

Education Standards

Criteria for chiropractic programme content and structure.

September 2017

**General
Chiropractic
Council**



Introduction

About Us

The General Chiropractic Council (GCC) is the regulator for the chiropractic profession in the UK. Our overall purpose is to protect the public and our duty is to develop and regulate the profession of chiropractic.

We do this by setting standards of education for individuals training to become chiropractors, and by setting standards of professional conduct for practising chiropractors.

Everyone calling themselves a chiropractor in the UK must be registered with us. To be registered with us, an individual must satisfy the educational requirements for registration and be fit to practise, by which we mean they have the skills, knowledge, good health and character to practise safely and effectively.

Education Standards

This document sets out what people have to achieve at the point of graduation from recognised chiropractic programmes.

The Education Standards define, through learning outcomes (section 1), the broad content required of chiropractic degree programmes and the areas against which individuals will be assessed in order to graduate from the degree. The Education Standards also set out criteria (section 2) for the institution offering the degree programme.

In section 1, the Education Standards reflect the GCC's Code, which sets out, through eight principles, the standards for conduct, performance and ethics for chiropractors to ensure competent and safe practice. The learning outcomes are linked to the Code to ensure that, upon completion of their learning, students can meet those requirements.

In section 2, the criteria ensure that students on chiropractic degree programmes receive a high-quality education to facilitate their development towards becoming reflective, self-critical and effective primary healthcare practitioners. The content and criteria required of chiropractic degrees are set out along with supporting guidance where it is thought useful to illustrate how the criteria might be met.

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Definitions

The terms in the table below are used throughout this document, the definitions of these are:

Clinical experience	A period of patient interaction as a practitioner which may include placements and visits to other relevant managed clinical environments.
Evidence-based	Clinical practice that incorporates the best available evidence from research, the expertise of the chiropractor, and the preference of the patient.
Institution	An identifiable higher education provider that is responsible and accountable for ensuring the availability of resources to deliver the recognised qualification of Chiropractic.
Module or Unit	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.
Patient	<p>A person who has been given advice, assessment or care by a chiropractic student within their supervised clinical internship.</p> <p>Chiropractors and others who volunteer to allow colleagues to demonstrate or practise techniques on them are not included in this definition of patient.</p> <p>(Note: <i>patients</i> has been used as shorthand throughout for patients and carers as appropriate).</p>
Rationale for Care	Reasons why chiropractors are providing treatment for a patient.
Working diagnosis	The most likely diagnosis, based upon available information and kept under review.

Quality Assurance

The GCC's statutory duty requires it to ensure that graduates from an approved chiropractic degree programme are fit to practise and are, therefore, eligible to register as chiropractors.

Quality assurance of the institutions delivering chiropractic degree programmes is carried out via a variety of means to ensure that those programmes are fit to deliver the qualification that is awarded at the end of the degree.

Details on the quality assurance arrangements and recognition process are provided in the Quality Assurance Handbook.

The Code and the Education Standards

The Education Standards are applicable to all chiropractic degree programmes. As well as specifying criteria that the educational institution must meet, they also detail the educational outcomes that students have to achieve at the point of graduation. These outcomes are in addition to the requirement for applicants to satisfy the Registrar that they are physically and mentally fit and of good character.

Chiropractors must adhere to the Code. They are personally accountable for their actions and must be able to explain and justify their decisions. Chiropractors have a duty to put the needs of their patients first, which in turn promotes and encourages trust.

Equally, students must commit within their programme of study to learn the skills of patient care and they must not compromise the safety and care of patients by their performance, health or conduct. Students have a duty to follow the Code and must adhere to the principles within it. Finally, they must be guided by the GCC's student fitness to practise guidance.

The eight principles within the Code are:

- A: Put the health interests of patients first
- B: Act with honesty and integrity and maintain the highest standards of professional and personal conduct
- C: Provide a good standard of clinical care and practice
- D: Establish and maintain a clear professional relationship with patients
- E: Obtain informed consent for all aspects of patient care
- F: Communicate properly and effectively with patients, colleagues and other healthcare professionals
- G: Maintain, develop and work within professional knowledge and skills
- H: Maintain and protect patients' information

Programme Content

Institutions must determine how their chiropractic degree programmes will meet the required learning outcomes, set out in Section 1. They must also determine how they will assess student performance. In doing so, they must ensure that every learning outcome is achieved¹.

In general, the GCC does not specify how the learning outcomes shall be met. The main requirement is a programme structure with a curriculum that gives students an effective learning experience within a supportive learning environment and culture.

