

## Outcomes of comparing the GCC’s Degree Recognition Criteria (May 2010) and the various accreditation standards and competences required by the worldwide chiropractic authorities

### Introduction

1. This paper updates and extends the mapping that was initially developed for the November 2009 meeting of the GCC’s Education Committee. However as the majority of the accreditation standards across the worldwide chiropractic community have changed since 2009, including those of the GCC, it has been necessary to repeat more of the mapping than was first envisaged.
2. The paper starts by describing the chiropractic authorities that function in different areas of the world, then identifies the standards and competences of the worldwide chiropractic accrediting authorities before summarising the analysis of how these different standards and competences compare with the programme outcomes of the GCC’s Degree Recognition Criteria – the level at which individuals can enter the register.
3. The paper is supported by five appendices related to the analysis undertaken between the standards and competences of an accrediting authority and the GCC’s Degree Recognition Criteria.
4. The paper concludes by asking the Education Committee:
  - a. if it agrees with the analysis
  - b. agrees that the outcomes identified should form the content of the assessment approach adopted
  - c. its advice on some areas where there are specific questions and issues.

### Worldwide chiropractic authorities

5. Chiropractic authorities are predominantly based in those parts of the world where English is the first or a main language. Table 1 sets out the jurisdictions and the main roles of the different worldwide chiropractic authorities.

*Table 1: Worldwide chiropractic authorities - jurisdictions and main roles*

Jurisdiction	Authority	Acronym	Brief overview
Australia	Chiropractic Board of Australia <sup>1</sup>	CBA	<p>The functions of the Chiropractic Board of Australia include:</p> <ul style="list-style-type: none"> <li>• registering chiropractors and students</li> <li>• developing standards, codes and guidelines for the chiropractic profession</li> <li>• handling notifications, complaints, investigations and disciplinary hearings</li> <li>• assessing overseas trained</li> </ul>

<sup>1</sup> The CBA is one of 14 National Boards in Australia which comes under the Australian Health Practitioner Regulation Authority (AHPRA). AHPRA was set up under the Health Practitioner Regulation National Law which came into effect on 1 July 2010 and meant that for the first time in Australia, 14 health professions are regulated by nationally consistent legislation under the National Registration and Accreditation Scheme.

			<p>practitioners who wish to practise in Australia (see CCEA below)</p> <ul style="list-style-type: none"> <li>• approving accreditation standards and accredited programs of study (see CCEA below).</li> </ul>
	Council on Chiropractic Education Australasia	CCEA	<p>Ensuring and maintaining quality assurance in chiropractic education and competency including:</p> <ul style="list-style-type: none"> <li>• accrediting chiropractic programs in the Australasia region</li> <li>• undertaking qualification and skills assessment for migration and registration with the Chiropractic Board of Australia</li> </ul>
Canada	Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards	CFCREAB	<p>A national association of provincial and territorial chiropractic licensing authorities and accredited educational programmes. All health care professions are regulated at the provincial and territorial level through a state College of Chiropractors. The role of the Federation is to provide a forum at the national level for the exchange of information, resources and experience in order to assist the member regulatory boards to best carry out their responsibilities.</p> <p>One of its goals is to establish standards and to evaluate and accredit chiropractic educational programmes.</p>
	Canadian Chiropractic Examining Board	CCEB	<p>CCEB conducts clinical competency exams for individuals seeking licensure to practice chiropractic in Canada. Applicants must hold a qualification from an accredited chiropractic programme before sitting a state licensure examination. A CCEB Certificate is required by the Provincial Licencing Offices for chiropractors who wish to apply for provincial licensure.</p>
Europe	European Council on Chiropractic Education	ECCE	<p>Accredits and re-accredits institutions providing undergraduate chiropractic education and training with the aim of assuring the quality of chiropractic undergraduate education and training against a set of educational standards.</p>
New Zealand	New Zealand Chiropractic Board	NZCB	<p>Statutory body established by the Health Practitioners Competence Assurance Act 2003 to regulate the profession of chiropractic in New Zealand with the aim of protecting the public. It is responsible</p>

