

Comparison between the GCC's Degree Recognition Criteria (May 2010) and the Councils on Chiropractic Education International - International Chiropractic Accreditation Standards (2009)

Introduction

The CCEI's International Chiropractic Accreditation Standards are designed to form "the basis of a minimum framework for a core program from which newly established accrediting bodies can further develop accreditation standards".

The CCEI states that education programmes must be equivalent to at least five academic years of full-time study (including pre and post requirements). The standards are based on the following concept of a chiropractor:

"The chiropractor, as a practitioner of the healing arts, is concerned with the health needs of the public. He/she gives particular attention to the relationship of the structural and neurological aspects of the body in health and disease; he/she is educated in the basic and clinical sciences as well as in related health subjects. The purpose of his/her professional education is to prepare the chiropractor as a primary health care provider. As a portal of entry to the health delivery system, the chiropractor must be well educated to diagnose, to care for the human body in health and disease and to consult with, or refer to, other health care providers when appropriate for the best interest of the patient."

CCEI, 2009, International Chiropractic Accreditation Standards

These two descriptions of the length of the programme of study and the description of the role of a chiropractor provide some immediate confidence in there being the basis of similarity between worldwide accreditation standards and those of the GCC given that all of the other worldwide accrediting bodies are members of CCEI.

The CCEI sets *eligibility criteria* for educational programmes to apply for accredited status. These are that a chiropractic educational programme must:

- a. operate as, or as part of, an institution established as a not-for-profit educational entity
- b. have adopted objectives which embrace those stated in the above foreword and the CCEI International Chiropractic Accreditation Standards, and have adopted a clearly stated plan for achievement of those objectives
- c. offer a curriculum whose content, scope and organization are in accord with the CCEI International Chiropractic Accreditation Standards for chiropractic education
- d. have control of facilities, equipment and staff sufficient for teaching and training the chiropractic student in accordance with its educational objectives; and,
- e. establish and adhere to appropriate appeal mechanisms and procedures for resolving complaints, be they by applicants, students, staff or the public.

The table below compares the GCC's Degree Recognition Criteria (2010) against the CCEI's International Chiropractic Accreditation Standards (2009). The CCEI's standards are structured under the following headings:

1. Objectives and organisational factors
2. Policies
3. Educational objectives

4. Teaching staff
5. Resources
6. Research
7. Outcomes.

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

Table 1: Comparison between the GCC's Degree Recognition Criteria (May 2010) and the Councils on Chiropractic Education International - International Chiropractic Accreditation Standards (2009)

GCC, 2010	CCEI, 2009	COMMENTS
GENERAL CRITERIA ON CONTENT		
<p>1. The School must enable students to develop, so that when they graduate, they are able to achieve the following broad programme areas. Programme outcomes for each of these areas are set out in criteria 4 – 10.</p> <ol style="list-style-type: none"> 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 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 	<p>1.1 Objectives The objectives of the program must be clearly defined and must encompass:</p> <ol style="list-style-type: none"> 1.1.1 the preparation of the chiropractor to function as a portal of entry to the health care system, educated to diagnose, to care for the patient in health and disease and to consult with or refer to other health care practitioners; 1.1.2 the development and conduct of research related to the field of chiropractic; 1.1.3 the provision for service related to chiropractic practice and its improvement. 	<p>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.</p> <p>The objectives of the CCEI standards, which are generally used by the other worldwide chiropractic accrediting authorities, cover similar programme areas to that set out by the GCC.</p>

GCC, 2010	CCEI, 2009	COMMENTS
criterion 10).		
2. Schools must develop their own staged learning outcomes from the broad programme outcomes detailed in the criteria 4 - 10.		The CCEI does not require staged learning outcomes to be set – however it is the overall outcomes that individuals achieve that is important when considering entry to the register.
3. Every learning outcome must be assessed.	<p>2.7 Each program must conduct its educational curriculum with sequencing and duration of courses to ensure that the student acquires the minimal level of knowledge and skills to become a competent chiropractor.</p> <p>3. EDUCATIONAL OBJECTIVES Competence in the practice of chiropractic requires the acquisition of relevant knowledge, understandings, attitudes, habits and psychomotor skills. The curriculum and the student evaluation processes must be designed to assure that each graduate demonstrates the following competencies, consistent with the mission and goals of the program.</p>	The CCEI sets out educational objectives for chiropractic degree programmes and requires that the assessment of students (using the term evaluation) assures the demonstration of the objectives / competencies. See comments against criteria 4 – 10.
<i>PROGRAMME OUTCOMES RELATING TO THE KNOWLEDGE AND SKILLS THAT FORM THE BASIS OF CHIROPRACTIC</i>		
<p>4. At the point of graduation, students must have developed the knowledge and skills that form the basis of chiropractic. Specifically they must be able to:</p> <p>a. Understand the history, theory and principles of chiropractic in a contemporary context.</p>	<p>3.1 Possesses a comprehensive understanding and command of the skills and knowledge that constitute the basis of chiropractic in its role as a primary health care profession, as follows:</p> <p>3.1.1 achieves a fundamental knowledge of health sciences, with a particular emphasis on</p>	The CCEI standards (3.1 & 3.3) describe similar knowledge and skills forming the basis of chiropractic to those used the wording in GCC's criterion 4 suggesting there is a sufficient

