

## **Comparison between the GCC's Degree Recognition Criteria (May 2010) and the Council on Chiropractic Education (United States of America) Standards for Doctor of Chiropractic Programs and Requirements for Institutional Status (2007) and Accreditation Manual (2013)**

### **Introduction**

The Council on Chiropractic Education (United States of America) (CCEUS) is an autonomous national organisation that develops its own rules, requirements and procedures for accrediting chiropractic programs and institutions (consistent with those established by the US Secretary of Education).

CCEUS sets the criteria against which Doctor of Chiropractic Programmes (called DCPs in the CCEUS documents) are planned, implemented and evaluated. The accreditation requirements are the minimum standards required to graduate competent Doctors of Chiropractic.

CCEUS is a member of CCEI and adheres to the CCEI's standards for the international recognition of accredited programmes.

The CCEUS's Standards for Doctor of Chiropractic Programs and Requirements for Institutional Status (2007) are structured under the following headings:

- A. Mission, self-assessment and planning
- B. Minimum requirements of the DCP organisation
- C. Required DCP curriculum characteristics
- D. Required DCP resources
- E. Programmatic integrity
- F. Governing Board integrity
- G. Faculty
- H. Minimum Admissions Requirements for Students
- I. Outcomes
- J. Clinical Education
- K. Research and other scholarly activity
- L. Service

The CCEUS describes the purpose of programmes leading to the award of a Doctor of Chiropractic as:

*“to provide the student with a core of knowledge in the basic and clinical sciences and related health subjects sufficient to perform the professional obligations of a doctor of chiropractic. A doctor of chiropractic is a primary care physician whose purpose, as a practitioner of the healing arts, is to help meet the health needs of individual patients and of the public, giving particular attention to the structural and neurological aspects of the body. The application of science in chiropractic concerns itself with the relationship between structure, primarily the spine, and function, primarily coordinated by the nervous system of the human body, as that relationship may affect the restoration and preservation of health. Further, this application of science in chiropractic focuses on the inherent ability of the body to heal without the*

*use of drugs or surgery. As a gatekeeper for direct access to the health delivery system, the doctor of chiropractic's responsibilities as a primary care physician include wellness promotion, health assessment, diagnosis and the chiropractic management of the patient's health care needs. When indicated, the doctor of chiropractic consults with, co-manages, or refers to other health care providers.” (CCEUS, 2007, section 2.II)*

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 CCEUS's Standards for Doctor of Chiropractic Programs and Requirements for Institutional Status (2007).

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 CCEUS’s Standards for Doctor of Chiropractic Programs and Requirements for Institutional Status (2007)**

GCC, 2010	CCEUS, 2007	COMMENTS
<b>GENERAL CRITERIA ON CONTENT</b>		
<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> <ul style="list-style-type: none"> <li>a. Develop and apply the knowledge and skills that form the basis of chiropractic (see criterion 4).</li> <li>b. Develop and apply knowledge and skills of research and evaluation (see criterion 5)</li> <li>c. Assess the health and health needs of patients (see criterion 6)</li> <li>d. Provide care to improve patients’ health and to address patients’ health needs (see criterion 7)</li> <li>e. Communicate effectively with patients and other healthcare practitioners (see criterion 8)</li> <li>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)</li> <li>g. Understand the nature of professional accountability and the duty to protect and promote the interests of their patients (see criterion 10).</li> </ul>	<p>A1. Mission The DCP must have adopted a statement of mission or purpose, which:</p> <ul style="list-style-type: none"> <li>a. Is based on the understanding of chiropractic as stated in Section 2.II. Purpose of Chiropractic Education.</li> <li>b. Is consistent with the purpose of the institution housing the program.</li> <li>c. Is endorsed by the Governing Board of the institution housing the program.</li> <li>d. Provides for: <ul style="list-style-type: none"> <li>(1) An educational program leading to the Doctor of Chiropractic degree;</li> <li>(2) The conduct of research and other scholarly activities in chiropractic; and</li> <li>(3) Service activities in the field of chiropractic.</li> </ul> </li> </ul>	<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>Due to the way in which the CCEUS describes its required clinical competencies (ie using an attitude, knowledge and skills framework for each competence area), there is a lot of detail in relation to some of the criteria 4 – 10 as seen below.</p>
<p>2. Schools must develop their own staged learning outcomes from the broad programme outcomes detailed in the criteria 4 - 10.</p>		<p>The CCEUS does not appear to require staged learning outcomes to be set – however it is the overall outcomes that individuals achieve that is important</p>

GCC, 2010	CCEUS, 2007	COMMENTS
		when considering entry to the register.
<p>3. Every learning outcome must be assessed.</p>	<p>J. Clinical Education  1. Core Clinical Training Curriculum Design  a. The DCP must identify to its students the competencies needed for graduation. These competencies must incorporate the quantitative requirements listed in point b. below, the competencies listed in section J.5, and any other competencies established by the DCP which embody the DCP's expected educational outcomes.</p>	<p>The CCEUS sets out the competencies needed for graduation with specific numerical details for specific aspects of the chiropractic assessment and care. See comments against criteria 4 – 10 and for the clinical period set out below.</p>
<p><i>PROGRAMME OUTCOMES RELATING TO THE KNOWLEDGE AND SKILLS THAT FORM THE BASIS OF CHIROPRACTIC</i></p>		
<p>4. At the point of graduation, students must have developed the knowledge and skills that form the basis of chiropractic. Specifically they must be able to:</p> <ul style="list-style-type: none"> <li>a. Understand the history, theory and principles of chiropractic in a contemporary context.</li> <li>b. Differentiate between normal and abnormal structure and functioning of the human body.</li> <li>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.</li> </ul>	<p>C2. Curriculum  The curriculum required for the DCP must include the following subjects (not necessarily in individual courses for each subject): anatomy; biochemistry; physiology; microbiology; pathology; public health; physical, clinical and laboratory diagnosis; gynecology; obstetrics; pediatrics; geriatrics; dermatology; otolaryngology; diagnostic imaging procedures; psychology; nutrition/dietetics; biomechanics; orthopedics; neurology; first aid and emergency procedures; spinal analysis; principles and practice of chiropractic; clinical decision making; adjustive techniques; ... . The DCP must document how each subject appears in the curriculum and is integrated into a coherent degree program.</p>	<p>The CCEUS standards describe the broad topics that need to be covered in the curriculum (statement C2) as well as the graduate outcomes that need to be achieved. Whilst they do not use the wording in GCC's criterion 4, there appears to be sufficient information to suggest there is a sufficient 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</p>	<p>C2. Curriculum  The curriculum required for the</p>	<p>The CCEUS standards in terms of</p>

GCC, 2010	CCEUS, 2007	COMMENTS
<p>apply knowledge and skills of research and evaluation. Specifically they must be able to:</p> <ol style="list-style-type: none"> <li>a. Understand different research methods related to clinical decision making</li> <li>b. Understand the different ways in which the outcomes of research are transferred to practice</li> <li>c. Apply appropriate methods when carrying out research relevant to chiropractic.</li> <li>d. Appraise current research and evidence relevant to chiropractic and apply it to their practice.</li> <li>e. Apply continuous quality improvement in their practice.</li> </ol>	<p>DCP must include the following subjects (not necessarily in individual courses for each subject): ... research methods and procedures; ... . The DCP must document how each subject appears in the curriculum and is integrated into a coherent degree program.</p> <p><i>Gm. Professional Issues</i> Health care providers have an obligation to the patients they serve, and to society, to provide competent and effective care, and to do so in a professional manner. Doctors of chiropractic must ... be able to access, understand and critically evaluate the research literature.</p> <p>(1) Attitudes The student must demonstrate an ability to: ... (c) acknowledge the societal obligation of the profession to produce research, and appreciate the importance of research in education, clinical practice and to the growth of the profession; (d) have a desire and an ability to critically evaluate new and current knowledge; ...</p> <p>(3) Skills The student must demonstrate an ability to: (a) critically review clinical research literature; ...</p>	<p>the graduate outcomes and curriculum statements appear to be relatively light and broad as compared with GCC criterion 5. The CCEUS curriculum covers research methods (although no detail is provided) and the required clinical competencies include the ability to critically review clinical research literature. In addition the role of the institution and staff in 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"> <li>- Understanding how to transfer research into practice (GCC 4b)</li> <li>- Understanding the meaning of evidence and its use in practice (GCC 4d)</li> <li>- Applying continuous quality improvement in their practice (GCC 4e).</li> </ul>
<b>PROGRAMME OUTCOMES RELATING TO ASSESSMENT KNOWLEDGE AND SKILLS</b>		
<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> <ol style="list-style-type: none"> <li>a. Obtain and document case histories from patients using</li> </ol>	<p>5. Required Clinical Competencies The DCP must document that each student has acquired these clinical competencies prior to graduation. The DCP must provide students with the</p>	<p>The CCEUS required clinical competencies are more specific in nature than the GCC criteria with sub-points. The CCEUS competencies cover</p>

GCC, 2010	CCEUS, 2007	COMMENTS
<p>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 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</p>	<p>necessary instruction and opportunities to observe, acquire and practice under supervision, the attitudes, knowledge and skills listed in this section.</p> <p><i>a. History Taking</i> The history is that element of patient evaluation in which information regarding the individual's clinical status is obtained and an initial clinical impression is developed. It is generally the first contact the patient has with the doctor and, consequently, initiates the doctor-patient relationship. The process employed in history taking and the depth to which the doctor of chiropractic elicits a health history, is a critical factor in building the patient's confidence in the doctor's ability to professionally and effectively provide health care. Eliciting a competent history requires that the clinician have an understanding of pathophysiology and adequate knowledge of the basic and clinical sciences.</p> <p>(1) Attitudes The student must demonstrate an ability to: (a) attend to patient comfort and the environment in which the history is elicited; (b) appreciate the need for empathy, respect and an awareness of the patient's right for privacy and confidentiality; (c) recognize patient apprehension, and avoid exclamatory, misleading or inappropriate verbal or physical responses; and (d) recognize the professional and ethical boundaries expected of the doctor/patient relationship.</p> <p>(2) Knowledge The student must demonstrate an ability to: (a) recognize the importance of obtaining: patient demographic</p>	<p>the following areas:</p> <ul style="list-style-type: none"> <li>- history taking</li> <li>- physical examination</li> <li>- neuromusculoskeletal examination</li> <li>- psychosocial assessment</li> <li>- diagnostic studies</li> <li>- diagnosis.</li> </ul> <p>Some of the detail in the CCEUS competencies is provided in the guidance within the GCC document. The CCEUS competencies appear to cover all of the sub-statements in criterion 6 except for 6(h) and 6(l). Interestingly the CCEUS does not use:</p> <ul style="list-style-type: none"> <li>- the term legislation in its documents and appears to only use the terms 'law' and 'regulations' in relation to standards for the institution (6h)</li> <li>- the terms medicines or medication or consider the impact of their use on patient care (6l).</li> </ul> <p>Emergency care, which has been mapped to GCC criterion 7, should also cover GCC 6i. Record keeping which has also been mapped to GCC criterion 7 should also</p>

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<p>or proposing co-management of the patient with another healthcare professional.</p>	<p>data, chief complaint, history of present illness, family history, past health history, current health status, psychosocial history, and review of systems;            (b) recognize changes in patient presentations or health status during the course of care and apply the appropriate depth and breadth of questioning;            (c) formulate and employ an organized and effective methodology of inquiry when taking the history;            (d) understand and recognize non-verbal diagnostic clues observed during the history; and            (e) select and organize pertinent information leading to the development of a problem and differential diagnosis list.</p> <p>(3) Skills            The student must demonstrate an ability to:            (a) develop a patient's comprehensive case history to include all elements appropriate to the patient's entering complaint and health status and to the chiropractic analyses;            (b) conduct the history in a clear, concise and organized manner, actively listening and communicating with the patient at an understandable level;            (c) modify and apply history taking skills appropriate to challenging situations and difficult patient interactions;            (d) question the patient with appropriate depth and pursue all relevant health concerns and symptoms; and            (e) accurately record elicited information in an organized fashion and develop an initial problem list.</p> <p><i>b. Physical Examination</i>            The physical examination is an element of the evaluation in which information regarding the clinical status is elicited by</p>	<p>cover criterion 6(k). Case management, which has been mapped to GCC criterion 7, covers referral or collaborative care and this should cover 6(m).</p> <p>Given the above there are potential gaps in applicants' understanding in relation to:</p> <ul style="list-style-type: none"> <li>a. criterion 6(h) specifically given the fact that IRMER is UK legislation</li> <li>b. clinically relevant medications, whether prescribed or bought.</li> </ul> <p>In addition it would be helpful to have specific advice from chiropractic members of the Education Committee on the use of the term subluxation in the CCEUS and whether this affects the likely competence of US graduates in the UK setting.</p>

