understand the different ways in which the outcomes of research are transferred to practice c apply appropriate methods when carrying out research relevant to chiropractic d appraise current research and evidence relevant to chiropractic and apply it to their practice e apply continuous quality improvement in their practice. 	<p>Programme outcomes 5</p> <p>These programme outcomes relate to the Code of Practice D2 and the Standard of Proficiency S3.2 and S1.2.</p> <p>The purpose of including research within the degree recognition criteria is to:</p> <ul style="list-style-type: none"> ● contribute to the development of the profession ● enable chiropractors to participate in research activities themselves or research led by others, and to engage with the research community. <p>Students need to develop their knowledge and understanding in relation to both quantitative methods (for example, measuring clinical outcomes) and qualitative methods (for example, feedback from patients, analysis of focus groups) so that they can interpret and appraise published research, evidence and evidence-based guidance and apply it to their own practice. Research methods include those of randomised trials and systematic reviews, cohort studies, case-control studies and surveys.</p> <p>Students should be able to carry out their own research in specified topic areas using either a qualitative and/or quantitative approach in a way that shows they are able to think critically about current research in the same area and the findings from their own work. This has the benefit of showing that the student has achieved the level of thinking necessary to be an independent primary healthcare practitioner, and for the award of a degree, and is likely to have the capacity to continue to think in this way in the future.</p>

Programme outcomes relating to assessment knowledge and skills	Guidance
<p>6 At the point of graduation, students must be able to assess the health and health needs of patients. Specifically they must be able to:</p> <ul style="list-style-type: none"> a obtain and document case histories from patients using appropriate methods to draw out the necessary information b identify how the information obtained from case histories has a bearing on any further assessment that is undertaken and the care and treatment that is planned c examine patients using appropriate methods d appraise the need for further investigations to inform the case; that is, imaging and laboratory tests e arrange for further necessary investigations to be undertaken f interpret plain film radiographs, and any report received on the image, and incorporate the findings into clinical decision-making g incorporate into clinical decision-making the findings of other relevant investigations h understand the specific legislation that is relevant to imaging and the implications of this for their own practice i identify when there is a need to halt assessment 	<p>Programme outcomes 6</p> <p>These programme outcomes relate specifically to sections A, B and D of the Code of Practice and section S2 of the Standard of Proficiency.</p> <p>Programme outcome 6(a)</p> <p>The case history is a vital part of assessing patients' health and health needs. It is a vital part of the patient record. Students must be able to obtain information from patients' own narratives in a structured way – this is an important stage in understanding:</p> <ol style="list-style-type: none"> 1 the patient's reasons for seeking chiropractic care 2 the characteristics of any complaint the patient has 3 the patient's medical history 4 the attitudes, beliefs, behaviour and expectations of the patient (for example: in relation to fear, distress, depression and other psychological factors that will influence management and outcomes; the patient's use of alcohol, tobacco, legal or illegal substances; whether the patient is taking nutritional supplements, herbal or homeopathic remedies). <p>It will also involve the use of good communication skills (including verbal and non-verbal communication) as these are an essential aspect of effectively obtaining information from patients. It will include respecting patients' views and behaving in a way that enables them to participate effectively in the process</p>

Programme outcomes relating to assessment knowledge and skills	Guidance
<p>j consider and interpret the information available on a patient and produce a differential diagnosis and rationale for care</p> <p>k keep patient records of the outcomes of the assessment – the records must be legible, attributable and representative of the interaction with the patient</p> <p>l identify and understand the implications on the provision of chiropractic care for a patient of clinically relevant medications, whether prescribed or bought</p> <p>m identify the need for referral to another healthcare professional or proposing co-management of the patient with another healthcare professional.</p>	<p>Programme outcome 6(c) Appropriate methods of examination must include the use of: observation (for example: gait, posture and symmetry), palpation and the evocation of patient responses (for example: neurological, orthopaedic and biomechanical responses as well as psychosocial factors). This will require the application of diagnostic psychomotor skills. Students will need to be able to adapt and refine standard assessment approaches to ensure that they are appropriate and safe for individual patients.</p> <p>Programme outcome 6(d) The appraisal of the need for further investigations will need to include their nature, the purpose of the investigations, their timing and how the outcomes will be used.</p> <p>Programme outcome 6(e) Arranging for further investigations includes: ordering the investigations, carrying out the investigations, or referring the patient on to another healthcare practitioner for the investigation and then receiving a report on the outcome. The further investigations in this programme outcome are the same as those referred to in programme outcome 6(d): imaging and laboratory tests.</p> <p>Programme outcome 6(f) Interpreting the outcomes of plain film radiographs includes reading, analysing and reporting the radiograph in the context of overall case management. This includes the ability to incorporate the relevant findings into clinical decision-making and taking appropriate action on the patient's behalf. Practitioners must be aware that, by arranging for a plain film radiograph to be taken, they become personally responsible for implementing appropriate changes in the management of the patient.</p>

Programme outcomes relating to assessment knowledge and skills	Guidance
	<p>Programme outcome 6(g) Interpreting the outcomes of any further investigations that have been sought on the patient includes reading, analysing and reporting each specific investigation in the context of overall case management. These investigations could include: CT scans, MRI scans, laboratory investigations and their respective reports. Interpreting the outcomes of reports or further investigations includes the ability to incorporate the relevant findings into clinical decision-making and taking appropriate action on the patient's behalf. Practitioners must be aware that, by ordering any investigation or special test, they become personally responsible for implementing appropriate changes in the management of the patient.</p> <p>Programme outcome 6(i) Halting the assessment will be because the patient has asked for this to happen, or the information obtained means that it is inadvisable to proceed.</p> <p>Programme outcome 6(k) The records made by the student should demonstrate that they are capable of asking patients the appropriate questions and documenting patient responses so that a picture of the patient is developed which can inform patient care: that is, there should not be a reliance on the ticking of pre-set boxes.</p> <p>Programme outcome 6(l) Students need to be able to understand how prescription medicines, non-prescription medicines, nutritional supplements and herbal and homeopathic products might affect patients. The implications of such medicines and products may be a contra-indication for chiropractic care.</p> <p>Programme outcome 6(m) Students need to be able to identify when it is necessary to refer to another healthcare professional and be able to do this. In relation to the co-management of patients, students should be able to identify when this might be an effective option for patient care. They are not expected to be able to do this while they are in training.</p>

Programme outcomes relating to the knowledge and skills needed for chiropractic care	Guidance
<p>7 At the point of graduation, students must be able to provide care to improve patients' health and to address patients' health needs. Specifically they must be able to:</p> <ul style="list-style-type: none"> a select and provide care that is safe for the patient, uses a wide range of therapeutic psychomotor and condition management skills, and includes the best available evidence and the preferences of the patient b formulate and record plans of care for patients c adapt forms of care appropriately to individual patient needs d take appropriate steps to maintain patient safety e evaluate the care given to patients and adapt the original diagnosis, rationale for care and plan of care in response to their changing health, health needs and feedback f demonstrate proficiency in basic life support. 	<p>Programme outcomes 7 These programme outcomes relate specifically to sections A, B and D of the Code of Practice and section S3 of the Standard of Proficiency.</p> <p>Programme outcome 7(a) Students will need to learn a wide range of therapeutic psychomotor skills so that they can meet the needs of individual patients, draw appropriately from evidence of effectiveness, and have a sufficient depth and breadth of approaches to sustain a practice. This range should take into account the following approaches that form a common core of manipulative practice used by chiropractors to manage patients' needs:</p> <ul style="list-style-type: none"> ● soft-tissue techniques (that is: cross-fibre stretch, longitudinal stretch, direct pressure, deep friction) ● articular techniques (that is: low- through to high-amplitude passive movements of the spinal, pelvic and extremity joints, flexion, extension, rotation, side-bending, manual traction, oscillation) ● thrust techniques (that is: high and low velocity, low amplitude, direct or leverage, directed at spinal, pelvic and extremity joints). <p>Also, chiropractors are likely to make use of some, if not all, of the following range of interventions:</p> <ul style="list-style-type: none"> ● advice, explanation and reassurance (for example, explaining the kinds of activity and behaviour that will promote recovery, including nutritional and dietary advice) ● exercise and rehabilitation ● multidisciplinary approaches ● preventive measures – linked to the patient's lifestyle or their environment ● supporting the patient's health and wellbeing with other carers and stakeholders (for example, relatives, employers) ● promoting health and wellbeing ● advising on over-the-counter medications consistent with evidence-based guidelines. <p>Programme outcome 7(f) Students must demonstrate proficiency in basic life support before entering the period of clinical practice in the final year.</p>

Programme outcomes relating to communication with patients and other healthcare professionals	Guidance
<p>8 At the point of graduation, students must be able to communicate effectively with patients and other healthcare practitioners. Specifically they must be able to:</p> <ul style="list-style-type: none"> a communicate effectively with patients orally and in writing b explain clearly to patients the nature and purpose of assessment and care, and the associated risks c get appropriate consent before assessing individuals and before providing chiropractic care d give clear information to patients about the organisation of the practice e produce reports for other healthcare professionals, colleagues and statutory authorities f develop constructive working relationships with chiropractic colleagues and other healthcare professionals, seeking their advice when necessary g value the role and contribution that other healthcare professionals make to the health and wellbeing of patients, and not work in isolation from them. 	<p>Programme outcomes 8</p> <p>These programme outcomes relate specifically to sections A, B, D and F of the Code of Practice and sections S1 to S3 of the Standard of Proficiency. To communicate effectively students will need to develop and apply knowledge and skills of effective communication and develop the attitudes that promote effective interaction.</p> <p>Programme outcome 8(c)</p> <p>Consent is a complex area that needs to be explored over time with students. In the guidance within the Code of Practice, a number of sources of information and references are given. Programme providers are advised to consider these in detail as they develop their teaching and learning materials.</p> <p>Programme outcome 8(d)</p> <p>Matters relating to the organisation of the practice will include such aspects as: working arrangements, access to health records, opening times and so on.</p> <p>Programme outcome 8(e)</p> <p>The reports to be covered here would include those made when receiving a referral and those used to make a referral. As part of achieving this programme outcome, students need to be introduced to medico-legal processes and procedures, and to the specific requirements of communicating with solicitors, employers and so on.</p>