It is recognised that programmes may contain optional aspects and extra outcomes of learning. However, these options and additional outcomes must not compromise the achievement of the core chiropractic learning outcomes specified by the GCC.

The broad programme areas together with the detailed programme outcomes that follow, in section 2, set out a curriculum framework for the programme.

¹ There is no requirement for institutions to use the exact wording of the learning outcomes in their curriculum, it is expected that the learning outcomes will be used by institutions to direct their curriculum content style, approach and structure.

Section 1: Learning outcomes for the programme content

Learning Outcomes Upon completion of the learning process a student shall demonstrate that they have the knowledge, skills and attitudes to develop their fitness to practise. This means they will be able to:	Links to Code – principle
1 Describe the spectrum of chiropractic care, context and history.	C
1.1. Understand the range of conditions that present to chiropractors and the nature and impact of physical, psychological and social determinants of health.	C
Guidance: This would normally include: <ul style="list-style-type: none"> • the relevance of patient characteristics (for example: age, gender, ethnicity, occupation, lifestyle factors, health perceptions and public health perceptions) and the nature of their complaints (for example: incidence, prevalence, chronicity, severity) to their health and health status, the natural history of the condition and their prognosis; • content that shall include understanding of: <ul style="list-style-type: none"> • aetiology, pathology, symptomatology, natural history and prognosis of neuromusculoskeletal conditions, pain syndromes and other potential co-morbidities; • biopsychosocial determinants of health –these may be directly associated with the above elements or present in their own right. 	
1.2. Distinguish between normal and abnormal structure and functioning of the human body.	C
Guidance: This would normally include: <ul style="list-style-type: none"> • the study of basic human sciences: anatomy, physiology, biomechanics, biochemistry, neurology and pathology. 	
1.3. Recognise, understand and describe specific legislation relevant to the work of chiropractors, including ionising radiation.	G
Guidance: This would normally include: <ul style="list-style-type: none"> • current legislation relevant to the practice of chiropractic (the GCC describes this legislation with links on its website); • the principles of the Code; • duties imposed by law, such as the Duty of Candour; • the importance of legal compliance for professionals. 	

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1.4. Describe how to manage and reduce risks in all aspects of the practice setting including the dangers, risks and benefits of ionising radiation.	C
<p>Guidance:</p> <p>This would normally include:</p> <ul style="list-style-type: none"> ● the principles of risk assessment and reporting of risk; ● an understanding of clinical risks and benefits; ● other material risks such as trips and falls; ● being able to respond to emergencies by following standard first aid training. 	
1.5. Identify the general impact/effect of commonly prescribed and non-prescribed medicines, as well as common nutritional supplements and non-pharmaceutical medicines.	C
1.6. Understand and critically consider the history, underlying theories and principles of chiropractic.	C
<p>Guidance:</p> <p>This would normally include:</p> <ul style="list-style-type: none"> ● the global development of the profession over time; ● the role of chiropractic in the wider healthcare environment. 	
1.7. Explain the nature and context of chiropractic as a regulated profession in the UK as well as chiropractors' duties as registered healthcare professionals and compare the UK context with others around the world.	D
<p>Guidance:</p> <p>This would normally include:</p> <ul style="list-style-type: none"> ● the UK-wide regulation of the profession as one of a number of statutorily regulated healthcare professions; ● the impact of statutory regulation on the profession of chiropractic compared to those countries where there is no voluntary or state registration; ● the effect of UK and European legislation on the profession; ● the structure of the chiropractic profession in the UK and the purpose of representative bodies (including trade unions, chiropractic associations, colleges, societies and patients' associations); ● the interaction between UK and international chiropractic organisations. 	
1.8. Describe the importance of interdisciplinary team working and the role of chiropractors in relation to other healthcare professionals and in the wider healthcare context.	D
1.9. Describe the scientific method used when providing and understanding the evidence-base for current chiropractic practice, and the importance of incorporating advances in knowledge into professional practice.	C