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	<p>selecting and applying appropriate examination procedures, including essential instruments and equipment</p> <p>(1) Attitudes The student must demonstrate an ability to:</p> <p>(a) recognize patient apprehension, and avoid exclamatory statements and physical responses that may exacerbate patient concern;</p> <p>(b) understand the importance of maintaining a clean and safe environment, and follow accepted hygienic procedures; and</p> <p>(c) recognize the professional and ethical boundaries expected of the doctor/patient relationship.</p> <p>(2) Knowledge The student must demonstrate an ability to:</p> <p>(a) understand and conduct the appropriate examination distinguishing between comprehensive, focused, or screening procedures;</p> <p>(b) select appropriate procedures, instruments and equipment for use in the examination;</p> <p>(c) correlate information obtained in the examination with the history;</p> <p>(d) recognize normal, variant and abnormal findings; and</p> <p>(e) interpret and assess the clinical importance of significant physical examination findings.</p> <p>(3) Skills The student must demonstrate an ability to:</p> <p>(a) develop objective data from the physical examination appropriate to the health status and the chiropractic care of the patient;</p> <p>(b) obtain and record vital signs and examination findings in an organized manner;</p> <p>(c) conduct an examination using inspection, palpation,</p>	



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	<p>percussion and auscultation in a correct, safe and hygienic manner;</p> <p>(d) use examination instruments, equipment and procedures in an accurate, safe, appropriate and hygienic manner;</p> <p>(e) recognize and record significant non-verbal signs and behaviors exhibited by the patient;</p> <p>(f) conduct an examination which provides for efficient patient positioning and comfort; and</p> <p>(g) provide appropriate and understandable explanations and instructions to the patient relative to the use of procedures and instruments.</p> <p><i>c. Neuromusculoskeletal Examination</i></p> <p>The neuromusculoskeletal examination is the foundation of the chiropractic approach toward evaluating the patient. Doctors of chiropractic commonly provide care to patients with complaints or health problems associated with the spine and extremities. The spine and its relationship to nervous system function is also viewed as an important factor in the patient's general health.</p> <p>Because the traditional model of chiropractic care involves spinal adjustment, evaluating the spine and nervous system is a crucial component of the patient examination.</p> <p>(1) Attitudes</p> <p>The student must demonstrate an ability to:</p> <p>(a) appreciate the effect that a patient's pain and discomfort may have on the doctor's ability to conduct a neuro-musculoskeletal examination;</p> <p>(b) appreciate and adapt to patient apprehension in the performance of neuro-</p>	

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	<p>musculoskeletal examination procedures; and  (c) consider the possibility that the origin of the patient's symptoms may be from a source other than the neuro-musculoskeletal system.</p> <p>(2) Knowledge  The student must demonstrate an ability to:</p> <p>(a) identify and select appropriate neuro-musculoskeletal examination tests and procedures consistent with the patient's complaint or presentation;</p> <p>(b) understand and select methods for evaluating posture, biomechanical function, and the presence of spinal or other articular subluxation or dysfunction;</p> <p>(c) correlate information obtained in the neuro-musculoskeletal examination with the information obtained from patient's history and physical examination;</p> <p>(d) understand the mechanisms of neuromusculoskeletal tests and demonstrate an ability to recognize normal, variant and abnormal findings;</p> <p>(e) interpret and assess the clinical importance of significant normal and abnormal neuro-musculoskeletal examination findings; and</p> <p>(f) assess the reliability of data elicited in the neuro-musculoskeletal examination through repetition and/or selection of confirmatory procedures.</p> <p>(3) Skills  The student must demonstrate an ability to:</p> <p>(a) conduct a neuro-musculoskeletal examination using inspection, palpation, percussion, range of motion, and appropriate orthopedic and neurologic procedures in a</p>	

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	<p>correct, orderly, safe and hygienic manner;            (b) use instruments and equipment during the neuromusculoskeletal examination in an appropriate, safe and hygienic manner;            (c) observe and record verbal and non-verbal diagnostic clues elicited and observed during the neuromusculoskeletal examination;            (d) conduct a neuromusculoskeletal examination in a manner that provides for efficient patient positioning and comfort; and            (e) provide appropriate and understandable explanations and instructions to the patient prior to the use of procedures and instruments.</p> <p><i>d. The Psychosocial Assessment</i>            It is important to develop the knowledge and skills necessary to evaluate the psychosocial status of patients. As a component of the patient evaluation, doctors of chiropractic must be able to recognize the interrelationships among the biological, psychological and social factors in patients. Psychosocial factors may influence the health of patients or explain the nature of their complaint. This aspect of evaluation is also important in the context of establishing the doctor-patient relationship. For these reasons, doctors of chiropractic must have a basic understanding of common health behaviors and mental health disorders, and be prepared to conduct general patient assessments.</p> <p>(1) Attitudes            The student must demonstrate an ability to:            (a) recognize and be willing to</p>	

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	<p>explore the patient's psychosocial environment; and                      (b) understand and appreciate the role and influence of psychosocial factors in the overall health of the patient.</p> <p>(2) Knowledge                      The student must demonstrate an ability to:</p> <p>(a) appreciate how lifestyle, health status, behavior and psychological factors contribute to, or affect, patient presentations;                      (b) understand how pain and disability can affect patient behavior and well-being;                      (c) recognize psychological and social factors that may affect or distort the patient's ability to report symptoms, comply with, or respond to chiropractic care;                      (d) recognize verbal and non-verbal clues indicating the need for further psychological and psychosocial assessment;                      (e) recognize the clinical indications for referral to or collaborative care with appropriate mental health professionals, agencies or programs;                      (f) identify appropriate services, agencies and programs available to assist the patient with psychosocial problems; and                      (g) recognize circumstances that legally require doctors to report patient information to appropriate authorities.</p> <p>(3) Skills                      The student must demonstrate an ability to:</p> <p>(a) identify and administer screening tools for evaluating the patient's psychological and psychosocial status;                      (b) modify history taking, examination, and management procedures when caring for patients demonstrating and affected by psychosocial factors;                      (c) obtain psychosocial</p>	

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	<p>information effectively and legally from family members, or others, when clinically indicated and appropriate;</p> <p>(d) record psychosocial information in a manner that is accurate, complete and complies with legal standards;</p> <p>(e) discuss sensitive psychosocial and health behavior issues;</p> <p>(f) deal effectively with aberrant behavior from a patient in an office setting; and</p> <p>(g) assess attitudes that negatively impact health and intervene appropriately to educate and motivate the patient to modify behaviors.</p> <p><i>e. Diagnostic Studies</i>            Diagnostic studies are those elements of patient evaluation in which objective data regarding the patient's clinical status are elicited, and which include the use of diagnostic imaging, clinical laboratory, and specialized testing procedures. Doctors of chiropractic must be knowledgeable and skilled in the use of those specialized testing procedures commonly employed in the evaluation of patients with neuromusculoskeletal presentations. They must also have an understanding of diagnostic studies used in the screening of patients with other complaints or health problems in the primary care setting.</p> <p>(1) Attitudes            The student must demonstrate an ability to:</p> <p>(a) recognize the importance and necessity of diagnostic studies as they relate to the development of an accurate patient profile; and</p> <p>(b) recognize the importance of considering benefits, costs and risks in assessing the need for</p>	

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>conducting or ordering diagnostic studies.</p> <p>(2) Knowledge The student must demonstrate an ability to:</p> <p>(a) understand the clinical indications for and the relative value of diagnostic studies;</p> <p>(b) understand the principles, applications, technical and procedural elements of equipment employed in diagnostic imaging, clinical laboratory and other diagnostic studies;</p> <p>(c) understand the significance of findings, values, and ranges of values adequate to differentiate normal from abnormal findings obtained from laboratory and other diagnostic studies;</p> <p>(d) integrate findings obtained from diagnostic studies with information obtained from other components of the examination in forming or assessing the diagnosis; and</p> <p>(e) understand federal and state regulatory guidelines governing procedures and the use of equipment employed in diagnostic studies.</p> <p>(3) Skills The student must demonstrate an ability to:</p> <p>(a) perform and/or order and interpret appropriate imaging examinations;</p> <p>(b) take, process and interpret plain film radiographs with appropriate attention given to quality and safety;</p> <p>(c) perform and/or order and interpret appropriate clinical laboratory examinations;</p> <p>(d) obtain and process laboratory samples with appropriate attention given to patient comfort, hygiene, safety and specimen integrity;</p> <p>(e) perform and/or order and interpret other relevant</p>	

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>procedures indicated by the clinical status of the patient;                      (f) order, or conduct, diagnostic studies with attention to following professional protocol, and providing appropriate patient instructions and follow-up; and                      (g) record accurately data obtained from diagnostic studies, whether personally conducted or ordered.</p> <p><i>f. Diagnosis</i>                      Diagnosis is the process which attempts to identify the nature and cause of a patient's complaint and/or abnormal finding, and is essential to the ongoing process of reasoning used by the doctor of chiropractic to direct patient management. The diagnosis may be modified during the course of care as the result of further testing, patient care and changes in the patient's signs and symptoms.</p> <p>(1) Attitudes                      The student must demonstrate an ability to:                      (a) understand the importance of collecting sufficient clinical information in order to avoid reaching a premature diagnosis; and                      (b) recognize the importance of generating a diagnosis consistent with history and examination findings, prior to initiating care or ordering special studies.</p> <p>(2) Knowledge                      The student must demonstrate an ability to:                      (a) exhibit reasoning and understanding in using sources (such as the available literature and clinical experience) to support the diagnosis;                      (b) develop the diagnosis by recognizing and correlating significant information; and</p>	

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>(c) identify the pathophysiologic process responsible for the patient's clinical presentation, and understand the natural history of the disorder. (3) Skills The student must demonstrate an ability to:</p> <p>(a) integrate data in a manner that facilitates the formulation of a diagnosis; (b) develop and prioritize a problem list; (c) record and convey a diagnosis consistent with history and examination findings; and (d) recognize when routine diagnostic procedures are insufficient and obtain appropriate advanced studies when indicated.</p>	
<p><i>PROGRAMME OUTCOMES RELATING TO THE KNOWLEDGE AND SKILLS NEEDED FOR CHIROPRACTIC CARE</i></p>		
<p>7. At the point of graduation, students must be able to provide care to improve patients' health and to address patients' health needs. Specifically they must be able to:</p> <p>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.</p> <p>b. Formulate and record plans of care for patients.</p> <p>c. Adapt forms of care appropriately to individual patient needs.</p> <p>d. Take appropriate steps to maintain patient safety.</p> <p>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.</p> <p>f. Demonstrate proficiency in basic</p>	<p><i>5g. Case Management</i> Case management includes developing and recording a patient care plan, case follow-up, and the referral and/or collaborative care as necessary in the management of a patient. Doctors of chiropractic must be able to identify a care plan that is consistent with findings obtained from the history, examination and diagnostic studies, and the needs of the patient and must also consider the cost implications of care and choose methods of care that are cost-effective. Doctors of chiropractic must also be able to provide wellness care and to promote health maintenance.</p> <p>(1) Attitudes The student must demonstrate an ability to:</p> <p>(a) recognize the need to develop, record, and communicate a plan for care, and to assess and modify elements of the plan as clinical circumstances dictate; (b) appreciate the need to obtain</p>	<p>The CCEUS competencies cover the following areas that are relevant to GCC criterion 7:</p> <ul style="list-style-type: none"> <li>- case management</li> <li>- chiropractic adjustment of manipulation</li> <li>- emergency care</li> <li>- case follow-up and review</li> <li>- record keeping</li> <li>- wellness</li> <li>- optional clinical competencies required if the curriculum includes didactic and laboratory components in non-adjustive therapeutic procedures.</li> </ul> <p>Some of the detail in the CCEUS competencies is provided in the guidance within the</p>