Programme outcomes relating to the knowledge and skills needed to be an independent primary care practitioner	Guidance
<p>9 At the point of graduation, students must understand the nature of practice as independent primary care practitioners, and their duties in relation to managing a practice so that they can develop themselves throughout their working lives. Specifically they must be able to:</p> <ul style="list-style-type: none"> a explain the context and nature of chiropractic as a regulated profession in the UK, and the duties of chiropractors as registered primary healthcare professionals b compare and contrast the UK context of chiropractic with its context in other jurisdictions across the world c compare and contrast the role of chiropractors as independent primary care professionals with the roles of other healthcare professionals d evaluate how chiropractic relates to current UK healthcare models and systems e demonstrate the ability to maintain high standards of practice in all aspects of professional life, showing that they are fit to practise as a chiropractor f identify the different aspects of managing a chiropractic practice and the knowledge and skills required 	<p>Programme outcomes 9 These programme outcomes relate specifically to sections C, D, E and F of the Code of Practice and the main headings of the Standard of Proficiency, particularly SI.</p> <p>Programme outcome 9(d) The relationship of chiropractic to current UK healthcare models and systems relates to both the current situation as well as the aspirations of members of the chiropractic profession. It includes any debates as to the benefits and disadvantages of involvement with the NHS.</p> <p>Programme outcome 9(f) The different aspects of managing a chiropractic practice would include business matters, insurance, tax requirements, accounts and so on.</p> <p>Programme outcome 9(g) Students must understand the range of legislation that applies to their work in a practice setting (including that which is not specific to chiropractic), and including the management of emergencies. See criterion 10(a) for more details of the range of legislation that might apply.</p>

Programme outcomes relating to the knowledge and skills needed to be an independent primary care practitioner	Guidance
<ul style="list-style-type: none"> <li data-bbox="252 434 667 584">g identify how to manage and reduce risks in the practice setting, consistent with legislation <li data-bbox="252 591 715 808">h demonstrate the ability to identify their own learning needs, plan their own learning and development, organise their own learning and evaluate its effectiveness. 	

Programme outcomes – the knowledge and skills needed for professional accountability and the protection of patients	Guidance
<p>10 At the point of graduation, students must understand the nature of professional accountability and their duty to protect and promote the interests of their patients. Specifically they must be able to:</p> <ul style="list-style-type: none"> a identify the main aspects of legislation that affect chiropractic practice b appraise and recommend possible ways forward for a range of ethical dilemmas that might affect chiropractors c recognise and work within the limits of their own knowledge, skills and experience d protect patients through raising concerns with the appropriate person when they believe that the conduct, competence or health of another student or a regulated health practitioner is putting patients at risk. 	<p>Programme outcomes 10 These programme outcomes relate to the Code of Practice and the Standard of Proficiency as a whole.</p> <p>Programme outcome 10(a) The legislation relevant to chiropractic includes:</p> <ul style="list-style-type: none"> ● the practice of chiropractic ● data protection and freedom of information (including access to medical reports) ● the protection of children and vulnerable adults ● human rights (including those of children) ● equality, diversity and anti-discriminatory practice ● health and safety at work (including control of infection and control of substances hazardous to health) ● reporting of injuries, diseases and dangerous occurrences ● ionising radiation ● employment ● finance ● insurance ● advertising ● any other relevant legislation. <p>Programme outcome 10(b) The ethical dilemmas that could usefully be covered in the degree programme are those that are spelt out in various places within the Code of Practice. These include, for example:</p> <ul style="list-style-type: none"> ● when to make exceptions to the general rule of confidentiality (Code of Practice section A10) ● identifying if patients are giving their consent voluntarily (Code of Practice section B4) ● when their own beliefs and values conflict with those of a patient (Code of Practice section B5) ● acting with honesty and integrity and not abusing professional standing (Code of Practice section C1) ● refusing to continue patient care (Code of Practice section C2) ● sexual boundaries between professionals and patients (Code of Practice section C3) ● publicising work and practice (Code of Practice section C4)

Programme outcomes – the knowledge and skills needed for professional accountability and the protection of patients	Guidance
	<p><i>Programme outcome 10(b) continued</i></p> <ul style="list-style-type: none"> ● conflicts of interest (Code of Practice section C6) ● managing complaints (Code of Practice section E1) ● raising concerns about another healthcare professional's conduct or competence (Code of Practice section E2) ● professional behaviour (Code of Practice section E3) ● respecting the skills and contributions of others (Code of Practice section F1). <p><i>Programme outcome 10(d)</i></p> <p>This outcome is based on the Code of Practice (2010) section E about protecting patients and colleagues from risk of harm. It places a requirement on students to take the initiative and act when they believe the conduct, competence or health of another is putting patients at risk. This links to the Fitness to Practice procedures for students and might best be introduced at the same time as these are being explained. As it would be hoped that situations where patients are put at risk do not happen, it is unlikely that students would be put in this position during their education and training. However, it is important that the school develops student learning and understanding in this area and assesses their competence, perhaps through the use of scenarios.</p>

Section 3: Recognition criteria related to the nature of the degree programme and programme providers

Criteria	Guidance
Level and length of course	
<p>I1 The course must be at the minimum at the level of an honours degree or integrated masters degree validated by a UK-recognised higher education institution. It must have a minimum credit rating of 480 UK credits (240 ECTS credits) of which a minimum of 120 credits must be at level 6 of the Higher Education Qualifications Framework in England, Wales and Northern Ireland or its equivalent. At least 360 UK credits (180 ECTS credits) must be directed study relevant to the programme outcomes.</p> <p>I2 Students entering degree programmes must normally complete the programme within two additional years of the programme length from initial enrolment ie students on four-year degree programmes must normally complete within six years of first enrolling; students entering five-year programmes must normally complete them within seven years of first enrolling.</p>	<p>The degree programme should be as comprehensive, academically rigorous and consistent with the aims of pre-registration chiropractic education and training as possible. Information on the clinical experience component is given in criteria 17 to 20.</p> <p>Criterion II The Quality Assurance Agency (QAA) is responsible for assuring the quality of qualifications awarded in higher education in England, Wales and Northern Ireland. The QAA has produced a framework for higher education qualifications to support public confidence, develop understanding of what is meant by the qualifications and to ensure consistent use of qualification titles. Each type of qualification is given a 'descriptor' to describe the outcomes of the qualification and show the nature of change between the different levels. There is more information on the QAA's framework and the Scottish Credit and Qualifications Framework (SCQF) in Appendix C. (<i>The Quality Assurance Agency for England, Wales and Northern Ireland, January 2001, The framework for Higher Education for higher education qualifications in England, Wales and Northern Ireland. The parallel institution in Scotland uses the same descriptor.</i>)</p> <p>The amount of learning indicated by a credit value in the UK system is based on an estimate of the 'notional hours' of learning. The number of notional hours indicates how long it will take a typical student to achieve these learning outcomes. All types of learning are included in the estimate of notional hours of learning, including formal classes, self study, revision and assessment. One credit in the UK system represents 10 notional hours of learning.</p>

Criteria	Guidance
Level and length of course	<p data-bbox="738 322 1015 356"><i>Criterion II continued</i></p> <p data-bbox="738 383 1422 882">Credits within the ECTS (European Credit Transfer and Accumulation System) are based on a similar, but slightly different, concept of workload. Workload indicates how long it will take a typical student to complete all the learning activities (such as lectures, seminars, projects, practical work, self study and examinations) required to achieve the expected learning outcomes. 60 ECTS credits are attached to the workload of a full-time year of formal learning (academic year) and the associated learning outcomes. In most cases, student workload ranges from 1,500 to 1,800 hours for an academic year with one credit corresponding to 25 to 30 hours of work.</p> <p data-bbox="738 925 1046 958">Recognition process</p> <p data-bbox="738 965 1374 999">In the submission for recognition, we will require:</p> <ol data-bbox="738 1021 1422 1395" style="list-style-type: none"> <li data-bbox="738 1021 1422 1330">1 for criterion II, evidence that the learning outcomes and modules within the programme are set at an appropriate level for the degree that is being awarded (that is, for at the minimum an honours degree or integrated masters degree). This evidence is likely to come from the current validation of the learning programme by the awarding institution <li data-bbox="738 1337 1422 1395">2 for criterion I2, evidence of the time that it takes students to complete the degree programme.