2 Assess the health and determine the health needs of the patient.	C
2.1 Maintain patient safety and patient involvement in care.	A
<p>Guidance:</p> <p>This would normally include:</p> <ul style="list-style-type: none"> ● listening to patients and taking their preferences and concerns into account; ● treating patients as individuals; ● appreciating the importance of dignity and respect for cultures, attitudes and values; patient involvement and empowerment. 	
2.2 Undertake fit for purpose, comprehensive, structured case histories with information drawn from a patient's own narrative.	C
<p>Guidance:</p> <p>This would normally include:</p> <ul style="list-style-type: none"> ● the patient's reasons for seeking chiropractic care; ● the characteristics of the condition with which the patient presents; ● the patient's current and past medical history; ● the attitudes, beliefs, behaviour and expectations of the patient (for example: in relation to fear, distress, depression and other psychosocial factors that could influence management and outcomes); ● the patient's use of alcohol, tobacco and recreational drugs; ● whether the patient is taking prescribed medication, nutritional supplements, or non-pharmaceutical remedies; ● lifestyle or other factors that may influence the patient's health, wellbeing or treatment (for example: occupation, exercise and recreational activities); ● the use of validated patient outcome measures. 	
2.3 Utilise case histories and carry out examinations of patients using appropriate tools and diagnostic methods.	C
<p>Guidance:</p> <p>This would normally include:</p> <ul style="list-style-type: none"> ● observation (for example: gait, posture and symmetry as well as psychosocial factors); ● checking of vital signs (for example: blood pressure, temperature, heart rate); ● palpation and the eliciting of patient responses (for example: neurological, orthopaedic and biomechanical); ● adapting and refining standard assessment approaches to ensure appropriateness and safety for individual patients; ● considering patient-reported outcome measures and patient-reported experience measures. 	

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2.4	Identify, justify and ensure the need for further investigations - including diagnostic imaging techniques and laboratory tests - are in the best interests of the patient. Obtain appropriate consent, and choose and apply the appropriate diagnostic methods.	C & E
2.5	Identify circumstances when it is appropriate to cease care.	C
<p>Guidance:</p> <p>This would normally include:</p> <ul style="list-style-type: none"> ● when the stopping of care is requested by the patient; ● if the care has ceased to be effective; ● if on review it is in the patient's best interests to cease care or refer to another healthcare professional; ● the role of quality of life factors; ● the concept of reasonable length of care; ● details from the Chiropractic Patient-Reported Outcomes Measures Study (C-PROMS). 		
2.6	Interpret reports and the results of investigations.	C
<p>Guidance:</p> <p>This would normally include:</p> <ul style="list-style-type: none"> ● the principles of, and purpose for, investigations such as CT scans, MRI scans, ultrasound, and other laboratory investigations; ● the interpretation of outcomes of the investigation; ● the interpretation of reports (plain film X rays, and scans); ● patient-reported outcomes. 		

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2.7 Use an evidence-based approach, taking into account patient-reported experience and outcomes, and patient choice in decision-making, to arrive at a working diagnosis and rationale for appropriate care.	C
<p>Guidance:</p> <p>This would normally include: consideration of appropriate clinical skills in the treatment of a patient; the understanding and provision of appropriate information, advice and chiropractic care. Examples of which might include</p> <ul style="list-style-type: none"> ● manual treatments and the use of other interventions (for example: electro-therapy, rehabilitation techniques, cryotherapy, low level laser and instrument adjusting); ● advice, explanation and reassurance (for example: explaining the kinds of activity and behaviour that will promote recovery, giving nutritional and dietary advice); ● exercise and rehabilitation; ● multidisciplinary approaches (for example: making referrals, joint plans of care with other healthcare professionals); ● supporting the patient's health and wellbeing with other carers and stakeholders (for example: relatives, employers); ● preventive measures linked to the patient's lifestyle (for example: diet, nutrition, exercise, stress management, disease prevention); ● preventive measures linked to the patient's environment, (for example: their home, workplace); ● promoting health and wellbeing (for example: using behaviour-change approaches). 	

3 Select and apply appropriate evidence-based care to meet the needs and preferences of the patient.	C
3.1 Distinguish between and apply, in sufficient depth, a wide range of approaches to therapeutic psychomotor and condition-specific management skills, drawing appropriately from evidence of effectiveness.	C
<p>Guidance:</p> <p>This would normally include manipulative practice and soft tissue procedures used by chiropractors to manage patient needs, such as:</p> <ul style="list-style-type: none"> • Soft tissue techniques (for example: cross-fibre stretch, longitudinal stretch, direct pressure, deep friction); • Articular techniques (for example: low- through to high-amplitude passive movements to the spinal, pelvic and extremity joints, flexion, extension, rotation, side-bending, manual traction, oscillation); • Thrust techniques (for example: high and low velocity, low amplitude, direct or leverage, directed at spinal, pelvic and extremity joints). 	
3.2 Apply appropriate skills and patient-centred care based on the working diagnosis and rationale for care.	C
<p>Guidance:</p> <p>This would normally include those clinical skills listed in the guidance for criterion 2.7.</p>	
3.3 Review the care given to patients regularly to ensure that it remains appropriate to the individual patient needs.	C
<p>Guidance:</p> <p>This would normally include:</p> <ul style="list-style-type: none"> • evaluating the care given to patients regularly as well as via a reassessment, and being able to adapt the original clinical impression; • articulate a rationale for care where prompted by changing health, health needs or feedback. 	