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<p>b. Differentiate between normal and abnormal structure and functioning of the human body.</p> <p>c. Recognise the range of conditions that present to chiropractors as independent primary care practitioners and the nature and impact of their physical, psychological and social aspects.</p>	<p>those related to the neuro-musculoskeletal system; 3.1.2 achieves a comprehensive theoretical understanding of the bio mechanics of the human locomotor system in normal and abnormal function and possess the necessary clinical ability to expertly assess spinal biomechanics in particular; 3.1.3 appreciates chiropractic history and the unique paradigm of chiropractic health care; 3.1.5 possesses the skills necessary for a primary care health practitioner.</p> <p>3.3 The program must ensure that the graduate is able to: 3.3.1 apply fundamental scientific knowledge of the human body; 3.3.2 understand the nature of normal and abnormal spinal mechanics and the patho physiology of the neuro-musculoskeletal system and its relationship to other anatomical structures;</p>	<p>match between the two.</p>
<p><i>PROGRAMME OUTCOMES RELATING TO RESEARCH AND EVALUATION KNOWLEDGE AND SKILLS</i></p>		
<p>5. At the point of graduation, students must have developed and be able to apply knowledge and skills of research and evaluation. Specifically they must be able to:</p> <p>a. Understand different research methods related to clinical decision making</p> <p>b. Understand the different ways in which the outcomes of research are transferred to practice</p> <p>c. Apply appropriate methods when carrying out research relevant to chiropractic.</p> <p>d. Appraise current research and</p>	<p>The objectives of the program must be clearly defined and must encompass: 1.1.2 the development and conduct of research related to the field of chiropractic; ... 3.2.4 acquires the ability critically to appraise scientific and clinical knowledge; 3.3.9 select research subjects, design simple research methods, critically appraise clinical studies and participate in multi-disciplinary research programs;</p>	<p>The CCEI educational objectives appear to be relatively light in relation to research and evaluation as compared with GCC criterion 5. The CCEI objectives cover the development and conduct of research (1.1.2) and research methods (although with little detail is provided). In addition the role of the institution and staff in</p>

GCC, 2010	CCEI, 2009	COMMENTS
<p>evidence relevant to chiropractic and apply it to their practice.</p> <p>e. Apply continuous quality improvement in their practice.</p>		<p>undertaking research is recognised (see GCC criteria 39 – 40).</p> <p>There are potential gaps in relation to:</p> <ul style="list-style-type: none"> - Understanding how to transfer research into practice (GCC 4b) - Understanding the meaning of evidence and its use in practice (GCC 4d) - Applying continuous quality improvement in their practice (GCC 4e).
<p>PROGRAMME OUTCOMES RELATING TO ASSESSMENT KNOWLEDGE AND SKILLS</p>		
<p>6. At the point of graduation, students must be able to assess the health and health needs of patients. Specifically they must be able to:</p> <p>a. Obtain and document case histories from patients using appropriate methods to draw out the necessary information.</p> <p>b. Identify how the information obtained from case histories has a bearing on any further assessment that is undertaken and/or the care and treatment that is planned.</p> <p>c. Examine patients using appropriate methods.</p> <p>d. Appraise the need for further investigations to inform the case that is, imaging and laboratory tests.</p> <p>e. Arrange for further necessary</p>	<p>3.2 Performs at the clinical level expected of a primary contact health care practitioner, as follows:</p> <p>3.2.1 competently performs a differential diagnosis of the complaints presented by patients;</p> <p>3.2.2 achieves particular expertise in diagnostic imaging ... of the neuromusculoskeletal system;</p> <p>3.2.3 achieves competence in interpreting clinical laboratory findings;</p> <p>3.2.4 acquires the ability critically to appraise scientific and clinical knowledge;</p> <p>3.3 The program must ensure that the graduate is able to:</p> <p>3.3.1 apply fundamental scientific knowledge of the human body;</p>	<p>The CCEI educational objectives (competences) are written at a similar level of generality to the GCC criteria. The CCEI competencies cover the following areas:</p> <ul style="list-style-type: none"> - history taking (6a-b) - physical examination (6c) - interpretation of laboratory findings (6d) - diagnostic imaging (6f) - differential diagnosis (GCC 6g&i) - record keeping (6k) - facilitate inter-disciplinary

