

Comparison between the GCC's Degree Recognition Criteria (May 2010) and the Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards Standards for the Accreditation of Doctor of Chiropractic Programmes (2011) and Accreditation Policies (2006 – 2011)

Introduction

The Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards (CFCREAB) is the representative body of chiropractic regulatory authorities in Canada. It is responsible for accrediting, recognising and certifying the quality and integrity of chiropractic programmes and making such information available to the public, the chiropractic profession and the educational community. CFCREAB sets the criteria against which Doctor of Chiropractic Programmes (called DCPs in the CFCREAB documents) are planned, implemented and evaluated. The Council on Chiropractic Education Canada (CCEC), a body created and maintained by CFCREAB, evaluates DCPs against the criteria and provides advice on how the programmes might be improved¹.

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

The CFCREAB's Standards for Accreditation of Doctor of Chiropractic Programmes (November 2011) are structured under the following headings:

- A. Organisational structure
- B. Vision, mission and goals
- C. Policies and procedures
- D. Programme objectives
- E. Inputs / resources
- F. Doctor of Chiropractic Programme outcomes
- G. Clinical competencies
- H. Evaluation, planning and effectiveness.

In the CFCREAB's standards the following terminology is used: '*"must" indicates a condition mandatory for accreditation, "should" indicates a condition desirable but not mandatory for accreditation, and "may" indicates a condition that is allowable.*'

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 CFCREAB's Standards for Accreditation of Doctor Of Chiropractic Programmes (November 2011).

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

¹ However the role of the CCEC is not obvious from the documents looked at and it might be it effectively as a sub-committee / panel of the CFCREAB.

Table YYY: Comparison between the GCC’s Degree Recognition Criteria (May 2010) and the CFCREAB’s Standards for Accreditation of Doctor Of Chiropractic Programmes (November 2011)

GCC, 2010	CFCREAB, 2011	COMMENTS
GENERAL CRITERIA ON CONTENT		
<p>1. The School must enable students to develop, so that when they graduate, they are able to achieve the following broad programme areas. Programme outcomes for each of these areas are set out in criteria 4 – 10.</p> <ul style="list-style-type: none"> a. Develop and apply the knowledge and skills that form the basis of chiropractic (see criterion 4). b. Develop and apply knowledge and skills of research and evaluation (see criterion 5) c. Assess the health and health needs of patients (see criterion 6) d. Provide care to improve patients’ health and to address patients’ health needs (see criterion 7) e. Communicate effectively with patients and other healthcare practitioners (see criterion 8) f. Understand the nature of being independent primary care practitioner, and the related duties of managing a practice and developing throughout one’s working life (see criterion 9) g. Understand the nature of professional accountability and the duty to protect and promote the interests of their patients (see criterion 10). 	<p>B. Vision, mission and goals The vision, mission and goals of each chiropractic programme or solitary purpose institution must include:</p> <ul style="list-style-type: none"> 1. The preparation of the Doctor of Chiropractic graduate as a primary contact health care professional; 2. The conduct of research in the field of chiropractic; and 3. The provision of service related to chiropractic practice and its improvement. <p>D. Programme objectives The DCP must establish programme objectives governing the areas of instruction, quality patient care, continuing education, research and service.</p>	<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 CFCREAB 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>CFCREAB statements B and D cover similar areas to those detailed in GCC criterion 1.</p>
<p>2. Schools must develop their own staged learning outcomes from the broad programme outcomes detailed in the criteria 4 - 10.</p>	<p>D. Programme objectives (cont:) 1a. Doctor of Chiropractic. The curriculum must also be supportive of the mission, goals and distinctiveness of the DCP and of the achievement of the programme’s objectives. ... Courses offered in the curriculum must be taught in</p>	<p>The CFCREAB 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	CFCREAB, 2011	COMMENTS
	sufficient depth to fulfil the concept of the Doctor of Chiropractic as set forth in the first two paragraphs of the Foreword of these <i>Standards</i> .	when considering entry to the register.
3. Every learning outcome must be assessed.	G Clinical competencies (introduction) Each programme must evaluate a student's proficiency in the competencies outlined in the Standards.	The CFCREAB introductory statement suggests that students must be assessed against all of the competencies required for graduation. As there is no requirement for staged learning outcomes to be developed there is no corresponding requirement for them to be assessed.
PROGRAMME OUTCOMES RELATING TO THE KNOWLEDGE AND SKILLS THAT FORM THE BASIS OF CHIROPRACTIC		
4. At the point of graduation, students must have developed the knowledge and skills that form the basis of chiropractic. Specifically they must be able to: a. Understand the history, theory and principles of chiropractic in a contemporary context. b. Differentiate between normal and abnormal structure and functioning of the human body. c. Recognise the range of conditions that present to chiropractors as independent primary care practitioners and the nature and impact of their physical, psychological and social aspects.	D. Programme objectives (cont:) 1a. Doctor of Chiropractic. Instruction leading to the Doctor of Chiropractic degree must meet the following requirements: ... iii. The curriculum must also be designed and implemented in a manner that will provide appropriate opportunities for the student to acquire the necessary cognitive, affective and psychomotor proficiency skills. The offerings must include at least the following content: anatomy; biochemistry; neurology; physiology; microbiology; pathology; public health; physical, clinical and laboratory diagnosis; gynaecology; obstetrics; pediatrics; geriatrics; dermatology; otolaryngology; diagnostic imaging procedures; psychology; nutrition/dietetics; biomechanics; orthopaedics; first aid and emergency procedures; spinal analysis; principles and practice of	The CFCREAB standards describe the broad topics that need to be covered in the curriculum (statement D1a) 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. (Note the wording of the CFCREAB curriculum subjects is very similar to that of the CCEUS.)

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	chiropractic; adjustive techniques; ... Courses offered in the curriculum must be taught in sufficient depth to fulfil the concept of the Doctor of Chiropractic as set forth in the first two paragraphs of the Foreword of these <i>Standards</i> .	
<i>PROGRAMME OUTCOMES RELATING TO RESEARCH AND EVALUATION KNOWLEDGE AND SKILLS</i>		
5. At the point of graduation, students must have developed and be able to apply knowledge and skills of research and evaluation. Specifically they must be able to: <ol style="list-style-type: none"> a. Understand different research methods related to clinical decision making b. Understand the different ways in which the outcomes of research are transferred to practice c. Apply appropriate methods when carrying out research relevant to chiropractic. d. Appraise current research and evidence relevant to chiropractic and apply it to their practice. e. Apply continuous quality improvement in their practice. 	D. Programme objectives (cont:) 1a. Doctor of Chiropractic. Instruction leading to the Doctor of Chiropractic degree must meet the following requirements: ... iii. The curriculum must also be designed and implemented in a manner that will provide appropriate opportunities for the student to acquire the necessary cognitive, affective and psychomotor proficiency skills. The offerings must include at least the following content: ... research methods and procedures; <i>G13. Professional Issues</i> ... c. Skills The student must demonstrate the ability to: i. critically review clinical research literature; <i>G13. Professional Issues</i> ... 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. a. Attitudes The student must demonstrate the ability to: ... iii. acknowledge the societal obligation of the profession to produce research, and explain the importance of research in	The CFCREAB standards in terms of the graduate outcomes and curriculum statements appear to be relatively light as compared with GCC criterion 5. The CFCREAB curriculum covers research methods and procedures (although no detail is provided) and the 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). There are potential gaps in relation to: <ul style="list-style-type: none"> - Understanding how to transfer research into practice (GCC 4b) - Understanding the meaning of evidence and its use in practice (GCC 4d)