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4 Critically evaluate scientific research methods in the context of clinical practice.	G
4.1 Describe a range of different research methods and explain when each is appropriate for use in answering clinical questions and informing clinical decision-making.	G
<p>Guidance:</p> <p>This would normally include:</p> <ul style="list-style-type: none"> ● secondary research (for example: clinical guidelines, systematic reviews and meta analyses); ● primary research qualitative methods (for example: observation, interviews, diaries, focus groups); ● primary research quantitative methods (for example: randomised trials, cohort studies, case-control studies and cross-sectional surveys). 	
4.2 Recognise how simple research questions in the context of chiropractic care can inform the planning for and carrying out of a procedure or technique and describe how research outcomes can be applied to chiropractic care.	G
4.3 Demonstrate the ability to judge validity and critically appraise research methodologies and findings that underpin clinical claims and practice.	G
4.4 Describe and understand the ethical and governance issues of chiropractic enquiry and the application of findings to chiropractic practice.	G

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5 Communicate effectively with the public, patients and other healthcare professionals through verbal and non-verbal forms.	F
5.1 Keep the patient fully informed about the nature and purpose of assessment and care and associated risks.	E & H & B
<p>Guidance:</p> <p>This would normally include:</p> <ul style="list-style-type: none"> ● developing and applying knowledge, attitudes and skills of effective communication; ● the fundamental role of protecting patients and colleagues from risk of harm; ● the principles of patient consent and confidentiality. 	
5.2 Identify appropriate situations for referral to, or co-management with, other healthcare professionals.	G
<p>Guidance:</p> <p>This would normally include:</p> <ul style="list-style-type: none"> ● identifying what to do when receiving a referral and the methods used to make a referral; ● producing reports for healthcare professionals, colleagues and statutory authorities; ● medico-legal processes and procedures; ● communicating with other interested parties, such as solicitors and employers; ● the requirements of patient confidentiality. 	
5.3 Demonstrate the ability to build constructive working relationships with chiropractic colleagues and other healthcare practitioners, valuing their role and contribution to the overall health and wellbeing of patients.	F
<p>Guidance:</p> <p>This would normally include:</p> <ul style="list-style-type: none"> ● understanding the circumstances when it is appropriate to take the initiative and act, should they believe the conduct, competence or health of a colleague is putting patients at risk or the profession is in danger of being brought into disrepute. 	
5.4 Compose clear and attributable patient records.	H
<p>Guidance:</p> <p>This would normally include the ability to:</p> <ul style="list-style-type: none"> ● ask relevant questions; ● document patient responses; ● complete patient records clearly so they are an accurate representation of the interaction with the patient; ● follow recognised good practice with regard to patient record-keeping. 	

6 Demonstrate an understanding of the nature of professional accountability.	G
<p>Guidance:</p> <p>This would normally include the ability to:</p> <ul style="list-style-type: none"> ● evaluate and recommend solutions to ethical dilemmas relevant to chiropractic; ● recognise the need to work within the limits of one's own knowledge, skills and experience; ● maintain high ethical standards of professional behaviour overall as well as carrying out high standards of chiropractic practice; ● recognise when a condition exceeds one's capacity to deal with it safely and effectively; ● understand the importance of referrals to other healthcare professionals; ● recognise the importance of honest and factual accuracy in the advertising of chiropractic services; ● fulfil the duty of candour. 	
6.1 Describe the process involved in taking responsibility for one's own health and well-being, and learning needs in the interests of patient safety.	G, A
<p>Guidance:</p> <p>This would normally include:</p> <ul style="list-style-type: none"> ● taking appropriate action if believing it to be unsafe to practise due to one's own physical and mental health and well-being; ● the ability to plan, organise and evaluate one's own continuing professional development (CPD); ● recognising the importance of continually updating knowledge and skills throughout one's professional life. 	

Section 2: Education Standards relating to institutions' programmes

Institutions wishing to deliver chiropractic degree programmes must demonstrate that they can meet and maintain the following criteria in addition to those in Section 1.

