Comparison between the GCC's Degree Recognition Criteria (May 2010) and the Council on Chiropractic Education Australasia's Competency Based Standards for Entry Level Chiropractors (2009) and Educational Standards for First Professional Award Programs in Chiropractic (2009)

Introduction

The Council on Chiropractic Education Australasia (CCEA) sets standards for chiropractic education and training programmes in Australia, New Zealand and Asia. CCEA states the standards are intended for institutions to self-evaluate their programmes and for the CCEA to establish a system of evaluation and accreditation of institutions teaching chiropractic.

The CCEA's Educational Standards for First Professional Award Programs in Chiropractic are designed to be "*minimum standards of quality education, with an emphasis on continuous improvement and associated planning … the accreditation process is intended to preserve the autonomy and uniqueness of education institutions and encourage innovative and experimental programs in a manner that insures quality and integrity of the institution*".

The CCEA's Competency Based Standards for Entry Level Chiropractors (2009) are structured against four broad areas (the community, professional domain, professional management domain, and practitioner – patient interface domain). Within each of the four domains, there are units of competency which in turn and disaggregated into elements and performance indicators. The competency-based professional standards for entry level chiropractors broad areas and units are as follows:

The Community

1. Community interaction
2. Health care system

Professional domain

3. Professional interface

Professional management domain

4. Staff and financial management
5. Management of practice environment

Practitioner – patient interface domain

6. Patient assessment
7. Diagnostic decision making
8. Planning of patient care
9. Implementation of care
10. Disease prevention / health management
11. Professional scientific development.

The CCEA's Educational Standards for First Professional Award Programs in Chiropractic (2009) are structured as follows:

1. Governance, structure and admission
2. Students

3. Educational resources
4. Curriculum
5. Progamme evaluation

The CCEA's standards distinguish between basic standards and standards for quality development. In this mapping the basic standards have been used as these are requirements for all programmes.

This comparison document does not look at how the different processes of recognition / accreditation are undertaken as this is not relevant to this work.

The table below compares the GCC's Degree Recognition Criteria (2010) against the CCEA's Competency Based Standards for Entry Level Chiropractors (2009) and Educational Standards for First Professional Award Programs in Chiropractic (2009).

The table uses the structuring of the GCC's Degree Recognition Criteria (2010).

Table YYY: Comparison between the GCC's Degree Recognition Criteria (May 2010) and the CCEA's Competency Based Standards for Entry Level Chiropractors (2009) and Educational Standards for First Professional Award Programs in Chiropractic (2009)

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
GENERAL CRITERIA ON CONTENT		
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 – 10. a. Develop and apply the knowledge and skills that form the basis of chiropractic (see criterion 4). b. Develop and apply knowledge and skills of research and evaluation (see criterion 5) c. Assess the health and health needs of patients (see criterion 6) d. Provide care to improve patients' health and to address patients' health needs (see criterion 7) e. Communicate effectively with patients and other healthcare practitioners (see criterion 8) f. Understand the nature of being independent primary care practitioner, and the related duties of managing a practice and	1.2 Statements of mission, goals and objectives The responsible unit within the institute must clearly define its mission and goals and make them known to its constituency. The mission statements and objectives must describe the educational process resulting in a chiropractor competent as a primary contact health care provider, with an appropriate foundation for further training and in keeping with the roles of chiropractors in the health care system. The mission statement and goals must be defined by its principal stakeholders. 5.3 Student competencies The Institution must define and state the competencies that students should exhibit on graduation in relation to their future roles in the health care system. The competencies must	Criterion 1 in the GCC document essentially serves as an overview statement of the broad areas within the degree programme – these are set out further in criteria 4 – 10 which look in more detail at the areas of coverage. The aims and objectives in the CCEA statements of mission, goals and objectives relate to the outcomes of education being to be produce a chiropractor competent as a primary contact health care provider. The CCEA requires

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
developing throughout one's working life (see criterion 9) g. Understand the nature of professional accountability and the duty to protect and promote the interests of their patients (see criterion 10).	be focused on educational outcomes. Competencies must incorporate the requirements listed in the Competency-Based Standards for Entry Level Chiropractors.	that institutions state the exit competencies of graduates and that these must include the requirements that are listed in the the form of occupational standards – these are very detailed descriptions of the standards required of a chiropractor. They are broadly similar in focus to those of the more generic GCC programme outcomes.
2. Schools must develop their own staged learning outcomes from the broad programme outcomes detailed in the criteria 4 - 10.	4.3 Curriculum structure The institution must document the content, extent and sequencing of courses (including the balance between the core and optional content), and how they are integrated into a coherent program.	CCEA standard 4.3 does not require institutions to produce staged learning outcomes but has a similar requirement in relation to the sequencing of content into a coherent programme as does GCC criterion 2.
3. Every learning outcome must be assessed.		As the CEEA does not require staged learning outcomes, there is no comparable statement to GCC criterion 3. However providing that graduates are assessed to the required standard on exit from the programme this should not be an issue.
PROGRAMME OUTCOMES RELATING TO THE KNOWLEDGE AND SKILLS THAT FORM THE BASIS OF CHIROPRACTIC		

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
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: 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.	4.4 Program content Clinical, behavioural and basic science instruction must be of sufficient depth, scope, timeliness, quality and emphasis to ensure achievement of the curriculum's defined competencies. Courses offered in the curriculum must address the following areas (not necessarily in discrete courses for each subject): 4.4.1 Principles and practice of chiropractic The Institution must identify and incorporate in the curriculum a profile of the philosophical concepts and principles of chiropractic, and the development of chiropractic practice, to create an understanding of the positioning and function of the chiropractic profession in the health care system. 4.4.2 Basic sciences The institution must identify and incorporate in the curriculum the contributions of the basic sciences to create understanding of the scientific knowledge, concepts and methods fundamental to acquiring and applying clinical science. 4.4.3 Clinical sciences The institution must ensure that students have adequate patient experiences and opportunities to acquire sufficient clinical knowledge, skills, and attitudes to assume appropriate clinical responsibility upon graduation. 4.4.4 Behavioural and social sciences and ethics The institution must identify and incorporate in the curriculum the contributions of the behavioural sciences, social sciences, ethics and jurisprudence that	The CCEA programme content referenced appears to provide a match for GCC criterion 4.