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	education, clinical practice and to the growth of the profession; iv. have a desire and an ability to critically evaluate new and current knowledge;	- Applying continuous quality improvement in their practice (GCC 4e).
<i>PROGRAMME OUTCOMES RELATING TO ASSESSMENT KNOWLEDGE AND SKILLS</i>		
<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> <ul style="list-style-type: none"> a. Obtain and document case histories from patients using appropriate methods to draw out the necessary information. b. Identify how the information obtained from case histories has a bearing on any further assessment that is undertaken and/or the care and treatment that is planned. c. Examine patients using appropriate methods. d. Appraise the need for further investigations to inform the case that is, imaging and laboratory tests. e. Arrange for further necessary investigations to be undertaken. f. Interpret plain film radiographs, and any report received on the image, and incorporate the findings into clinical decision-making. g. Incorporate into clinical decision making the findings of other relevant investigations. h. Understand the specific legislation that is relevant to imaging and the implications of this for their own practice. i. Identify when there is a need to halt assessment. j. Consider and interpret the information available on a patient and generate a differential 	<p>D2d (cont:) Upon completing his or her course of study, each student will demonstrate the following competencies ...</p> <ul style="list-style-type: none"> i. Develop a patient's comprehensive case history to include all elements appropriate to the patient's entering complaint and health status. ii. Develop objective data through the conduct of a physical examination appropriate to the health status and chiropractic analysis of the patient. iii. Perform and interpret, order and interpret, or interpret appropriate imaging examinations. iv. Perform and interpret, order and interpret, or interpret appropriate clinical laboratory examinations. v. Perform and interpret, order and interpret, or interpret other relevant procedures indicated by the clinical status of the patient. vi. Integrate data in a manner that facilitates the formulation of a diagnosis. vii. Work collaboratively on an inter or intra professional basis for patient referral and /or management as clinically indicated. viii. Identify and initiate appropriate health care regimen. ix. Provide patient education on health care needs. x. Perform appropriate chiropractic adjustments and/or manipulations. xi. Monitor patient's clinical status during and after 	<p>The CFCREAB clinical competencies are more specific in nature than the GCC criteria with sub-points. There is also a summary of the competencies in the curriculum overview statement (CFCREAB section D2). The CFCREAB clinical competencies cover the following areas:</p> <ul style="list-style-type: none"> - history taking - physical examination - neuromusculoskeletal examination - psychosocial assessment - diagnostic studies - diagnosis. <p>Some of the detail in the CFCREAB competencies is provided in the guidance within the GCC document. The CFCREAB competencies appear to cover all of the sub-statements in criterion 6 except for 6(h) and 6(l). Interestingly the CFCREAB does not use:</p> <ul style="list-style-type: none"> - the term legislation in its documents and appears to only

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<p>diagnosis and rationale for care.</p> <p>k. Keep patient records of the outcomes of the assessment – the records must be legible, attributable and representative of the interaction with the patient.</p> <p>l. Identify and understand the implications on the provision of chiropractic care for a patient of clinically relevant medications, whether prescribed or bought.</p> <p>m. Identify the need for referral to another health care professional or proposing co-management of the patient with another healthcare professional.</p>	<p>completion of the health care regimen through follow-up and review appropriate to the patient's health status.</p> <p>xii. Keep appropriate records of patient's evaluation and case management.</p> <p>e. Students requesting and qualifying for a preceptorship programme must have completed at least 75% of the clinical requirements and any additional pre-preceptorship standards required by the DCP. All graduation requirements must be completed in the clinical training facilities of an accredited DCP.</p> <p>G Clinical Competencies</p> <p>A DCP must provide evidence that its instructional programme include a statement which incorporates the intent of the clinical competencies identified in the <i>Standards</i>.</p> <p><i>1. History Taking</i></p> <p>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>use the terms 'law' and 'regulations' in relation to standards for the institution (6h)</p> <p>- the terms medicines, medication and drugs are not considered for the impact of their use on patient care (6l).</p> <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 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> <p>a. criterion 6(h) specifically given the fact that IRMER is UK legislation</p> <p>b. clinically relevant medications, whether prescribed or bought.</p> <p>In addition it would be helpful to have specific advice from</p>

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	<p>a Attitudes The student must demonstrate the ability to:</p> <ul style="list-style-type: none"> i. attend to patient comfort and the environment in which the history is elicited; ii. identify the need for empathy, respect and an awareness of the patient's right for privacy, confidentiality, values and beliefs; iii. recognize patient apprehension, and avoid exclamatory, misleading or inappropriate verbal or physical responses; iv. recognize the professional and ethical boundaries expected of the doctor/patient relationship. <p>b. Knowledge The student must demonstrate the ability to:</p> <ul style="list-style-type: none"> i. recognize the importance of obtaining: patient demographic data, chief complaint, history of present illness, family history, past health history, current health status, psychosocial history, and review of systems; ii. recognize changes in patient presentations or health status during the course of care and apply the appropriate depth and breadth of questioning; iii. formulate and employ an organized and effective methodology of inquiry when taking the history; iv. understand and recognize non-verbal diagnostic clues observed during the history; v. select and organize pertinent information leading to the development of a problem and differential diagnosis list. <p>c. Skills The student must demonstrate the ability to:</p> <ul style="list-style-type: none"> i. develop a patient's comprehensive case history to include all elements appropriate to the patient's entering complaint and health status; 	<p>chiropractic members of the Education Committee on the use of the term subluxation in the CFCREAB and whether this affects the likely competence of Canadian graduates in the UK setting.</p>

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	<p>ii. conduct the history in a clear, concise and organized manner, actively listening and communicating with the patient at an understandable level;</p> <p>iii. modify and apply history taking skills appropriate to challenging situations and difficult patient interactions;</p> <p>iv. question the patient with appropriate depth and pursue all relevant health concerns and symptoms;</p> <p>v. accurately record elicited information in an organized fashion and develop an initial problem list.</p> <p><i>G2 Physical Examination</i> The physical examination is an element of the evaluation in which information regarding the clinical status is elicited by selecting and applying appropriate examination procedures, including essential instruments and equipment.</p> <p><i>a. Attitudes</i> The student must demonstrate the ability to:</p> <p>i. recognize patient apprehension, and avoid exclamatory statements and physical responses that may exacerbate patient concern;</p> <p>ii. understand the importance of maintaining a clean and safe environment, and follow accepted hygienic procedures;</p> <p>iii. recognize the professional and ethical boundaries expected of the doctor/patient relationship;</p> <p>iv. be sensitive in thought and action to the patient's values and dignity.</p> <p><i>b. Knowledge</i> The student must demonstrate the ability to:</p> <p>i. understand and conduct the appropriate examination distinguishing between comprehensive, focused, or screening procedures;</p>	

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	<p>ii. select appropriate procedures, instruments and equipment for use in the examination;</p> <p>iii. correlate information obtained in the examination with the history;</p> <p>iv. recognize normal, variant and abnormal findings;</p> <p>v. interpret and assess the clinical importance of significant physical examination findings.</p> <p>c. Skills</p> <p>The student must demonstrate the ability to:</p> <p>i. develop objective data from the physical examination appropriate to the health status and the chiropractic care of the patient;</p> <p>ii. obtain and record vital signs and examination findings in an organized manner;</p> <p>iii. conduct an examination using inspection, palpation, percussion and auscultation in a correct, safe and hygienic manner;</p> <p>iv. use examination instruments, equipment and procedures in an accurate, safe, appropriate and hygienic manner;</p> <p>v. recognize and record significant non-verbal signs and behaviours exhibited by the patient;</p> <p>vi. conduct an examination which provides for efficient patient positioning and comfort;</p> <p>vii. provide appropriate and understandable explanations and instructions to the patient relative to the use of procedures and instruments.</p> <p><i>G3 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</p>	

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	<p>extremities. The spine and its relationship to nervous system function is also viewed as an important factor in the patient's general health. Because the traditional model of chiropractic care involves spinal adjustment or manipulation, evaluating the spine and nervous system is a crucial component of the patient examination.</p> <p>a. Attitudes The student must demonstrate the ability to:</p> <ul style="list-style-type: none"> i. identify the effect that a patient's pain and discomfort may have on the doctor's ability to conduct a neuro-musculoskeletal examination; ii. identify and adapt to patient apprehension in the performance of neuro-musculoskeletal examination procedures; iii. consider the possibility that the origin of the patient's symptoms may be from a source other than the neuro-musculoskeletal system. <p>b. Knowledge The student must demonstrate the ability to:</p> <ul style="list-style-type: none"> i. identify and select appropriate neuromusculoskeletal examination tests and procedures consistent with the patient's complaint or presentation; ii. understand and select methods for evaluating posture, biomechanical function, and the presence of spinal or other articular subluxation or dysfunction; iii. correlate information obtained in the neuromusculoskeletal examination with the information obtained from patient's history and physical examination; iv. understand the mechanisms of neuromusculoskeletal tests and demonstrate an ability to recognize normal, variant and 	