Institutions must meet the criteria set out under each of the following areas:

- programme structure
- teaching, learning and assessment
- clinical experience
- human resources including teaching staff
- students
- continuous improvement and quality assurance.

Programme structure

The institution will be able to demonstrate it meets the following criteria on programme structure. It must:

7 Ensure that the knowledge and skills covered by the programme are integrated across academic and clinical settings, are internally consistent and are orientated to chiropractic practice.

Guidance:

The institution shall show how this criterion has been taken into account in the design of the programme and how programme evaluations reflect this. The programme must be aimed at meeting the specific needs of chiropractic students. This is especially relevant in those institutions in which chiropractic is taught alongside other health sciences.

8 Incorporate a substantial period of clinical experience (a minimum of an academic year) during the degree programme for students to apply learned knowledge and skills to the management of patients.

Guidance:

The institution shall show how the clinical experience throughout the learning programme is meaningful and how it allows students to apply their learning from an early stage and to develop their skills over time. While students may be able to undertake some delegated tasks with patients from quite an early stage, appropriate mechanisms must be in place to monitor and manage patient safety at all stages. Patients and, where appropriate, carers should be involved in student teaching and learning.

9 Build in an interdisciplinary approach within the programme structure such that students understand and recognise that chiropractic is an integral part of the wider educational and healthcare sector.

Guidance:

The institution shall show that an interdisciplinary approach is integral to developing students' capacity for collaboration and communication with other healthcare practitioners; and how this promotes effective, collaborative team working with others in clinical practice.

Teaching, Learning and Assessment

The institution will be able to demonstrate it meets the following criteria on teaching, learning and assessment. It must:

- 10 Design an assessment strategy that employs a variety of valid and appropriate teaching, learning and assessment methods to address all the learning outcomes set out in section 1 and which in turn encourage and support students to be self-directed learners.

Clinical Experience

The institution will be able to demonstrate it meets the following criteria on clinical experience. It must:

- 11 Enable students, via high quality clinical experiences, to demonstrate their ability to integrate and apply their knowledge and skills so as to be able to function as safe and competent practitioners.

Guidance:

The institution shall show that students have followed through case-management of a sufficient number and range of new patients. As a guide, it might be expected that this would be a minimum of 40 different cases, and that these 40 cases present a range of different conditions commonly seen in chiropractic.

However, it is up to the institution to demonstrate that the standard is met through its programme design and that patient cases are not arbitrarily created to meet the minimum number of 40. High-quality clinical experiences could include placements, visits to other relevant, managed clinical environments, and other forms of inter-professional collaboration.

- 12 Enable students to achieve their competence in all outcomes set out in section 1 on completion of their clinical internship.

Guidance:

The institution shall show that students have developed their knowledge and skills to a point such that during the final period of the course they can successfully manage patient caseloads.

Resources

The institution will be able to demonstrate it meets the following criteria regarding resources. It must:

13 Provide sufficient and adequate resources based on the numbers of students in each year of the programme and the overall student numbers.

Guidance:

The institution shall show sufficient resources in relation to:

- teaching space;
- equipment;
- dedicated space for practical work;
- imaging and radiography services or equivalent facilities;
- accessible library and IT resources;
- research facilities for the use of staff and students (for example: bibliographic databases, publications, laboratories, clinics, statistical software and access to experts or visiting staff.

Sufficiency requires a level of resource that avoids bottlenecks and ensures that all students have opportunities to use and practise on the equipment highlighted here. Adequacy also implies a currency of equipment that would be seen in a chiropractic practice.

14 Provide sufficient and adequate clinical practice facilities for the provision of chiropractic assessment and care based on the number of students in the cohort who are engaged in the clinical period.

Staff

The institution will be able to demonstrate it meets the following criteria regarding staff. It must:

15 Consistently provide sufficient numbers of experienced chiropractors, academics and clinical staff with sufficient capacity to teach, assess and support effectively the entire learning experience for all students in each programme cohort. The institution must have at least one GCC registered chiropractor on staff who occupies a position of academic and/or managerial authority.

Guidance:

The institution shall: evidence that chiropractors who are teaching and in management roles are qualified and registered. There should be a coherent rationale for the proportion of chiropractors relative to the total number of teaching staff. The institution must have on staff at least one GCC registered chiropractor in a position of academic and/or managerial authority.