GCC, 2010	CCEI, 2009	COMMENTS
<p>investigations to be undertaken.</p> <p>f. Interpret plain film radiographs, and any report received on the image, and incorporate the findings into clinical decision-making.</p> <p>g. Incorporate into clinical decision making the findings of other relevant investigations.</p> <p>h. Understand the specific legislation that is relevant to imaging and the implications of this for their own practice.</p> <p>i. Identify when there is a need to halt assessment.</p> <p>j. Consider and interpret the information available on a patient and generate a differential diagnosis and rationale for care.</p> <p>k. Keep patient records of the outcomes of the assessment – the records must be legible, attributable and representative of the interaction with the patient.</p> <p>l. Identify and understand the implications on the provision of chiropractic care for a patient of clinically relevant medications, whether prescribed or bought.</p> <p>m. Identify the need for referral to another health care professional or proposing co-management of the patient with another healthcare professional.</p>	<p>3.3.2 understand the nature of normal and abnormal spinal mechanics and the patho physiology of the neuro-musculoskeletal system and its relationship to other anatomical structures;</p> <p>3.3.3 accurately interpret clinical laboratory findings, and diagnostic imaging of the neuro-musculoskeletal system;</p> <p>3.3.4 gather and record clinical information and communicate such information;</p> <p>3.3.5 accept responsibility for the patient's welfare;</p> <p>3.3.6 establish an accurate clinical diagnosis;</p> <p>3.3.7 establish satisfactory rapport with patients;</p> <p>3.3.8 appreciate the expertise and scope of chiropractic and other health care professions in order to facilitate inter-disciplinary cooperation and respect;</p>	<p>cooperation and respect (6m).</p> <p>There appear to be gaps in the CCEI competences in relation to:</p> <ul style="list-style-type: none"> - IRMER - UK legislation (6h) - clinically relevant medications, whether prescribed or bought (6l). <p>Interestingly the CCEI does not appear to use:</p> <ul style="list-style-type: none"> - the term legislation, law or regulations in its competence descriptions - the terms medicines, medication or drugs or consider the impact of their use on patient care (6l). <p>The gaps identified above, both in relation to the CCEI's match with the GCC's programme outcomes and the terms that are included might provide useful indications for those areas that are likely to be missing in worldwide chiropractic accrediting authorities/.</p>
<i>PROGRAMME OUTCOMES RELATING TO THE KNOWLEDGE AND SKILLS NEEDED FOR CHIROPRACTIC CARE</i>		
<p>7. At the point of graduation, students must be able to provide care to improve patients' health and to</p>	<p>3.1.4 achieves a level of skill and expertise in manual procedures emphasizing spinal</p>	<p>The CCEI objectives / competences cover the following areas</p>