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	<p>abnormal findings; v. interpret and assess the clinical importance of significant normal and abnormal neuromusculoskeletal examination findings; vi. assess the reliability of data elicited in the neuro-musculoskeletal examination through repetition and/or selection of confirmatory procedures.</p> <p>c. Skills The student must demonstrate the ability to:</p> <p>i. conduct a neuro-musculoskeletal examination using inspection, palpation, percussion, range of motion, and appropriate orthopedic and neurologic procedures in a correct, orderly, safe and hygienic manner; ii. use instruments and equipment during the neuro-musculoskeletal examination in an appropriate, safe and hygienic manner; iii. observe and record verbal and non-verbal diagnostic clues elicited and observed during the neuromusculoskeletal examination; iv. conduct a neuro-musculoskeletal examination in a manner that provides for efficient patient positioning and comfort; v. provide appropriate and understandable explanations and instructions to the patient prior to the use of procedures and instruments.</p> <p><i>G4. 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</p>	

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	<p>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 behaviours and mental health disorders, and be prepared to conduct general patient assessments.</p> <p>a. Attitudes The student must demonstrate the ability to:</p> <ul style="list-style-type: none"> i. recognize and be willing to explore the patient's psychosocial environment; ii. understand and identify the role and influence of psychosocial factors in the overall health of the patient. <p>b. Knowledge The student must demonstrate the ability to:</p> <ul style="list-style-type: none"> i. explain how lifestyle, health status, behaviour and psychological factors contribute to, or affect, patient presentations; ii. understand how pain and disability can affect patient behaviour and well-being; iii. recognize psychological and social factors that may affect or distort the patient's ability to report symptoms, comply with, or respond to chiropractic care; iv. recognize verbal and non-verbal clues indicating the need for further psychological and psychosocial assessment; v. recognize the clinical indications for referral to or collaborative care with appropriate mental health professionals, agencies or programmes; 	

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	<p>vi. identify appropriate services, agencies and programmes available to assist the patient with psychosocial problems;</p> <p>vii. recognize circumstances that legally require doctors to report patient information to appropriate authorities.</p> <p>c. Skills</p> <p>The student must demonstrate the ability to:</p> <p>i. identify and administer screening tools for evaluating the patient's psychological and psychosocial status;</p> <p>ii. modify history taking, examination, and management procedures when caring for patients demonstrating and affected by psychosocial factors;</p> <p>iii. obtain psychosocial information effectively and legally from family members, or others, when clinically indicated and appropriate;</p> <p>iv. record psychosocial information in a manner that is accurate, complete and complies with legal standards;</p> <p>v. discuss sensitive psychosocial and health behaviour issues with the patient;</p> <p>vi. deal effectively with aberrant behaviour from a patient in an office setting;</p> <p>vii. assess attitudes that negatively impact health and intervene appropriately to educate and motivate the patient to modify behaviours.</p> <p><i>G5 Diagnostic Studies</i></p> <p>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</p>	

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	<p>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>a. Attitudes The student must demonstrate the ability to:</p> <ul style="list-style-type: none"> i. recognize the importance and necessity of diagnostic studies as they relate to the development of an accurate patient profile; ii. recognize the importance of considering benefits, costs and risks in assessing the need for conducting or ordering diagnostic studies. <p>b. Knowledge The student must demonstrate the ability to:</p> <ul style="list-style-type: none"> i. understand the clinical indications for and the relative value of diagnostic studies; ii. understand the principles, applications, technical and procedural elements of equipment employed in diagnostic imaging, clinical laboratory and other diagnostic studies; iii. understand the significance of findings, values, and ranges of values adequate to differentiate normal from abnormal findings obtained from laboratory and other diagnostic studies; iv. integrate findings obtained from diagnostic studies with information obtained from other components of the examination in forming or assessing the diagnosis; v. understand federal, provincial and territorial regulatory guidelines governing procedures and the use of equipment employed in diagnostic studies. 	

GCC, 2010	CFCREAB, 2011	COMMENTS
	<p>vi. understand the use and purpose of tests utilized beyond the scope of chiropractic practice for the purpose of appropriate referral.</p> <p>c. Skills The student must demonstrate the ability to:</p> <p>i. perform and interpret, order and interpret, or interpret appropriate imaging examinations;</p> <p>ii. take, process and interpret plain film radiographs with appropriate attention given to quality and safety;</p> <p>iii. perform and interpret, order and interpret, or interpret appropriate clinical laboratory examinations;</p> <p>iv. obtain and process laboratory samples with appropriate attention given to patient comfort, hygiene, safety and specimen integrity;</p> <p>v. perform and interpret, order and interpret, or interpret other relevant procedures indicated by the clinical status of the patient;</p> <p>vi. order, or conduct, diagnostic studies with attention to following professional protocol, and providing appropriate patient instructions and follow-up;</p> <p>vii. record accurately data obtained from diagnostic studies, whether personally conducted or ordered.</p> <p><i>G6 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</p>	

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	<p>changes in the patient's signs and symptoms.</p> <p>a. Attitudes The student must demonstrate the ability to:</p> <ul style="list-style-type: none"> i. understand the importance of collecting sufficient clinical information in order to avoid reaching a premature diagnosis; ii. recognize the importance of generating a diagnosis consistent with history and examination findings, prior to initiating care or ordering special studies. <p>b. Knowledge The student must demonstrate the ability to:</p> <ul style="list-style-type: none"> i. exhibit reasoning and understanding in using sources (such as the available literature and clinical experience) to support the diagnosis; ii. develop the diagnosis by recognizing and correlating significant information; iii. identify the pathophysiologic process responsible for the patient's clinical presentation, and understand the natural history of the disorder. <p>c. Skills The student must demonstrate the ability to:</p> <ul style="list-style-type: none"> i. integrate data in a manner that facilitates the formulation of a diagnosis; ii. develop and prioritize a problem list; iii. record and convey a diagnosis consistent with history and examination findings; iv. recognize when routine diagnostic procedures are insufficient and obtain appropriate advanced studies when indicated. 	
<i>PROGRAMME OUTCOMES RELATING TO THE KNOWLEDGE AND SKILLS NEEDED FOR CHIROPRACTIC CARE</i>		
7. At the point of graduation, students must be able to provide care to improve patients' health and to	<i>G7 Case Management</i> Case management includes developing and recording a	The CFCREAB competencies cover the following areas

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<p>address patients' health needs. Specifically they must be able to:</p> <ol style="list-style-type: none"> Select and provide care that is safe for the patient, uses a wide range of therapeutic psychomotor and condition management skills, and includes the best available evidence and the preferences of the patient. Formulate and record plans of care for patients. Adapt forms of care appropriately to individual patient needs. Take appropriate steps to maintain patient safety. Evaluate the care given to patients and adapt the original diagnosis, rationale for care and plan of care in response to their changing health, health needs and feedback. Demonstrate proficiency in basic life support. 	<p>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, diagnosis and the needs of the patient and must also consider the cost implications of care and choose methods of care that are cost-effective.</p> <p>a. Attitudes The student must demonstrate the ability to:</p> <ol style="list-style-type: none"> 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; explain the need to obtain the patient's informed consent, cooperation and compliance with care and/or referral recommendations; consider the patient's physical and psychosocial factors when developing and communicating a plan for care; identify personal and/or professional care limitations and recognize the need for patient referral and/or collaborative care; be aware of the need to ensure that all records relevant to the patient's management contain adequate, accurate and current information; 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; comply with requests for patient records and reports in an adequate, accurate and timely manner. 	<p>that are relevant to GCC criterion 7:</p> <ul style="list-style-type: none"> - case management - chiropractic adjustment of manipulation - emergency care - case follow-up and review - record keeping - other therapeutic procedures. <p>Some of the detail in the CFCREAB competencies is provided in the guidance within the GCC document. The CFCREAB 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 CFCREAB competencies and whether this affects the likely competence of Canadian graduates in the UK setting.</p> <p>The CFCREAB competencies includes an area referred to as 'other therapeutic procedures' which is described as 'the use of procedures and modalities other than the adjustment and manipulation, which may be employed for</p>