16 Provide teaching staff who possess or who are working towards, a teaching qualification or who possess relevant and recent (last 5 years) teaching experience. They must be demonstrably competent in enabling students to learn effectively and in assessing student achievement.

17 Provide effective staff management and staff development opportunities.
<p>Guidance:</p> <p>The institution shall show that:</p> <ul style="list-style-type: none"> ● Staff receive feedback through appraisals; ● Staff have time to keep up to date with advances in knowledge and practice at a level consistent with accepted time management practice within HE institutions; ● Staff are given development opportunities (for example, being able to present at, and attend, relevant conferences and seminars; serving on journal editorial boards; involvement in professional societies).
18 Encourage a culture of personal and collaborative academic research and scholarly activities.
<p>Guidance:</p> <p>The institution shall show that staff are supported and encouraged to undertake research and professional scholarship whilst retaining programme delivery as the priority.</p>

<p>Students The institution will be able to demonstrate it meets the following criteria on students. The institution must:</p>
19 Ensure the learning environment is safe and supportive for patients and learners. The culture is fair and compassionate, and provides a good standard of care and experience for all involved.
20 Provide students with academic guidance, pastoral care and other support services and encourage an active student voice.
21 Ensure entry requirements of students onto the chiropractic degree programme, includes, in addition to an appropriate science background, competence in spoken and written communication and numeracy, while ensuring equality of opportunity.
<p>Guidance:</p> <p>Although the standard requires that students applying for admission to programmes demonstrate minimum levels of competence, this does not preclude the institution from applying flexible admission processes, particularly in relation to students who do not have traditional educational qualifications or who are otherwise disadvantaged. In these situations, the institution will need to demonstrate that adequate provision has been made to strengthen any gaps in the skills of students and provide additional support with their learning needs.</p>

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22 Provide appropriate student fitness-to-practise policies and procedures to help students whose behaviour or health poses a risk to the safety of patients or colleagues. The GCC expects to be kept informed about student fitness-to-practise cases where the student has been found in breach of a serious matter.

Guidance:

Students should understand and recognise the importance of the Code and its underpinning of the statutory register. The GCC does not need to be made aware of all student fitness to practise cases, provided that it is made aware of, cases where the outcome is such that the student's fitness to practise has been shown to be impaired.

In determining which cases to report, the principle of proportionality should be followed

23 Provide clear information on the main aspects of the programme.

Guidance:

The institution shall show that it provides students with comprehensive, relevant and accurate information on the components of the programme at the appropriate time. This shall include:

- the learning aims and intended broad outcomes;
- the nature and role of assessment;
- student rights and responsibilities while on the degree programme;
- fitness-to-practise processes and academic disciplinary procedures;
- the range of relevant professional organisations available to students;
- the mechanisms by which students can provide feedback to the institution;
- details on the provision of academic guidance, pastoral care and support;
- the procedure by which students can raise a complaint or appeal.

Continuous Improvement and Quality Assurance

The institution will be able to demonstrate it meets the following criteria on continuous improvement and quality assurance. The institution must:

24 Ensure the institution has a management structure and up-to-date policies and procedures.

Guidance:

The institution shall show that there are clear lines of accountability and responsibility within its management structure and that effective mechanisms are in place that encourage and promote the involvement of staff and students. In addition to policies and procedures relevant to patient care, student care and student fitness to practise, policies and procedures in relation to legal compliance must also be comprehensive and effective, including in relation to data protection; safeguarding; vulnerable adults and children; and health and safety. Working practices must demonstrate compliance with the principles of equal opportunities as enshrined in law.

25 Plan and regularly review all areas of chiropractic degree programmes through procedures which are fair and based on principles of equality.

Guidance:

The institution shall show that all staff involved in delivering the degree programme are involved in its planning and review, including those providing professional support to it. Review should be undertaken holistically, so as to ensure that all staff understand how the degree programme is designed to work as an integrated whole.

26 Demonstrate an ability to embrace and utilise innovation and advances in chiropractic practice, education and science where appropriate.

Guidance:

The institution shall show that the degree programme is subject to processes which support continuous improvement including in relation to structure, content, delivery, and the quality of teaching and resultant learning. The institution shall have systems in place to gather relevant information which informs an annual, comprehensive review of the programme. Review should include, where practicable, input from stakeholders.

27 Provide effective measures for quality-assuring the programme.

Guidance:

The institution shall show that systems and structures are in place for assuring the quality of the learning experience including both in relation to the clinical experience period and the academic components.

History of revisions to the Degree Recognition Criteria:

GCC Education Standards 2017.

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