GCC, 2010	CCEI, 2009	COMMENTS
<p>address patients' health needs. Specifically they must be able to:</p> <ol style="list-style-type: none"> 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. Formulate and record plans of care for patients. Adapt forms of care appropriately to individual patient needs. Take appropriate steps to maintain patient safety. 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. Demonstrate proficiency in basic life support. 	<p>manipulation regarded as imperative within the chiropractic field;</p> <p>3.2 Performs at the clinical level expected of a primary contact health care practitioner, as follows:</p> <p>3.2.2 achieves particular expertise in ... orthopedics, pain management and rehabilitation of the neuromusculoskeletal system;</p> <p>3.2.4 acquires the ability critically to appraise scientific and clinical knowledge;</p> <p>3.2.5 understands and applies fundamental scientific/medical information and is capable of consulting with and/or referring to other health care providers;</p> <p>3.2.6 generally possesses the necessary knowledge and skills to provide service to and communicate with members of the public in an effective and safe manner.</p> <p>3.3.5 accept responsibility for the patient's welfare;</p> <p>3.3.10 provide competent treatment;</p> <p>3.3.11 apply sound judgment in deciding on appropriate care;</p> <p>3.3.12 provide competent continuing health care;</p> <p>3.3.13 understand the application of contemporary methods and techniques in wellness care;</p>	<p>that are relevant to GCC criterion 7:</p> <ul style="list-style-type: none"> adjustment / manipulation (GCC 7a) care planning (7b) – if 3.3.11 can be said to cover this ongoing care (7c) maintaining patient safety (7d) – if 3.3.5 can be said to cover this. <p>There appear to be gaps in relation to:</p> <ul style="list-style-type: none"> evaluating the care given and adapting the care plan (7e) basic life support (7f). <p>It would be helpful to have the advice of the Education Committee on the inclusion of wellness care (CCEI 3.3.13) and whether this affects the likely competence of worldwide graduates in the UK setting or is likely to lead to any potential risks for such practice in the UK.</p>
<p><i>PROGRAMME OUTCOMES RELATING TO COMMUNICATION WITH PATIENTS AND OTHER HEALTHCARE PROFESSIONALS</i></p>		
<p>8. At the point of graduation, students must be able to communicate effectively with patients and other healthcare practitioners. Specifically they must be able to:</p>	<p>3.2.5 understands and applies fundamental scientific/medical information and is capable of consulting with and/or referring to other health care providers;</p> <p>3.2.6 generally possesses the</p>	<p>The CCEI objectives / competences appear to cover GCC criterion 8:</p> <ul style="list-style-type: none"> communication with patients (8a)

GCC, 2010	CCEI, 2009	COMMENTS
<ul style="list-style-type: none"> a. Communicate effectively with patients orally and in writing. b. Explain clearly to patients the nature and purpose of assessment and care, and the associated risks. c. Get appropriate consent before assessing individuals and before providing chiropractic care. d. Give clear information to patients about the organisation of the practice. e. Produce reports for other healthcare professionals, colleagues and statutory authorities. f. Develop constructive working relationships with chiropractic colleagues and other healthcare professionals, seeking their advice when necessary. g. Value the role and contribution that other healthcare professionals make to the health and wellbeing of patients, and not work in isolation from them. 	<p>necessary knowledge and skills to provide service to and communicate with members of the public in an effective and safe manner.</p> <p>3.3.7 establish satisfactory rapport with patients;</p> <p>3.3.8 appreciate the expertise and scope of chiropractic and other health care professions in order to facilitate inter-disciplinary cooperation and respect;</p>	<p>– d if consent can be assumed within the statements)</p> <p>- working with / exchanging information and advice with other healthcare practitioners as well as valuing their role (8e – g).</p>
<p>PROGRAMME OUTCOMES RELATING TO THE KNOWLEDGE AND SKILLS TO BE AN INDEPENDENT PRIMARY CARE PRACTITIONER</p>		
<p>9. At the point of graduation, students must understand the nature of practice as independent primary care practitioners, and their duties in relation to managing a practice so that they can develop themselves throughout their working lives. Specifically they must be able to:</p> <ul style="list-style-type: none"> a. Explain the context and nature of chiropractic as a regulated profession in the UK, and the duties of chiropractors as registered primary healthcare professionals. b. Compare and contrast the UK 	<p>3.3.14 accept the responsibilities of a chiropractor;</p> <p>3.3.15 commit to the need for life-long learning and ongoing professional development.</p>	<p>The CCEI objectives / competences cover GCC criterion 9h.</p> <p>CCEI statement 3.3.14 is very broad and difficult to determine its precise meaning.</p> <p>There appear to be gaps in the CCEUS competencies in relation to the following sub-statements in GCC criterion 9:</p>

GCC, 2010	CCEI, 2009	COMMENTS
<p>context of chiropractic with its context in other jurisdictions across the world.</p> <p>c. Compare and contrast the role of chiropractors as independent primary care professionals with the roles of other healthcare professionals.</p> <p>d. Evaluate how chiropractic relates to current UK healthcare models and systems.</p> <p>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.</p> <p>f. Identify the different aspects of managing a chiropractic practice and the knowledge and skills required.</p> <p>g. Identify how to manage and reduce risks in the practice setting, consistent with legislation.</p> <p>h. Demonstrate the ability to identify their own learning needs, plan their own learning and development, organise their own learning and evaluate its effectiveness.</p>		<ul style="list-style-type: none"> - 9a – 9d which focus on the role of chiropractors in the healthcare system in the UK and in comparison with other countries - demonstrating the ability to maintain high standards of practice in all aspects of professional life (9e) – this links to student fitness to practise policies (see later) - the legislation implied in criterion 9g and potentially the broader meaning of this statement - managing and reducing risks in the practice setting (9g).
<p>PROGRAMME OUTCOMES - THE KNOWLEDGE AND SKILLS FOR PROFESSIONAL ACCOUNTABILITY AND THE PROTECTION OF PATIENTS</p>		
<p>10. At the point of graduation, students must understand the nature of professional accountability and their duty to protect and promote the interests of their patients. Specifically they must be able to:</p> <p>a. Identify the main aspects of legislation that affect chiropractic practice.</p> <p>b. Appraise and recommend possible ways forward for a</p>		<p>There appears to be no obvious match between the CCEI objectives / competences and GCC criterion 10 related to professional accountability – suggesting that this might be an area that needs particular attention in the</p>