Criteria	Guidance
<p>Teaching and learning methods</p> <p>13 A variety of teaching and learning methods must be used across the programme. These methods must:</p> <ul style="list-style-type: none"> a be valid and appropriate for the learning outcomes concerned b encourage and support students to be self-directed learners. c involve patients and carers in the teaching and learning of students. <p>To meet criterion 13, a school will need to show that it uses a range of teaching and learning methods across the degree programme. The teaching and learning methods might be, for example: practicals, experiential learning, workshops, tutorials, seminars, lectures, e-learning, psychomotor skill classes, inputs from patients, practical demonstrations.</p>	<p>The GCC does not specify how many methods should be used or which ones. The ones that are used must enable students to meet the learning outcomes that are being addressed in that part of the programme (that is, they must be valid and appropriate for the learning outcomes). It is unlikely that a school that used only one or two methods would be able to provide evidence to meet this criterion.</p> <p>The Council for Healthcare Regulatory Excellence (CHRE) has made specific recommendations about effective teaching and learning strategies for teaching students about sexual boundaries – Learning about sexual boundaries between healthcare professionals and patients: a report on education and training, January 2008. See www.chre.org.uk/_img/pics/library/0801_Clear_sexual_boundaries_Education.pdf</p> <p>It is good practice in the education of healthcare professionals for patients and carers to be involved in student teaching and learning – criterion 13(c). The CHRE, in response to Sir Jonathan Michael's inquiry into access to healthcare for people with learning disabilities (Healthcare for all: DH, 2008), has recommended that: '... curricula include mandatory training in learning disabilities, ... be competence based and involve people with learning disabilities and their carers in providing training.'</p> <p>Recognition process</p> <p>For criterion 13, we will want to see the overall specification for the programme containing information on each of the modules within it. In total this should cover:</p> <ul style="list-style-type: none"> ● the aims and objectives of the degree programme as a whole ● the teaching philosophy of the programme ● the structure and content of the degree programme (including the different modules and how they link to and integrate with each other) and any modules that are additional to achieving the programme outcomes set out in this document

Criteria	Guidance
Teaching and learning methods	<p data-bbox="740 322 1015 356"><i>Criterion 13 continued</i></p> <ul style="list-style-type: none"> <li data-bbox="740 383 1433 645">● an explicit, clear mapping showing how the detailed programme content and structure meet the GCC's programme outcomes specified in this document, including the staged learning outcomes that the school has developed to meet the programme outcomes – see the requirement for criterion 1 <li data-bbox="740 656 1094 689">● the aims of the modules <li data-bbox="740 696 1273 730">● the learning outcomes in each module <li data-bbox="740 736 1206 770">● the credit rating for each module <li data-bbox="740 777 1433 965">● directed study hours for each module showing contact hours by type (for example: lectures, tutorials, hands-on practical sessions) and directed non-contact hours (for example: other staff-led or supervised coursework) <li data-bbox="740 972 1417 1077">● the teaching and learning approaches used within the modules, including when and how patients and carers are used to enhance student learning <li data-bbox="740 1084 1406 1155">● the staff responsible for leading, and teaching on, each module <li data-bbox="740 1162 1382 1196">● the assessment methods used in each module.

Criteria	Guidance
Assessment methods and regulations	
<p>14 A variety of assessment methods must be used across the programme. These methods must:</p> <ul style="list-style-type: none"> a be valid and appropriate for the learning outcomes concerned b encourage and support students to be self-directed learners c involve patients and carers in the assessment of students. <p>15 The degree programme must have a clear and explicit assessment system and equitable assessment regulations.</p>	<p>Criterion 14</p> <p>The school will need to show that it uses a range of assessment methods across the degree programme. The assessment methods might include, for example: observation, course work, essays, projects, practical exercises, team projects, posters, Objective Structured Clinical Examinations (OSCEs), examinations. The GCC does not specify how many methods should be used or which ones. The ones that are used must be capable of validly assessing whether students have met the learning outcomes within that part of the programme (that is, it must be valid and appropriate for the learning outcomes). It is unlikely that a school that uses only one or two methods of assessment would be able to provide evidence to meet this criterion.</p> <p>The assessment methods must also encourage students to be self-directed learners, which means that student self-assessment should be encouraged throughout the degree programme.</p> <p>It is good practice to gain patients' and carers' input into the assessment of students, as they will have different priorities about effective practice. This input could be, for example, within OSCE stations, or patients working in a team with others to assess students' communication skills.</p> <p>Schools will need to decide whether this input is into the formative or summative assessment of students. This should be in the context of criterion 35, which requires those involved in the summative assessment of students to be competent in assessing those learning outcomes.</p> <p>Criterion 15</p> <p>The assessment schedule for the degree programme should show how:</p> <ul style="list-style-type: none"> ● the assessment works across the degree programme as a whole, in relation to the learning outcomes ● all the learning outcomes are assessed ● assessment is distributed across the degree programme as a whole (particularly that the assessment is not 'end-loaded').

Criteria	Guidance
Assessment methods and regulations	<p data-bbox="738 360 1098 394"><i>Criteria 14 and 15 continued</i></p> <p data-bbox="738 421 1394 842">The assessment regulations should ensure that all the stated learning outcomes are assessed and that all students are treated equitably. (This means that no student is advantaged nor disadvantaged due to the way the assessment is planned or carried out.) If a student fails a module the first time and again on the resit, particular thought will have to be given as to how learning is managed in the following year. This is because the content of the module will form a fundamental building block for learning in subsequent modules.</p> <p data-bbox="738 887 1046 920">Recognition process</p> <p data-bbox="738 927 1374 960">In the submission for recognition, we will require:</p> <ul data-bbox="738 987 1422 1677" style="list-style-type: none"> <li data-bbox="738 987 1422 1290">● for criterion 14: <ul style="list-style-type: none"> <li data-bbox="778 1025 1390 1137">– evidence that a range of assessment methods are used which are valid and appropriate to the learning outcomes being assessed <li data-bbox="778 1144 1382 1211">– evidence that students are encouraged and supported to be self-directed learners <li data-bbox="778 1218 1342 1285">– evidence of how patients and carers are involved in the assessment of students. <li data-bbox="738 1296 1422 1677">● for criterion 15: <ul style="list-style-type: none"> <li data-bbox="778 1335 1414 1637">– a summary of the school's assessment schedule, how assessment works and is distributed across the degree programme as a whole (particularly that the assessment is not end-loaded), how assessment works across the degree, how the assessment determines progression through the programme and relates to the final degree classification <li data-bbox="778 1644 1358 1677">– a summary of the assessment regulations.

Criteria	Guidance
<p>Programme structure</p> <p>16 The programme must have the following general features:</p> <ul style="list-style-type: none"> a the curriculum must cover the programme outcomes specified in criteria 4 to 10 of this document b the knowledge and skills developed during the programme must be integrated, internally consistent and orientated to chiropractic practice c the degree programme must comprise a substantial period of clinical practice for students to bring together all their knowledge and skills in the management of patients d a multidisciplinary approach should be taken wherever possible in the way the programme is approached and in its structure, to ensure that chiropractic is not considered in isolation from other healthcare professions. 	<p>Criterion 16(a)</p> <p>This criterion parallels criterion 3 (which says that all the learning outcomes must be assessed) and emphasises that all the programme outcomes set out in this document must be included in the degree programme. In short, the programme outcomes must form the core of the curriculum offered to students. The programme may include optional aspects and related outcomes of learning provided they do not compromise the achievement of the programme outcomes set out in criteria 4 to 10. For example, if a school considers that it is appropriate to extend learning in any one area in addition to these programme outcomes it is free to do so.</p> <p>Criterion 16(b)</p> <p>We want to know how the knowledge and skills developed during the programme are integrated within both academic and clinical settings. This should be evident in both the programme design and programme evaluations. It would be helpful if this could be highlighted.</p> <p>Criterion 16(c)</p> <p>Schools are encouraged to provide students with meaningful clinical experiences throughout their learning programme so that both apply their learning to practice from an early stage and also develop the skills needed for clinical practice over time. It is possible that students will be able to undertake some delegated tasks with patients from quite an early stage as long as the appropriate governance mechanisms are in place.</p> <p>The final substantial period of clinical practice towards the end of the degree programme is for students to bring together all their knowledge and skills in the management of patients. Specific criteria related to the clinic practice period are given in the next section.</p>

Criteria	Guidance
Programme structure	<p>Criterion 16(d) A multidisciplinary approach, and the involvement of patients and carers in student education, can develop students' capacity for collaboration and communication with other healthcare practitioners. This will help to promote effective working with others in the future. We recognise that the extent to which it will be possible to offer a multidisciplinary approach to students will depend on the total provision offered by the institution and its overall structure. As a minimum the school must make sure that chiropractic is not looked at in isolation from other healthcare professions. If the school takes a multidisciplinary approach to different parts of the degree programme by including students from different disciplines, we will want to be assured that the knowledge and skills needed by students of chiropractic are being adequately addressed and that students are able to see the relevance of the learning to the practice of chiropractic.</p> <p>Recognition process In the submission for recognition, we will need:</p> <ul style="list-style-type: none"> ● for criterion 16(a): <ul style="list-style-type: none"> – evidence that students are able to achieve, and are assessed as achieving, the programme outcomes given in these criteria – information about any additional modules or learning outcomes that are included in the programme, and evidence that they do not compromise the achievement of the core programme outcomes given in this document.

Criteria	Guidance
Programme structure	<ul style="list-style-type: none"> ● for criterion 16(b), evidence that: <ul style="list-style-type: none"> – the knowledge and skills developed during the programme are integrated within both academic and clinical practice settings – the knowledge and skills that are taught during the degree programme are internally consistent and orientated to chiropractic practice. ● for criterion 16(c), information about the clinic practice period. This will relate to the evidence for criteria 17 to 20. ● for criterion 16(d), evidence that: <ul style="list-style-type: none"> – chiropractic is not looked at in isolation from other healthcare professions – if the school takes a multidisciplinary approach to different parts of the degree programme by including students from different disciplines, the knowledge and skills needed by students of chiropractic are being adequately addressed and that students are able to see the relevance of the learning to the practice of chiropractic.