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	enable effective communication, clinical decision making and ethical practices.	
PROGRAMME OUTCOMES RELATING TO RESEARCH AND EVALUATION KNOWLEDGE AND SKILLS		
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: 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.	Unit 11 – Professional Scientific Development Element 11.1 Develops a personal ability to seek out and apply scientific information. *Performance Indicators* - Ability to critically appraise the literature and apply evidence-based problem solving in practice; - Understand the on-going necessity for continuing education; - Demonstrate communication skills, an ability to speak in public and give a case presentation with an adequate literature review; - Show the application of epidemiological and biometric methods to the study of diagnostic and therapeutic processes in order to effect an improvement in health; - Show an understanding of research methods and their significance in modern health care.	CCEA unit 11 appear to cover the following GCC criteria 5 a, b and d. It appears that there might be a gap in relation to GCC criteria 5c applying appropriate research methods and 5e applying continuous quality improvement in practice.
PROGRAMME OUTCOMES RELATING TO ASSESSMENT KNOWLEDGE AND SKILLS		
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: 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	Unit 6 – Patient Assessment Element 6.1 Obtains and records patient history Performance Indicators - Patient apprehension and physical discomfort is minimised to promote cooperation; - History taking is approached in a structured manner; - Patient cooperation is	CCEA units appear to cover the following parts of GCC criterion 6: - obtaining and applying case histories (a & b) - physical examination (c) - diagnostic procedures / further

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
assessment that is undertaken and/or 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. j. Consider and interpret the information available on a patient and generate a differential diagnosis and rationale for care. k. Keep patient records of the outcomes of the assessment – the records must be legible, attributable and representative of the interaction with the patient. l. Identify and understand the implications on the provision of chiropractic care for a patient of clinically relevant medications, whether prescribed or bought. m. Identify the need for referral to another health care professional or proposing co-management of the patient with another healthcare professional.	developed by appropriate responses showing concern, empathy and understanding, relieving anxiety, tension and discomfort; - Verbal communication is delivered in a friendly, warm and relaxed manner; - Non-verbal communication including tone of voice, appearance, posture, body movements, eye contact, facial expressions, body proximity are used in a positive manner. Paediatric information is assessed for reliability and a file note made; - Exclamatory statements and physical responses that may exacerbate patient concern, whether real or imaged are avoided; - Questions are asked in a clear, concise, purposeful and organised manner. They are appropriately directed and redirected to obtain a substantial history, using open, non-leading questions, verbal and non-verbal techniques; probing elicits more explicit information by seeking clarification, extension or accuracy; - Patient's responses are actively listened to; - Symptoms relating to the patient's problems are explored; - The patient's presenting and other complaints are explored and recorded in a narrative form; - Verbal and non-verbal clues are recognised; - All diagnostic clues elicited from the history are pursued; - Factors which may explain	investigations (d) - clinical imaging (d-f & h) - using outcomes of diagnostic procedures (g) - diagnosis (j) - ceasing assessment (i) although this might be captured in the more general statements in unit 9.7 crisis management referenced to criterion 7 below. - clinically relevant medications, whether prescribed or bought (l) - referral or co-management (m).

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	the patient's symptoms (including psychosocial factors), are considered; - Identifies and uses screening instruments for the most common mental health and/or psychological disorders; - The significance of the history is effectively discussed with the patient or other appropriate parties including family or carer(s); - Patients who exhibit hostile, abnormal, or disorganised behaviour are effectively dealt with in order to obtain a history and other clinical data; - Patients with different ethnic, cultural, or linguistic background to the practitioner are effectively dealt with in order to obtain a history and other clinical data; - Silence during delayed responses is tolerated; - Social and non-verbal communication is maintained when there is no apparent response Element 6.2 Performs a thorough general physical examination Performance Indicators - The risks and benefits are considered in all studies conducted to evaluate the patient's clinical status; - Patient cooperation is developed by appropriate responses showing concern, empathy and understanding, relieving anxiety, tension and discomfort; - Verbal communication is delivered in a friendly, warm and relaxed manner; - Non-verbal communication	

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	including tone of voice, appearance, posture, body movements, eye contact, facial expressions, body proximity are used in a positive manner; - The purpose and significance of the physical examination is explained; - Physical examination is approached in a structured, deductive manner, ensuring adequate and relevant assessment of the patient's presenting and other complaints; and appropriate procedures of inspection, palpation, percussion and auscultation are used where required; - Relevant equipment is used for performing a physical examination; - Patient modesty and comfort is considered; - Adequate time is allocated; - Abnormal physical findings are pursued and investigated in a deliberate, logical and appropriate manner; - The reliability of the data obtained is assessed and appropriate clinical correlation with the patient's complaints is established where possible. - A suitable method and level of detail is selected; - Physical examination data is recorded in an organised manner; - Physical and historical data integration is used to initiate accurate and adequate identification of the process(es) responsible for the patient's complaints; - Historical and clinical data is used to monitor change in the patient's clinical status.	

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	Element 6.3 A Performs a thorough neuro-musculoskeletal examination Performance Indicators - The examination conducted is accurate, skilful, minimises discomfort, is relevant to the patient's presentation, and procedures are modified to accommodate unusual clinical situations; - A static and dynamic postural examination is conducted; - The patient is examined for specific neurological dysfunction (including mental status) and orthopaedic dysfunction as appropriate; - Specific joint complex analysis is performed; - All relevant positive and negative findings are accurately recorded; - Is able to rate disability and impairment; Element 6.3 B Performs Psychological/Psychosocial assessment Performance Indicators - Is able to assess for the early signs and symptoms of mental health problems and mental disorders. Element 6.4 Where a chiropractor undertakes a radiological investigation it should be appropriate and adequate Performance Indicators Radiological Interpretation - Selection of radiographic studies is base on integration of data obtained from the history, physical and neuromusculoskeletal examinations; relevance	

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	and acceptable levels of clinical usefulness and are consistent with the assessment of the risk-benefit ratio involved; - Each radiograph is thoroughly scrutinised in an organised manner; - Normal anatomical structures observed on a radiograph are correctly identified; - Abnormal radiographic findings in terms of altered structure and function of the tissue studied are identified and recognised; - The skeletal radiological interpretation is made at a level which permits biomechanical assessment and recognition of basic pathology; - The distinction is made between normal and abnormal radiographic findings which may be indicative of an underlying pathophysiological process; - Radiographic data are correlated with relevant clinical findings and a full written report is made and included in the patient's file. - Radiographic data are used to confirm the accuracy of the presumptive diagnosis initially identified; - The need for further radiographic studies to assess and monitor changes in the patient's clinical status is recognised; - Biomechanical data are assessed where appropriate; - Knowledge of imaging procedures other than x-ray is demonstrated. Radiographic Technology - All films generated in a radiographic study are	