GCC, 2010	CCEI, 2009	COMMENTS
<p>range of ethical dilemmas that might affect chiropractors.</p> <p>c. Recognise and work within the limits of their own knowledge, skills and experience.</p> <p>d. Protect patients through raising concerns with the appropriate person when they believe that the conduct, competence or health of another student or a regulated health practitioner is putting patients at risk.</p>		<p>detailed mapping of the worldwide chiropractic accrediting institutions.</p>
<p>Recognition criteria related to the nature of the degree programme and programme providers</p>		
<p>Level and length of course</p>		
<p>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.</p>	<p>Foreword The total lengths of different programs vary and must be equivalent to at least five (5) academic years of full-time study, including pre and post requirements and depending on educational systems and traditions.</p> <p>1.2 Organization and Administration 1.2.1 The institution within which the chiropractic program resides must be incorporated under the laws of the legal jurisdiction in which it operates. 1.2.2 Control of the educational program must be vested in an appropriate governing body having the authority, structure and organization necessary to provide appropriate support and to ensure openness and accountability in the management of the program.</p>	<p>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.</p> <p>CCEI standard 1.2 suggests that the chiropractic programmes and related award is offered by institutions recognised to do so in the jurisdiction concerned.</p>
<p>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</p>		<p>Criterion GCC 12 does not appear to feature in the CCEI requirements. If considered important by the Education</p>

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<p>normally complete within six years of first enrolling; students entering five-year programmes must normally complete them within seven years of first enrolling.</p>		<p>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.</p>
Teaching and learning methods		
<p>13. A variety of teaching and learning methods must be used across the programme. These methods must:</p> <ol style="list-style-type: none"> a. be valid and appropriate for the learning outcomes concerned b. encourage and support students to be self-directed learners. c. involve patients and carers in the teaching and learning of students. <p>To meet criterion 13, a school will need to show that it uses a range of teaching and learning methods across the degree programme. The teaching and learning methods might be, for example: practicals, experiential learning, workshops, tutorials, seminars, lectures, e-learning, psychomotor skill classes, inputs from patients, practical demonstrations.</p>	<p>2.7 Each program must conduct its educational curriculum with sequencing and duration of courses to ensure that the student acquires the minimal level of knowledge and skills to become a competent chiropractor.</p>	<p>The CCEI does not appear to make specific statements about teaching and learning methods but focuses on the curriculum enabling students to acquire the minimal level of knowledge and skills to become a competent chiropractor. This may imply that they also become self-directed learners and this is suggested in the CCEI competence 3.3.15 commit to the need for life-long learning and ongoing professional development (mapped above).</p> <p>There appears to be a gap in relation to the involvement of patients and carers in teaching and learning – the lack of patient involvement is a consistent gap throughout the mapping and might reflect a lack of focus on this area more generally although it has been developing in recent years in the UK.</p>

GCC, 2010	CCEI, 2009	COMMENTS
Assessment methods and regulations		
<p>14. A variety of assessment methods must be used across the programme. These methods must:</p> <ul style="list-style-type: none"> a be valid and appropriate for the learning outcomes concerned b encourage and support students to be self-directed learners c involve patients and carers in the assessment of students. 	<p>3. EDUCATIONAL OBJECTIVES ... The curriculum and the student evaluation processes must be designed to assure that each graduate demonstrates the following competencies, consistent with the mission and goals of the program.</p> <p>7.2 The program must provide evidence of the use of appropriate assessment procedures in its instructional delivery.</p>	<p>CCEI standards state that all of the competencies identified have to be included in the assessment processes (the term evaluation tends to be used elsewhere in the world rather than assessment). Standard 7.2 also requires that these processes must be appropriate (ie GCC 14a).</p> <p>There is no clear statement in the CCEI standards that the assessment used must:</p> <ul style="list-style-type: none"> - encourage and support students to be self-directed learners (GCC 14b) - involve patients and carers in the assessment of students (14c) <p>so these are potential gaps.</p>
<p>15. The degree programme must have a clear and explicit assessment system and equitable assessment regulations.</p>	<p>2.6 Each program must have a published policy confirming grades and indications of promotion/progress.</p>	<p>As CCEI standard 2/6 focuses on the need to publish the policy on grades and indications of promotion/progress this suggests that this relates to the assessment system although there is no explicit standard on the system being equitable.</p>
Programme structure		
<p>16. The programme must have the</p>	<p>2.1 All courses in the</p>	<p>The potential gaps in</p>