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life support.	<p>the patient's informed consent, cooperation and compliance with care and/or referral recommendations;</p> <p>(c) consider the patient's physical and psychosocial factors when developing and communicating a plan for care;</p> <p>(d) identify personal and/or professional care limitations and recognize the need for referral or collaborative care;</p> <p>(e) be aware of the need to ensure that all records relevant to the patient's management contain adequate, accurate and current information;</p> <p>(f) be aware of the confidential nature of the doctor-patient relationship, and ensure that appropriate information is properly released only to agencies or individuals authorized for its review;</p> <p>(g) comply with requests for patient records and reports in an adequate, accurate and timely manner; and</p> <p>(h) recognize the importance of preventative care and health promotion practices.</p> <p>(2) Knowledge The student must demonstrate an ability to:</p> <p>(a) develop and record an appropriate care plan and prognosis consistent with the diagnosis, and the pathophysiology and/or natural history of the disorder;</p> <p>(b) evaluate and integrate the patient's health and psychosocial needs in the development of the care plan;</p> <p>(c) select and employ outcome measures that can aid the doctor in assessing the validity of the initial diagnosis and prognosis, and the effectiveness of the care plan;</p> <p>(d) understand professionally and legally acceptable methods of recording and organizing</p>	<p>GCC document. The CCEUS competencies appear to cover all of the sub-statements in criterion 7.</p> <p>As above, it would be helpful to have specific advice from chiropractic members of the Education Committee on the use of the term subluxation in the CCEUS competencies and whether this affects the likely competence of US graduates in the UK setting.</p> <p>The CCEUS competencies include two areas that are not included to any great extent in the GCC Degree Recognition Criteria ie wellness and the optional clinical competencies. The CCEUS competency statements related to wellness suggest a broader health promotion and illness prevention focus than has been evident from earlier discussions about wellness care in the GCC. It is not clear from the CCEUS competencies that these are set in a care planning and review approach that would be expected in the UK. Similarly whilst it is recognised that chiropractors offer a range of</p>

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	<p>patient records including information about the patient history and examination findings, diagnosis and patient care plan, progress notes, correspondence, services provided and care rendered, and financial transactions; and</p> <p>(e) select appropriate assessments for health maintenance and wellness care.</p> <p>(3) Skills The student must demonstrate an ability to:</p> <p>(a) communicate effectively to the patient the diagnosis, recommended chiropractic care, and alternatives to chiropractic care that may be indicated;</p> <p>(b) provide patient education on health care needs;</p> <p>(c) use appropriate forms of communication to ensure that the patient has an adequate understanding of their health status and health care needs;</p> <p>(d) identify and initiate the appropriate drugless (with the exception of nutritional supplements or supplementation) health care regimen;</p> <p>(e) perform appropriate chiropractic adjustments and/or manipulations;</p> <p>(f) refer the patient, when clinically indicated, for consultation, continued study or other care;</p> <p>(g) initiate referral or collaborative care when appropriate to the needs of the patient;</p> <p>(h) keep appropriate records of the patient's evaluation and case management;</p> <p>(i) appropriately respond to changes in patient status, or failure of the patient to respond to care;</p> <p>(j) construct reports and professional correspondence;</p> <p>(k) establish clear outcomes for</p>	<p>different forms of treatment and care and that scope is not defined within the CoP and SoP, it would be helpful if the members of the Education Committee could identify whether this range of educational requirement is likely to lead to any potential risks when US graduates practise in the UK.</p>

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>care that can be used to evaluate clinical progress, and recognize when the patient has achieved resolution or maximum therapeutic benefit;</p> <p>(l) recognize when routine clinical procedures are insufficient and incorporate other procedures when indicated;</p> <p>(m) perform common screening procedures and wellness assessments in different age groups; and</p> <p>(n) effectively utilize technology to gather and manage information relative to patient care and practice management.</p> <p><i>h. Chiropractic Adjustment or Manipulation</i></p> <p>The chiropractic adjustment is a precise procedure that uses controlled force, leverage, direction, amplitude, and velocity directed at specific articulations. Doctors of chiropractic employ adjustive and/or manipulative procedures to influence joint and neurophysiologic function. Other manual procedures may be used in the care of patients.</p> <p>(1) Attitudes</p> <p>The student must demonstrate an ability to:</p> <p>(a) appreciate the need to explain what will be done when administering the chiropractic adjustment or manipulation, discuss risks, and recognize the potential for patient apprehension and concern;</p> <p>(b) be aware of the need to accommodate patient privacy and modesty in the course of administering chiropractic adjustments or manipulations; and</p> <p>(c) be aware of the need to reassess and modify chiropractic adjustment or manipulation appropriate to the needs of the patient.</p> <p>(2) Knowledge</p>	

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>The student must demonstrate an ability to:</p> <ul style="list-style-type: none"> <li>(a) appreciate the normal and abnormal structural and functional articular relationships;</li> <li>(b) be aware of the pathophysiology and methods of evaluating articular biomechanics;</li> <li>(c) understand the principles and methods of various chiropractic adjustments and manipulations common to the practice of chiropractic;</li> <li>(d) recognize the clinical indications and rationale for selecting a particular chiropractic adjustment or manipulation;</li> <li>(e) select and appropriately use equipment and instruments necessary to administer chiropractic adjustment or manipulation; and</li> <li>(f) recognize the indications and contraindications for, and potential complications of, chiropractic adjustment or manipulation.</li> </ul> <p>(3) Skills</p> <p>The student must demonstrate an ability to:</p> <ul style="list-style-type: none"> <li>(a) palpate specific anatomical landmarks associated with spinal segments and other articulations;</li> <li>(b) select and effectively utilize palpatory and other appropriate methods to identify subluxations of the spine and/or other articulations;</li> <li>(c) use effectively equipment and instruments which support chiropractic adjustment or manipulation;</li> <li>(d) deliver effectively the correct chiropractic adjustments or manipulations which utilize appropriate positioning, alignment, contact and execution;</li> <li>(e) administer effectively a variety of chiropractic</li> </ul>	

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>adjustments or manipulations in order to accommodate differences in patient body type and clinical status;</p> <p>(f) record accurately the method of determining location, specific procedure followed and outcome of the chiropractic adjustment or manipulation;</p> <p>(g) select and employ palpation and other methods for identifying the effects following chiropractic adjustment or manipulation;</p> <p>(h) communicate the health benefits of chiropractic adjustment or manipulation to patients;</p> <p>(i) perform chiropractic adjustment and manipulation in a confident and decisive manner; and</p> <p>(j) discuss potential immediate or delayed reactions or responses to the chiropractic adjustment or manipulation.</p> <p><i>i. Emergency Care</i>            Doctors of chiropractic may encounter clinical situations - within and outside the office setting - that require immediate attention, and must develop the ability to identify an emergency or life-threatening situation and apply the necessary care or procedures.</p> <p>(1) Attitudes            The student must demonstrate an ability to:</p> <p>(a) recognize the responsibility to provide emergency care procedures; and</p> <p>(b) recognize the need for a prompt critical appraisal and response to an emergency situation.</p> <p>(2) Knowledge            The student must demonstrate an ability to:</p> <p>(a) recognize an emergency or life-threatening situation;</p> <p>(b) understand current</p>	

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>emergency care and first aid procedures, equipment and instruments;</p> <p>(c) monitor the effect of emergency care on the patient;</p> <p>(d) understand the legal implications associated with providing emergency care; and</p> <p>(e) determine the availability of local emergency care resources and select the appropriate services.</p> <p>(3) Skills</p> <p>The student must demonstrate an ability to:</p> <p>(a) utilize emergency care procedures and equipment effectively in providing first aid and basic cardiac life support;</p> <p>(b) remain calm, reassure and communicate with the patient, and elicit additional help, as needed;</p> <p>(c) recognize the need for assistance in an emergency situation and effectively communicate and collaborate with other health care professionals; and</p> <p>(d) perform appropriate reporting, recording and follow-up procedures.</p> <p><i>j. Case Follow-Up and Review</i></p> <p>Case follow-up and review involves monitoring the clinical status of the patient and modifying the care plan as new clinical information becomes available. Doctors of chiropractic evaluate patient progress by conducting follow-up examinations, and seek help from clinical consultants when needed.</p> <p>(1) Attitudes</p> <p>The student must demonstrate an ability to:</p> <p>(a) recognize the need to monitor the patient's response to care and modify the care plan, consult with, or refer to another health care provider when</p>	

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>indicated;                      (b) recognize and respond to patient concerns and apprehension that may result from proposed changes in a care plan or the need for referral or collaborative care; and                      (c) appreciate the benefits of appropriate consultation and/or referral in the management of the patient, and be considerate of patient questions regarding second opinions and alternative forms of care.</p> <p>(2) Knowledge                      The student must demonstrate an ability to:                      (a) understand how and when to re-evaluate the patient's clinical status to obtain current information;                      (b) recognize the need to modify the care plan consistent with current clinical information;                      (c) identify referral needs, and how to communicate them to patients; and                      (d) evaluate the patient's response to care by identifying appropriate outcomes.</p> <p>(3) Skills                      The student must demonstrate an ability to:                      (a) monitor patient's clinical status during and after completion of the health care regimen through follow-up and review appropriate to the patient's health status;                      (b) record data relevant to case management decisions in an organized manner;                      (c) communicate appropriately when referring to other health care providers; and                      (d) conduct a relevant and competent re-evaluation of the patient.</p> <p><i>Gn. Wellness</i>                      (1) Attitudes                      The student must demonstrate an ability to:</p>	

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>(a) appreciate how lifestyle, health status, behavior, and psychological factors interplay in the overall health and wellness of the patient;</p> <p>(b) appreciate a multidimensional character of patient wellness including the physical, intellectual, emotional, and spiritual dimensions;</p> <p>(c) appreciate and accept active patient participation as an essential component of health care;</p> <p>(d) effectively explain and appropriately emphasize the significant benefits that health promotion measures can have on response to treatment;</p> <p>(e) appreciate community-level health care issues and the doctor of chiropractic's role in community health care;</p> <p>(f) recognize and appreciate the significant impact that environmental influences may have on a patient's overall well being; and</p> <p>(g) appreciate the broad social determinants of health.</p> <p>(2) Knowledge The student must demonstrate an ability to:</p> <p>(a) discuss the basic principles and perspectives of health promotion and wellness;</p> <p>(b) describe the concepts of health promotion in the context of chiropractic health care;</p> <p>(c) describe the essential components of health promotion appropriate for the needs of the patient and the public;</p> <p>(d) describe the role of the doctor of chiropractic in health promotion;</p> <p>(e) relate the specific needs of patients and the public to the lifestyle changes necessary for their health promotion;</p> <p>(f) identify the resources materials available to help educate patients and the public</p>	



GCC, 2010	CCEUS, 2007	COMMENTS
	<p>about health promotion and wellness</p> <p>(g) identify the minimum screening activities for health promotion;</p> <p>(h) describe principal trends evolving in the implementation of, and health impact and affected population for each of the leading health indicators (physical activity, overweight and obesity, tobacco use, substance abuse, responsible sexual behavior, mental health, injury and violence, environmental quality, immunization, and access to health care); and</p> <p>(i) describe the goals, issues, trends and disparities in the focus areas of increased quality and years of healthy life, and elimination of health disparities;</p> <p>(3) Skills</p> <p>The student must demonstrate an ability to:</p> <p>(a) communicate effectively with patients about aspects of their health including biological, psychological, social, and spiritual as part of comprehensive history taking;</p> <p>(b) use appropriate techniques to encourage patient participation in a shared responsibility for the patient's health;</p> <p>(c) implement recommended preventive screening activities;</p> <p>(d) perform common screening procedures and wellness assessments in different age groups; and</p> <p>(e) provide patient counseling for health promotion and assess the outcomes of this counselling.</p> <p><i>k. Record-Keeping</i></p> <p>Record-keeping is that element of case management in which proper documentation of the patient's evaluation, clinical care and other transactions are</p>	