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	properly processed; - Radiographic procedures are modified to accommodate unusual clinical situations; - The various physical and chemical processes inherent in the generation of a quality radiograph are knowledgeably explained; - Radiological procedures common to the practice of chiropractic are used when appropriate; - The functions of the equipment used is knowledgeably illustrated; - The patient is correctly placed for radiographic procedures; - Adequate patient protection is used; - The radiographic examination is conducted in a constructive manner; - Various factors which may artificially distort or otherwise alter the appearance of normal structures are identified; - A third party is required to be present if the radiographic procedures being conducted require it; - The appropriate exposure technique is used for the generation of a quality radiographic study of the area under consideration; - The exposure technique uses safety parameters for the patient's protection; - The patient and equipment are correctly positioned to obtain the optimum results; - Examination procedures are skilfully performed with the least patient discomfort. Element 6.5 Orders and interprets laboratory pathology procedures	

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	Performance Indicators - Is aware of professional and personal limitations. - Where appropriate refers for laboratory investigations, following the correct protocol required. - The decision to refer for laboratory studies is based on the integration of previously obtained clinical data. - The tests selected have acceptable levels of clinical usefulness and the greatest probability of producing clinical significant results. - The need for clinical laboratory investigations is explained to the patient. - The rationale which supports the selection of specific tests and procedures and the normal, abnormal reference values are understood. - The inherent limitations of laboratory investigations which may invalidate test results are considered when ordering and interpreting tests. - The protocol required by the agency in ordering the test is adhered to. - Patients/ clients, colleagues and others are effectively consulted as required. - Written/verbal communication is ethical Element 6.6 Orders and/or interprets special studies Performance Indicators - Is aware of professional and personal limitations; - Where it will influence patient care, refers for or performs special studies as required, following the correct protocol required; - Interprets and records the	

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	results of special tests; - Patients/clients, colleagues and others are effectively consulted as required; - Special studies not personally conducted are requested using the protocol required by the agency conducting the study. - Is aware of the cost benefit ratio of special studies. Element 6.7 Effectively deals with patients referred by another health care provider or an agency. Performance Indicators - The risks and benefits are considered in all studies conducted or ordered to evaluate the patient's clinical status; - Performs relevant diagnostic and patient management procedures; - Effectively responds to the referring party with prior patient consent to release the information; - The clinical status of each patient referred is evaluated/ assessed in an accurate, systematic and comprehensive manner to arrive at the requested report; - Demonstrates skills in communicating with other professionals, health disciplines, the legal profession and the courts, the scientific and academic community. Unit 7 – Diagnostic Decision Making Element 7.1 Establishes differential and working diagnoses from the information required	

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	Performance Indicators - The data are investigated in a deliberate, logical and appropriate manner; - The reliability of data obtained from the history and its relevance to the patient's clinical status is understood; - The symptoms and complaints are assessed in a manner which serves as a guide to further clinical assessment; - The historical data are used to select subsequent evaluation procedures that are appropriate to the continued investigation of the patient's clinical status; - All diagnostic clues are elicited in a thorough and objective manner to avoid premature conclusions; - Physical findings are explained in terms of altered structure and function of the human body where possible; - Factors which may explain the physical finding of the patient are considered; - Physical findings related to the patient's problem(s) are objectively explored; - Data obtained from the physical examination are integrated with the historical data; - Physical findings are pursued and investigated in a deliberate, logical and appropriate manner; - The data elicited from patient examination are appropriately correlated with the patient's complaint(s), ruling out the possibility of another cause for the patient's problem(s); - The historical and physical findings are used to assess	

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	the adequacy and accuracy of the relevant presumptive diagnosis; - All relevant data are used to identify the probable pathophysiological process(es) and/or psychosocial factors responsible for the patient's complaints and is used to arrive at a prognosis; - All appropriate areas of thepatient's database are considered to ensure adequate monitoring of change in the patient's clinical status; - The working diagnosis is placed in the correct sequence of the decision-making process; - Judgements are revised and investigative processes are changed when complications occur or new findings are observed; - All parameters of suspected clinical entities are considered in the generation and /or confirmation of a diagnosis or clinical impression; - The patient's progress is systematically monitored in order to confirm the initial diagnosis or clinical impression; - Data from all areas appropriate to the patient's evaluation is integrated; - The diagnosis/clinical impression is systematically confirmed or rejected; - The diagnosis/clinical impression generated is consistent with the inherent limitations and usefulness of the test used; - The clinical entities encountered in practice are differentiated and described;	

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	- Based on the working hypothesis (differential diagnosis), a decision is taken to: a. accept responsibility for management of the patient; b. seek consultation and/or participation in care with another health care provider; c. refer the patient for further evaluation and/or care; - The diagnosis and prognosis are explained in a concise and clear manner to the patient, (family or carer(s) as appropriate); - Where applicable, the necessity for referral is clearly explained to the patient, family or carer(s). Element 7.2 Collaborates or refers as necessary to obtain expert opinion Performance Indicators - Referral is based on defined ethical principles; - Referral protocols include the provisions of written requests with vital patient information and test results; - Patients who fail to respond to chiropractic care or who fail to derive any further benefit of such care are re-evaluated and referred within a reasonable to period time, as necessary; - Patients are evaluated with a view to referral when they exhibit signs of vertebrobasilar ischaemia, cauda equina or other potentially contraindicating intervention - Patients are appropriately referred to mental health professionals; - The right to provide	

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	concurrent treatment as a chiropractor during referral is observed.	
PROGRAMME OUTCOMES RELATING TO THE KNOWLEDGE AND SKILLS NEEDED FOR CHIROPRACTIC CARE		
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: 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.	Unit 8 – Planning of Patient Care Element 8.1 Bases patient management plans on adequate diagnostic data *Performance Indicators* - Diagnostic data are evaluated to determine whether it clearly indicates the site of mechanical or physiological dysfunction; - Diagnostic data are evaluated for adequacy to determine indications and contraindications for care; - Diagnostic data are evaluated to identify psychosocial or mental health conditions that may impact upon patient management. Element 8.2 Designs an interim management plan *Performance Indicators* - Adequate data are obtained to support a safe interim program; - The benefit and risks of palliative procedures and techniques are clearly understood. Element 8.3 Designs an appropriate patient management plan *Performance Indicators* - Offers a working diagnosis which clearly supports a rationale for intervention to achieve predetermined therapeutic goals; - Selects patient specific treatment options, taking into consideration patient	CCEA units appear to cover all of the different parts of GCC criterion 7 ie: - selecting and applying appropriate clinical skills (a & c) - plans of care (b) - patient safety (d) - evaluation and review of the pan of care (e) - basic life support (f).