GCC, 2010	CCEI, 2009	COMMENTS
<p>following general features:</p> <ul style="list-style-type: none"> a the curriculum must cover the programme outcomes specified in criteria 4 to 10 of this document b the knowledge and skills developed during the programme must be integrated, internally consistent and orientated to chiropractic practice c the degree programme must comprise a substantial period of clinical practice for students to bring together all their knowledge and skills in the management of patients d a multidisciplinary approach should be taken wherever possible in the way the programme is approached and in its structure, to ensure that chiropractic is not considered in isolation from other healthcare professions. 	<p>chiropractic curriculum must be taught at a level necessary for preparation of a chiropractor to serve as a primary health care provider and portal of entry into the health care system.</p> <p>2.3 The program must comply with generally accepted standards of professional ethics, especially with respect to student recruitment, public information, and clinical practices.</p>	<p>the coverage of the programme outcomes have been identified against GCC criteria 4 – 10 (see above). CCEI statement 2.1 references the level to that needed for a primary healthcare practitioner.</p> <p>There appear to be no specific CCEI statements related to GCC criterion 16b-d.</p>
Clinical experience and practice		
<p>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.</p>	<p>5.1 Clinical Experience</p> <p>5.1.1 Clinical practice is the major feature in the educational preparation of the chiropractor.</p> <p>5.1.2 Each program must operate a teaching clinic in which the student gains experience with patients in the various aspects of chiropractic practice. Included in the definition of clinics are those facilities approved by the program for such training.</p>	<p>CCEI as the international coordinating body makes general statements related to the need for clinical practice being both a major feature of a chiropractic preparation programme and the role of the teaching clinic in the preparation of chiropractic graduates. Further details are found in each of the worldwide chiropractic regulatory authorities.</p>
<p>18. In their final clinic period students</p>		<p>See comments</p>

GCC, 2010	CCEI, 2009	COMMENTS
<p>must:</p> <ul style="list-style-type: none"> a. be responsible for the full spectrum of patient management, and b. have assessed and managed enough new patients, and c. have provided a sufficient amount and range of chiropractic care <p>for there to be confidence in their ability to function as an independent practitioner.</p>		related to GCC criterion 17
<p>19. The school must ensure that, during the final clinic period, each student has the opportunity to assess and provide chiropractic care for a sufficient number of different patients while also ensuring that patients receive continuity of care.</p>		See comments related to GCC criterion 17
<p>20. The school must have policies and procedures to ensure the effective governance of the clinic period and the effective supervision of students.</p>		See comments related to GCC criterion 17
Programme planning and review		
<p>21. Programme planning must cover all areas of the degree programme and involve staff from all the different aspects of the programme.</p>		There appear to be no specific CCEI standards related to GCC criterion 21.
<p>22. The school must ensure that the degree programme is consistent with advances and significant influences in chiropractic, education and science.</p>		There appear to be no specific CCEI standards related to GCC criterion 22.
<p>23. The school must review the structure, content and delivery of the degree programme in the light of feedback from patients and students, and make improvements as a result of the review.</p>	<p>1.4 Self evaluation process and planning 1.4.1 The program must maintain an active self-evaluation process, which must include assessment by representatives of all constituencies: students, academic and administrative staff, patients and other appropriate persons.</p>	CCEI standard 1.4 sets out a requirement for the programme to constantly be evaluated and for different stakeholders to be involved. This appears equivalent to GCC criterion 23.