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	<p>b. Knowledge The student must demonstrate the ability to:</p> <ul style="list-style-type: none"> i. develop and record an appropriate care plan and prognosis consistent with the diagnosis, and the pathophysiology and/or natural history of the disorder; ii. evaluate and integrate the patient's health and psychosocial needs in the development of the care plan; iii. 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; iv. explain professionally and legally acceptable methods of recording and organizing 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; v. identify the risk/benefit ratio of the therapy and the benefit/risk of alternate therapeutic options. vi. identify practices that foster collaboration with other health and social care providers. <p>c. Skills The student must demonstrate the ability to:</p> <ul style="list-style-type: none"> i. communicate effectively to the patient the diagnosis, recommended chiropractic care, and alternatives to chiropractic care that may be indicated; ii. provide patient education on health care needs; iii. use appropriate forms of communication to ensure that the patient has an adequate understanding of their health status and health care needs; iv. identify and initiate the appropriate drugless (with the exception of nutritional 	<p>the purpose of case management, rehabilitation, or wellness care'. This is the only reference to wellness care in the CFCREAB document. The GCC's CoP and SoP does not set the scope of chiropractic and sets out a range of methods of care that chiropractors might use. It would be helpful if members of the Education Committee could identify whether these other therapeutic procedures are likely to lead to any potential risks when Canadian graduates practise in the UK.</p>

GCC, 2010	CFCREAB, 2011	COMMENTS
	<p>supplements or supplementation) health care regimen;</p> <p>v. perform appropriate chiropractic adjustments and/or manipulations;</p> <p>vi. work collaboratively on an inter or intra professional basis for patient referral and or management as clinically indicated;</p> <p>vii. initiate referral or collaborative care when appropriate to the needs of the patient;</p> <p>viii. keep appropriate records of the patient's evaluation and case management;</p> <p>ix. appropriately respond to changes in patient status, or failure of the patient to respond to care;</p> <p>x. construct reports and professional correspondence;</p> <p>xi. establish clear outcomes for care that can be used to evaluate clinical progress, and recognize when the patient has achieved resolution or maximum therapeutic benefit;</p> <p>xii. recognize when routine clinical procedures are insufficient and incorporate other procedures when indicated.</p> <p><i>G8. Chiropractic Adjustment or Manipulation</i> The chiropractic adjustment or manipulation 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>a. Attitudes The student must demonstrate the ability to:</p> <p>i. identify the need to explain</p>	

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	<p>what will be done when administering the chiropractic adjustment or manipulation, discuss risks, and recognize the potential for patient apprehension and concern;</p> <p>ii. be aware of the need to accommodate patient privacy and modesty in the course of administering chiropractic adjustments or manipulations;</p> <p>iii. be aware of the need to reassess and modify chiropractic adjustment or manipulation appropriate to the needs of the patient.</p> <p>b. Knowledge The student must demonstrate the ability to:</p> <p>i. explain the normal and abnormal structural and functional articular relationships;</p> <p>ii. be aware of the pathophysiology and methods of evaluating articular biomechanics;</p> <p>iii. understand the principles and methods of various chiropractic adjustments and manipulations common to the practice of chiropractic;</p> <p>iv. recognize the clinical indications and rationale for selecting a particular chiropractic adjustment or manipulation;</p> <p>v. select and appropriately use equipment and instruments necessary to administer chiropractic adjustment or manipulation;</p> <p>vi. recognize the indications and contraindications for, and potential complications of, chiropractic adjustment or manipulation.</p> <p>c. Skills The student must demonstrate the ability to:</p> <p>i. palpate specific anatomical landmarks associated with spinal segments and other articulations;</p>	

GCC, 2010	CFCREAB, 2011	COMMENTS
	<p>ii. select and effectively utilize palpatory and other appropriate methods to identify subluxations/joint dysfunctions of the spine and/or other articulations;</p> <p>iii. use effectively equipment and instruments which support chiropractic adjustment or manipulation;</p> <p>iv. deliver effectively the correct chiropractic adjustments or manipulations which utilize appropriate positioning, alignment, contact and execution;</p> <p>v. administer effectively a variety of chiropractic adjustments or manipulations in order to accommodate differences in patient body type and clinical status;</p> <p>vi. record accurately the method of determining location, specific procedure followed and outcome of the chiropractic adjustment or manipulation;</p> <p>vii. select and employ palpation and other methods for identifying the effects following chiropractic adjustment or manipulation;</p> <p>viii. communicate the health benefits of chiropractic adjustment or manipulation to patients;</p> <p>ix. perform chiropractic adjustment or manipulation in a confident and decisive manner;</p> <p>x. discuss potential immediate or delayed reactions or responses to the chiropractic adjustment or manipulation;</p> <p>xi. conduct the informed consent process with the patient, leading to the patient's understanding of signed willingness to accept treatment.</p> <p><i>G9. Emergency Care</i> Doctors of chiropractic may encounter clinical situations -</p>	

GCC, 2010	CFCREAB, 2011	COMMENTS
	<p>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>a. Attitudes The student must demonstrate the ability to:</p> <ul style="list-style-type: none"> i. recognize the responsibility to provide emergency care procedures; ii. recognize the need for a prompt critical appraisal and response to an emergency situation. <p>b. Knowledge The student must demonstrate the ability to:</p> <ul style="list-style-type: none"> i. recognize an emergency or life-threatening situation; ii. understand current emergency care and first aid procedures, equipment and instruments; iii. monitor the effect of emergency care on the patient; iv. understand the legal implications associated with providing emergency care; v. determine the availability of local emergency care resources and select the appropriate services. <p>c. Skills The student must demonstrate the ability to:</p> <ul style="list-style-type: none"> i. utilize emergency care procedures and equipment effectively in providing first aid and basic cardiac life support; ii. remain calm, reassure and communicate with the patient, and elicit additional help, as needed; iii. recognize the need for assistance in an emergency situation and effectively communicate and collaborate with other health care professionals; iv. perform appropriate 	

GCC, 2010	CFCREAB, 2011	COMMENTS
	<p>reporting, recording and follow-up procedures.</p> <p><i>G10. Case Follow-Up and Review</i> 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>a. Attitudes The student must demonstrate the ability to:</p> <ul style="list-style-type: none"> i. 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 indicated; ii. 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; iii. identify 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>b. Knowledge The student must demonstrate the ability to:</p> <ul style="list-style-type: none"> i. identify how and when to re-evaluate the patient's clinical status to obtain current information; ii. recognize the need to modify the care plan consistent with current clinical information; iii. identify referral needs, and how to communicate them to patients; iv. evaluate the patient's 	

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	<p>response to care by identifying appropriate outcomes.</p> <p>c. Skills</p> <p>The student must demonstrate the ability to:</p> <ul style="list-style-type: none"> i. 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; ii. record data relevant to case management decisions in an organized manner; iii. communicate appropriately when referring to other health care providers; iv. conduct a relevant and competent re-evaluation of the patient. <p><i>G11. Record-keeping</i></p> <p>Record-keeping is that element of case management in which proper documentation of the patient's evaluation, diagnosis, clinical care and other transactions are recorded, accurately maintained and appropriately reported.</p> <p>a. Attitudes</p> <p>The student must demonstrate the ability to:</p> <ul style="list-style-type: none"> i. recognize the need to ensure that all records relevant to the patient's care and management contain legible, accurate, complete and current information; ii. recognize the patient's right to privacy and ensure that information from the record is released only upon legal and/or written authorization; iii. be willing to respond to requests for patient records, or information from patient records, in an adequate and timely manner; iv. recognize the need to ensure patient record security and confidentiality; v. be sensitive to the interests 	

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	<p>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>vi. recognize the need to keep abreast of current trends and technologies for record-keeping, communications and data transfer.</p> <p>b. Knowledge The student must demonstrate the ability to:</p> <p>i. be aware of and follow accepted procedures and protocols when requesting patient records or information from other health care providers or agencies;</p> <p>ii. 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>iii. identify those elements essential to the patient record including demographic data, clinical findings and patient care information, financial transactions, reports, correspondence and communications;</p> <p>iv. be aware of accepted methods and legal requirements for record maintenance, storage and security;</p> <p>v. be aware of the need to provide a key with records if abbreviations or symbols are used;</p> <p>vi. use accepted coding systems for diagnosis and clinical procedures.</p> <p>c. Skills The student must demonstrate the ability to:</p> <p>i. construct the patient record in a manner that is accurate, legible, complete and current, and is neither inflammatory,</p>	