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	comfort and compliance; - Incorporates decision points for progress evaluation and management plan modification. Element 8.4 Considers safety in patient care *Performance Indicators* - Generates a plan which shows adequate consideration of the risks and benefits associated with the selected patient management option(s); - Shows awareness of professional and personal limitations. Unit 9 – Implementation of Care Element 9.1 Explains the case to the patient, *(patient's family or carer(s) as appropriate*) and obtains informed consent *Performance Indicators* - The purpose and significance of the physical examination are effectively explained; - The nature and implications of all procedures used are explained at an appropriate level; - The significance of the history is discussed; - The diagnosis and prognosis are explained to the patient in a concise and clear manner; - The treatment regimen as well as costs involved are clearly explained to the patient; - Where applicable, the necessity for referral is clearly explained to the patient; - The need for additional diagnostic procedures is explained to the patient when relevant.	

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	Element 9.2 Communicates with and counsels the patient *(family or carer(s) as appropriate)* during chiropractic care. *Performance Indicators* - Ensure physical comfort and psychological privacy; - Develops empathy with the patient; - Determines the patient's perception of the problem and barriers to the solution; - Records relevant information; - Recognises signs and symptoms indicating adverse effects of therapy. Element 9.3 Counsels the patient, *(family or carer(s) as appropriate)* on preventive, support, concurrent and referral care. *Performance Indicators* - Approaches the patient in a confident and decisive manner, minimizing patient concern, or apprehension; - Considers the patient's right to privacy; - Services selected are consistent with clinical indications, treatment plan, physical physiological and, psychosocial characteristics and physical habits; - Considers indications, absolute and relative contraindications, beneficial and adverse biological effects; - Considers hostile, abnormal or disorganised behaviour; - Considers different ethnic, cultural or linguistic background; - Discusses prevention and occurrence of the major complaint, improving the quality of life by changing, where possible, the cause of the problem.	

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	Element 9.4 Refers patients *Performance Indicators* - Patients, family or carer(s), colleagues and others are consulted as appropriate; - The correct protocol is followed in referring a patient to another practitioner; - The written and/or verbal communication reflects the appropriate evaluation of the patient's record; - Referral is conducted in an ethical manner; - Communicates effectively with other professions and agencies, the legal profession and the courts, the scientific and academic community and other complementary health practitioners; - Works effectively in a multidisciplinary setting, - Integration of health services is promoted to enable access to appropriate and comprehensive services for patients, family and/or carer(s); - Following satisfactory progress discharges the patient. Element 9.5 Demonstrates a caring approach *Performance Indicators* - Promotes cooperation whereby patient apprehension and physical discomfort is minimised; - Shows concern and consideration, relieving anxiety, tension and discomfort; - Verbal and non-verbal communication are used to create an empathetic environment;	

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	- Normal patient apprehension is taken into account by the practitioner; and - Appropriate responses of concern, sympathy and understanding are made; - Refers for specialist counselling when required. Element 9.6 Observes safety guidelines. *Performance Indicators* - Chiropractic care is based on clear indications that care is safe and will not delay unique care by other practitioners; and where possible is applied to relieve pain and discomfort without delaying urgent care by other practitioners; - Awareness of professional and personal limitations is demonstrated; - The presumptive diagnosis is used as a basis for the decision to: a. accept responsibility for care of the health problems identified in a specific patient; b. seek consultation and/or participation in concurrent care with other health care providers; and c. refer for further patient evaluation and/or care; - All procedures are performed in a skilful manner that results in minimum patient discomfort and maximum patient safety; - The risk-benefit consideration pertain to all clinical procedures; and - Where therapy is implemented on a trial basis, careful consideration	

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	is given to assessing the recognised risks and benefits. Element 9.7 Implements appropriate crisis management *Performance Indicators* - Where necessary, therapeutic decisions are made in the absence of a diagnosis; - Therapeutic plans are improvised in an emergency, using available resources; - Situations are recognised in which it is appropriate not to treat the patient; - Ethical practices are observed; - First-aid and resuscitation procedures are implemented; and - Early intervention is provided or organised for patients demonstrating mental health disorder(s). Element 9.8 Effectively applies chiropractic techniques *Performance Indicators* - The normal structural and functional relationships are recognised and described; - Knowledge of pathomechanics is applied; - The physical and physiological principles of manual care are understood and applied; - A rationale for selection of a particular procedure is described - Indications, contraindications and non-indications for management procedures are understood. - Select procedures which are consistent with the clinical indication and the treatment plan and reflect the most effective treatment	

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	of the pathomechanical state; - Biomechanical abnormalities of the spine which are common to the principles of chiropractic practice and for which treatment by adjustive/manipulative procedures are indicated (where possible) described and understood; - The rationale for which a particular spinal adjustive/manipulative procedure is selected is understood and described; - Indications, contraindications and nonindications for a particular spinal adjustive/manipulative procedure are clearly understood; - Clinical effects which may result from the performance of the spinal adjustive/manipulative procedure selected are anticipated, identified and evaluated; - adjustive/manipulative force is delivered in a direction consistent with the anatomical relationships of the articular structure; - Spinal adjustive/manipulative procedures are properly modified to meet particular patient variables; - Data relevant to the performance of all procedures is accurately recorded. - Understands the limitations of chiropractic manual therapy Element 9.9 Refers to or effectively applies other treatments modalities when	

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	appropriate. *Performance Indicators* - Is aware of professional and personal limitations; - Refers to other health care providers, or selects treatment modalities where manual treatment is inappropriate. - When applying or referring for other treatment modalities, demonstrates competent selection and use of modalities such as heat, cold, exercise, electrical therapies, mechanically assisted devices, and medication. - Understands the indications, contraindications and non-indications of other treatment modalities. - Understands the physiological effects of other treatment modalities. - Understands the concepts of rehabilitation including functional restoration, pain and psychological management. Element 9.10 Evaluation progress *Performance Indicators* - Re-evaluates the patient's progress at each treatment, by assessing the information acquired, as to the subjective and objective evidence; - Recognises signs and symptoms indicating adverse effects of therapy or intervention; - Derives clinical decisions from patient assessment when determining whether to continue or modify the original management plan or re-evaluate or appropriately refer the	

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	patient; - Records relevant information. Unit 10 – Disease Prevention and Health Promotion Element 10.1 Counsels the patient, *(family or carer(s) when appropriate)* on disease prevention and health promotion *Performance Indicators* - Determines the patient's perception of the problem and any barriers to the solution; - Explains the rationale of case findings; - When relevant, clearly explains to patients the need for additional diagnostic procedures; - Where applicable, clearly explains the necessity for referral to the patient; - Ascertains the patient's perception of disease and health; - Takes into account pertinent socio-economic and cultural factors. - Counsels patients on health promotion including dietary and nutritional supplementation, correcting general hygiene, exercise, decreasing stress, changing the workload, relaxation when possible and setting attainable goals; - Encourages patient self-care; - Clearly explains to patients the proposed health program as well as costs involved; - Develops empathy with the patient.	
PROGRAMME OUTCOMES RELATING TO COMMUNICATION WITH PATIENTS AND OTHER HEALTHCARE PROFESSIONALS		