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>recorded, accurately maintained and appropriately reported.</p> <p>(1) Attitudes The student must demonstrate an ability to:</p> <p>(a) recognize the need to ensure that all records relevant to the patient's care and management contain legible, accurate, complete and current information;</p> <p>(b) recognize the patient's right to privacy and ensure that information from the record is released only upon legal and/or written authorization;</p> <p>(c) be willing to respond to requests for patient records, or information from patient records, in an adequate and timely manner;</p> <p>(d) recognize the need to ensure patient record security and confidentiality;</p> <p>(e) be sensitive to the interests that patients may have in accessing their records, and follow accepted legal guidelines when it is deemed necessary to provide or withhold specific information regarding the patient; and</p> <p>(f) recognize the need to keep abreast of current trends and technologies for record-keeping, communications and data transfer.</p> <p>(2) Knowledge The student must demonstrate an ability to:</p> <p>(a) be aware of and follow accepted procedures and protocols when requesting patient records or information from other health care providers or agencies;</p> <p>(b) know what elements of the record must be released to the patient, or other health care providers or agencies, and those elements that can be legally withheld;</p> <p>(c) know and understand those</p>	

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>elements essential to the patient record including demographic data, clinical findings and patient care information, financial transactions, reports, correspondence and communications;</p> <p>(d) be aware of accepted methods and legal requirements for record maintenance, storage and security;</p> <p>(e) be aware of the need to provide a key with records if abbreviations or symbols are used; and</p> <p>(f) use accepted coding systems for diagnosis and clinical procedures.</p> <p>(3) Skills The student must demonstrate an ability to:</p> <p>(a) construct the patient record in a manner that is accurate, legible, complete and current, and is neither inflammatory, prejudicial nor degrading to the patient;</p> <p>(b) enter clinical findings, diagnosis or initial clinical impressions, identity of the doctor and other care providers, care plans, progress notes, and follow-up evaluations in a manner that is legible, accurate, organized and reflects the clinical decision-making process; and</p> <p>(c) generate clear, concise, and professional narrative reports and correspondence in a timely manner.</p> <p><i>G6. Optional Clinical Competencies Required if the Curriculum Includes Didactic and Laboratory Components in Non-Adjustive Therapeutic Procedures.</i> Chiropractic care may include the use of procedures and modalities other than the adjustment and manipulation, which may be employed for the</p>	

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>purpose of case management, rehabilitation, or wellness care.</p> <p>(1) Attitudes The student must demonstrate an ability to:</p> <ul style="list-style-type: none"> <li>(a) appreciate the need to explain what will be done when administering therapies, discuss risks, and recognize the potential for patient apprehension and concern;</li> <li>(b) be aware of the need to accommodate patient privacy and modesty in the course of administering therapies; and</li> <li>(c) be aware of the need to reassess and modify therapy procedures appropriate to the needs of the patient.</li> </ul> <p>(2) Knowledge The student must demonstrate an ability to:</p> <ul style="list-style-type: none"> <li>(a) understand the principles, physiological effects, and application of various therapeutic procedures common to the practice of chiropractic;</li> <li>(b) recognize the clinical indications and rationale for selecting a particular therapeutic procedure;</li> <li>(c) understand the selection and use of equipment and instruments necessary to administer therapeutic procedures; and</li> <li>(d) recognize the contraindications, and potential complications, of therapeutic procedures.</li> </ul> <p>(3) Skills The student must demonstrate an ability to:</p> <ul style="list-style-type: none"> <li>(a) select and apply appropriate therapeutic instruments or procedures;</li> <li>(b) explain effectively the clinical benefits and communicate necessary information to the patient concerning the application of therapeutic procedures;</li> <li>(c) modify the application of</li> </ul>	

GCC, 2010	CCEUS, 2007	COMMENTS
	therapeutic procedures consistent with the patient's physical and clinical status; (d) record accurately appropriate information relative to the use of therapeutic procedures; and (e) discuss potential immediate or delayed reactions or responses to therapeutic procedures.	
<i>PROGRAMME OUTCOMES RELATING TO COMMUNICATION WITH PATIENTS AND OTHER HEALTHCARE PROFESSIONALS</i>		
<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> <ol style="list-style-type: none"> <li>Communicate effectively with patients orally and in writing.</li> <li>Explain clearly to patients the nature and purpose of assessment and care, and the associated risks.</li> <li>Get appropriate consent before assessing individuals and before providing chiropractic care.</li> <li>Give clear information to patients about the organisation of the practice.</li> <li>Produce reports for other healthcare professionals, colleagues and statutory authorities.</li> <li>Develop constructive working relationships with chiropractic colleagues and other healthcare professionals, seeking their advice when necessary.</li> <li>Value the role and contribution that other healthcare professionals make to the health and wellbeing of patients, and not work in isolation from them.</li> </ol>	<p><i>6l. The Doctor-Patient Relationship</i> The nature of the relationship between the doctor and the patient has an important influence on the process and outcome of chiropractic care. Doctors of chiropractic are expected to respond to their patients' needs and provide care in an atmosphere of trust and confidence. Accordingly, doctors of chiropractic must be compassionate, sensitive to the bio-psycho-social needs, recognize the importance of good communication skills, and consider the patient to be their partner in the care process.</p> <p>(1) Attitudes The student must demonstrate an ability to:</p> <ol style="list-style-type: none"> <li>recognize the importance of developing and maintaining professional attitudes and behavior within and outside the office setting;</li> <li>appreciate the importance of developing a professional relationship with the patient based on trust, confidence, respect, and confidentiality;</li> <li>recognize and accept the importance and seriousness of the role that doctors of chiropractic have in the care of patients;</li> <li>be aware of and be willing to respond to the needs, concerns</li> </ol>	<p>The CCEUS competency (5l) the doctor –patient relationship covers some of GCC criterion 8 ie a, b, c, d. The CCEUS competency 5k record keeping covers producing reports for other professionals (GCC 8e). There appear to be gaps in the CCEUS competencies in relation to GCC criterion:</p> <ul style="list-style-type: none"> <li>- 8f developing constructive relationships with others</li> <li>- 8g valuing the role and contribution that other healthcare professionals make to the health and wellbeing of patients, and not working in isolation from them.</li> </ul>

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>and fears that patients may have relative to their health complaints and problems;</p> <p>(e) appreciate the importance of compassion, empathy and touch as vital components of healing and factors that influence the outcome of care;</p> <p>(f) recognize the importance of both the doctor and patient working together as partners in promoting optimum health;</p> <p>(g) recognize and accept the inherent vulnerability of patients because of the perception of authority that patients attach to care-givers;</p> <p>(h) recognize the important and frequent role physical contact has within many chiropractic clinical services; and</p> <p>(i) appreciate and respect the protective boundaries patients secure over their physical and emotional being.</p> <p>(2) Knowledge The student must demonstrate an ability to:</p> <p>(a) recognize the need to appropriately manage patients who may develop unrealistic expectations of and a dependency on chiropractic care;</p> <p>(b) appreciate and be willing to adapt to the cultural, social, religious, gender and age differences that may exist between the doctor and his or her patients;</p> <p>(c) know what patient care and office procedures can be employed that will reduce potential risk and professional liability.</p> <p>(d) recognize the importance of open communication and the need to properly and adequately inform the patient of potential or proposed care;</p> <p>(e) understand the appropriateness of obtaining informed consent from the</p>	

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>patient prior to initiating clinical care; and                      (f) recognize the need to establish and maintain appropriate boundaries in doctor-patient interactions which ensure physical and emotional safety.</p> <p>(3) Skills                      The student must demonstrate an ability to:                      (a) develop and exhibit behavior and a communication style that project a professional image and enhance the doctor-patient relationship;                      (b) use effective and appropriate methods of touch and other non-verbal communication techniques; and                      (c) use appropriate techniques that may be employed when managing a patient who exhibits inappropriate behavior.</p> <p><i>5k. Record-Keeping</i>                      (1) Attitudes                      The student must demonstrate an ability to: ...                      (b) recognize the patient's right to privacy and ensure that information from the record is released only upon legal and/or written authorization;                      (c) be willing to respond to requests for patient records, or information from patient records, in an adequate and timely manner;                      (d) recognize the need to ensure patient record security and confidentiality;                      (e) be sensitive to the interests that patients may have in accessing their records, and follow accepted legal guidelines when it is deemed necessary to provide or withhold specific information regarding the patient; ...</p> <p>(2) Knowledge                      The student must demonstrate an ability to:</p>	

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>(a) be aware of and follow accepted procedures and protocols when requesting patient records or information from other health care providers or agencies;</p> <p>(b) know what elements of the record must be released to the patient, or other health care providers or agencies, and those elements that can be legally withheld; ...</p> <p>(3) Skills The student must demonstrate an ability to: ...</p> <p>(c) generate clear, concise, and professional narrative reports and correspondence in a timely manner.</p>	
<p><i>PROGRAMME OUTCOMES RELATING TO THE KNOWLEDGE AND SKILLS TO BE AN INDEPENDENT PRIMARY CARE PRACTITIONER</i></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> <p>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.</p> <p>b. Compare and contrast the UK 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</p>	<p><i>5m. Professional Issues</i> Health care providers have an obligation to the patients they serve, and to society, to provide competent and effective care, and to do so in a professional manner. Doctors of chiropractic must exhibit ethical values and behaviors, recognize their responsibility to first serve the patient, and to follow sound business practices. It is important that doctors of chiropractic maintain knowledge and clinical skills through continuing education, and be able to access, understand and critically evaluate the research literature.</p> <p>(1) Attitudes The student must demonstrate an ability to:</p> <p>(a) appreciate the importance of supporting and participating in professional activities and organizations;</p> <p>(b) recognize the need to support and participate in the activities and affairs of the community; ...</p>	<p>The CCEUS competency (5m) the Professional issues covers some of GCC criterion 9 ie 9e and 9f.</p> <p>The CCEUS competency 5b physical examination has a link to managing and reducing risks in the practice setting although is slightly different in focus and does not cover legislation which is of course different in the UK (GCC 8e). There appear to be gaps in the CCEUS competencies in relation to GCC criterion:</p> <ul style="list-style-type: none"> <li>- 9a – 9d which focus on the role of chiropractors in the healthcare system in the UK</li> </ul>



GCC, 2010	CCEUS, 2007	COMMENTS
<p>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>	<p>(e) exhibit ethical attitudes regarding the provision of patient care services, fees, financial arrangements, billing practices and collection procedures; and</p> <p>(f) identify and acknowledge an obligation to refrain from illegal and unethical patient care and practice management procedures.</p> <p>(2) Knowledge The student must demonstrate an ability to:</p> <p>(a) be aware of and comply with, the professional reporting requirements and procedures of commercial, federal, state and local agencies;</p> <p>(b) understand the need to maintain a breadth and depth of knowledge and skills necessary for the practice of chiropractic through continuing education;</p> <p>(c) identify community health care and social service agencies that can assist in meeting patient needs;</p> <p>(d) know patient care and office procedures which can be employed to reduce potential risk and professional liability;</p> <p>(e) be aware of the types, policy limits and coverage levels available for professional liability insurance;</p> <p>(f) develop a knowledge of ethical practice development strategies including marketing, community demographics, and patient management techniques; and</p> <p>(g) understand the need to follow sound business practices including those involving leases, loans, purchasing, selection of consultants and advisors, financial management, and personnel.</p> <p>(3) Skills The student must demonstrate an ability to: ...</p> <p>(b) develop effective patient</p>	<p>and in comparison with other countries</p> <p>- the legislation implied in criterion 9g and potentially the broader meaning of this statement</p> <p>- 9h the ability to take responsibility for own learning and development following graduation.</p>