Criteria	Guidance
Clinical experience and practice	
<p>17 Before starting the final period of working in clinical practice, students must have demonstrated that they have achieved the full range of programme outcomes related to the basis of chiropractic practice, and the learning outcomes related to the assessment and care of patients as set out for that stage of the degree programme.</p>	<p>Criterion 17 The purpose of the final clinic period is for students to bring together all their knowledge and skills in the management of patients. The objective is to build and integrate knowledge and skills so that when the student leaves the programme they are fit for independent practice. Students must have experience of successfully managing patient caseloads in a 'managed environment' where the integration of knowledge and skills by students is assessed, and feedback provided.</p>
<p>18 In their final clinic period students must:</p> <ul style="list-style-type: none"> a be responsible for the full spectrum of patient management, and b have assessed and managed enough new patients, and c have provided a sufficient amount and range of chiropractic care for there to be confidence in their ability to function as an independent practitioner. 	<p>Criterion 18 The purpose of the clinic period is to ensure that students can achieve the programme outcomes as set out in the content criteria of this document. It is only contacts in the final clinic period that can be used as evidence of a student integrating all their knowledge and skills for the effective management of patients.</p> <p>It is vital that, in the clinic period, students have the opportunity to assess a number of new patients and follow these patients through during case management. It is unlikely that there will be enough confidence in a student's ability to assess and case manage a range of new patients if they have seen only a few individuals. The normal expectation would be for each student to see approximately 40 new patients during this period. Also, students should provide chiropractic care to other patients so that they develop and apply the different interventions they have learnt during the previous stages of their degree programme. In the clinic year, students should be responsible for assessing patients themselves ie not share the assessment with other students.</p>
<p>19 The school must ensure that, during the final clinic period, each student has the opportunity to assess and provide chiropractic care for a sufficient number of different patients while also ensuring that patients receive continuity of care.</p>	<p>The clinic period should also provide the opportunity for students to have a range of other high-quality clinic experiences, including placements / visits to other relevant, managed clinical environments and inter-professional team working.</p>
<p>20 The school must have policies and procedures to ensure the effective governance of the clinic period and the effective supervision of students.</p>	

Criteria	Guidance
Clinical experience and practice	<p>Criterion 19</p> <p>This criterion emphasises the school's responsibility for ensuring that each student has the opportunity to assess and provide chiropractic care for a sufficient number of different patients. It also emphasises the school's responsibility towards patients by ensuring that they experience continuity of care.</p> <p>As well as having a responsibility to students for their learning, the school also has a responsibility to patients who are treated by students. Schools need to have systems in place to manage patients effectively so that individual patients receive continuity of care from the same student as far as this is possible.</p> <p>The school will need to be active in:</p> <ul style="list-style-type: none"> ● finding ways of promoting an undergraduate student clinic to different populations in its local area, and/or ● finding a range of placements which provide students with opportunities for supervised learning and assessment. <p>Schools will also need to have mechanisms for monitoring the clinic experience of each student, to ensure that each receives enough opportunities to integrate and apply their knowledge and skills in the assessment and management of different patients.</p> <p>School are encouraged to make students aware of the benefits they can gain from observation, employment or attachment in a chiropractic practice or other healthcare setting during their holidays, while also advising them on the limits to the activities they should be undertaking. The school cannot require students to do such work. However, the school has a duty to make students aware of the limits of the work they should be undertaking so that they do not inadvertently carry out duties that are not appropriate to their stage of learning.</p>

Criteria	Guidance
Clinical experience and practice	<p data-bbox="738 322 890 356">Criterion 20</p> <p data-bbox="738 360 1428 707">Schools will need to develop appropriate policies and procedures to ensure the effective governance of the clinic period wherever it takes place and the effective supervision of students during the clinic period. These policies and procedures should include aspects such as: the duties relating to the supervision of students, delegation and accountability, patient information, monitoring and review of patient cases, and complaints procedures.</p> <p data-bbox="738 748 1046 786">Recognition process</p> <p data-bbox="738 790 1374 824">In the submission for recognition, we will require:</p> <ul data-bbox="738 846 1428 1852" style="list-style-type: none"> <li data-bbox="738 846 1428 1077">● for criterion 17, evidence of: <ul style="list-style-type: none"> <li data-bbox="778 887 1428 1077">– the outcomes that students are assessed against before starting the final clinic period, and the methods of this assessment (links to criterion 13 on the information required for all the learning modules). <li data-bbox="738 1081 1428 1503">● for criterion 18, evidence of: <ul style="list-style-type: none"> <li data-bbox="778 1122 1428 1234">– the range and number of different patients that individual students have assessed and managed <li data-bbox="778 1238 1428 1312">– how patient encounters are structured and managed during the clinic <li data-bbox="778 1317 1428 1391">– the types of chiropractic care that have been given to patients by individual students <li data-bbox="778 1395 1428 1503">– how the competence of those supervising and assessing students in the clinic period is assured (links to criterion 32). <li data-bbox="738 1507 1428 1852">● for criterion 19, evidence of: <ul style="list-style-type: none"> <li data-bbox="778 1547 1428 1659">– how the clinic period and patient case-mix is managed across the student cohort and for individual students <li data-bbox="778 1664 1428 1738">– how continuity of care is ensured for different patients <li data-bbox="778 1742 1428 1852">– how the school ensures that students are assessing and managing real patients and not individuals acting in a patient role.

Criteria	Guidance
Clinical experience and practice	<ul style="list-style-type: none"> ● for criterion 20, evidence of: <ul style="list-style-type: none"> – the protocols and procedures for managing new and existing patients who present with new or recurrent complaints – how the care that is given by students is monitored, who does this and when the monitoring happens – methods of conducting case management review and feedback, and how programme content is integrated into this – whether the student cohort gets together for any form of instruction or joint learning in the clinic period – the procedures for dealing with patient complaints related to students' clinic period – who holds the responsibility for patient care and for patients' records – how students are organised in the clinic period (for example, if they are in clinic teams) and how any changes in organisation are managed.

Criteria	Guidance
Programme planning and review	
<p>21 Programme planning must cover all areas of the degree programme and involve staff from all the different aspects of the programme.</p> <p>22 The school must ensure that the degree programme is consistent with advances and significant influences in chiropractic, education and science.</p> <p>23 The school must review the structure, content and delivery of the degree programme in the light of feedback from patients and students, and make improvements as a result of the review.</p> <p>24 The school must have effective measures for quality assuring the degree programme, including making effective use of external examiners.</p>	<p>Criterion 21</p> <p>It is important that all staff involved in delivering the degree programme are involved in its planning. This includes those who are responsible for delivering the different aspects of the degree programme and those who are providing support to it (for example: administration staff, timetabling, IT and library resources). This has two major benefits:</p> <ul style="list-style-type: none"> ● it helps to ensure that the modules work well together and there is integration of content and consistency of approach for students ● all members of staff understand how the degree programme is designed to work as a whole and the contribution they make to the students' entire learning experience. <p>Criterion 22</p> <p>The school needs to keep open to review and evaluation the degree programme as a whole. This should include the overall structure of the programme, the content of the programme and how it is delivered in practice, including the quality of teaching and resultant learning.</p> <p>Review needs to include a number of aspects, such as the contribution that different groups of staff make to the programme and how these contributions can be used most effectively. The review could usefully focus on the contribution of different groups of staff such as: practitioners who are employed on a part-time basis within the school; organisations and practitioners who provide placements for student learning; and those from elsewhere in an institution (not from the school of chiropractic itself) who contribute to the chiropractic programme (commonly known as service teachers).</p> <p>The feedback to inform reviews should come from a variety of sources such as staff appraisal, reviews of teaching by peers, and feedback from students and patients.</p>

Criteria	Guidance
Programme planning and review	<p data-bbox="738 322 890 356">Criterion 23</p> <p data-bbox="738 360 1382 786">The school needs to put in place systems and structures for assuring the quality of the learning experience and related aspects. This should include assurance of the clinical experience period as well as academic components. Schools should make full use of external examiners as key contributors to the quality assurance process. It is recognised good practice for external examiners to have appropriate training for their role. The Quality Assurance Agency has an expectation that institutions would have this in place.</p> <p data-bbox="738 826 1046 860">Recognition process</p> <p data-bbox="738 864 1347 898">In the submission for recognition, we will need:</p> <ul data-bbox="738 925 1374 1892" style="list-style-type: none"> <li data-bbox="738 925 1342 1077">● for criterion 21, evidence of: <ul style="list-style-type: none"> <li data-bbox="778 965 1342 1077">– staff from all the different aspects of the degree programme contributing to its planning. <li data-bbox="738 1081 1342 1305">● for criterion 22, evidence of: <ul style="list-style-type: none"> <li data-bbox="778 1122 1342 1305">– the school's systems for ensuring that the degree programme is up to date and consistent with advances and significant influences in chiropractic, education and science. <li data-bbox="738 1310 1374 1534">● for criterion 23, evidence of: <ul style="list-style-type: none"> <li data-bbox="778 1350 1334 1384">– the structures and processes for review <li data-bbox="778 1388 1374 1534">– the mechanisms that the school has for consulting with staff, students and patients, and how such feedback has been used in reviewing and improving the programme. <li data-bbox="738 1538 1362 1892">● for criterion 24, evidence of: <ul style="list-style-type: none"> <li data-bbox="778 1579 1326 1659">– the quality assurance policies and procedures for the degree programme <li data-bbox="778 1664 1362 1744">– use of external examiners, and their method of appointment and their training <li data-bbox="778 1749 1331 1892">– how the reports of external examiners over the previous three years have been used to address any issues identified within the programme.