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	<p>prejudicial nor degrading to the patient;</p> <p>ii. 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;</p> <p>iii. generate clear, concise, and professional narrative reports and correspondence in a timely manner.</p> <p><i>G14. Other 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 purpose of case management, rehabilitation, or wellness care.</p> <p>a. Attitudes The student must demonstrate the ability to:</p> <p>i. identify the need to explain what will be done when administering therapies, discuss risks, and recognize the potential for patient apprehension and concern;</p> <p>ii. be aware of the need to accommodate patient privacy and modesty in the course of administering therapies;</p> <p>iv. be aware of the need to reassess and modify therapy procedures appropriate to the needs of the patient.</p> <p>b. Knowledge The student must demonstrate the ability to:</p> <p>i. understand the principles, physiological effects, and application of various therapeutic procedures common to the practice of chiropractic;</p> <p>ii. recognize the clinical</p>	

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	<p>indications and rationale for selecting a particular therapeutic procedure;</p> <p>iii. understand the selection and use of equipment and instruments necessary to administer therapeutic procedures;</p> <p>iv. recognize the contraindications, and potential complications, of therapeutic procedures.</p> <p>c. Skills</p> <p>The student must demonstrate the ability to:</p> <p>i. select and apply appropriate therapeutic instruments or procedures;</p> <p>ii. effectively explain the clinical benefits/risks and communicate necessary information to the patient concerning the application of therapeutic procedures;</p> <p>iii. modify the application of therapeutic procedures consistent with the patient's physical and clinical status;</p> <p>iv. record accurately appropriate information relative to the use of therapeutic procedures;</p> <p>v. discuss potential immediate or delayed reactions or responses to therapeutic procedures;</p> <p>vi. effectively conduct the informed consent process with the patient in a manner which leads to the patient's understanding</p>	
<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> <p>a. Communicate effectively with patients orally and in writing.</p>	<p>D. Programme objectives (cont:)</p> <p>1a. Doctor of Chiropractic. Instruction leading to the Doctor of Chiropractic degree must meet the following requirements:</p> <p>...</p> <p>iii. The curriculum must also be designed and implemented in a manner that will provide</p>	<p>The CFCREAB competency G12 the doctor –patient relationship covers some of GCC criterion 8 ie a, b, c, d.</p> <p>The CFCREAB competency G11</p>

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<p>b. Explain clearly to patients the nature and purpose of assessment and care, and the associated risks.</p> <p>c. Get appropriate consent before assessing individuals and before providing chiropractic care.</p> <p>d. Give clear information to patients about the organisation of the practice.</p> <p>e. Produce reports for other healthcare professionals, colleagues and statutory authorities.</p> <p>f. Develop constructive working relationships with chiropractic colleagues and other healthcare professionals, seeking their advice when necessary.</p> <p>g. Value the role and contribution that other healthcare professionals make to the health and wellbeing of patients, and not work in isolation from them.</p>	<p>appropriate opportunities for the student to acquire the necessary cognitive, affective and psychomotor proficiency skills. The offerings must include at least the following content: ... professional practice ethics and inter-professional collaboration.</p> <p><i>G12. 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 biopsychosocial needs, recognize the importance of good communications skills, and consider the patient to be their partner in the care process.</p> <p>a. Attitudes The student must demonstrate the ability to:</p> <p>i. recognize the importance of developing and maintaining professional attitudes and behaviour within and outside the office setting;</p> <p>ii. identify the importance of developing a professional relationship with the patient based on trust, confidence, respect, and confidentiality;</p> <p>iii. recognize and accept the importance and seriousness of the role that doctors of chiropractic have in the care of patients;</p> <p>iv. be aware of and be willing to respond to the needs, concerns and fears that patients may have relative to their health complaints and problems;</p> <p>v. explain the importance of compassion, empathy and touch</p>	<p>record keeping (see above) covers producing reports and correspondence for other professionals (GCC 8e). There appear to be gaps in the CFCREAB competencies in relation to GCC criterion:</p> <ul style="list-style-type: none"> - 8f developing constructive relationships with others - 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.

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	<p>as vital components of healing and factors that influence the outcome of care;</p> <p>vi. recognize the importance of both the doctor and patient working together as partners in promoting optimum health;</p> <p>vii. explain the importance of being a good role model for healthy behaviour.</p> <p>b. Knowledge</p> <p>The student must demonstrate the ability to:</p> <p>i. explain the appropriateness and legal necessity of obtaining Informed consent from the patient prior to initiating clinical care;</p> <p>ii. recognize the importance of open communication in all aspects of the doctor/ patient relationship;</p> <p>iii. recognize the need to establish and maintain appropriate boundaries in doctor-patient interactions which ensure physical and emotional safety for both the doctor and his or her patients;</p> <p>iv. recognize the need to appropriately manage patients who may develop unrealistic expectations of and a dependency on chiropractic care;</p> <p>v. identify 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>vi. know what patient care and office procedures can be employed that will reduce potential risk and professional liability.</p> <p>vii. recognize and accept the inherent vulnerability of patients because of the perception of authority that patients attach to care-givers; and</p> <p>viii. recognize the important role physical contact has within many chiropractic clinical</p>	

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	services. c. Skills The student must demonstrate the ability to: i. develop and exhibit behaviour and a communication style that project a professional image and enhance the doctor-patient relationship; ii. use effective and appropriate methods of touch and other non-verbal communication techniques; iii. use appropriate techniques that may be employed when managing a patient who exhibits inappropriate behaviour.	
<i>PROGRAMME OUTCOMES RELATING TO THE KNOWLEDGE AND SKILLS TO BE AN INDEPENDENT PRIMARY CARE PRACTITIONER</i>		
9. At the point of graduation, students must understand the nature of practice as independent primary care practitioners, and their duties in relation to managing a practice so that they can develop themselves throughout their working lives. Specifically they must be able to: a. Explain the context and nature of chiropractic as a regulated profession in the UK, and the duties of chiropractors as registered primary healthcare professionals. b. Compare and contrast the UK context of chiropractic with its context in other jurisdictions across the world. c. Compare and contrast the role of chiropractors as independent primary care professionals with the roles of other healthcare professionals. d. Evaluate how chiropractic relates to current UK healthcare models and systems. e. Demonstrate the ability to maintain high standards of practice in all aspects of	<i>G13. 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 behaviours, 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. a. Attitudes The student must demonstrate the ability to: i. explain the importance of supporting and participating in professional activities and organizations; ii. recognize the need to support and participate in the activities and affairs of the community; iii. acknowledge the societal obligation of the profession to produce research, and explain	The CFCREAB competency G13 Professional issues covers some of GCC criterion 9 ie 9e and 9f. The CFCREAB competency G2 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 CFCREAB competencies in relation to GCC criterion: - 9a – 9d which focus on the role of chiropractors in the healthcare system in the UK and in

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<p>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>the importance of research in education, clinical practice and to the growth of the profession;</p> <p>iv. have a desire and an ability to critically evaluate new and current knowledge;</p> <p>v. exhibit ethical attitudes regarding the provision of patient care services, fees, financial arrangements, billing practices and collection procedures;</p> <p>vi. identify and acknowledge an obligation to refrain from illegal and unethical patient care and practice management procedures.</p> <p>b. Knowledge The student must demonstrate the ability to:</p> <p>i. be aware of and comply with, the professional reporting requirements and procedures of commercial, federal, provincial, territorial and local agencies;</p> <p>ii. understand the need to maintain a breadth and depth of knowledge and skills necessary for the practice of chiropractic through continuing education;</p> <p>iii. identify community health care and social service agencies that can assist in meeting patient needs;</p> <p>iv. know patient care and office procedures which can be employed to reduce potential risk and professional liability;</p> <p>v. be aware of the types, policy limits and coverage levels available for professional liability insurance;</p> <p>vi. develop a knowledge of ethical practice development strategies including marketing, community demographics, and patient management techniques;</p> <p>vii. understand the need to follow sound business practices Including those involving leases, loans, purchasing, selection of consultants and advisors, financial management, and</p>	<p>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 – although this is implied in the introduction to CFCREAB G13 it does not appear in the competencies.</p>