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>rapport by employing oral and written communication skills, and appropriate care procedures; and (c) use personal computers and other business and communication technologies.</p> <p><i>b. Physical Examination</i> (1) Attitudes The student must demonstrate an ability to: ... (b) understand the importance of maintaining a clean and safe environment, and follow accepted hygienic procedures; ...</p>	
<p><i>PROGRAMME OUTCOMES - THE KNOWLEDGE AND SKILLS FOR PROFESSIONAL ACCOUNTABILITY AND THE PROTECTION OF PATIENTS</i></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> <ol style="list-style-type: none"> <li>Identify the main aspects of legislation that affect chiropractic practice.</li> <li>Appraise and recommend possible ways forward for a range of ethical dilemmas that might affect chiropractors.</li> <li>Recognise and work within the limits of their own knowledge, skills and experience.</li> <li>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.</li> </ol>	<p><i>C2. Curriculum</i> The curriculum required for the DCP must include the following subjects (not necessarily in individual courses for each subject): ... professional practice ethics. The DCP must document how each subject appears in the curriculum and is integrated into a coherent degree program.</p> <p><i>G5(o) Ethics and Integrity</i> Health care providers have an obligation to their patients and the communities they serve to be of high moral and ethical character and to provide their professional services in an environment of honesty and integrity and non-discrimination. Accordingly, doctors of chiropractic must learn and demonstrate high standards of ethics and integrity (1) Attitudes The student must demonstrate an ability to: (a) recognize the ethical standards expected of a doctor of chiropractic in an academic setting; including, but not limited</p>	<p>The CCEUS competency (5o) ethics and integrity broadly covers GCC criterion 10b although the wording is different. The CCEUS competency has links to student fitness to practise requirements – see later.</p> <p>As UK legislation will be different from that in the US, criterion 10(a) will be an obvious gap for overseas applicants. There also appear to be gaps in the CCEUS competencies in relation to GCC criterion: - 10c working within limits of own knowledge, skills and experience (although maybe this is implied in the G5(o), and</p>

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>to cheating, stealing, plagiarism and accuracy in research;                      (b) be aware of the ethical standards expected of a doctor of chiropractic in a college clinical setting; including, but not limited to accuracy in clinical charting, HIPPA requirements for privacy, potential conflicts in interest when treating friends and relatives, avoiding dual relationships; and sexual boundaries;                      (c) recognize the importance of learning, developing and maintaining high standards of ethics and integrity in personal behavior, both inside and outside the office;                      (d) recognize the potential influence and harm caused by improper or illegal use of alcohol and drugs inside and outside of the professional office setting;                      (e) recognize the potential harm that may arise to the doctor's objectivity by engaging in unethical and improper practice building activities, including but not limited to such as paying for referrals; fee splitting and billing for professional services through improper corporate structures;                      (f) recognize the potential harm and unprofessional nature of placing the needs, desires and goals of the doctor ahead of their clinical responsibilities to their patients.</p> <p>(2) Knowledge                      The student must demonstrate an understanding of:                      (a) the ethical standards expected of a doctor of chiropractic in an academic setting; including, but not limited to cheating, stealing, plagiarism and accuracy in research;                      (b) the ethical standards expected of a doctor of chiropractic for the billing of professional services to either patients or third parties;</p>	<p>- 10d protecting patients through raising concerns about others (ie the chiropractor's role in the broader healthcare system).</p>

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>(c) the unethical nature and illegality of acts such as paying for patients, paying for referrals, fee splitting, kickbacks and the delivery of any item of value for direct referrals;</p> <p>(d) the potential ethical violations and unprofessional conduct associated with many practice building activities, including but not limited to, improper use of diagnostic testing; excessive use of legitimate diagnostic testing, treatment programs not based on a patient's true clinical need and the improper corporate structures in some multi-professional practices;</p> <p>(e) the role of a fiduciary, and to be able to discuss the improper nature of dual relationships between doctors and patients on all level.</p> <p>(3) Skills The student must demonstrate an ability to:</p> <p>(a) successfully complete the academic work and challenges of the DCP in a manner consistent with expected standards of ethics and integrity by not cheating, stealing, plagiarism or other violations of professional standards expected of health care professionals;</p> <p>(b) successfully complete the clinical requirements of the DCP in a manner consistent with the responsibilities of a fiduciary expected between a doctor and their patient in the college clinic; and</p> <p>(c) show the ability to accurately represent professional services for payment.</p>	
<b>Recognition criteria related to the nature of the degree programme and programme providers</b>		
<b>Level and length of course</b>		
11. The course must be at the minimum	C. Required DCP Curriculum Characteristics	Whilst it is difficult to

GCC, 2010	CCEUS, 2007	COMMENTS
<p>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>1. Instructional Hours The DCP must require each student awarded the D.C. degree to have successfully completed not less than 4,200 instructional hours, and must have earned not less than the final 25% of the total credits required for the D.C. degree from the program that confers the degree.</p>	<p>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. Presumably it would not be possible to award the title of Doctor of Chiropractic if it was not set at a similar level to that required in the UK.</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 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>Criterion GCC 12 does not appear to feature in the CCEUS 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.</p>
<p><b>Teaching and learning methods</b></p>		
<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"> <li>be valid and appropriate for the learning outcomes concerned</li> <li>encourage and support students to be self-directed learners.</li> <li>involve patients and carers in the teaching and learning of</li> </ol>		<p>The CCEUS does not appear to make specific statements about the teaching and learning methods that might be used nor state that there should be variety. As there are specific statements about the nature of the assessment</p>

GCC, 2010	CCEUS, 2007	COMMENTS
<p>students.</p> <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>methods this suggests that criterion 13a is relatively unimportant.</p> <p>There appear to be gaps in relation to:</p> <ul style="list-style-type: none"> <li>- teaching and learning enabling students to be self-directed learners – this relates to the comment for criterion 9h above</li> <li>- 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 in the US which has been developing in recent years in the UK.</li> </ul>
<b>Assessment methods and regulations</b>		
<p>14. A variety of assessment methods must be used across the programme. These methods must:</p> <ul style="list-style-type: none"> <li>a be valid and appropriate for the learning outcomes concerned</li> <li>b encourage and support students to be self-directed learners</li> <li>c involve patients and carers in the assessment of students.</li> </ul>	<p>3. Student Assessment and Evaluation</p> <p>a. The DCP must utilize a system of student assessment and evaluation that is based on the goals, objectives and competencies established by the DCP, as well as those defined by the CCE <i>Standards</i> and appropriate to entry-level chiropractic practice. The system must clearly identify the summative and formative methods used, and the level of performance expected of</p>	<p>CCEUS standard 3 clearly covers GCC criterion 14a doing so in much greater detail.</p> <p>There are suggestions towards GCC criterion 14b being covered in the CCEUS statement through the use of formative as well as summative assessment, the</p>

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>students in the achievement of these objectives and competencies.</p> <p>b. Feedback to the student must be useful and accurate. Informal or formal feedback sessions should occur regularly, as soon as possible after an assessment has been made.</p> <p>c. Assessment tools must be compatible with the domain being assessed:</p> <p>(1) knowledge must be assessed using appropriate written and oral examinations as well as direct observation;</p> <p>(2) psychomotor skills must be assessed by direct observation;</p> <p>(3) communication skills must be assessed by direct observation of student interactions with faculty, colleagues, and patients and their families. Skills may also be assessed by review of any written communications to patients and colleagues including clinical reports, and referral or consultation letters;</p> <p>(4) interpersonal skills must be assessed by reviewing performance in collaboration with staff, members of the patient care team, and consultations with doctors of chiropractic and other health care providers as appropriate;</p> <p>(5) attitudes must be assessed by interviews, observations, or evaluations with peers, supervisors, clinic faculty, and patients and their families; and</p> <p>(6) competence in utilizing the acquired clinical data to arrive at a diagnosis, and develop a case management plan, must be assessed using appropriate written and oral examinations as well as direct observation.</p> <p>d. The DCP system of assessment and evaluation must provide for the identification of deficiencies in student knowledge, attitude, or</p>	<p>range of types of feedback and the need to identify where students have further learning to undertake.</p> <p>As with GCC criterion 13c, there is little indication of the involvement of patients and carers in the assessment of students. However the assessment of interpersonal skills and attitudes talk about in collaboration with / through evaluations with the patient care team / patients and their families which might suggest some involvement – this suggests that there might be a gap on patient involvement more generally.</p>

GCC, 2010	CCEUS, 2007	COMMENTS
	skills.	
<p>15. The degree programme must have a clear and explicit assessment system and equitable assessment regulations.</p>	<p>3e. The DCP must provide:            (1) an appropriate process for students to review and appeal identified deficiencies in knowledge, attitude, or skills.            (2) a formal system of remediation.            3f. Student assessment systems must:            (1) have a clear organizational structure for assessment;            (2) have a clear description of the role of faculty in assessment and how assessment information will be used in student evaluation;            (3) track and document student assessment and progress through the educational program including the integration of classroom performance, clinical performance, and the overall attainment of clinical competencies; and            (4) evaluate the effectiveness of assessment tools.</p>	<p>CCEUS standards 3e and 3f relating to student assessment suggest coverage of GCC criterion 15.</p>
<b>Programme structure</b>		
<p>16. The programme must have the following general features:</p> <ul style="list-style-type: none"> <li>a the curriculum must cover the programme outcomes specified in criteria 4 to 10 of this document</li> <li>b the knowledge and skills developed during the programme must be integrated, internally consistent and orientated to chiropractic practice</li> <li>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</li> <li>d a multidisciplinary approach should be taken wherever possible in the way the programme is approached and in</li> </ul>	<p>C2. Curriculum            The curriculum required for the DCP must include the following subjects (not necessarily in individual courses for each subject): anatomy; biochemistry; physiology; microbiology; pathology; public health; physical, clinical and laboratory diagnosis; gynecology; obstetrics; pediatrics; geriatrics; dermatology; otolaryngology; diagnostic imaging procedures; psychology; nutrition/dietetics; biomechanics; orthopedics; neurology; first aid and emergency procedures; spinal analysis; principles and practice of chiropractic; clinical decision making; adjustive techniques; research methods and procedures; and professional</p>	<p>The potential gaps in curriculum coverage have been identified against GCC criteria 4 – 10 (see above).            CCEUS statement C2 on the curriculum requires integration across the programme ie GCC criterion 10b.            There do not appear to be specific requirements in the CCEUS standards about a substantial period of clinical practice (GCC 10c) however there are other requirements which suggest that this happens ie in</p>



GCC, 2010	CCEUS, 2007	COMMENTS
<p>its structure, to ensure that chiropractic is not considered in isolation from other healthcare professions.</p>	<p>practice ethics. The DCP must document how each subject appears in the curriculum and is integrated into a coherent degree program.</p>	<p>relation to the specific quantitative assessment requirements for clinical practice and the standards around the governance of clinics (see GCC criteria 17 – 20 below).</p> <p>There appears to be a gap in relation to GCC criterion 10d the use of a multidisciplinary approach to be taken wherever possible. However this is not a strict requirement in the GCC standards given the conditional statement 'wherever possible'. It is also perhaps better covered in the curriculum content identified above ie for GCC criterion 8f and 8g.</p>
<b>Clinical experience and practice</b>		
<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>J. Clinical Education 1. Core Clinical Training Curriculum Design</p> <p>1f. The DCP must provide ongoing opportunities for learning, which must include activities based on current active cases with which the student is involved and which may also include small group case-based discussion, observations, directed assignments or other reasonable alternatives. These opportunities must allow students to assume increasing responsibility, under appropriate supervision, according to their level of training, ability and experience, and to participate in continued doctor-patient</p>	<p>CCEUS standard J1f appears to cover GCC criterion 17.</p>