Criteria	Guidance
Institution	
<p>25 The institution must have a clear identity and management structure, with clear lines of accountability and responsibility.</p> <p>26 The school must have mechanisms that encourage and promote the involvement of staff and students.</p>	<p>Recognition process</p> <p>In the submission for recognition, we will need to receive:</p> <ul style="list-style-type: none"> ● for criterion 25, information on: <ul style="list-style-type: none"> – the school of chiropractic and its place within, and relationship to, the larger institution – the academic and management structures of the institution and the place of the school within these, including those responsible for monitoring, reviewing and making recommendations on the development of the chiropractic degree programme – developments within or affecting the school. ● for criterion 26, information on: <ul style="list-style-type: none"> – processes for involving staff, students and patients, and how information gained via these routes is used to develop the programme.

Criteria	Guidance
Resources	
<p>27 The school must have access to sufficient accommodation, equipment and other resources for the effective delivery of the planned degree programme to the numbers of students in each year of the programme and overall student numbers.</p> <p>28 The school must have access to sufficient clinical practice facilities for the number of students in the final clinic-year cohort. The facilities must be suitable for the provision of chiropractic assessment and care while respecting the privacy and dignity of patients.</p>	<p>Criterion 27</p> <p>Schools must have access to sufficient accommodation, equipment and resources to effectively deliver the degree programme, particularly ensuring that there is enough dedicated space for students to effectively learn the practical skills of chiropractic. Also, to meet the requirements of criterion 6(f), schools will need to have direct access to plain-film radiography services and/or facilities that can efficiently supply the level of detailed interpretation necessary to inform the kind of clinical decisions required of chiropractors. Resources include readily accessible library and information technology resources.</p> <p>Resourcing needs to take proper account of the other teaching and research commitments of the school and the institution. Access means that the school is able to use the resources on a regular and necessary basis, although it might not be the only user of these resources. Facilities for staff accommodation, teaching and research may be shared with other schools or university departments.</p> <p>Criterion 28</p> <p>The provision of appropriate clinic facilities is critical to the success of the programme. Criteria 17 to 20, and the related guidance for the clinical experience and practice, give more information on this area.</p> <p>Recognition process</p> <p>In the submission for recognition, we will need:</p> <ul style="list-style-type: none"> ● for criterion 27: <ul style="list-style-type: none"> – a business plan for the next five years setting out how the programme will be resourced over time and its continuity assured – evidence that the school has access to sufficient accommodation, equipment and resources to effectively deliver the degree programme, particularly focusing on the accommodation that is dedicated solely to the teaching of chiropractic and plain-film radiography services and/or facilities

Criteria	Guidance
Resources	<p data-bbox="740 322 1104 356"><i>Criteria 27 and 28 continued</i></p> <ul style="list-style-type: none"> <li data-bbox="780 383 1422 495">– information on the capital equipment and facilities used by the school and any changes in these from previous years <li data-bbox="780 501 1422 725">– information on IT, and library stock and services generally; and specifically: the annual budget for the purchase of chiropractic resources (for example: textbooks, periodicals and other relevant information sources) and how this is allocated <li data-bbox="780 732 1422 882">– in larger institutions, information on the basis and method of allocation of resources to departments contributing to the chiropractic degree programme <li data-bbox="780 889 1422 1039">– in larger institutions, information on the financial allocations (budgets) to departments contributing to the chiropractic degree programme <li data-bbox="780 1046 1422 1158">– in larger institutions, information on relevant central costs, both overall and expressed as expenditure per student <li data-bbox="780 1164 1422 1388">– in larger institutions, information on the method and distribution of financial allocations within departments contributing to the chiropractic degree programme both overall and expressed as expenditure per Full Time Equivalent (FTE) student. <li data-bbox="740 1395 1422 1733">● For criterion 28, evidence of: <ul style="list-style-type: none"> <li data-bbox="780 1435 1422 1503">– the range and nature of the clinic facilities for the final-year student cohort <li data-bbox="780 1509 1422 1659">– the suitability of the clinic facilities for the provision of chiropractic assessment and care and respecting the privacy and dignity of patients <li data-bbox="780 1666 1422 1733">– how the quality of the clinic facilities is assured over time.

Criteria	Guidance
Staff	
<p>29 The school must have enough available staff to effectively teach, assess and support the entire student learning experience for all students in each programme cohort and in the school as a whole.</p>	<p>Criteria 29–30 The staff expert in chiropractic assessment and care may be full-time lecturers, part-time teacher-practitioners or paid under a contract arrangement with the institution. Staff involved in other parts of the degree programme may have a non-chiropractic background.</p>
<p>30 The school must have sufficient individuals expert in chiropractic assessment and care involved with student teaching and assessment.</p>	<p>Criterion 31 As this is a degree programme concerned with developing healthcare professionals, and hence not solely about the development of academic knowledge and skills, it is essential that all clinical chiropractic teaching staff recognise their role as models of good practice to students and reflect high standards of patient care.</p>
<p>31 The school must ensure that all clinical chiropractic teaching staff reflect high standards of patient care in all their work.</p>	<p>Criterion 32 Schools have a responsibility for ensuring that everyone involved in the teaching and assessment of students is competent in the role they are being asked to undertake.</p>
<p>32 All staff involved in student teaching and assessment must be competent in enabling students to learn effectively and assessing student achievement.</p>	<p>This is of particular relevance to the development and assessment of clinical practice given that this is an educational programme for future healthcare professionals.</p>
<p>33 The institution must have at least one chiropractor registered with the GCC who occupies a position of academic authority at least equivalent to a Head of School.</p>	<p>Criterion 34 The school should ensure that they have effective management and development processes, including an appraisal system. The appraisal processes should have the aim of improving staff practice over time. Members of staff will need to have enough time to keep up to date with advances in knowledge and practice. The school has a role in supporting this through encouraging involvement in appropriate development activities (such as presenting at and attending conferences and seminars, journal editorial boards and learned societies, and so on). This in turn will enable the school to develop the degree programme and ensure that it is effective for students (see criterion 35).</p>
<p>34 The school must have effective staff management and development processes that provide feedback to staff on their input and enable them to develop their knowledge and practice.</p>	

Criteria	Guidance
Staff	<p>Recognition process</p> <p>In the submission for recognition, we will need:</p> <ul style="list-style-type: none"> ● for criterion 29, information on: <ul style="list-style-type: none"> – student load within the school, expressed as total numbers and the full-time equivalent (FTE) student load for chiropractic degree programmes. Undergraduates, students on taught postgraduate courses, and postgraduate research students should be shown separately – the overall number and type of staff contributing to the degree – the number, job titles and grades of staff who support chiropractic teaching or research described by: <ul style="list-style-type: none"> – technical staff – administrative, secretarial and clerical staff – how the school allocates work to individual members of staff and ensures that the load that each carries is equitable and evidence that: <ul style="list-style-type: none"> – there are enough available staff for the students in each year of the degree programme, as well as for overall student numbers, taking account of the teaching and research commitments of staff. ● for criterion 30, information on: <ul style="list-style-type: none"> – the numbers of academic staff by grade and designation: full time, part time and full-time equivalent (FTE). Teacher-practitioners, visiting lecturers and service teachers should be shown separately from the core establishment of academic staff for the programme – the name and contractual status of each member of academic staff with an outline of teaching, research, other scholarly and administrative duties. The areas that should be included in this information are given in Appendix D. ● for criterion 31, information on: <ul style="list-style-type: none"> – how the school ensures that all clinical chiropractic teaching staff reflect high standards of patient care, and the actions that are taken to address any issues.

Criteria	Guidance
Staff	<ul style="list-style-type: none"> ● for criterion 32, evidence of: <ul style="list-style-type: none"> – effective teaching and how the school evaluates the quality of teaching. – The people responsible for the assessment of students both formatively and summatively and how the school ensure that they are competent to assess the aspects concerned <ul style="list-style-type: none"> – we will pay particular attention to the assessment of clinical practice. ● for criterion 33, evidence that: <ul style="list-style-type: none"> – there is at least one chiropractor registered with the GCC who occupies a position of academic authority at least equivalent to a Head of School. ● for criterion 34, evidence of: <ul style="list-style-type: none"> – staff management processes within the school – the appraisal and development policies and practices for staff in the school.