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	personnel. c. Skills The student must demonstrate the ability to: ... ii. develop effective patient rapport by employing oral and written communication skills, and appropriate care procedures; iii. use personal computers and other business and communication technologies.	
PROGRAMME OUTCOMES - THE KNOWLEDGE AND SKILLS FOR PROFESSIONAL ACCOUNTABILITY AND THE PROTECTION OF PATIENTS		
10. At the point of graduation, students must understand the nature of professional accountability and their duty to protect and promote the interests of their patients. Specifically they must be able to: <ol style="list-style-type: none"> a. Identify the main aspects of legislation that affect chiropractic practice. b. Appraise and recommend possible ways forward for a range of ethical dilemmas that might affect chiropractors. c. Recognise and work within the limits of their own knowledge, skills and experience. d. Protect patients through raising concerns with the appropriate person when they believe that the conduct, competence or health of another student or a regulated health practitioner is putting patients at risk. 	D. Programme objectives (cont): 1a. Doctor of Chiropractic. Instruction leading to the Doctor of Chiropractic degree must meet the following requirements: ... iii. ... The offerings must include at least the following content: ... professional practice ethics and inter-professional collaboration. Courses offered in the curriculum must be taught in sufficient depth to fulfil the concept of the Doctor of Chiropractic as set forth in the first two paragraphs of the Foreword of these <i>Standards</i> .	The CFCREAB, unlike the CCEUS competencies which in many respects are very similar, does not include a competency related to ethics and integrity. There are the general statements in section D that the programme must include professional practice ethics and inter-professional collaboration but no further detail than this. This suggests that there is a gap in the CFCREAB standards in relation to GCC criterion 10 related to professional accountability and the protection of patients.
Recognition criteria related to the nature of the degree programme and programme providers		
Level and length of course		
11. The course must be at the minimum at the level of an honours degree or integrated masters degree validated by a UK-recognised higher education institution. It must have a minimum	D. Programme objectives 1a i. The total curriculum must comprise a minimum of 4,200 instructional hours. This may include inter alia, self-directed	Whilst it is difficult to compare levels of courses across different countries, there is agreement in

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<p>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>learning integral to problem-based educational methods, and utilization of electronic information technology.</p>	<p>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>Interestingly the Canadian standards include the use of IT suggesting distance / blended learning.</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 CFCREAB 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>
Teaching and learning methods		
<p>13. A variety of teaching and learning methods must be used across the programme. These methods must:</p> <ol style="list-style-type: none"> a. be valid and appropriate for the learning outcomes concerned b. encourage and support students to be self-directed learners. 	<p>G. Clinical Competencies The DCP must provide students with the necessary instruction and opportunities to observe, acquire and practice under supervision, the attitudes, knowledge and skills listed in this section. Each programme must evaluate a student's proficiency in the competencies</p>	<p>The CFCREAB does not appear to make specific statements about the teaching and learning methods that might be used nor state that there should be variety. However due to the nature of the</p>

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<p>c. involve patients and carers in the teaching and learning of 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>outlined in the <i>Standards</i>. ... A DCP must provide evidence that its instructional programme include a statement which incorporates the intent of the clinical competencies identified in the <i>Standards</i>.</p>	<p>competencies that are detailed and the statement that students must be instructed and have opportunities to observe, acquire and practice under supervision, the attitudes, knowledge and skills listed this is unlikely to be a problem.</p> <p>There appear to be gaps in relation to:</p> <ul style="list-style-type: none"> - teaching and learning enabling students to be self-directed learners – this relates to the comment for criterion 9h above - 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 Canada which has been developing in recent years in the UK.
Assessment methods and regulations		
<p>14. A variety of assessment methods must be used across the programme. These methods must:</p> <p>a be valid and appropriate for the learning outcomes concerned</p>	<p>G. Clinical Competencies ... Each programme must evaluate a student's proficiency in the competencies outlined in the <i>Standards</i>. A DCP must have in place a process</p>	<p>CFCREAB introduction to the clinical competencies clearly covers GCC criterion 14a doing so in much greater</p>

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<ul style="list-style-type: none"> b encourage and support students to be self-directed learners c involve patients and carers in the assessment of students. 	<p>including reliable and valid assessment of outcomes that ensures that a student has attained the knowledge, skills and attitudes, set out in the Clinical Competencies identified in the <i>Standards</i>, prior to graduation.</p>	<p>detail.</p> <p>There appear to be gaps in relation to GCC:</p> <ul style="list-style-type: none"> - criterion 14b encouraging and supporting students to be self-directed learners - 14c re involving patients and carers in the assessment of students (as with GCC criterion 13c).
<p>15. The degree programme must have a clear and explicit assessment system and equitable assessment regulations.</p>	<p>C2. Instructional Programme Management. Each DCP must have and follow written policies that describe the management and control of all credit courses as well as seminars and other non-credit activities. ...</p> <p>H5. Student Assessment. The DCP must ensure that systems exist to provide assessment of the developing professional competence of its students. ... In addition, the DCP must provide an appropriate process for appeal and review of student performance, and the integration of clinical performance with the overall education. The DCP must provide students with opportunities to remediate deficiencies.</p> <p>e. Characteristics of student assessment systems must include the following:</p> <ul style="list-style-type: none"> i. a clear organizational structure for assessment; ii. a clear description of the role of faculty in assessment and how assessment information will be used in student evaluation; 	<p>CFCREAB standards C2 and H5 relating to student assessment suggest coverage of GCC criterion 15.</p>

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	iii. methods to track and document student assessment and progress through the educational programme including the integration of classroom performance, clinical performance, and the overall attainment of clinical competencies; iv. methods to evaluate the effectiveness of assessment tools.	
Programme structure		
16. The programme must have the following general features: <ul style="list-style-type: none"> a the curriculum must cover the programme outcomes specified in criteria 4 to 10 of this document b the knowledge and skills developed during the programme must be integrated, internally consistent and orientated to chiropractic practice c the degree programme must comprise a substantial period of clinical practice for students to bring together all their knowledge and skills in the management of patients d a multidisciplinary approach should be taken wherever possible in the way the programme is approached and in its structure, to ensure that chiropractic is not considered in isolation from other healthcare professions. 	D. Programme objectives (cont:) 1a. Doctor of Chiropractic. Instruction leading to the Doctor of Chiropractic degree must meet the following requirements: The curriculum must be designed and implemented in a manner in which students are able to integrate relevant information presented in the basic, clinical and chiropractic sciences with the clinical, laboratory and patient care experiences in clinical decision making. iii. DCPs are expected to maintain academic integrity by structuring the curriculum so that the average student load requirements are reasonable.	The potential gaps in curriculum coverage have been identified against GCC criteria 4 – 10 (see above). CFCREAB statement D1a on the curriculum requires integration across the programme ie GCC criterion 10b. There do not appear to be specific requirements in the CFCREAB standards about a substantial period of clinical practice (GCC 10c) however there are other requirements which suggest that this happens ie in relation to the specific quantitative assessment requirements for clinical practice and the standards around the governance of clinics (see GCC criteria 17 – 20 below). There appears to be a gap in relation to GCC criterion 10d the use of a multidisciplinary

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		<p>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.</p>
Clinical experience and practice		
<p>17. Before starting the final period working in clinical practice, students must have demonstrated that they have achieved the full range of programme outcomes related to the basis of chiropractic practice, and the learning outcomes related to the assessment and care of patients as set out for that stage of the degree programme.</p>	<p>E3. Patient Types. The patient volume and variety must be appropriate to the programme objectives of each DCP. The clinical training curriculum must establish a range of case types representing a cross-section of the general population normally encountered by a Doctor of Chiropractic to which each individual student will be exposed in the course of the programme. In addition to direct delivery of patient care, methods of exposure may include assisting in patient management, observing care, and participating in patient simulations (live, paper based, computer based, or distance learning model based) or other reasonable alternatives.</p>	<p>CFCREAB standard E3 on patient types appears to cover GCC criterion 17.</p>
<p>18. In their final clinic period students must:</p> <ol style="list-style-type: none"> be responsible for the full spectrum of patient management, and have assessed and managed enough new patients, and have provided a sufficient amount and range of chiropractic care <p>for there to be confidence in their ability to function as an independent practitioner.</p>	<p>F1 Instruction (cont:) The DCP must provide evidence that demonstrates that the degree candidates, as a condition of graduation, have:</p> <ol style="list-style-type: none"> Examined for the purpose of developing a diagnosis, formulated a treatment regimen and managed under faculty supervision at least thirty-five (35) different patients. Performed and interpreted, ordered and interpreted, or interpreted at least thirty-five (35) radiographic [diagnostic imaging] examinations with written reports of findings. 	<p>CFCREAB statement F1 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</p>