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
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: 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.	Unit 1 – Public Health and Community Interaction Element 1.1 Awareness of responsibility, accountability and competence of health providers in Australasian Society *Performance Indicators* - Awareness of national and local guiding principles/requirements for health care in the health services; - Awareness of the necessity to remain competent in one's field of practice; - Awareness of responsibilities to society in terms of law. Element 1.2 Public health concepts *Performance Indicators* - Awareness of significant public health matters including the major causes of mortality and morbidity in Australasia and the World; - Understanding of the role of disease prevention in Australasia, particularly in the areas of cancer, circulatory disease, respiratory disease, digestive disease, vaccine preventable disease, accidents, infectious/parasitic diseases, suicide and mental health disorders; - Understanding the significance that musculoskeletal disease has in the overall public health context. Demonstrate a knowledge of the natural history of musculoskeletal diseases and the factors which may prevent them; - Understanding of the	The CCEA units (referenced here and in relation to criteria 6&7 above) appear to cover all of the different aspects in GCC criterion 8 ie: - communication and information sharing with patients (a, b & d) - obtaining consent (c) - reports for healthcare professionals (e) - working with and respecting other healthcare professionals and in the wider healthcare context (f & g). It appears that the CCEA give a higher priority to public health in their units than does the GCC but the way in which chiropractors might use this in their work with patients appears to be more akin to the UK approach than, say, the wellness approach in the USA.

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	significance of the major risk factors for disease such as obesity, poor nutrition, alcohol abuse, drug abuse, stress, mental health disorders, smoking, exposure to harmful environmental factors, and poor hygiene; - Understanding the most common mental health disorders, and best practice treatment for these disorders; - Understanding of health problems during special life periods including ageing, paediatrics and adolescence; - Understand the concepts of primary, secondary and tertiary prevention in health and disease; - Recognise the role that chiropractors can play in overall public health practice, including public hospitals; - Show an understanding of the Health System in the local jurisdiction. - Recognise the benefits and limitations of screening for disease and in particular musculoskeletal disorders; - Understanding the special areas of women's and men's health and the cultural aspects of public health; - Understanding the concept of increasing the patient's responsibility for his/her own health care; - Shows an awareness of diversity of patients and carers. Unit 2 – Health Care System Interaction Element 2.1 Relates effectively	

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	and knowledgeably to other professions and agencies *Performance Indicators* - Recognises the paradigms within which other professionals function; - Treats others professionals with respect; - Communicates effectively Element 3.3 Skills in intra professional referral *Performance Indicators* - Colleagues are effectively consulted including skilful communication, the use of their special expertise and provision of adequate referral notes; - Effectively responds to referring colleagues with prior patient consent to release information; - Respect and personal regard for colleagues is always maintained.	
PROGRAMME OUTCOMES RELATING TO THE KNOWLEDGE AND SKILLS TO BE AN INDEPENDENT PRIMARY CARE PRACTITIONER		
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: 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	Element 2.2 Understands relevant health care economies *Performance Indicators* - Understands statutory and private recommendations on reimbursement / payment of chiropractic fees; - Understands costs containment strategies through use of chiropractic treatment for specified health problems; - Appreciates the ethical implications of providing treatment in the absence of the patient's ability to pay; - Appreciates the relative merits of the treatment options available in regard	The CCEA units (referenced here and in relation to the other criteria on content) appear to cover the following aspects of GCC criterion 8 ie: - The context of chiropractic in Australasia and internationally – although obviously without the focus on the UK given in the GCC documents (parts of 9a-c) - maintaining high professional standards of

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
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 they are fit to practise as a chiropractor. f. Identify the different aspects of managing a chiropractic practice and the knowledge and skills required. g. Identify how to manage and reduce risks in the practice setting, consistent with legislation. h. Demonstrate the ability to identify their own learning needs, plan their own learning and development, organise their own learning and evaluate its effectiveness.	to cost, benefits and efficiency of such procedures; - Understands the problems associated with both under and over-servicing. Unit 3 – Professional Interaction Element 3.1. Awareness of professional ethos, organisation and history *Performance Indicators* - Is aware of the profession's special characteristics, aspirations and strengths; - Is aware of the profession's organisations locally, nationally and internationally; and of its relations to other professions and organisations, e.g WHO; - Is aware of the major historical mile posts of the profession, both locally and internationally. Element 3.2. Awareness of professionalism *Performance Indicators* - Outlines and evaluates the status of chiropractic in terms of the characteristics of a profession; - Displays a sense of professional and personal integrity and responsibility; - Assesses personal stands of practice; - Recognises the need for self-directedness in further and continuing education to extend knowledge and refine skills; - Respects colleagues Element 3.4 Understands professional responsibility, strengths and limitations and legal responsibilities *Performance Indicators*	practice (e) - the different aspects of managing a chiropractic practice (f) - reducing risks in the practice setting, consistent with legislation (g) - a commitment to, and capacity for, life-long learning (9h). There will be gaps in relation to: - criterion 9a-d where they are specific to the UK context.

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	- Subscribes to the profession's code of ethics or conduct prescribed by the major national professional organisation; - Acknowledges a sense of professional awareness and relatedness by knowledge of the major professional organisations; - Ensures adequate, ongoing care for patients during times of absence; - Accepts responsibility for care of the health problems identified in each patient, seeking consultation and/or participation in concurrent care with another health care provider and where relevant, referring patients for further evaluation or care; - Recognises professional and personal limitations in providing health care, particularly in the area of non-musculoskeletal diseases, including mental health disorders; - Demonstrates willingness and capacity for writing third party and medicolegal reports, certificates and correspondence; - Demonstrates the ability to measure impairment, disability and handicap. Unit 4 – Staff and Financial Management Element 4.1 Manages practice finances, reception, records and communication. *Performance Indicators* - Understands the principles of financial management of a practice include inter alia correct and up-to-date financial records; short and long term budgeting;	

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	estimates for rent, loans, wages insurance, electricity, equipment, telephone, stationery, water, cleaning etc; double entry book-keeping; efficient collection and spending contained within the budget; - Clinical record keeping is based on forms printed with the practice and practitioner's details; appropriate forms are at all times used for patient information (name, address, telephone number, financial records, case and treatment records, etc): all records are up-to-date; and informed consent is obtained where relevant; - Understands the legal requirements of conducting a practice; - Understands the procedural and legal requirements in relation to third party payers. Element 4.2 Manages staff and staff development *Performance Indicators* - Adequate meetings are held with partner/s and staff members as a forum of discussion; - Members of the team clearly understand their roles and responsibilities; - All staff are treated with respect; - Staff development opportunities are provided as required by law; - Understand statutory requirements governing staff employment. Unit 5 – Management of Practice Environment Element 5.1 Manages physical	