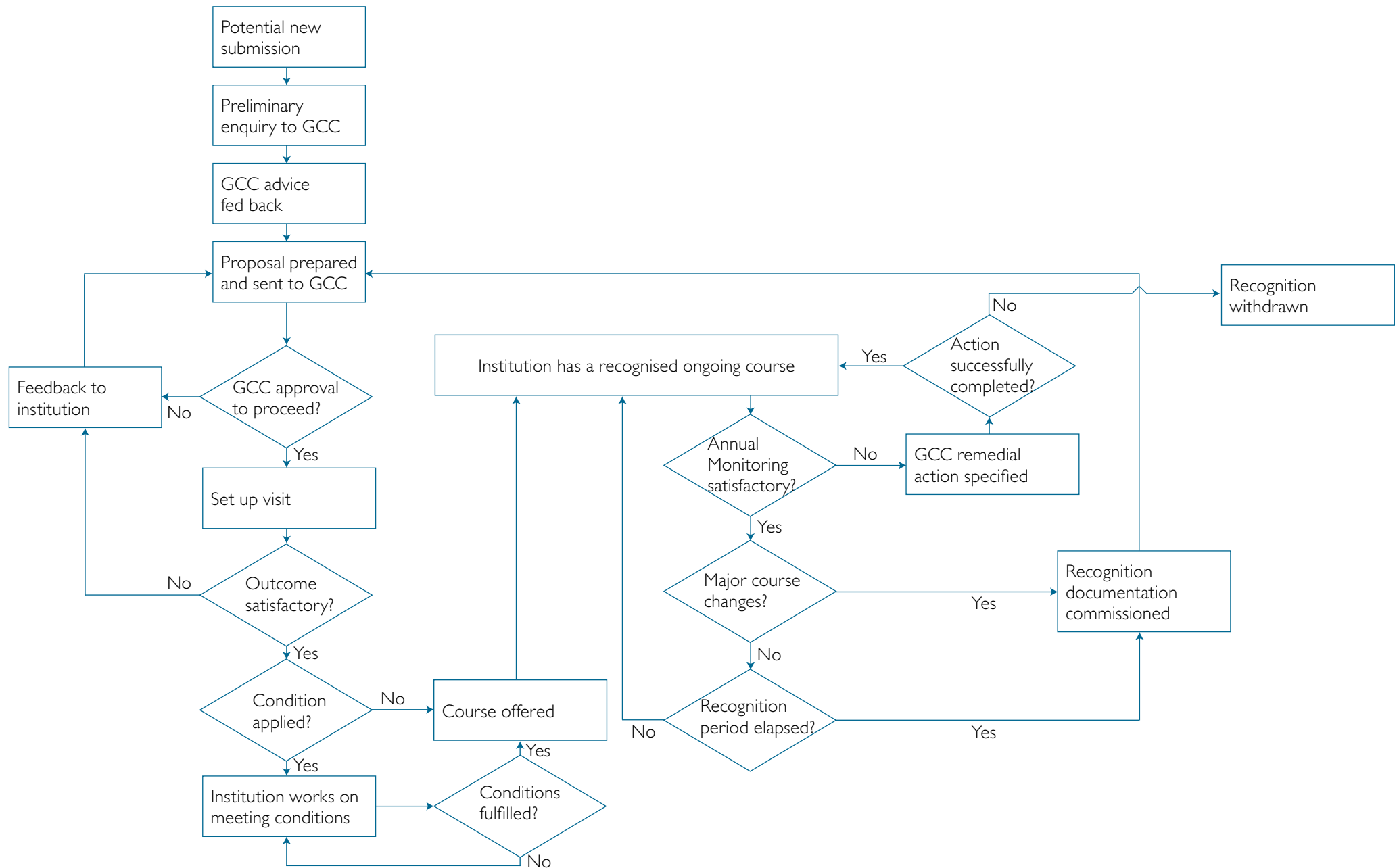
Criteria	Guidance
Students	
<p>35 Entry to the degree programme must:</p> <ol style="list-style-type: none"> a include evidence of students' literacy, numeracy and the ability to communicate in English b promote equality of opportunity. <p>36 The institution must provide students with academic guidance, pastoral care and other support services appropriate to meet students' needs.</p> <p>37 The school must have student fitness-to-practise policies and procedures that are appropriate to the purpose of the degree programme – that is, to develop future members of the chiropractic profession. The school must inform the GCC of the outcomes of any student fitness-to practise cases.</p> <p>38 The school must provide students with clear information on the main aspects of the programme before entry and throughout their degree programme.</p>	<p>Criterion 35 Provided schools include the requirements stated in criterion 36, we welcome flexibility in entry requirements, especially if they encourage students who do not have traditional educational qualifications. We are interested in finding out how schools promote equality of opportunity for a wide range of different students.</p> <p>Criterion 36 Other support services appropriate to meet student needs would include, for example, support provided to students with disabilities.</p> <p>Criterion 37 Schools should be aware of their responsibilities in developing not only the academic abilities of students but also their professional conduct and behaviour. Schools should have in place appropriate fitness-to-practise policies and procedures that relate to the development of future members of a statutory, regulated healthcare profession in the UK with the resultant responsibilities that this brings. It is recommended that throughout the learning programme students are encouraged to understand the relationship of what they are learning to the Code of Practice and Standard of Proficiency, so that they understand the direct link to statutory registration as a chiropractor.</p> <p>Criterion 38 The school has a duty to provide students with all relevant information on the degree programme. Specifically this should include:</p> <ul style="list-style-type: none"> ● the learning outcomes within the different modules and units ● the nature and role of any assessment within the different modules and units ● their rights and responsibilities during their time on the degree programme ● fitness-to-practise and academic disciplinary procedures ● where else they might access support as a student and when they are qualified.

Criteria	Guidance
Students	<p data-bbox="738 322 1018 356">Criterion 38 continued</p> <p data-bbox="738 383 1422 568">The school should encourage students to be participating members of student and professional chiropractic organisations and should make them aware of the range of different organisations that are available to them.</p> <p data-bbox="738 613 1046 647">Recognition process</p> <p data-bbox="738 651 1347 685">In the submission for recognition, we will need:</p> <ul data-bbox="738 712 1428 1989" style="list-style-type: none"> <li data-bbox="738 712 1428 1480">● for criterion 35, information on: <ul style="list-style-type: none"> <li data-bbox="778 752 1369 824">– the school’s policy and practice for degree programme admission <li data-bbox="778 831 1369 1016">– current numbers of chiropractic undergraduate and postgraduate students in each year group and future plans for maintaining, increasing or decreasing this number <li data-bbox="778 1023 1369 1095">– annual applications for entry to the degree programme <li data-bbox="778 1102 1428 1368">– the entry profile of students – this should show separately the number of UK, EU and overseas students, and include the numbers entering with academic qualifications (and the average A-level points and/or the UCAS tariff score for those entrants), vocational qualifications, EU and overseas qualifications <li data-bbox="778 1375 1428 1480">– policies and procedures for promoting equality of opportunity and encouraging students with disabilities. <li data-bbox="738 1487 1428 1989">● for criterion 36, information on: <ul style="list-style-type: none"> <li data-bbox="778 1527 1428 1713">– progression of the different student cohorts in the programme and at final graduation. This should be shown for the full student group in any one entry cohort and also be linked to student entry profile (see <i>above</i>) <li data-bbox="778 1720 1428 1989">– the number of students who have not met learning outcomes in the modules or units within the agreed time period. The relationship of this number to the entry profile of students should be noted, as should the strategies that the school has put in place to address any problems

Criteria	Guidance
Students	<ul style="list-style-type: none"> – the academic guidance, pastoral care and individualised support that is provided to students with disabilities and how it is evaluated. ● for criterion 37, information on: <ul style="list-style-type: none"> – the school's policies and procedures for managing any fitness-to-practise issues and disciplinary issues – the numbers of students in each year group for whom fitness-to-practise procedures or disciplinary procedures have been put into effect, and the outcomes of the different cases. ● for criterion 38, information on: <ul style="list-style-type: none"> – the school's undergraduate prospectus for chiropractic – the printed information about the degree programme given to students (for example, the student handbook) – how students are provided with updated information when changes are made.

Criteria	Guidance
Research	
<p>39 The school must foster a culture of personal and collaborative academic research and other scholarly activities.</p> <p>40 Proper facilities for research must be provided within the school.</p>	<p>Criterion 39 This criterion stresses the importance of the school's taking an active role in research and scholarship (for example, authoring books and articles) as this is an essential part of maintaining a high standard of undergraduate education. As schools of chiropractic are housed within or linked to institutions of higher education it is vital that academic staff have enough time to carry out personal and collaborative research. Staff's research interests should not be allowed to compromise students' educational development.</p> <p>Criterion 40 Research facilities will be for the use of staff and students and will include, for example, bibliographic databases, publications, laboratories, clinics, statistical software and access to experts.</p> <p>Recognition process In the submission for recognition, we will need:</p> <ul style="list-style-type: none"> ● for criterion 39, information on: <ul style="list-style-type: none"> – the school's postgraduate courses and its involvement in the provision of continuing professional development - a brief description will suffice – an overview of the school's research including a description of how research relates to the undergraduate degree programme(s), the school's latest research assessment rating (if relevant), a summary of research grants and contracts, and any highlights of the school's research, quoting selected publications (no more than four per staff member) – the range and nature of research carried out by students – the output (numbers) of books, papers, articles and communications published by staff or students of the school. ● for criterion 40, information on: <ul style="list-style-type: none"> – current research facilities available in the school and any future intentions for expanding or contracting them.

Appendix A: Flow chart of recognition process



Appendix B: Specimen programme for a recognition visit

Set out below is a specimen programme for a recognition visit. During the planning stage for the visit, the GCC office liaises with the school and the chair of the visiting panel to agree a programme that is fit for purpose and maximises the contributions from the school's and institution's staff.