GCC, 2010	CCEUS, 2007	COMMENTS
	relationships.	
<p>18. In their final clinic period students must:</p> <ul style="list-style-type: none"> <li>a. be responsible for the full spectrum of patient management, and</li> <li>b. have assessed and managed enough new patients, and</li> <li>c. have provided a sufficient amount and range of chiropractic care</li> </ul> <p>for there to be confidence in their ability to function as an independent practitioner.</p>	<p>J. Clinical Education 1. Core Clinical Training Curriculum Design</p> <p>1b. The DCP must demonstrate that each student completes the following quantitative clinical requirements within the core clinical training program.</p> <p>(1) A history on 20 different patients (16 must be non-student* patients);</p> <p>(2) An examination on 20 different patients (16 must be non-student* patients), and clinical examination involving 15 different case types (which may be included among the 20 different patients, or in which the student may assist, observe, or participate in live, paper-based, computer-based, distance-learning, or other reasonable alternative);</p> <p>(3) Interpretations, while enrolled in both the didactic and clinical phases of the DCP, of clinical laboratory tests to include at least 25 urinalysis, 20 hematology procedures such as blood counts, and ten clinical chemistry, microbiology or immunology procedures or profiles on human blood and/or other body fluids;</p> <p>(4) 20 radiographic studies (25% must be evaluated for the technical component, 100% must be evaluated for the interpretive component), and interpretation of radiographic studies involving 15 different case types (which may be included among the 20 radiographic studies, or in which the student may assist, observe, or participate in live, paper-based, computer-based, distance-learning, or other reasonable alternative);</p> <p>(5) A diagnosis on 20 different patients (16 must be non-</p>	<p>CCEUS statement 1b related to the number of patient cases that a student needs to complete prior to graduating relates to the more general GCC criterion 18 (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.</p>

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>student* patients), each with defined case management plans, and diagnosis of 15 different case types, each with defined case management plans (which may be included among the 20 different patients, or in which the student may assist, observe, or participate in live, paper-based, computer-based, distance-learning, or other reasonable alternative);</p> <p>(6) 250 chiropractic adjustments or manipulations, at least 200 of which must be spinal adjustments, provided during 250 separate encounters (200 must be non-student* patients), of which at least 75 must be assessed through direct observation;</p> <p>(7) Evaluating and managing at least 15 cases (to increase by five every two years to a maximum of 35 after September 2011, i.e., 20 after the beginning of the Fall 2005 term, 25 after the beginning of the Fall 2007 term, 30 after the beginning of the Fall 2009 term and 35 after the beginning of the Fall 2011 term) which, due to their complexity, require a higher order of clinical thinking and integration of data. This would include cases, which demand the application of imaging, lab procedures or other ancillary studies in determining a course of care, or cases in which multiple conditions, risk factors, or psychosocial factors have to be considered. A minimum of ten cases must be live-patient cases (eight of which must be non-student* patients). In the remaining cases, the student may assist, observe, or participate in live, paper-based, computer-based, distance learning, or other reasonable alternative;</p> <p>The DCP may establish</p>	

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>additional or higher requirements in any of the above areas based on individual DCP goals and/or satisfaction or certain jurisdictional licensing requirements; however, these additional requirements may be attained in any clinical or educational setting the DCP deems appropriate.</p>	
<p>19. The school must ensure that, during the final clinic period, each student has the opportunity to assess and provide chiropractic care for a sufficient number of different patients while also ensuring that patients receive continuity of care.</p>	<p>J. Clinical Education 1. Core Clinical Training Curriculum Design  1e. The DCP must provide the opportunity for all students to obtain the adequate number of patient experiences needed to demonstrate the clinical competencies required of them.</p>	<p>GCC criterion 19 appears to be adequately covered in CCEUS statement J1e and in the context of the comparisons in the rest of this GCC section.</p>
<p>20. The school must have policies and procedures to ensure the effective governance of the clinic period and the effective supervision of students.</p>	<p>J. Clinical Education 1. Core Clinical Training Curriculum Design  1c. Clinical training that utilizes multiple sites and/or tracks must describe and adhere to the core curriculum in which all students participate. If portions of the core curriculum are offered at distant sites, they must be equivalent in terms of their content, duration, and intensity to non-distant sites. Core clinical training can be provided at sites not owned/operated by the DCP, however there must be a written agreement establishing the educational affiliation between the DCP and the facility.  d. Elective elements of clinical training must relate to the overall DCP mission, goals and objectives.  C4. Quality Patient Care The DCP must: a. Conduct a formal system of quality assurance for the patient care delivery that demonstrates evidence of: (1) standards of care with measurable outcomes criteria and ongoing review of a</p>	<p>The CCEUS standard J1c appear to emphasise the governance of clinical training on multiple sites or outwith the College concerned, presumably because this is happening in the college clinic is assumed. The standards J1c and C4 suggest that GCC criterion 20 has been adequately considered.</p>

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided; and</p> <p>(2) patient advocate grievance policies, procedures, outcomes and corrective measures.</p> <p>b. Include the following characteristics in the quality assurance system:</p> <p>(1) a clear organizational structure for quality assurance.</p> <p>(2) a listing and description of each area and item (indicator) of quality assurance that is measured including:</p> <p>(a) how the item is measured;</p> <p>(b) how frequently the item will be measured;</p> <p>(c) how data will be assessed to identify need for improvement;</p> <p>(d) how improvement efforts will be determined;</p> <p>(e) how improvement efforts will be followed to ensure implementation and improvement; and</p> <p>(f) how the effectiveness of implemented changes/improvements will be assessed on an ongoing basis.</p> <p>(3) methods for communicating quality assurance results to the clinic and larger DCP community.</p> <p>c. Provide a written statement of patients' rights to all students, faculty, staff and each patient.</p> <p>d. Provide ongoing training in basic life support and management of common medical emergencies for all students and supervising facility involved in patient care.</p> <p>e. Maintain and follow written policies and procedures for the safe use of ionizing radiation.</p> <p>f. Follow federal, regional, state, and local requirements for clinical/laboratory asepsis, infection and biohazard control and disposal of hazardous</p>	

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>waste.</p> <p>g. Follow federal, regional, state, and local requirements regarding the confidentiality of patient information.</p> <p>h. Meet all federal, state and community standards for chiropractic assessment and care, billing, and financial transactions.</p> <p>i. Monitor and enforce all professional and legal requirements, inherent in the responsibilities of a licensed doctor of chiropractic.</p> <p>j. Provide ongoing training in the area of ethics and professional boundaries for students and supervising faculty involved in patient care.</p>	
<b>Programme planning and review</b>		
<p>21. Programme planning must cover all areas of the degree programme and involve staff from all the different aspects of the programme.</p>	<p>2. Goals The DCP must have established goals, derived from its mission and giving direction to its activities in education, research and service.</p> <p>3. Objectives The DCP must have developed its goals into objectives that state specific achievements toward which the program is working over a short time frame.</p>	<p>GCC criterion 21 appears to be broadly covered in CCEUS statements 2 and 3 – it is not a GCC criterion that appears critical to the assessment of overseas applicants.</p>
<p>22. The school must ensure that the degree programme is consistent with advances and significant influences in chiropractic, education and science.</p>		<p>This appears to be a gap in the coverage of the CCEUS standards in comparison to the GCC criteria – however it is probably not critical as it stands for overseas applicants and is likely to be covered to some extent in some of the curriculum gaps identified against GCC criteria 4-10</p>

GCC, 2010	CCEUS, 2007	COMMENTS
		above.
<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>4. Self-Assessment The DCP must carry out a periodic self-assessment in which it:</p> <ul style="list-style-type: none"> <li>a. Evaluates how well it is fulfilling its mission and attaining its goals and objectives.</li> <li>b. Identifies the manner in which resources are utilized to the fulfilment of mission and attainment of goals and objectives.</li> <li>c. Evaluates the success of the DCP in meeting all of the CCE Standards on a continuing basis.</li> </ul> <p>5. Planning The DCP must engage in a formal planning activity based on its self-assessment and directed toward:</p> <ul style="list-style-type: none"> <li>a. Identifying changes in resources and organization of resources that would provide for more complete fulfilment of the mission and attainment of goals and objectives.</li> <li>b. Reviewing the mission, goals and objectives to encourage the DCP's continued improvement and respond to changing circumstances of the program and its environment.</li> </ul> <p>Outcomes measurements such as DCP completion rates, success rates on licensing exams, student support services, recruitment and admissions practices and measures of program length and completion must be utilized to guide planning activities.</p>	<p>GCC criterion 23 appears to be broadly covered in CCEUS statements 4 and 5 although they are not that explicit about the involvement of staff and students – this is not an area of concern for the assessment of overseas applicants.</p>
<p>24. The school must have effective measures for quality assuring the degree programme, including making effective use of external examiners.</p>	<p>E. Programmatic Integrity The DCP must adhere to high ethical standards in its teaching, scholarship, service, relation to the public and other DCPs, and regulatory and accrediting agencies.</p> <ul style="list-style-type: none"> <li>1. The DCP must regularly</li> </ul>	<p>The CCEUS standard E does not make specific reference to the use of external examiners, perhaps a UK concept. However there is a</p>

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>evaluate and revise as necessary its policies and procedures to ensure integrity throughout the DCP.</p> <p>2. The DCP must represent itself accurately to all constituencies through its catalogs, websites, publications, and official statements.</p> <p>3. The DCP must develop and enforce policies that prohibit conflict of interest by its employees and agents.</p>	<p>clear emphasis on evaluation and subsequent reviews. This is also not an area of specific relevance for the assessment of overseas applicants.</p>
<b>Institution</b>		
<p>25. The institution must have a clear identity and management structure, with clear lines of accountability and responsibility.</p>	<p>B. Minimum Requirements of DCP Organization</p> <p>1. Accreditation Aside from DCPs operating in solitary-purpose chiropractic institutions afforded institutional status by the COA, the DCP must be a part of, or attempting to become part of; an institution of higher education that is institutionally accredited by a nationally recognized agency, or is a recognized candidate for accreditation by a nationally recognized agency.</p> <p>2. Conflict of Interest If the DCP is a part of an institution offering other programs, the governing board of the institution housing the program must have adopted and must follow policies to minimize the possibility of conflict of interest between the activities of the DCP and other programs of the institution, and no member of the governing board may be a member of the board or administrative staff of another program/institution accredited by the COA.</p> <p>3. Administration A full-time appointee of the institution must be designated as the individual having primary authority and responsibility for administration of the DCP, and no member of the administrative</p>	<p>The CCEUS standards have a number of very specific requirements about the nature of the institution as compared with the broader requirement of the GCC. However this is not an area of specific relevance for the assessment of overseas applicants.</p>



GCC, 2010	CCEUS, 2007	COMMENTS
	<p>staff may be a member of the administrative staff or governing board of another program/institution accredited by the COA.</p> <p>4. Public Disclosure Each DCP must make available to the public, in print or electronic form, the following information:</p> <ul style="list-style-type: none"> <li>a. The DCP's mission and goals.</li> <li>b. A list of the members of the governing board of the institution in which the DCP exists.</li> <li>c. The name of the individual designated as the chief administrative officer of the DCP.</li> <li>d. A list of all administrators, faculty, and professional staff members with their respective academic credentials.</li> <li>e. A list of each course offered, its contents and value in terms of contact and/or credit hours.</li> <li>f. A description of admissions requirements, attendance requirements, graduation requirements, and a statement of the CCE requirement that each student awarded the D.C. degree must have earned not less than the final 25% of the total credits required for the degree from the DCP conferring the degree.</li> <li>g. The disclosure of graduation rates, Title IV loan default rates, student performance on national board examinations, available data on placement rates and the success of program graduates in obtaining jurisdictional licensure. Disclosure of student performance on national board examinations must be placed on the DCP website in accordance with CCE Policy on Public Disclosure.</li> <li>h. Descriptions of physical facilities and learning resources.</li> <li>i. Policies and procedures regarding discipline, attendance,</li> </ul>	

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>examinations, grades, satisfactory academic progress, and procedures for handling student complaints.</p> <p>j. Tuition, fees, and other mandatory and elective student charges, along with the refund policies and procedures for each such charge.</p> <p>k. A list of financial resources available to students.</p> <p>l. A statement indicating where a list of licensing jurisdictions and their requirements is available.</p> <p>m. The accredited status of the DCP with the CCE.</p> <p>n. The mailing address and telephone number of the CCE, with identification of CCE as the agency to which complaints about the compliance of the program with the CCE <i>Standards</i> should be addressed.</p> <p>F. Governing Board Integrity</p> <ol style="list-style-type: none"> <li>1. The governing board must be of sufficient size and have the depth and diversity of expertise to effectively set programmatic policy and effectively discharge its fiduciary responsibilities.</li> <li>2. The governing board must include representatives of the public in its membership.</li> <li>3. The governing board must regularly evaluate and revise as necessary its policies and procedures to ensure proper oversight and improvement of the DCP.</li> <li>4. The governing board must establish practices, including adoption of term limits, that ensure both stability of the board as well as the regular replacement of members.</li> <li>5. The governing board must develop and enforce policies that prohibit conflicts of interest between governing board members and either the DCP or the institution.</li> </ol> <p>L. Service</p>	