			<p>for registration of chiropractors in NZ. This includes arranging and administering the registration exam, which determines whether internationally educated chiropractors meet the minimum standard of practice required to practice in New Zealand. Chiropractors in NZ are required to hold an Annual Practising Certificate.</p> <p>CCEA accredits chiropractic programmes in NZ as its remit is for the Australasia region – see above.</p>
United States of America	Council on Chiropractic Education (USA)	CCE(US)	<p>CCEUS is recognised by the US Secretary of Education for accrediting chiropractic degree programmes. It establishes and maintains standards for accredited programs and institutions and assures the quality and integrity of programs and institutions by verifying, through the peer review process, compliance with accreditation standards.</p>
	National Board of Chiropractic Examiners	NBCE	<p>Each US state has its own Chiropractor Board which regulates the profession in that state.</p> <p>Licensure with the individual boards (ie to be able to practise in a particular state) is not granted until the applicant has passed national board exams, administered by the NBCE. Some US states have reciprocal arrangements.</p>
UK	General Chiropractic Council	GCC	<p>Regulates all chiropractors in the UK to ensure the safety of patients undergoing chiropractic treatment through:</p> <ul style="list-style-type: none"> <li>• maintaining a register of qualified chiropractors</li> <li>• setting the standards of education for individuals training to become chiropractors</li> <li>• setting the standards of chiropractic practice and professional conduct for individuals working as chiropractors</li> <li>• investigating complaints against chiropractors, and taking action against them where necessary.</li> </ul>
International	Councils on Chiropractic Education International	CCEI	<p>An organisation of chiropractic accrediting bodies worldwide emphasising quality through its International Chiropractic Accreditation Standards. CCEI was established by, and has membership of, CCEA, CFCREAB, CCEUS and ECCE.</p>

6. From the information above, the organisations responsible for accrediting chiropractic degree programmes were identified and then their current standards and competences accessed for analysis. This information is shown in table 2 below together with the annex in which the detailed analysis appears.

*Table 2: The Criteria for Chiropractic Education considered in this report*

Jurisdiction	Authority	Document title	Date	Annex
UK	GCC	Criteria for Recognition of Degrees in Chiropractic	May 2010	Forms basis for comparing other documents
International	CCEI	Model Core Chiropractic Accreditation Standards	May 2009	Annex A
Australasia (Australia + New Zealand)	CCEA	Educational Standards for First Professional Award Programs in Chiropractic	Dec 2009	Annex B
US	CCE	Standards for Doctor of Chiropractic Programs and Requirements for Institutional Status	Jan 2007	Annex C
Canada	CFCREAB	Standards for Accreditation of Doctor of Chiropractic Programmes Accreditation policies Competency Based Standards for Entry Level Chiropractors Policy and Procedures on Accreditation Guidelines for Self-Evaluation and (Re-) Accreditation Applications	Nov 2011 Oct: 2006 December 2009 Oct: 2009 Nov 2009	Annex D
Europe	ECCE	Accreditation Procedures and Standards in First Qualification Chiropractic Education and Training	December 2013 Version 4.2	Annex E

7. Each annex contains further information on the worldwide accrediting authority, the standards and competences used in the analysis, a detailed mapping between the GCC's Degree Recognition Criteria and the standards and competences of the authority concerned, and conclusions, including further questions for consideration by the Education Committee.
8. The CCEI as an international coordinating body sets standards international chiropractic accreditation standards that are designed to form the basis of a minimum framework from which other accrediting bodies can further develop their own accreditation standards. CCEA, CCEUS, CFCREAB and ECCE are all members of CCEI so their minimum standards were initially mapped on the basis that they might provide an insight into the

other accrediting bodies' standards. However the CCEI's standards would not be used to assess a chiropractic degree programme in its own right.

9. Some of the accrediting bodies that are members of the CCEI also recognise programmes of the other bodies or give them associate status. Annex F of this paper shows all of the chiropractic educational institutions that have programmes approved by the worldwide chiropractic accrediting bodies (including the GCC) including those that have recognition / accreditation from more than one authority.

## Conclusions

10. The mapping between the different worldwide chiropractic authorities' accreditation standards and competences and the GCC's Degree Recognition Criteria (2010) has shown that there is a significant degree of similarity between the sets of standards in relation to the outcomes of the degree programme as well as requirements related to the nature of the degree programme and programme providers.
11. However a number of gaps have been identified in the programme objectives / competences that the different bodies seek on graduation as compared with those sought by the GCC. Table 3 below brings together the findings across the bodies to show where these gaps occur (signalled by an X) across all the bodies and also in relation to specific jurisdictions.