GCC, 2010	CFCREAB, 2011	COMMENTS
	<p>c. Performed and interpreted, ordered and interpreted, or interpreted clinical laboratory tests to include at least twenty-five (25) urinalyses, twenty (20) haematology procedures such as complete blood counts, and ten (10) clinical chemistry, microbiology or immunology procedures or profiles on human blood and/or other body fluids.</p> <p>d. Performed chiropractic adjustments and/or manipulations, primarily spinal, during at least two hundred fifty (250) separate patient care visits.</p> <p>e. Integrated the didactic elements of the basic chiropractic, clinical sciences and clinical education into clinical decision making.</p> <p>f. Engaged in collaborative activity with other health care and social care providers regarding the care of at least five (5) different patients. No more than twenty (20) percent of the minimum required adjustments and/or manipulations and other appropriate services may be administered to, or performed on, students in the programme, and/or other students' families. Interns may not provide services to the intern's immediate family. The candidate must evaluate and manage a minimum of 35 cases which, due to their complexity, require a high 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.</p> <p>The above quantitative requirements will not be the sole</p>	<p>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	CFCREAB, 2011	COMMENTS
	criteria used to assess the DCP's success in educating a student to practice the art and science of chiropractic.	
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.		Although no separate statement, GCC criterion 19 appears to be covered above in numbers (see criterion 18). There does not appear to be a statement about the need to ensure that patients receive continuity of care – however this is not of relevance to the consideration of overseas applicants.
20. The school must have policies and procedures to ensure the effective governance of the clinic period and the effective supervision of students.	D2. Quality Patient Care. The DCP must ensure that all relevant provincial, territorial and community standards for chiropractic assessment and care, billing, and financial transactions, are followed. The DCP must have systems to assure that professional and legal requirements, inherent in the responsibilities of a licensed Doctor of Chiropractic, are constantly monitored and enforced. The DCP must: a. Conduct a formal system of quality assurance for the patient care delivery that demonstrates evidence of: i. standards of care with measurable outcomes criteria and ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided; ii. patient advocate and grievance policies, procedures, outcomes and corrective measures. b. Ensure that the following characteristics are included in the quality assurance system:	The CFCREAB standard D2 appears comparable to GCC criterion 20 although it adds significantly more detail – much of this is contained within the guidance in the GCC document.

GCC, 2010	CFCREAB, 2011	COMMENTS
	<p>i. a clear organizational structure for quality assurance;</p> <p>ii. listing and description of each area and item (indicator) of quality assurance that is measured including:</p> <p>i. how the item is measured;</p> <p>ii. how frequently the item will be measured;</p> <p>iii. how data will be assessed to identify need for improvement;</p> <p>iv. how improvement efforts will be determined;</p> <p>v. how improvement efforts will be followed to ensure implementation and improvement;</p> <p>vi. how the effectiveness of implemented changes / improvements will be assessed on an ongoing basis;</p> <p>vii. methods for communicating quality assurance results to the clinic and larger DCP community.</p> <p>iii. provide a written statement of patients' rights to all students, faculty, staff and each patient.</p> <p>iv. ensure that all faculty involved in the direct supervision of patient care have ongoing training of basic life support (B.L.S.), and are able to manage common medical emergencies and document that all students are trained in B.L.S. and able to manage common medical emergencies.</p> <p>v. maintain written policies and procedures to ensure the safe use of ionizing radiation.</p> <p>vi. establish and enforce a mechanism to ensure adequate clinical/laboratory asepsis, infection and biohazard control and disposal of hazardous waste in accordance with federal and regional standards.</p> <p>vii. maintain policies that ensure the confidentiality of information pertaining to the health status of each individual patient.</p> <p>viii. provide ongoing training in</p>	

GCC, 2010	CFCREAB, 2011	COMMENTS
	<p>the areas of ethics and professional boundaries for all faculty, staff and students involved in the DCP.</p> <p>c. Establish a mechanism to assure quality patient care for all clinics of the DCP.</p> <p>d. Ensure that the practical application of learning opportunities necessary to achieve competence in the practice of chiropractic at the levels expected of the primary contact, Doctor of Chiropractic, include requirements in the cognitive (knowledge and understanding), affective (attitudes and habits) and/or psychomotor (skills) domains.</p> <p>D 5. Service. In addition to the chiropractic services to patients required by all interns, the DCP must establish objectives for providing service activities that support its mission and goals.</p>	
Programme planning and review		
21. Programme planning must cover all areas of the degree programme and involve staff from all the different aspects of the programme.	<p>D3. Continuing Education.</p> <p>The DCP must demonstrate that the objectives of its continuing education programme are supportive of its mission and goals.</p> <p>D6. Graduate Education.</p> <p>When offered, the DCP must demonstrate that the objectives of its graduate education programme are supportive of its mission and goals.</p>	GCC criterion 21 appears to be broadly covered in CFCREAB statements D3 and D6 – it is not a GCC criterion that appears critical to the assessment of overseas applicants.
22. The school must ensure that the degree programme is consistent with advances and significant influences in chiropractic, education and science.	<p>H Evaluation, planning, and effectiveness</p> <p>Each DCP must maintain a comprehensive and ongoing system of evaluation and planning, and must demonstrate its effectiveness in achieving its mission, goals and objectives.</p> <p>... 3. Planning. DCP planning must be comprehensive in</p>	This appears to be covered in the CFCREAB standard H3 as shown.

GCC, 2010	CFCREAB, 2011	COMMENTS
	nature, addressing each of the areas listed above. Planning must flow directly from DCP evaluation, must be based upon past trends of the DCP, must incorporate the future needs of the profession and its practitioners, and must project realistically into the future.	
<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>H Evaluation, planning, and effectiveness Each DCP must maintain a comprehensive and ongoing system of evaluation and planning, and must demonstrate its effectiveness in achieving its mission, goals and objectives.</p> <p>1. Outcomes. In particular, accredited DCPs annually must assemble and report to the CCEC data demonstrating: student rates of completion of term courses and completion of the Doctor of Chiropractic programme; student and graduate performance on national board examinations; and success of programme graduates in obtaining jurisdictional licensure. DCPs must demonstrate their use of this data and may utilize other outcome measurements and assessments in planning for ongoing development and improvement of the effectiveness of the Doctor of Chiropractic programme.</p> <p>2. Evaluation. Evaluation must encompass every aspect of the DCP, i.e., mission, goals, governance, administration, personnel, academic programmes, instruction, clinics, learning resources, enrolment, student services, research, public service, finances, fund-raising, and facilities development, maintenance, and renovation. Evaluation must be based upon an assessment of outcomes and must include</p>	<p>GCC criterion 23 appears to be well covered in CFCREAB standards on Evaluation, planning, and effectiveness.</p>

GCC, 2010	CFCREAB, 2011	COMMENTS
	<p>input from the entire DCP constituency, i.e., students, faculty, administrators, staff, patients, donors, chiropractic practitioners, other members of the profession, and the public.</p> <p>3. Planning. DCP planning must be comprehensive in nature, addressing each of the areas listed above. Planning must flow directly from DCP evaluation, must be based upon past trends of the DCP, must incorporate the future needs of the profession and its practitioners, and must project realistically into the future. The DCP must produce a planning document that is designed as a practical guide for implementation, is updated each year, and annually approved by the board. This document must set forth for the following fiscal year the specific steps that must be undertaken to accomplish the planning goals for that year. The document should also contain less specific projections for subsequent years. An annual analysis of the degree to which the DCP has been successful in achieving each element of its plan should be used as the basis for subsequent planning.</p> <p>4. Effectiveness. The DCP should provide evidence that the outcome measures it uses are linked directly to the DCP's mission, goals, and objectives. It must be demonstrated that outcomes produced by the DCP confirm its effectiveness in achieving its mission, goals, and objectives.</p>	
<p>24. The school must have effective measures for quality assuring the degree programme, including making effective use of external examiners.</p>	<p>C11. Integrity. Each DCP must:</p> <p>a. Adhere to the highest ethical standards in its representation to its constituencies and the public; in its teaching, scholarship,</p>	<p>The CFCREAB standard E does not make specific reference to the use of external examiners, perhaps</p>