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	and psychological practice environment *Performance Indicators* - Relevant equipment is selected to adequately furnish the practice; - Colour coding is applied to create an aesthetic effect; - Appropriate music is selected to create a warm and relaxed atmosphere; - Temperature is controlled; - Staff are selected and trained to maintain an environment of unconditional positive regard; - Is aware of statutory and ethical health and safety requirements Unit 11 – Professional Scientific Development Element 11.1 Develops a personal ability to seek out and apply scientific information. *Performance Indicators* - Ability to critically appraise the literature and apply evidence-based problem solving in practice; - Understand the on-going necessity for continuing education; …	
PROGRAMME OUTCOMES - THE KNOWLEDGE AND SKILLS FOR PROFESSIONAL ACCOUNTABILITY AND THE PROTECTION OF PATIENTS		
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: 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	Unit 1 – Public Health and Community Interaction Element 1.1 Awareness of responsibility, accountability and competence of health providers in Australasian Society Performance Indicators - awareness of national and local guiding principles/requirements for health care in the health services; - awareness of the necessity to remain competent in	The CCEA units referenced here and in relation to GCC criterion 9 above (ie Unit 3 – Professional Interaction) contain some statements related to the law, ethical practice, the safety of patients (GCC criterion 10b) and recognising and working within own limits (10c).

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
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.	one's field of practice; - awareness of responsibilities to society in terms of law. Element 3.4 Understands professional responsibility, strengths and limitations and legal responsibilities Performance Indicators - Subscribes to the profession's code of ethics or conduct prescribed by the major national professional organisation; - Acknowledges a sense of professional awareness and relatedness by knowledge of the major professional organisations; - Ensures adequate, ongoing care for patients during times of absence; - Accepts responsibility for care of the health problems identified in each patient, seeking consultation and/or participation in concurrent care with another health care provider and where relevant, referring patients for further evaluation or care; - Recognises professional and personal limitations in providing health care, particularly in the area of non-musculoskeletal diseases, including mental health disorders; - Demonstrates willingness and capacity for writing third party and medicolegal reports, certificates and correspondence; - Demonstrates the ability to measure impairment, disability and handicap.	However there appear to be gaps in relation to: - UK legislation – as is to be expected (10a) - ethical dilemmas (10b) - protecting patients through raising concerns (10d).
Recognition criteria related to the nature of the degree programme and programme providers		
Level and length of course		

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
11. 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.		Whilst it is difficult to compare levels of courses across different countries, there is agreement in the worldwide chiropractic community (not including the GCC) about broad equivalence through the CCEI and two of the UK institutions have recognition through the ECCE. Thre does not appear to be a specific CCEA standard on this but one might assume the level is broadly comparable.
12. 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.		Criterion GCC 12 does not appear to feature in the CCEA requirements. If considered important by the Education Committee then the time from entering the chiropractic degree programme to the individual's graduation might be something that could be checked at the application stage.
Teaching and learning methods		
13. A variety of teaching and learning methods must be used across the programme. These methods must: 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	4.2 Curriculum models and instructional methods The Institution must define the curriculum models and instructional methods employed, and these must be consistent with the mission, goals and educational objectives of the institution.	The CCEA standard 4.2 makes broad references to the curriculum models and instructional methods used in the programme and the need for these to be appropriate to the educational objectives which might infer GCC

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
students. 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.		criterion 13 a. there is no specific requirement in relation to the teaching and learning methods encouraging students to be self-directed learners although there is a requirement to understand the need for continuing education – this means that GCC criterion 13(b) might be considered to be a gap. There appears to be a gap also in relation to involving patients and carers in the teaching and learning of students (13c).
Assessment methods and regulations		
14. A variety of assessment methods must be used across the programme. These methods must: 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.	2.2 Assessment of students The Institution must define and state the methods used for assessment of its students, including the criteria for passing examinations. Assessment practices must be clearly compatible with its educational objectives and must promote learning.	The CCEA standard 2.2 covers GCC criterion 14 a and b. There appears to be a gap in relation to involving patients and carers in the assessment of students (14c).
15. The degree programme must have a clear and explicit assessment system and equitable assessment regulations.	1.4 Policies and procedures Each institution/unit must have written policies and procedures that encompass: … b) Instructional Program Management: an outline of the management and control of all courses for credit as well as for seminars and other non-	CCEA standard 1.4 appears to cover GCC criterion 15

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	credit activities.	
Programme structure		
16. The programme must have the following general features: 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.		There does not appear to be specific standards that match with GCC criterion 16 although some might be inferred from other CCEA standards (eg 16d as there is an emphasis in the CCEA units on working in the wider healthcare system and with other healthcare professionals).
Clinical experience and practice		
17. Before starting the final period 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.		There does not appear to be a specific CCEA standard related to criterion 17, however the detail below suggests this is covered.
18. In their final clinic period students must: a. be responsible for the full spectrum of patient management, and b. have assessed and managed	4.4.3 Clinical sciences The institution must ensure that students have adequate patient experiences and opportunities to acquire sufficient clinical knowledge, skills and attitudes to assume appropriate clinical	CCEA statement 4.4.3 is similar to GCC criterion 18 although less specific about the detailed requirements related to the clinical

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
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.	responsibility upon graduation.	competence of graduates. However it could be argued that these are by their nature already captured in the units that individuals need to achieve by the end of the programme and in the detailed quantitative requirements for assessment referenced against GCC criterion 19).
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.	5.4 Student performance Student performance must be analysed in relation to the curriculum and the mission and objectives of the chiropractic program. Each Institution would be expected to provide evidence that candidates for graduation have: - performed at least fifty (50) individual, patient clinical assessments, including a comprehensive case history and examination for each patient for the purpose of developing a diagnosis or clinical impression and an appropriate case management regime, - performed at least five (5) examinations of each of the specific systems:- cardiovascular, respiratory, genitourinary, digestive, EENT and a minimum of forty (40) appropriate neuro musculoskeletal examination, - interpreted and provided written reports on sixty (60) X-ray studies, at least thirty (30) of which were performed by the student on different patients; - performed at least three	CCEA statement 5.4 related to the number of patient cases that a student needs to complete prior to graduating relates to the more general GCC criterion 19 (which replaces the specific numbers that appeared in earlier versions of the Degree Recognition Criteria – advice is now given in the GCC's guidance). There appears to be an adequate comparison in the context of the comparison of the graduate outcomes given above. There appear to be no statements in the CCEA standards about encuring that patients receive continuity of care in the student clinic.