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>1. Purpose Statement The DCP must establish objectives for and provide service activities, beyond the chiropractic services to patients required of all interns that support its mission and goals.</p> <p>2. Policies/Procedures The DCP must have and follow written policies regarding the provision of services.</p> <p>3. Inputs The DCP must provide appropriate financial, faculty, physical and administrative resources for the conduct of services.</p> <p>4. Outcomes The DCP must compile evidence regarding the extent to which service outcomes meet the stated service objectives.</p>	
<p>26. The school must have mechanisms that encourage and promote the involvement of staff and students.</p>	<p>G3. Course and Curriculum Development Role of Faculty The faculty must have a significant role in determining the content of the curricula and courses offered by the institution.</p> <p>I. Outcomes A DCP must assemble and report biennially to the COA data demonstrating annual: student rates of completion of term courses and completion of the DCP; student and graduate performance on national board examinations and available data on success of program graduates in obtaining jurisdictional licensure. Programs must demonstrate their use of these data, the attainment of performance thresholds established in CCE Policy 56, and the use of other outcome measurements and assessments in planning for ongoing development of the DCP.</p> <p>J. Clinical Education</p>	<p>The CCEUS standard G3 states the role of staff in developing the curriculum and standards I and J refer to the involvement of students (and of staff in J.</p>

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>1. Core Clinical Training Curriculum Design g. The DCP must have a curriculum management plan that ensures:</p> <p>(1) an ongoing clinical training review and evaluation process which includes input from faculty, students, administration and other appropriate sources;</p> <p>(2) competencies are periodically reviewed and updated and that the clinical training is evaluated as to its effectiveness in imparting these competencies; and</p> <p>(3) student participation is included in the evaluation of the effectiveness of clinical training integration with the overall DCP education.</p>	
<b>Resources</b>		
<p>27. The school must have access to sufficient accommodation, equipment and other resources for the effective delivery of the planned degree programme to the numbers of students in each year of the programme and overall student numbers.</p>	<p>D. Required DCP Resources</p> <p>1. Financial Resources DCPs must demonstrate adequacy and stability of financial resources to support the program objectives of their mission and goals. The recent financial history of the institution must also demonstrate the financial stability essential to its successful operation of the DCP. The institution must provide financial statements and related documents, which accurately and appropriately represent the total current and future operation of the DCP. The DCP must demonstrate that it exercises appropriate control over all its financial resources. The DCP must immediately report to the COA any change in its financial aid program approval status by the U.S. Department of Education, including the need for provisional certification or sanctions of limitation, suspension or termination.</p> <p>2. Learning Resources The DCP must have or provide</p>	<p>The CCEUS has a few detailed standards as shown that cover the broader GCC criterion 27.</p>

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>access to a learning resource center and/or library with staff, facilities, collections and services that permit attainment of the goals and objectives of the program.</p> <p>3. Physical Resources The DCP must provide, and adequately manage and maintain, physical facilities, equipment and other physical resources that are necessary and appropriate for meeting the mission, goals, and objectives of the DCP.</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>J 2. Supplemental Clinical Training Programs and Associated Facilities A supplemental clinical training program is defined as clinical training activities conducted in health care facilities not owned or managed directly by the DCP. These facilities may provide services other than those found in the core clinical training. Education in these settings must be consistent with the overall educational mission of the DCP. A supplemental clinical training program must:</p> <ul style="list-style-type: none"> <li>a. Have a commitment to education and quality of patient care, and have a mechanism to track the operations of affiliated field offices and other education sites participating in clinical education and training.</li> <li>b. Employ a mechanism for approving all education sites to which students rotate for a component supplemental training.</li> <li>c. Describe in a written document the arrangements between the DCP and each affiliated site, signed by the appropriate administrators of the respective supplemental training program. These arrangements must be specific to the supplemental training program</li> </ul>	<p>The CCEUS has a specific detailed standard J2 on Supplemental Clinical Training Programs and Associated Facilities that covers the broader GCC criteria. The CCEUS statements together with the requirements about the assessment of students' clinical practice suggest that GCC criterion 28 is covered.</p>

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>and must address the scope of the affiliation, the content and duration of the rotations involved, the duties and patient care responsibilities of the students during these rotations, and the details of the supervision and resident evaluation that will be provided.</p> <p>d. Utilize faculty for student supervision who are appropriately qualified and hold an appointment consistent with the faculty appointment practices of the DCP.</p> <p>e. Provide appropriate supervision of students at each education site.</p> <p>f. Maintain clear, written guidelines that outline the teaching expectations of all faculty in these locations.</p> <p>g. Provide programs to maintain educational and clinical skills of all faculty and foster their continual professional growth and development.</p> <p>h. Maintain a patient record system that is designed to promptly and easily provide information on patient care and the students' experiences.</p> <p>i. Have appropriate diagnostic and therapeutic equipment to meet the basic needs of patient care at that site and that supports the students' educational experiences consistent with the DCP's educational/practice objectives.</p> <p>j. Include the opportunity for students to attain hands-on or interactive training in areas requiring qualitative assessment, and ensure that a patient population of adequate size, gender/age variation, and range of case types is available in the practice based on the DCP's educational objectives for each particular clinical experience or rotation.</p> <p>k. Maintain an appropriate</p>	

GCC, 2010	CCEUS, 2007	COMMENTS
	working environment and a duty hour schedule consistent with proper patient care and the educational needs of the students. The emphasis of duties must be related to clinical education.	
<b>Staff</b>		
29. The school must have enough available staff to effectively teach, assess and support the entire student learning experience for all students in each programme cohort and in the school as a whole.	G. Faculty The DCP must demonstrate that the faculty cohort is of sufficient size and possess the depth and diversity of expertise and experience necessary to structure, deliver and assess the effectiveness of the program.	GCC criterion 29 appears to be covered in CCEUS statements G although this is not a particular area of concern for the assessment of overseas applicants.
30. The school must have sufficient individuals expert in chiropractic assessment and care involved with student teaching and assessment.	C 3. Course Management All courses for which credit or hours are given toward completion of the doctor of chiropractic degree must be solely managed, directed and/or taught by properly credentialed individuals who are employed or contracted by the program or institution to provide academic instruction.  J. Clinical Education 1. Core Clinical Training Curriculum Design h. There must always be an adequate number of clinic faculty who are immediately available in the clinical setting to oversee, supervise, and take responsibility for student delivery of patient care services.	The CCEUS standards make specific statements about the qualifications and training of staff members whereas the GCC criterion 30 uses a more general statement – however this suggests broad similarity of standards and also that the teaching and assessment of students is taken seriously.
31. The school must ensure that all clinical chiropractic teaching staff reflect high standards of patient care in all their work.	G 4. Ethics and Integrity Requirement for Faculty The institution housing the DCP must develop and enforce policies of ethics and integrity for their full-time, part-time and extension faculty. The ethics and integrity policies shall include, but not be limited to the following: a. Expected ethical behavior in academic professionalism, to	GCC criterion 31 appears to be covered in CCEUS statement G4.

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>include issues such as plagiarism, honesty in applications for research or scholarly activities, and integrity in research findings.</p> <p>b. Develop and enforce faculty standards that ensure the student's right to privacy and confidentiality.</p> <p>c. Prohibiting the abuse or misrepresentation of personal academic accomplishment or academic affiliation with the DCP or other academic institution.</p> <p>d. Prohibition of conflicts of interest including those between the DCP and the faculty member.</p>	
<p>32. All staff involved in student teaching and assessment must be competent in enabling students to learn effectively and assessing student achievement.</p>	<p>G1. Education and Licensure Requirements for Faculty The persons appointed as members of the faculty and responsible for DCP instruction must be qualified by academic preparation and experience for the teaching to which they are assigned.</p> <p>a. Basic Sciences Faculty Requirements Each person teaching basic science courses must hold an earned graduate or professional degree in an appropriate discipline from an institution accredited by a nationally recognized agency, or its foreign equivalent.</p> <p>b. Clinical Sciences and Clinician Faculty Requirements (1) Each person teaching in clinical sciences must hold an earned first professional degree or terminal degree appropriate to the subject field taught from an institution accredited by a nationally recognized agency, or its foreign equivalent. (2) Each person teaching clinical subjects that involve the practical application of chiropractic analysis,</p>	<p>GCC criterion 32 appears to be broadly covered in CCEUS statement G1.</p>



GCC, 2010	CCEUS, 2007	COMMENTS
	<p>adjustments or manipulations must have attained chiropractic licensure in at least one jurisdiction and must not have a record of license revocation.</p> <p>(3) Each person supervising direct clinical care experiences that include chiropractic analysis, adjustments or manipulations must be appropriately licensed to practice chiropractic in the jurisdiction in which the educational activity and/or clinical experience is offered. Each person supervising other direct clinical care experiences must be appropriately credentialed as a health-care provider and licensed to practice in the jurisdiction in which the educational activity and/or clinical experience is offered.</p>	
<p>33. The institution must have at least one chiropractor registered with the GCC who occupies a position of academic authority at least equivalent to a Head of School.</p>		<p>GCC criterion 33 does not appear to feature explicitly in the CCEUS standards although there are other indications that this would occur.</p>
<p>34. The school must have effective staff management and development processes that provide feedback to staff on their input and enable them to develop their knowledge and practice.</p>	<p>G2. Professional Development of Faculty</p> <p>a. The DCP must provide faculty with opportunities to be engaged in research, scholarship, service, and professional development consistent with the mission, goals, and objectives of the DCP.</p> <p>b. The DCP must establish standards of performance for faculty.</p>	<p>GCC criterion 34 appears to be broadly covered in CCEUS statement G2 – this is not an area of concern for the assessment of overseas applicants.</p>
<p><b>Students</b></p>		
<p>35. Entry to the degree programme must:</p> <p>a. include evidence of students' literacy, numeracy and the ability to communicate in English</p> <p>b. promote equality of</p>	<p>H. Minimum Admission Requirements for Students</p> <p>For each student admitted the DCP must document and retain evidence in the student's file regarding the basis upon which</p>	<p>GCC criterion 35 appears to be covered in great depth in CCEUS statement H about minimum admission</p>

GCC, 2010	CCEUS, 2007	COMMENTS
opportunity.	<p>the student was judged to be qualified for admission, and clearly inform the student at the time of admission that limitations of practice venue and licensure might occur.</p> <p>1. Students Admitted to the DCP from United States Institutions The DCP must demonstrate that qualifications for student acceptance and resultant enrolment are appropriate to the program objectives, goals and educational mission of the program or institution. Each student admitted to begin the DCP on the basis of academic credentials from institutions within the United States must meet the following requirements:</p> <p>a. All matriculants must furnish proof of having earned a minimum of 90 semester hour credits of appropriate pre-professional education courses at an institution or institutions accredited by a nationally recognized agency. A national accrediting agency is an agency recognized by the Secretary of the US Department of Education.</p> <p>Included in these credits must be a minimum of 48 semester hour credits in the course areas noted in Section 2.III.H.1.b (below). In addition, all matriculants must have earned a cumulative grade point average of at least 2.50 on a scale of 4.00 for the courses listed in Section 2.III.H.1.b, and for the required 90 semester hours. Quarter hour credits may be converted to equivalent semester hour credits. In situations in which one or more courses have been repeated with equivalent courses, the most recent grade(s) may be used for grade point average computation and the earlier grade(s) may be disregarded.</p>	<p>– as the GCC is concerned with the outcomes that graduates achieve it can be implied that this sufficiently well covered for the assessment of overseas applicants.</p>