GCC, 2010	CCEI, 2009	COMMENTS
24. The school must have effective measures for quality assuring the degree programme, including making effective use of external examiners.	7.1 The program must provide evidence of its effectiveness, demonstrating that it is pursuing stated goals and achieving its objectives. 7.3 The program must have a mechanism for evaluating the effectiveness of its instructional delivery.	CCEI statements 7.1 and 7.2 appear to have a similar focus on quality assurance as for GCC criterion 24 without the specific requirement for external examiners.
Institution		
25. The institution must have a clear identity and management structure, with clear lines of accountability and responsibility.	1.2 Organization and Administration 1.2.1 The institution within which the chiropractic program resides must be incorporated under the laws of the legal jurisdiction in which it operates. 1.2.2 Control of the educational program must be vested in an appropriate governing body having the authority, structure and organization necessary to provide appropriate support and to ensure openness and accountability in the management of the program.	CCEI statement 1.2 is similar in focus to GCC criterion 25.
26. The school must have mechanisms that encourage and promote the involvement of staff and students.		There appear to be no specific CCEI standards related to GCC criterion 26 – however this is not of particular relevance to 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.	1.3 Finance 1.3.1 The chiropractic program must possess financial resources sufficient to guarantee its ability to graduate its most recently enrolled class. 1.3.2 The program must use an accounting method in accordance with the expectations and legal requirements for similar programs in the jurisdiction in which it operates.	There are a number of CCEI standards related to the more general GCC criterion 27 related to resources.

GCC, 2010	CCEI, 2009	COMMENTS
	<p>5.2 Library and learning resources 5.2.1 The provision of learning resource materials is viewed as a major educational tool used by programs in the training of primary health care practitioners. A program must demonstrate that accessible learning resource materials reflect the objectives of the program and the curriculum.</p> <p>5.3 Instructional aids and equipment 5.3.1 Classroom and clinic equipment must be sufficient to enable a thorough knowledge in effective use of all standard and acceptable analytical therapeutic equipment.</p> <p>5.4 Physical facilities 5.4.1 Each chiropractic program must own, control or approve the use of sufficient space to provide classrooms, laboratories, clinic and library facilities and administrative offices necessary to support the objectives of the program.</p>	
<p>28. The school must have access to sufficient clinical practice facilities for the number of students in the final clinic-year cohort. The facilities must be suitable for the provision of chiropractic assessment and care while respecting the privacy and dignity of patients.</p>	<p>5.1 Clinical Experience 5.1.1 Clinical practice is the major feature in the educational preparation of the chiropractor. 5.1.2 Each program must operate a teaching clinic in which the student gains experience with patients in the various aspects of chiropractic practice. Included in the definition of clinics are those facilities approved by the program for such training.</p>	<p>The CCEI standard 5.1 on clinical experience is similar in focus to GCC criterion 28 although it contains less detail in relation to the sufficiency and quality of the clinics.</p>
<p>Staff</p>		
<p>29. The school must have enough available staff to effectively teach, assess and support the entire student learning experience for all students in each programme cohort and in the</p>	<p>4.1 Each program must have adequate and stable academic staff in basic and clinical sciences. 4.5 The overall ratio of teaching</p>	<p>CCEI statements 4.1 and 4.5 are similar in coverage to GCC criterion 29.</p>

GCC, 2010	CCEI, 2009	COMMENTS
school as a whole.	staff to students must be adequate to meet course objectives with respect to the student acquisition of essential competencies.	
30. The school must have sufficient individuals expert in chiropractic assessment and care involved with student teaching and assessment.	4.2 Members of the academic staff teaching basic sciences must possess adequate qualifications. 4.3 All staff in the clinical sciences must have, at minimum, a first professional degree or its equivalent. 4.4 Chiropractic members of the clinic staff, in addition to having professional qualifications and current registration/licensure where applicable, must have three years of experience in fulltime chiropractic practice, two years of teaching experience, current enrolment in or graduation from a residency training program (minimum of two years), or other relevant educational background.	CCEI statements 4.2 - 4.4 are similar in coverage to GCC criterion 30.
31. The school must ensure that all clinical chiropractic teaching staff reflect high standards of patient care in all their work.		There appear to be no specific CCEI standards related to GCC criterion 31 – however this is not of particular relevance to overseas applicants.
32. All staff involved in student teaching and assessment must be competent in enabling students to learn effectively and assessing student achievement.	2.4 The program must have written policies addressing conditions of service of faculty and staff, and comply with all applicable requirements.	There is some similarity between CCEI statement 2.4 and GCC criterion 32 - however this is not of particular relevance to overseas applicants.
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 appear to be no specific CCEI standards related to GCC criterion 33 – however this is not of particular relevance to overseas applicants.