*Table 3: overview of the gaps identified through comparing the graduate outcomes/competences of the different worldwide chiropractic accrediting authorities with the GCC Degree Recognition Criteria (DRC), 2010*

<b>Gap identified as compared with the GCC DRC</b>	<b>CCEI</b>	<b>CCEA</b>	<b>CCEUS</b>	<b>CFCRE AB</b>	<b>ECCE</b>
Understanding how to transfer research into practice (GCC 5b)	X		X	X	
Applying appropriate research methods (GCC 5c)		X			
Understanding the meaning of evidence and its use in practice (GCC 5d)	X		X	X	
Applying continuous quality improvement in their practice (GCC 5e)	X	X	X	X	X
Appraising the need for, arranging and interpreting clinical imaging (6 d-f & h)					X
Clinically relevant medications, whether prescribed or bought (GCC 6l)	X		X	X	X
Evaluating the care given and adapting the care plan (GCC 7e)	X				X
Basic life support (GCC 7f)	X				X
Developing constructive relationships with others (GCC 8f)			X		
Valuing the role and contribution that other			X	X	

Gap identified as compared with the GCC DRC	CCEI	CCEA	CCEUS	CFCRE AB	ECCE
healthcare professionals make to the health and wellbeing of patients, and not working in isolation from them (GCC 8g) (+ multidisciplinary approach to learning 16d)					
The role of chiropractors in the healthcare system in the UK and in comparison with other countries (GCC 9a – 9d)	X	X	X	X	X
Demonstrating the ability to maintain high standards of practice in all aspects of professional life (GCC 9e)	X				
The different aspects of managing a chiropractic practice (9f)					X
Reducing risks in the practice setting, consistent with legislation (9g)					X
The ability to take responsibility for own learning and development following graduation (GCC 9h) and the related 13b enabling students to be self-directed learners			X	X	
Understanding the nature of professional accountability and the duty to protect and promote the interests of their patients (GCC 10)	X			X	
UK legislation (as described generally in GCC 10a, and specifically in relation to IRMER GCC 6h and 9g in relation to managing risks in the practice setting).	X	X	X	X	X
Managing ethical dilemmas (10b)		X			
Protecting patients through raising concerns about others (ie the chiropractor's role in the broader healthcare system) (GCC 10d)		X	X		X

12. As table 3 shows, some of the aspects that are gaps when matched against the programme outcomes of the GCC's DRC are common to all of the worldwide accrediting authorities whereas others are specific to one. In addition some are quite specific in nature (eg managing ethical dilemmas (10b)) whilst others are quite broad (eg the broader statement of 'understanding the nature of professional accountability and the duty to protect and promote the interests of their patients' (DRC 10)).

13. There are also potential gaps of relevance to the assessment of overseas applicants in relation to the requirements for the nature of the degree programme and programme providers. These are:

- encouraging and supporting students to be self-directed learners (GCC 14b) – CCEI,

- the involvement of patients and carers in teaching, learning and assessment of students – reflecting the greater role of patient involvement in healthcare that is emerging in the UK – all of the worldwide accrediting authorities
- the absence of specific requirements about student fitness-to-practise policies and procedures (GCC criterion 37) – all of the worldwide accrediting authorities although the CCEUS has specific competences which have a lot in common with the GCC’s Student Fitness to Practise guidance.

The advice of the GCC Education Committee is sought on whether the three aspects identified above are of sufficient concern that they should form part of the assessment process for applicants from overseas.

14. The mapping also revealed some aspects that need further consideration by the Education Committee and decisions made as to whether they are of fundamental concern for this assessment process. These are:
- a. whether the time that individuals take from entering a chiropractic degree programme to their graduation is something that should be checked at the application stage (GCC criterion 12) - all of the worldwide accrediting authorities
  - b. whether the inclusion of wellness care (in CCEI, CCEUS and CFCREAB) is likely to lead to any potential risks for practice in the UK
  - c. whether the use of the term subluxation (in the CCEUS and CFCREAB) is likely to affect the competence of US and Canadian graduates in the UK setting (for both assessment and care of patients)
  - d. whether the inclusion of optional clinical competencies is likely to lead to any potential risks when US graduates practise in the UK.

### **Recommendations**

15. It is proposed that table 3 above and the advice of the Education Committee in relation to paragraphs 12 and 13, together with known issues arising in fitness to practise cases (eg evaluating the care given and adapting the care plan / ceasing care) are used to form:
- a. the information on practising in the UK to potential applicants so they can understand the range of different areas they need to consider and learn prior to application if they decide to proceed
  - b. the content of the assessments to be developed - this could be achieved by either using some of the content direct (eg UK legislation) or by grouping more specific aspects into broader themes (this makes the assumption that the assessment of overseas applicants focuses on identified gaps and known issues rather than an assessment of all aspects of practice)
  - c. the assessment approaches adopted to enhance their validity.

LM 25/02/14