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	hundred (300) chiropractic care sessions, directed toward the alleviation of an identifiable ailment, - adequately demonstrated a comprehensive understanding of which clinical laboratory examinations should be undertaken and what should be their interpretive significance to relevant cases. - No more than 10% of the above services should be administered to students enrolled in the program. "Fieldwork" activities (e.g. Sports events) may only be considered for care sessions, and for no more than 10%. There must be clear evidence of an examination, a diagnosis and a treatment, with documentation of an acceptable standard, plus evidence of supervision.	
20. The school must have policies and procedures to ensure the effective governance of the clinic period and the effective supervision of students.	3.9 Patient care services The institution must have a patient care program and an associated formal system of quality assurance that demonstrates evidence of: - standards of care that are patient-centered, focused on comprehensive care and written in a format that facilitates assessment with measurable criteria; - an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided; - mechanisms to determine the cause(s) of patient care deficiencies; and - patient review policies, procedures, outcomes and corrective measures.	The CCEA standard 3.9 appears to be broadly similar to GCC criterion 20 in terms of ensuring the clinical governance of patient care during the education and training of students.

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
Programme planning and review		
21. Programme planning must cover all areas of the degree programme and involve staff from all the different aspects of the programme.		GCC criterion 21 does not appear to feature in the CCEA standards. Whilst important it might be inferred from the rest of the CCEA standards and hence not be of particular relevance to the assessment of overseas applicants.
22. The school must ensure that the degree programme is consistent with advances and significant influences in chiropractic, education and science.	5.5 institutional responsibility for research and community service Each unit/institution must provide evidence regarding: - the nature and extent of activity of benefit to the community provided by the institution; - its responsiveness to the needs of the chiropractic profession and the community; - its contribution to the body of research and scholarship for the profession.	CCEA standard 5.5 has a similar focus to GCC criterion 22 although it focuses on providing evidence of its effectiveness and has some broader aspects.
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.	4.1 Curriculum development The administration and faculty/academic staff must have freedom to design the curriculum and allocate the resources necessary to its implementation.	GCC criterion 23 appears to be broadly covered in CCEA statement 4.1 although it is not explicit about the involvement of staff and students. CCEA statement 5.6 referred to below states that evaluation should involve academic staff and students.
24. The school must have effective measures for quality assuring the degree programme, including making effective use of external examiners.	4.7 Service Each institution must establish service program objectives that support its mission and goals.	The CCEA standards do not make specific reference to the use of external examiners

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	5.1 Mechanisms for program evaluation The chiropractic program must establish a mechanism for course evaluation that monitors the curriculum and student progress, and ensures that concerns are identified and addressed. 5.2 Institutional outcomes As a condition of accreditation each institution must provide evidence of its institutional effectiveness in achieving the Mission, Goals and Objectives it has established for itself. 5.6 Evaluation and institutional planning Each unit must maintain an active self-evaluation process, which must include input from representatives of institutional constituencies. Hence, program evaluation must involve the governance and administration of the chiropractic institution/unit, academic staff and the students. Institutions must provide evidence of the linkage and impact of the coordination between self-evaluation, assessment outcomes and institutional planning in determining institutional effectiveness.	- a UK concept? However there is a clear emphasis on evaluation and subsequent reviews. This is also not an area of specific relevance for the assessment of overseas applicants.
Institution		
25. The institution must have a clear identity and management structure, with clear lines of accountability and responsibility.	1.1 Governance Governance structures and functions of the "unit" responsible for the conduct of courses in chiropractic must be defined, including their relationships within their Institution/University.	CCEA standard 1.1 is very similar to GCC criterion 25.
26. The school must have mechanisms that encourage and promote the involvement of staff and students.	2.4 Student representation The Institution must have a policy that makes provision for student representation and	CCEA standard 2.4 has a similar focus to GCC criterion 26 in relation to student

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	appropriate participation in institutional/unit policy determination.	involvement and There does not appear to be a comparable CCEA standard for staff involvement although this is mentioned in specific cases eg in relation to evaluating the programme. However this is not of particular relevance to the assessment of overseas applicants.
Resources		
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.	1.5 Financial management Accounting methods must comply with generally accepted standards for higher educational institutions or appropriate alternative standards established by local statute. 3.2 Administrative staff The Institution's administrative staff must be appropriate to support the implementation of its educational program and other activities and to ensure good management and deployment of its resources. 3.3 Physical facilities Each institution must have sufficient physical facilities for the staff and student population to support the program objectives of its mission and goals. The institution must be able to provide evidence that these facilities comply with all applicable legal requirements. There must be clear and identifiable policies regarding maintenance, access, and use of such facilities. 3.5 Instructional aids and equipment Classroom and clinic equipment must be adequate to provide students with the opportunities	There are a number of CCEA standards that cover in greater depth the more generic GCC criterion 27 – much of the detail in the CCEA standards is given in guidance in the GCC document.

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	to gain knowledge and skills in the effective use of all standard diagnostic and therapeutic equipment relevant to the discipline. 3.6 Learning resource centres Each institution must have a Learning Resource Centre/Library with staff, facilities, and collections resources adequate to the program objectives of the mission and goals of the institution. 3.7 Information technology Each institution must have a policy which addresses the evaluation and effective use of information and communication technology in the educational program. 3.8 Financial resources The Institution must demonstrate adequacy and stability of financial resources to support the program objectives of its mission and goals. In demonstrating adequacy and stability of resources, the Institution must show that it has adequate budgetary controls and the ability to graduate its most recent entering class.	
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.	3.4 Clinical training resources Each institution must have the necessary resources and clinical training facilities adequate to support the program objectives of its mission and goals.	CCEA standard 3.4 has a similar focus to GCC criterion 28.
Staff		
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	3.1 Academic staff Each program must have adequate and stable staff whose complement must be suitable for the curriculum, in terms of the mix of qualifications, experience,	CCEA standard 3.1 has a similar focus to GCC criterion 29.

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
school as a whole.	aptitudes, status, gender, etc.	
30. The school must have sufficient individuals expert in chiropractic assessment and care involved with student teaching and assessment.		There appears to be no CCEA standard that correlates directly with GCC criterion 30. However it might be implied from CCEA standard 3.1 above.
31. The school must ensure that all clinical chiropractic teaching staff reflect high standards of patient care in all their work.		There appears to be no CCEA standard that correlates directly with GCC criterion 31. However this is not of direct relevance to the assessment of overseas applicants and might be inferred from other CCEA standards.
32. All staff involved in student teaching and assessment must be competent in enabling students to learn effectively and assessing student achievement.	1.3 Academic leadership The responsibilities of the academic leadership of the unit responsible for the chiropractic program must be clearly stated, and courses must be taught only by staff authorised by the institution. Staff teaching in courses must be adequately qualified to meet the unit mission and goals and course objectives.	CCEA standard 1.3 has a similar focus to GCC criterion 32 although focuses on qualifications rather than competence.
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.		There appears to be no CCEA standard that correlates directly with GCC criterion 33. However this is not of direct relevance to the assessment of overseas applicants.
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.	1.4 Policies and procedures Each institution/unit must have written policies and procedures that encompass: c) Academic & General Staff conditions of service: these	CCEA standard 1.4 is similar to, if more generic focus than, GCC criterion 34.