GCC, 2010	CCEI, 2009	COMMENTS
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.		There appear to be no specific CCEI standards related to GCC criterion 34 – however this is not of particular relevance to overseas applicants.
Students		
35. Entry to the degree programme must: <ul style="list-style-type: none"> a. include evidence of students' literacy, numeracy and the ability to communicate in English b. promote equality of opportunity. 	<p>2.2 The program must define pre-chiropractic study requirements, which may require a level of knowledge additional to and/or of a higher standard than the minimum requirement for entry into tertiary education in the jurisdiction in which it operates.</p> <p>2.5 Each program must have student policies, including the following areas: ...</p> <p>2.5.2 the recording of documentary evidence regarding a student's previous education;</p> <p>2.5.3 a requirement for the student to be proficient in the language in which the curriculum is taught and, if different, the language of the legal jurisdiction in which the program operates.</p>	<p>The CCEI standard 2.2 emphasises that the entry requirements for a chiropractic degree programme are minimally at entry level for tertiary education (although this is dependent on the country in which the programme is located). Standard 2.5 sets out the need for evidence of attainment prior to entry and for a student to be proficient in the language in which teaching takes place. These two standards broadly cover GCC criterion 35a.</p> <p>There does not appear to be a CCEI standard related to equality of opportunity.</p>
36. The institution must provide students with academic guidance, pastoral care and other support services appropriate to meet students' needs.		There appear to be no specific CCEI standards related to GCC criterion 36 – however this is not of particular relevance to overseas applicants.
37. The school must have student fitness-to-practise policies and procedures that are appropriate to the purpose of		There appear to be no specific CCEI standards related to

GCC, 2010	CCEI, 2009	COMMENTS
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.		GCC criterion 37 – this may be of relevance to overseas applicants. However it is potentially captured by asking the chiropractic college from which the applicant graduated whether there were any sanctions imposed on them whilst they were a student.
38. The school must provide students with clear information on the main aspects of the programme before entry and throughout their degree programme.	2.5 Each program must have student policies, including the following areas: 2.5.1 student records, class attendance, financial aid, graduation requirements, student discipline, student rights and duties;	CCEI standard 2.5,1 is similar to GCC criterion 38.
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.	6.1 Each program must foster research by providing adequate time, space and resources. 6.2 A program conducting, sponsoring, or participating in research must safeguard the rights of human or animal subjects and adhere to the general principles of ethics relating to the conduct of research. 6.3 Each program must compile evidence regarding the program's contributions to the body of research and scholarship for the profession.	CCEI standards 6.1 – 6.3 are similar in focus to GCC criteria 39 – 40.

Conclusion

The CCEI's International Chiropractic Accreditation Standards are designed to form the basis of a minimum framework for core chiropractic educational programmes. As such, the standards are fairly general in nature as the CCEI expects different jurisdictions to use the broad standards in the development of their own accreditation standards. The CCEI standards will consequently not be used directly to evaluate the likelihood that an overseas applicant from a particular jurisdiction has met the necessary competences to practise in the UK. However the CCEI's International Chiropractic Accreditation Standards (2009) were

mapped to the GCC's Degree Recognition Criteria (2010) as a step in the process of mapping to the standards of the worldwide chiropractic accrediting authorities that are members of the CCEI and to inform the overall findings.

The mapping between the CCEI's International Chiropractic Accreditation Standards (2009) and the GCC's Degree Recognition Criteria (2010) has shown that there is significant similarity between the two sets of standards in relation to the outcomes of the degree programme as well as requirements related to the nature of the degree programme and programme providers. However as the CCEI standards are by necessity generic, it is not always possible to clearly state that there is an exact correlation.

The following gaps have been identified in the CCEI educational objectives when compared with the programme outcomes of the GCC:

- understanding how to transfer research into practice (GCC 5b)
- understanding the meaning of evidence and its use in practice (GCC 5d)
- applying continuous quality improvement in their practice (GCC 5e)
- clinically relevant medications, whether prescribed or bought (GCC 6l)
- evaluating the care given and adapting the care plan (GCC 7e)
- basic life support (GCC 7f)
- the role of chiropractors in the healthcare system in the UK and in comparison with other countries (GCC 9a – 9d)
- demonstrating the ability to maintain high standards of practice in all aspects of professional life (GCC 9e)
- understanding the nature of professional accountability and the duty to protect and promote the interests of their patients (GCC 10)
- 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).

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

- encouraging and supporting students to be self-directed learners (GCC 14b)
- 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).

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)
2. whether the inclusion of wellness care is likely to lead to any potential risks for practice in the UK.