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>b. All matriculants must present a minimum of 48 semester hours' credit (or the quarter-hour credit equivalents), distributed as follows:</p> <p>English Language Skills* - 6 semester hours                      Psychology - 3 semester hours                      Social Sciences or Humanities - 15 semester hours                      Biological Sciences** - 6 semester hours                      Chemistry*** - 12 semester hours                      Physics and related studies**** - 6 semester hours</p> <p>In each of the six distribution areas, no grades below 2.00 on a 4.00 scale may be accepted. In each of the six distribution areas, if more than one course is taken to fulfil the requirement, the course contents must be unduplicated.</p> <p>In the event an institution's transcript does not combine laboratory and lecture grades for a single course grade, the admitting institution may calculate a weighted average of those grades to establish the grade in that science course.</p> <p>c. Students who have earned a portion of the prerequisite credits through examination or means other than formal course work, as identified by an institution accredited by a nationally recognized agency, which formally has accepted or awarded such credits, may be admitted to the DCP upon receipt of such evidence by the DCP. The DCP must document and retain evidence in the student's file, which identifies how such admission requirements were met.</p> <p>d. Students who hold a degree leading to licensure/registration in a health science discipline at the baccalaureate level or above with an earned cumulative grade</p>	

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>point average of at least 2.50 on a scale of 4.0, or who hold a baccalaureate degree from an institution accredited by a nationally recognized accrediting agency with an earned grade point average of at least 3.25 on a scale of 4.0, may be admitted to the DCP upon presenting evidence that their academic preparation substantially meets the requirements for admission consistent with those noted in Section 2.III.H.1.a.-c.</p> <p>2. Students Admitted to the DCP from International Institutions Each student admitted to begin the DCP on the basis of academic credentials from institutions outside the United States must meet the following requirements:</p> <ul style="list-style-type: none"> <li>a. Provide evidence of proficiency in reading and writing English, and an understanding of oral communication in English, commensurate with the level of proficiency expectations established by the DCP for successful completion of the DCP.</li> <li>b. Demonstrate academic preparation substantially equivalent to that possessed by beginning students admitted from United States institutions.</li> <li>c. Provide evidence of proficiency in the subject matter of each course for which credits are accepted.</li> <li>d. Provide evidence of having financial resources sufficient to complete at least one full year of full-time attendance in the DCP.</li> <li>e. Meet all applicable legal requirements for study in the United States.</li> </ul> <p>3. Students Transferring from Another Institution or Seeking Advanced Standing Each student transferring credits applicable to the DCP must</p>	

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>meet the following requirements:</p> <p>a. The applicant for transfer from one DCP to another must meet the admissions requirements that were in force at the admitting DCP on the date the student originally enrolled in the DCP from which the transfer is being made.</p> <p>b. Credits considered for transfer must have been awarded for courses taken in a DCP accredited by the CCE or in a program accredited as a first professional degree in one of the health sciences by another nationally recognized accrediting agency, or in a graduate program in an academic discipline closely related to the health sciences offered by an institution which is recognized by a national accrediting agency.</p> <p>c. Only credits recorded on an official transcript of the issuing institution with an equivalent grade of 2.00 on a 4.00 scale or better may be considered for transfer.</p> <p>d. Credits accepted for transfer must be determined by the receiving DCP to be substantially equivalent to courses offered by the receiving DCP.</p> <p>e. Credits accepted for transfer must have been awarded within five years of the date of admission to the receiving DCP, except that the receiving DCP may at its option accept older credits if the entering student holds an earned doctorate in one of the health sciences (e.g., D.C., M.D., D.O., D.D.S., D.P.M.) or a graduate degree in an academic discipline closely related to the health sciences.</p> <p>f. Credits accepted for transfer from institutions outside the United States must be accompanied by evidence of the</p>	

GCC, 2010	CCEUS, 2007	COMMENTS
	individual student's proficiency in the subject matter of each course for which credits are accepted.	
36. The institution must provide students with academic guidance, pastoral care and other support services appropriate to meet students' needs.		GCC criterion 36 does not appear to be covered in the CCEUS standards – however this is not an area of concern for the assessment of overseas applicants.
37. The school must have student fitness-to-practise policies and procedures that are appropriate to the purpose of the degree programme – that is, to develop future members of the chiropractic profession. The school must inform the GCC of the outcomes of any student fitness-to practise cases.	<p><i>G(o) Ethics and Integrity</i>  Health care providers have an obligation to their patients and the communities they serve to be of high moral and ethical character and to provide their professional services in an environment of honesty and integrity and non-discrimination. Accordingly, doctors of chiropractic must learn and demonstrate high standards of ethics and integrity</p> <p>(1) Attitudes  The student must demonstrate an ability to:</p> <p>(a) recognize the ethical standards expected of a doctor of chiropractic in an academic setting; including, but not limited to cheating, stealing, plagiarism and accuracy in research;</p> <p>(b) be aware of the ethical standards expected of a doctor of chiropractic in a college clinical setting; including, but not limited to accuracy in clinical charting, HIPPA requirements for privacy, potential conflicts in interest when treating friends and relatives, avoiding dual relationships; and sexual boundaries;</p> <p>(c) recognize the importance of learning, developing and maintaining high standards of ethics and integrity in personal behavior, both inside and outside the office;</p> <p>(d) recognize the potential</p>	<p>The CCEUS standards do not have specific requirements about student fitness-to-practise policies and procedures (GCC criterion 37). However the competency related to ethics and integrity covers a lot of the same areas as that within the GCC student fitness-to-practise guidance and might be seen to be similar in coverage given that this is competence requirement.</p> <p>The advice of the Education Committee is sought on whether specific information beyond that already requested by the registration department (ie whether the individual was subject to any fitness to practise sanctions whilst a student) might be sought on this area in the application process.</p>

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>influence and harm caused by improper or illegal use of alcohol and drugs inside and outside of the professional office setting;</p> <p>(e) recognize the potential harm that may arise to the doctor's objectivity by engaging in unethical and improper practice building activities, including but not limited to such as paying for referrals; fee splitting and billing for professional services through improper corporate structures;</p> <p>(f) recognize the potential harm and unprofessional nature of placing the needs, desires and goals of the doctor ahead of their clinical responsibilities to their patients.</p> <p>(2) Knowledge The student must demonstrate an understanding of:</p> <p>(a) the ethical standards expected of a doctor of chiropractic in an academic setting; including, but not limited to cheating, stealing, plagiarism and accuracy in research;</p> <p>(b) the ethical standards expected of a doctor of chiropractic for the billing of professional services to either patients or third parties;</p> <p>(c) the unethical nature and illegality of acts such as paying for patients, paying for referrals, fee splitting, kickbacks and the delivery of any item of value for direct referrals;</p> <p>(d) the potential ethical violations and unprofessional conduct associated with many practice building activities, including but not limited to, improper use of diagnostic testing; excessive use of legitimate diagnostic testing, treatment programs not based on a patient's true clinical need and the improper corporate structures in some multi-professional practices;</p> <p>(e) the role of a fiduciary, and to</p>	

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>be able to discuss the improper nature of dual relationships between doctors and patients on all level.</p> <p>(3) Skills</p> <p>The student must demonstrate an ability to:</p> <p>(a) successfully complete the academic work and challenges of the DCP in a manner consistent with expected standards of ethics and integrity by not cheating, stealing, plagiarism or other violations of professional standards expected of health care professionals;</p> <p>(b) successfully complete the clinical requirements of the DCP in a manner consistent with the responsibilities of a fiduciary expected between a doctor and their patient in the college clinic; and</p> <p>(c) show the ability to accurately represent professional services for payment.</p>	
<p>38. The school must provide students with clear information on the main aspects of the programme before entry and throughout their degree programme.</p>	<p>B4. Public Disclosure</p> <p>Each DCP must make available to the public, in print or electronic form, the following information:</p> <p>a. The DCP's mission and goals.</p> <p>b. A list of the members of the governing board of the institution in which the DCP exists.</p> <p>c. The name of the individual designated as the chief administrative officer of the DCP.</p> <p>d. A list of all administrators, faculty, and professional staff members with their respective academic credentials.</p> <p>e. A list of each course offered, its contents and value in terms of contact and/or credit hours.</p> <p>f. A description of admissions requirements, attendance requirements, graduation requirements, and a statement of the CCE requirement that each student awarded the D.C. degree must have earned not</p>	<p>GCC criterion 38 can be seen to be covered by the CCEUS statements (B4) about public disclosure of information which would include to students – it is also not an area of particular concern in relation to the assessment of overseas applicants.</p>



GCC, 2010	CCEUS, 2007	COMMENTS
	<p>less than the final 25% of the total credits required for the degree from the DCP conferring the degree.</p> <p>g. The disclosure of graduation rates, Title IV loan default rates, student performance on national board examinations, available data on placement rates and the success of program graduates in obtaining jurisdictional licensure. Disclosure of student performance on national board examinations must be placed on the DCP website in accordance with CCE Policy on Public Disclosure.</p> <p>h. Descriptions of physical facilities and learning resources.</p> <p>i. Policies and procedures regarding discipline, attendance, examinations, grades, satisfactory academic progress, and procedures for handling student complaints.</p> <p>j. Tuition, fees, and other mandatory and elective student charges, along with the refund policies and procedures for each such charge.</p> <p>k. A list of financial resources available to students.</p> <p>l. A statement indicating where a list of licensing jurisdictions and their requirements is available.</p> <p>m. The accredited status of the DCP with the CCE.</p> <p>n. The mailing address and telephone number of the CCE, with identification of CCE as the agency to which complaints about the compliance of the program with the CCE <i>Standards</i> should be addressed.</p>	
<b>Research</b>		
<p>39. The school must foster a culture of personal and collaborative academic research and other scholarly activities.</p>	<p>K. Research and Other Scholarly Activity                      1. Purpose Statement                      The DCP must establish objectives for and conduct research and scholarly activities that support its mission and</p>	<p>GCC criterion 39 can be seen to be covered by the CCEUS statement K related to research and scholarly activity.</p>

GCC, 2010	CCEUS, 2007	COMMENTS
	<p>goals. When there is more than one (1) campus, there must be active research opportunities and efforts at each campus site.</p> <p>2. Policies/Procedures The DCP must have and follow written policies regarding the conduct of research and scholarly activities, to include protection of human and animal subjects.</p> <p>All DCPs and institutions using animal subjects must comply with the federal standards specified in the Animal Welfare Act (Public Law 89-544, 1966, as amended, (P. L. 91-469 and P. L. 94-279) 7 U.S.C. section 2131 et seq. Implementing regulations are published in the Code of Federal Regulations (CFR), Title 9, Subchapter A. Parts 1, 2, 3 and 4, and are administered by the U.S. Department of Agriculture).</p> <p>4. Outcomes The DCP must compile evidence regarding the extent to which the research and scholarly activity outcomes meet stated research and scholarly activity objectives</p>	
<p>40. Proper facilities for research must be provided within the school.</p>	<p>K. Research and Other Scholarly Activity</p> <p>3. Inputs The DCP must provide appropriate financial, faculty, physical, and administrative resources for the conduct of research and scholarly activities.</p>	<p>GCC criterion 40 can be seen to be covered by the CCEUS statement K related to research and scholarly activity.</p>

## Conclusion

The mapping between the GCC's Degree Recognition Criteria (2010) and the CCEUS's Standards for Doctor of Chiropractic Programs and Requirements for Institutional Status (2007) 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 CCEUS programme outcomes when compared with those 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)
- developing constructive relationships with others (GCC 8f)
- valuing the role and contribution that other healthcare professionals make to the health and wellbeing of patients, and not working in isolation from them (GCC 8g) (+ multidisciplinary approach to learning 16d)
- the role of chiropractors in the healthcare system in the UK and in comparison with other countries (GCC 9a – 9d)
- the ability to take responsibility for own learning and development following graduation (GCC 9h) and the related 13b enabling students to be self-directed learners
- working within limits of own knowledge, skills and experience (although maybe this is implied in the G5(o)) (GCC 10c)
- protecting patients through raising concerns about others (ie the chiropractor's role in the broader healthcare system) (GCC 10d)
- 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:

- 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 CCEUS standards include a competency related to ethics and integrity (Go) which covers many of the same areas as that 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)
2. whether the use of the term subluxation in the CCEUS and whether this affects the likely competence of US graduates in the UK setting (for both assessment and care of patients)

3. whether the inclusion of wellness care and the optional clinical competencies are likely to lead to any potential risks when US graduates practise in the UK.