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	must be consistent with jurisdictional expectations and address all aspects recognised within good human resource management.	
Students		
35. Entry to the degree programme must: a. include evidence of students' literacy, numeracy and the ability to communicate in English b. promote equality of opportunity.	2.1.1 Admission policy Chiropractic institutions must have a clearly defined admission policy that is consistently applied and is free from discrimination and bias. The qualifications for student enrolment must be appropriate to the educational mission, goals and program objectives of the institution. The admission policy must include details of the relationship between selection criteria and the educational mission, goals and program objectives of the institution. 2.1.2 Applicants for Australian and New Zealand Courses The minimum requirements for entry must be equivalent to those required for entry into a first professional degree course at an Australian or New Zealand university but shall be no less than Higher School Certificate (HSC) standard. The applicant must have attained an aggregate score which allows admission to a science degree course at leading universities in the place of domicile. Credentials of applicants from countries outside Australia and New Zealand must be submitted to the relevant authority for evaluation and certification of equivalence to the Higher School Certificate prior to a place being offered. As English is the language of instruction and is the first	GCC criterion 35 appears to be covered in great depth in CCEA standard 2.1 relating to admission policy – as the GCC is concerned with the outcomes that gradates achieve it can be implied that this sufficiently well covered for the assessment of overseas applicants. It is worthy of note that the CCEA standards refer to the policies needing to be free from discrimination and bias similar to the GCC requirements.

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	language of health care systems in Australian and New Zealand applicants must be able to provide evidence of fluency in written and spoken English. 2.1.3 Transfer students i) Applicants for admission to advanced standing must be able to furnish evidence that: a. They can meet the same entrance requirements as candidates for the first year class; b. Courses equivalent in content and quality to those given in the admitting institution in the year or years preceding that to which admission is desired have been satisfactorily completed; c. The work was done in a chiropractic institution acceptable to the committee on admissions of the institution. ii) Credit may be granted to an applicant who has taken appropriate and relevant professional training or work. iii) For all students admitted to advanced standing, there must be on file with the registrar, the same documents required for admission to the first-year class and, in addition, either a certified transcript of work completed or a certificate of graduation and transcript from the graduating institution. iv) Transfer credits must be earned within five years of the date of admission to the admitting program or institution. The program or institution may elect to waive this requirement for persons holding a first professional degree in the health sciences (e.g. MBBS, a bachelors degree in osteopathy dentistry or physiotherapy), or	

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	an academic degree (Masters or PhD) in a related discipline (e.g. biology, zoology or physiology) from an accredited institution. v) Credits used to satisfy minimum prerequisites for admission must not be used for advanced placement credit. 2.1.4 Overseas applicants In Australia or New Zealand, students who are not citizens of Australia or New Zealand, or who do not possess an immigrant visa for Australia must comply with the following special requirements in addition to normal entrance requirements. Such applicants must: a) Meet Australian or New Zealand immigration regulations governing the entrance of overseas students. b) Submit proof of proficiency in English, unless English is their first language. Their proficiency must be to the standard prescribed by the Institution and must meet local immigration requirements. c) Produce proof that they meet the same educational requirements as students entering the program from Australia or New Zealand or the specific regional entry requirements stipulated. d) Comply with all requirements of the Overseas Student Office relating to a visa application. e) Provide all documentary evidence in English or provide certified translations to accompany documents. f) Provide evidence of financial security sufficient to satisfy Australian or New Zealand immigration requirements for a student visa.	
36. The institution must provide students	2.3 Student support and	CCEA standard 2.3

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
with academic guidance, pastoral care and other support services appropriate to meet students' needs.	counselling A program of student support, including counselling, must be offered by the Institution.	has a similar focus to GCC criterion 36.
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.		There appears to be no CCEA standard that correlates directly with GCC criterion 37. As the ECCE competences are quite broad in this area, this might be of relevance to the assessment of overseas applicants.
38. The school must provide students with clear information on the main aspects of the programme before entry and throughout their degree programme.	1.4 Policies and procedures Each institution/unit must have written policies and procedures that encompass: a) Institutional/Unit Disclosure: demonstrated by an annual published handbook that outlines items considered to be important to current and potential students b) Instructional Program Management: an outline of the management and control of all courses for credit as well as for seminars and other non-credit activities. c) … d) Students: These must comply with all applicable legal requirements, and New Zealand Institutions must have policies and procedures concerning the Treaty of Waitangi.	GCC criterion 38 can be seen to be covered by the CCEA standard 1.4 about policies and procedures – it is not an area of particular concern in relation to the assessment of overseas applicants.
Research		
39. The school must foster a culture of personal and collaborative academic research and other scholarly activities. 40. Proper facilities for research must be provided within the school.	4.5 Research program Each Institution must: - establish research program objectives that support its mission and goals; - foster research by providing adequate time, space and	GCC criteria 39-40 can be seen to be covered by the CCEA statements 4.5 and 4.6 related to research programs and ethics.

GCC, 2010	CCEA standards and competencies 2009	COMMENTS
	resources; and - describe the research facilities and areas of research priorities at the institution/unit. 4.6 Ethics in research An Institution conducting, sponsoring, or participating in research involving human or animal subjects must have written policies that protect these human or animal subjects	

Conclusion

The mapping between the GCC's Degree Recognition Criteria (2010) and the CCEA's Educational Standards for First Professional Award Programs in Chiropractic (2009) and Competency Based Standards for Entry Level Chiropractors (2009) has shown that there is broad comparability between the two sets of standards both in relation to the outcomes of the degree programme as well as requirements related to the nature of the degree programme and programme providers.

The following gaps have been identified in the CCEA standards when compared with those of the GCC:

- applying appropriate research methods (GCC 5c)
- applying continuous quality improvement in their practice (GCC 5e)
- the role of chiropractors in the healthcare system where specific to the UK (GCC 9a – 9d)
- 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)
- managing ethical dilemmas (10b)
- protecting patients through raising concerns about others (ie the chiropractor's role in the broader healthcare system) (GCC 10d).

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:

- 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
- the absence of specific requirements about student fitness-to-practise policies and procedures (GCC criterion 37), although the CCEA standards include some aspects related to ethics which might cover some of the areas within the GCC student fitness-to-practise guidance.

The advice of the GCC Education Committee is sought on:

1. 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).