Day 1

- 09.00** *Panel arrives and sets up in a private room*
- 09.30–10.00** Introductory meeting with the Senior Management Team of the Institution and Head of School to:
- receive a presentation from the school on its history, current stage of development and future plans
 - outline the particular issues that the panel wishes to investigate during the visit
- 10.00–10.30** Guided tour of on-site facilities
- 10.30–10.45** *Break – private meeting of panel*
- 10.45–11.45** Meeting with the Senior Management Team of the school to explore particular issues related to them
- 11.45–12.15** Meeting with a number of the members of faculty who are not involved in any other formal meetings set out in this timetable (that is, people who contribute to the chiropractic programme through teaching, tutoring or as clinic staff)
- 12.15–12.30** Private meeting of panel
- 12.30–13.15** Meeting with patients
- 13.15–14.15** *Lunch with patients and students*
- 14.15–15.15** Guided tour of a representative sample of any off-site facilities
- 15.15–16.00** Meeting with module leaders/managers for year 1
- 16.00–16.45** Meeting with module leaders/managers for year 2
- 16.45–17.00** *Break – private meeting of panel*
- 17.00–18.00** Meeting with student representatives
- 18.00–18.30** *Private meeting of panel and close*

Day 2

- 09.00–09.50** Meeting with module leaders/managers for year 3
- 09.50–10.45** Meeting with module leaders/managers for year 4
- 10.45–11.00** *Break – private meeting of panel*
- 11.00–11.30** Meeting with Head of Quality Assurance and the Head of School
- 11.30–12.00** Private meeting of panel
- 12.00–12.45** Meeting with any remaining members of staff who have not been involved in any other formal meetings set out in this timetable
- 12.45–13.45** *Lunch with staff*
- 13.45–14.00** Private meeting of panel
- 14.00–14.30** Meeting with the Senior Management Team of the school
- 14.30–15.00** Private meeting of panel
- 15.00** Final meeting with the Senior Management Team of the institution and school for the visiting panel to provide preliminary feedback

Appendix C: Further Information on the Quality Assurance Agency Higher Education Framework and the Scottish Credit and Qualifications Framework

England, Wales and Northern Ireland

The QAA states that a qualification at honours level is awarded to students who have demonstrated:

“A systematic understanding of key aspects of their field of study, including acquisition of coherent and detailed knowledge, at least some of which is at or informed by, the forefront of defined aspects of a discipline

- an ability to deploy accurately established techniques of analysis and enquiry within a discipline
- conceptual understanding that enables the student:
 - to devise and sustain arguments, and/or to solve problems, using ideas and techniques, some of which are at the forefront of the discipline; and
 - to describe and comment upon particular aspects of current research, or equivalent advanced scholarship, in the discipline;
- an appreciation of uncertainty, ambiguity and limits of knowledge
- the ability to manage their own learning, and to make use of scholarly reviews and primary sources (for example, refereed research articles and/or original materials appropriate to the discipline).

Typically holders of the qualification will be able to:

- a) apply the methods and techniques that they have learned to review, consolidate, extend and apply their knowledge and understanding, and to initiate and carry out projects
- b) critically evaluate arguments, abstract concepts and data (that may be incomplete) to make judgments, and to frame appropriate questions to achieve a solution – or identify a range of solutions – to a problem
- c) communicate information, ideas, problems and solutions to both specialist and non-specialist audiences

and will have

- d) qualities and transferable skills necessary for employment requiring:
 - the exercise of initiative and personal responsibility
 - decision-making in complex and unpredictable contexts; and
 - the learning ability needed to undertake appropriate further training of a professional or equivalent nature.”

The QAA also states that:

“Qualifications should only be awarded to mark the achievement of positively defined outcomes, not as compensation for failure at a higher level or by default.”

The Quality Assurance Agency says that its qualifications framework is only as it states. That is, it is not a credit framework. The design of academic programmes has to make some assumptions about the amount of learning that is likely to be necessary to achieve the intended outcomes. The QAA does not specify the length of time that a first-degree course should take. It states, however, that: “the learning outcomes for a degree are unlikely to be achieved in less than the equivalent of one academic year’s full-time study which addresses those outcomes directly. ... A degree can properly be awarded only when the expectations of the relevant qualification descriptor have been met”.

Scotland

In Scotland, information on the level and credit rating of all qualifications is included within an overall Scottish Credit and Qualifications Framework – see SCQF Handbook: User Guide (October 2009) www.scqf.org.uk/News/LatestNews/SCQFHandbookUserGuide2009.aspx

The SCQF has 12 levels ranging from Access 1 at SCQF level 1 to a Doctorate degree at SCQF level 12. Honours degrees are at level 10 and Integrated Masters degrees at level 11. The Scottish Bachelors Degree with Honours is at SCQF level 10 and consists of at least 480 credits, of which a minimum of 180 are at levels 9 and 10 including at least 90 at level 10. It is typically offered through the equivalent of four years’ full-time higher education and is recognised as the normal entry to postgraduate study.

Increases in level of demand within the framework relate to changes in factors such as:

- 1 complexity and depth of knowledge and understanding
- 2 links to associated academic, vocational and professional practice
- 3 the degree of integration, independence and creativity required
- 4 the range and sophistication of application/practice
- 5 the role(s) taken in relation to other learners/workers in carrying out tasks.

One of the purposes of the SCQF is to help make clear the relationships between Scottish qualifications and those in the rest of the UK, Europe and beyond. This will help enhance opportunities for international progression routes and credit transfer. Qualifications are broadly aligned at higher education level in the UK. At postgraduate levels qualifications are common with those in England, Wales and Northern Ireland and the Honours Degree levels are considered to be in broad alignment. (Below this the qualifications reflect the different educational structures and contexts within the different countries.)

The SCQF uses two measures to describe qualifications and degree programmes:

- 1 the level of the outcomes of learning
- 2 credit points which give learners, employers and learning providers a means of describing and comparing the amount of learning that has been achieved, or is required to complete a qualification or learning programme, at a given level of the Framework. The number of SCQF Credit Points is worked out on the basis of the number of notional learning hours that an ‘average’ learner at a specified SCQF Level might expect to take to achieve the

learning outcomes, including the assessment. One credit represents the outcomes of learning achieved through a notional 10 hours of learning time. However, this is only a guide and no credits are added or taken away if more or less time is taken to achieve the outcomes. No credits are earned by a learner if the outcome is not achieved.

SCQF levels are not related directly to years of full-time study. They are defined by the extent of demands made of the learner in each of the five broad categories of competence.

Appendix D: Annual monitoring proforma of each recognised chiropractic degree programme offered by an institution

Please complete the proforma for the chiropractic degree programme detailed below.

If you have a number of different chiropractic degree programmes, you will need to provide the information for each of the programmes. The different returns can cross-refer where this is applicable.

Please feel free to use information produced for other purposes as sources of the information needed for this return.

Section A: Information about the programme and period of recognition

TO BE COMPLETED BY THE GCC OFFICE

- A1 Institution:
- A2 Title of programme:
- A3 Current recognition period:

Section B: Changes and developments in the programme since the last annual return or recognition visit

- B1 Please outline any developments in the programme and institution since the last report.
- B2 Please outline any specific issues that the programme or institution is facing.
- B3 Please outline changes that are being made in response to external examiners' reports and feedback from the staff and students. The school's action plan using the format of the host higher education institution may be used as a source document here. You do not need to send each external examiner's report – a summary of feedback will suffice.

Section C: Quantitative data on students

- C1 Target recruitment number showing the next five years of the programme in a table
- C2 Student intake (table not shown here) – by each cohort year and showing the entry profile of students with the number of UK, EU and overseas students shown separately; the numbers entering with academic qualifications, vocational qualifications, and other forms of entry qualifications/routes (for example, access courses); the numbers of students with disabilities; the age profile of students; their ethnic background, sexual orientation and religious belief
- C3 Total number of students on the existing programme by year for each student cohort (table not shown here) – and showing progression through the programme linked to country of origin, entry profile by qualification, students with disabilities, age profile, ethnic background, sexual orientation and religious belief

- C4 Fitness-to-practise procedures for each student cohort showing number of students subject to FtP procedures and the outcomes
- C5 Clinical experience (table not shown here) – the average number of new patients seen by each student in the final clinic period
- C6 Students successfully completing the degree programme (relating to cohort completing in 20xx) (table not shown here) – showing the original number in the cohort at the start of the programme, any numbers who have joined or left the programme as it proceeds and the reasons for this, those successfully graduating from the programme.

Section D: Information on staff and patient involvement in the programme, and the development of the research base

- D1 Workforce information, including staff turnover, the number of qualified chiropractors and the number of qualified staff contributing to specific aspects of teaching
- D2 Patient and public involvement over the previous 12 months, plans for improving the programme as a result of this involvement and plans for improving the involvement of patients and the public in the following year
- D3 Research – quantitative and qualitative research being carried out in the school (including research that is carried out by students for their research projects), any related research strategy for the future

Completed by:

Date:

Please return completed forms by (date) to:

General Chiropractic Council
44 Wicklow Street
London
WC1X 9HL

Appendix E: Submission documentation for recognition of a chiropractic degree programme

This section summarises all the information noted throughout the text that the GCC requires in a submission.

In the submission for recognition, we will require:

- for criterion 1, evidence that learning in the programme adequately covers all the programme outcomes specified in criteria 4 to 10. This should take the form of a clear, explicit mapping between the programme's modules and learning outcomes against the GCC's programme areas and outcomes set out in criteria 4 to 10.
- for criterion 2, information on how appropriate staged learning outcomes have been developed across the programme, and how the learning outcomes enable students to develop and apply their knowledge and skills so that they can meet the GCC's programme areas and outcomes.
- for criterion 3, evidence that every learning outcome is assessed.
- for criterion 11, evidence that the learning outcomes and modules within the programme are set at an appropriate level for the degree that is being awarded (that is, for an honours degree or integrated masters degree). This evidence is likely to come from the current validation of the learning programme by the awarding institution.
- for criterion 12, evidence of the time that it takes students to complete the degree programme.
- for criterion 13, we will want to see the overall specification for the programme containing information on each of the modules within it. In total this should cover:
 - the aims and objectives of the degree programme as a whole
 - the teaching philosophy of the programme
 - the structure and content of the degree programme (including the different modules and how they link to and integrate with each other) and any modules that are additional to achieving the programme outcomes set out in this document
 - an explicit, clear mapping showing how the detailed programme content and structure meet the GCC's programme outcomes specified in this document, including the staged learning outcomes that the school has developed to meet the programme outcomes – see the requirement for criterion 1
 - the aims of the modules
 - the learning outcomes in each module
 - the credit rating for each module
 - directed study hours for each module showing contact hours by type (for example: lectures, tutorials, hands-on practical sessions) and directed non-contact hours (for example: other staff-led or supervised coursework)
 - the teaching and learning approaches used within the modules, including when and how patients and carers are used to enhance student learning

- the staff responsible for leading, and teaching on, each module
- the assessment methods used in each module.
- for criterion 14:
 - evidence that a range of assessment methods are used which are valid and appropriate to the learning outcomes being assessed
 - evidence that students are encouraged and supported to be self-directed learners
 - evidence of how patients and carers are involved in the assessment of students.
- for criterion 15:
 - a summary of the school's assessment schedule, how assessment works and is distributed across the degree programme as a whole (particularly that the assessment is not end-loaded), how assessment works across the degree, how the assessment determines progression through the programme and relates to the final degree classification
 - a summary of the assessment regulations.
- for criterion 16(a):
 - evidence that students are able to achieve, and are assessed as achieving, the programme outcomes given in these criteria
 - information about any additional modules or learning outcomes that are included in the programme, and evidence that they do not compromise the achievement of the core programme outcomes given in this document.
- for criterion 16(b), evidence that:
 - the knowledge and skills developed during the programme are integrated within both academic and clinical practice settings
 - the knowledge and skills that are taught during the degree programme are internally consistent and orientated to chiropractic practice.
- for criterion 16(c), information about the clinic practice period. This will relate to the evidence for criteria 17 to 20 below.
- for criterion 16(d), evidence that:
 - chiropractic is not looked at in isolation from other healthcare professions
 - if the school takes a multidisciplinary approach to different parts of the degree programme by including students from different disciplines, the knowledge and skills needed by students of chiropractic are being adequately addressed and that students are able to see the relevance of the learning to the practice of chiropractic.
- for criterion 17, evidence of:
 - the outcomes that students are assessed against before starting the final clinic period, and the methods of this assessment (links to criterion 13 on the information required for all the learning modules).
- for criterion 18, evidence of:
 - the range and number of different patients that individual students have assessed and managed
 - how patient encounters are structured and managed during the clinic
 - the types of chiropractic care that have been given to patients by individual students
 - how the competence of those supervising and assessing students in the clinic period is assured (links to criterion 32).
- for criterion 19, evidence of:
 - how the clinic period and patient case-mix is managed across the student cohort and for individual students

- how continuity of care is ensured for different patients
- how the school ensures that students are assessing and managing real patients and not individuals acting in a patient role.
- for criterion 20, evidence of:
 - the protocols and procedures for managing new and existing patients who present with new or recurrent complaints
 - how the care that is given by students is monitored, who does this and when the monitoring happens
 - methods of conducting case management review and feedback, and how programme content is integrated into this
 - whether the student cohort gets together for any form of instruction or joint learning in the clinic period
 - the procedures for dealing with patient complaints related to students' clinic period
 - who holds the responsibility for patient care and for patients' records
 - how students are organised in the clinic period (for example, if they are in clinic teams) and how any changes in organisation are managed.
- for criterion 21, evidence of:
 - staff from all the different aspects of the degree programme contributing to its planning.
- for criterion 22, evidence of:
 - the school's systems for ensuring that the degree programme is up to date and consistent with advances and significant influences in chiropractic, education and science.
- for criterion 23, evidence of:
 - the structures and processes for review
 - the mechanisms that the school has for consulting with staff, students and patients, and how such feedback has been used in reviewing and improving the programme.
- for criterion 24, evidence of:
 - the quality assurance policies and procedures for the degree programme
 - use of external examiners, their method of appointment and their training
 - how the reports of external examiners over the previous three years have been used to address any issues identified within the programme.
- for criterion 25, information on:
 - the school of chiropractic and its place within, and relationship to, the larger institution
 - the academic and management structures of the institution and the place of the school within these, including those responsible for monitoring, reviewing and making recommendations on the development of the chiropractic degree programme
 - developments within or affecting the school.
- for criterion 26, information on:
 - processes for involving staff, students and patients, and how information gained via these routes is used to develop the programme.
- for criterion 27:
 - a business plan for the next five years setting out how the programme will be resourced over time and its continuity assured
 - evidence that the school has access to sufficient accommodation, equipment and resources to effectively deliver the degree programme, particularly focusing on the accommodation that is dedicated solely to the teaching of chiropractic and plain-film radiography services and/or facilities

- information on the capital equipment and facilities used by the school and any changes in these from previous years
- information on IT, and library stock and services generally; and specifically: the annual budget for the purchase of chiropractic resources (for example: textbooks, periodicals and other relevant information sources) and how this is allocated
- in larger institutions, information on the basis and method of allocation of resources to departments contributing to the chiropractic degree programme
- in larger institutions, information on the financial allocations (budgets) to departments contributing to the chiropractic degree programme
- in larger institutions, information on relevant central costs, both overall and expressed as expenditure per student
- in larger institutions, information on the method and distribution of financial allocations within departments contributing to the chiropractic degree programme both overall and expressed as expenditure per Full Time Equivalent (FTE) student.
- For criterion 28, evidence of:
 - the range and nature of the clinic facilities for the final-year student cohort
 - the suitability of the clinic facilities for the provision of chiropractic assessment and care and respecting the privacy and dignity of patients
 - how the quality of the clinic facilities is assured over time.
- for criterion 29, information on:
 - student load within the school, expressed as total numbers and the full-time equivalent (FTE) student load for chiropractic degree programmes. Undergraduates, students on taught postgraduate courses, and postgraduate research students should be shown separately
 - the overall number and type of staff contributing to the degree
 - the number, job titles and grades of staff who support chiropractic teaching or research described by:
 - technical staff
 - administrative, secretarial and clerical staff

and evidence that:

 - there are enough available staff for the students in each year of the degree programme, as well as for overall student numbers, taking account of the teaching and research commitments of staff.
- for criterion 30, information on:
 - the numbers of academic staff by grade and designation: full time, part time and full-time equivalent (FTE). Teacher-practitioners, visiting lecturers and service teachers should be shown separately from the core establishment of academic staff for the programme
 - the name and contractual status of each member of academic staff with an outline of teaching, research, other scholarly and administrative duties. The areas that should be included in this information are given in Appendix D.
- for criterion 31, information on:
 - how the school ensures that all clinical chiropractic teaching staff reflect high standards of patient care, and the actions that are taken to address any issues.

- for criterion 32, evidence of:
 - effective teaching and how the school evaluates the quality of teaching.
 - the people responsible for the assessment of students both formatively and summatively and how the school ensure that they are competent to assess the aspects concerned – we will pay particular attention to the assessment of clinical practice.
- for criterion 33, evidence that:
 - there is at least one chiropractor registered with the GCC who occupies a position of academic authority at least equivalent to a Head of School.
- for criterion 34, evidence of:
 - staff management processes within the school
 - the appraisal and development policies and practices for staff in the school.
- for criterion 35, information on:
 - the school's policy and practice for degree programme admission
 - current numbers of chiropractic undergraduate and postgraduate students in each year group and future plans for maintaining, increasing or decreasing this number
 - annual applications for entry to the degree programme
 - the entry profile of students – this should show separately the number of UK, EU and overseas students, and include the numbers entering with academic qualifications (and the average A-level points and/or the UCAS tariff score for those entrants), vocational qualifications, and overseas qualifications
 - policies and procedures for promoting equality of opportunity and encouraging students with disabilities.
- for criterion 36, information on:
 - progression of the different student cohorts in the programme and at final graduation. This should be shown for the full student group in any one entry cohort and also be linked to student entry profile (see above)
 - the number of students who have not met learning outcomes in the modules or units within the agreed time period. The relationship of this number to the entry profile of students should be noted, as should the strategies that the school has put in place to address any problems
 - the academic guidance, pastoral care and individualised support that is provided to students with disabilities and how it is evaluated.
- for criterion 37, information on:
 - the school's policies and procedures for managing any fitness-to-practise issues and disciplinary issues
 - the numbers of students in each year group for whom fitness-to-practise procedures or disciplinary procedures have been put into effect, and the outcomes of the different cases.
- for criterion 38, information on:
 - the school's undergraduate prospectus for chiropractic
 - the printed information about the degree programme given to students (for example, the student handbook)
 - how students are provided with updated information when changes are made.
- for criterion 39, information on:
 - the school's postgraduate courses and its involvement in the provision of continuing professional development – a brief description will suffice

- an overview of the school's research including a description of how research relates to the undergraduate degree programme(s), the school's latest research assessment rating (if relevant), a summary of research grants and contracts, and any highlights of the school's research, quoting selected publications (no more than four per staff member)
- the range and nature of research carried out by students
- the output (numbers) of books, papers, articles and communications published by staff or students of the school.
- for criterion 40, information on:
 - current research facilities available in the school and any future intentions for expanding or contracting them.

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