GCC, 2010	CFCREAB, 2011	COMMENTS
	<p>research, service and clinical practices; in its treatment of its students, faculty, and staff; and in its relationships with regulatory and accrediting agencies on a regional, national and international basis.</p> <p>b. Demonstrate and ensure, through establishment and enforcement of appropriate policy, that every constituent of the program, including governing board members, administrators, faculty, and staff consistently demonstrate and advocate sound ethical standards and respect for individuals, including the avoidance of conflict of interest or the appearance of conflict in all of its activities and among all its constituents, in the management and operations, and in all dealings with students, the public, organizations, regulatory and other external bodies, accrediting agencies and other educational institutions.</p> <p>c. Regularly evaluate and revise as necessary its policies, procedures and publications to ensure continuing integrity throughout the program.</p> <p>d. Represent itself accurately and consistently to its constituencies, the public and prospective students through its print and electronic communications, promotional materials, web sites, catalogues, publications and official statements.</p> <p>e. Demonstrate, through its policies and practices, the commitment to the free pursuit and dissemination of knowledge consistent with the program's mission and goals.</p> <p>f. Establish and enforce policies which guarantee fair and equitable treatment of students,</p>	<p>a UK concept. However there is a clear emphasis on evaluation and subsequent reviews (as also shown in section H referred to against GCC criterion 23 above).</p>

GCC, 2010	CFCREAB, 2011	COMMENTS
	<p>faculty, administration and staff.</p> <p>F Doctor of Chiropractic Programme outcomes As a condition of accreditation, each DCP must provide evidence that it is achieving the mission, goals and objectives it has established for itself. Each DCP must embrace the following objectives:</p> <p>1. Instruction. The DCP must provide evidence of the effectiveness of its instructional programmes and the teaching provided by its faculty. The DCP must have a mechanism for continually evaluating and improving the effectiveness of instructional programmes, with particular emphasis upon student achievement. The achievement of students must be documented in verifiable and consistent ways, such as grade point averages, degree completion rates, licensure success rates, and the results of validated alumni surveys.</p>	
Institution		
<p>25. The institution must have a clear identity and management structure, with clear lines of accountability and responsibility.</p>	<p>A1. Incorporation. An institution must be incorporated under the laws of its province or territory of domicile as a non-profit, non-proprietary institution, exempt from taxation due to its devotion to educational purposes. There must be no disbursing of income or assets that inure to the benefit of any private party.</p> <p>A2. Governing Board. a. If the chiropractic programme is offered by a solitary purpose chiropractic institution, legal control of the institution must be vested in one governing board of at least nine persons, elected</p>	<p>The CFCREAB 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	CFCREAB, 2011	COMMENTS
	<p>in accordance with the laws of the province or territory of incorporation.</p> <p>The Board must adopt the following policies:</p> <ul style="list-style-type: none"> i. A board member must not use the position for personal or private gain or other personal advantage, including advantage to members of the board member's family or to any business in which the board member has a substantial interest. ii. No member of the board may serve in any administrative or teaching capacity in the DCP. iii. The composition of the board must include both chiropractic practitioners and others who are not members of the chiropractic profession. iv. The responsibilities of the board must include adopting a statement of mission and goals, and formulating, monitoring and evaluating institutional policies consistent with the charter, bylaws and mission of the institution. v. The board must not engage in the administration of board policies, and must clearly distinguish administration of the institution from formulation, monitoring and evaluation of policies. vi. The board must allocate the resources of the institution in ways consistent with its adopted policies and directed at the achievement of the mission and purpose of the institution. vii. The governing board must designate a full time, compensated chief executive officer to provide administrative leadership for the institution and to administer board policies. <p>b. If the chiropractic programme is a part of a larger institution:</p> <ul style="list-style-type: none"> i. there must be members of the governing board of the institution 	

GCC, 2010	CFCREAB, 2011	COMMENTS
	<p>and/or members of the administration of the institution who are committed to maintaining the integrity of the chiropractic curriculum;</p> <p>ii. the board must have adopted and must follow policies to minimize the possibility of a conflict of interest in the activities of the chiropractic programme;</p> <p>iii. a full time employee of the institution must be designated as primarily responsible for the administration of the programme.</p> <p>A3. Administrative Organization. The institutional administrative organization must reflect the purpose and philosophy of the institution and enable each functional unit to perform its particular responsibilities as defined by the stated purpose of the institution.</p> <p>Administrative responsibility and authority for all educational offerings and functions of the institution must be clearly defined. Each institution must develop, publish and make available to the community an organizational chart delineating clearly the lines of responsibility and authority in the institution.</p> <p>The duties of the DCP Administrator and other administrative officials directly responsible to the DCP Executive must be clearly defined and made known to faculty and staff. Administrative officers must possess credentials, experience and/or demonstrated competence appropriate to their areas of responsibility. The effectiveness of all administrators must be evaluated periodically.</p> <p>A4. Faculty Organization. The faculty of the DCP must be organized in a manner that</p>	

GCC, 2010	CFCREAB, 2011	COMMENTS
	<p>supports the Mission and Goals of the DCP.</p> <p>F2. Continuing Education. The DCP must compile evidence regarding the responsiveness of its continuing education programme to needs of the profession and its practitioners.</p> <p>F4. Service. Each DCP must compile evidence regarding the nature and extent of service programmes that it provides.</p> <p>F5. Graduate Education. Where a DCP has a graduate education programme, it must compile evidence regarding the quality of the programme.</p>	
<p>26. The school must have mechanisms that encourage and promote the involvement of staff and students.</p>		<p>Whilst the CFCREAB standards do not contain a specific statement related to encouraging and promoting the involvement of staff and students, their involvement is specified in programme planning and review – see above against criteria 21 and 23.</p>
<p>Resources</p>		
<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>C7. Academic Resources. Each DCP must have and follow clear and identifiable written policies regarding maintenance, use, and access to academic equipment, facilities, and supplies, in compliance with all applicable legal requirements. These policies must be appropriate to the DCP's mission and clientele.</p> <p>9. Learning Resources. Each DCP must have and follow clear and identifiable written</p>	<p>The CFCREAB has a few detailed standards as shown that cover the more generic GCC criterion 27.</p>

GCC, 2010	CFCREAB, 2011	COMMENTS
	<p>policies regarding access to and use of resources associated with the learning resource centre (i.e.: Library, Audio Visual, Computer lab, etc.). These policies must be appropriate to the institution's mission and goals.</p> <p>C10. Financial Management.</p> <p>a. Institutions must have a stated policy regarding their fiscal year;</p> <p>b. Appropriate Canadian accounting procedures must be established and the institution must consistently apply this accounting method;</p> <p>c. Institutions must have their annual financial statements audited by an independent external chartered accountant; and</p> <p>d. DCPs must have and follow a fair and equitable refund policy under which they refund unearned tuition, fees, room and board, and other charges to a student.</p> <p>E 4. General Programme Facilities.</p> <p>Each DCP must own or have adequate use of buildings, equipment and supplies to support the programme objectives of its mission and goals. The DCP must ensure that its academic facilities comply with all applicable legal requirements.</p> <p>E 6. Learning Resources.</p> <p>Each DCP must have a Learning Resource Centre/Library with staff, facilities, and collections and services adequate to the programme objectives of the mission and goals of the institution.</p> <p>E7. Finances.</p> <p>DCPs must demonstrate adequacy and stability of</p>	

GCC, 2010	CFCREAB, 2011	COMMENTS
	<p>financial resources to support the programme objectives of its mission and goals. In demonstrating adequacy and stability of resources, a DCP must show that it has adequate budgetary controls and the ability to graduate its most recent entering class.</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>C8. Clinical Resources. Each DCP must have and follow clear and identifiable written policies regarding maintenance, use, and access to clinical equipment, facilities, and supplies, in compliance with all applicable legal requirements. These policies should be appropriate to the DCP's mission and clientele. In addition, the clinical facilities must have clear and identifiable policies on access and use as centres for patient care.</p> <p>E5. Clinical Resources. Each DCP must own or have adequate use of clinical facilities, equipment and supplies adequate to support the programme objectives of its mission and goals. The DCP must ensure that these facilities comply with all applicable legal requirements. Clinical training that utilizes multiple sites 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 approved by the DCP.</p>	<p>The CFCREAB has specific standards C8 and E5 on Clinical resources that covers the broader GCC criteria which together with the requirements about the assessment of students' clinical practice suggest that GCC criterion 28 is covered.</p>
Staff		
<p>29. The school must have enough</p>	<p>A5. Instructional Programme Management.</p>	<p>GCC criterion 29</p>

GCC, 2010	CFCREAB, 2011	COMMENTS
<p>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.</p>	<p>a. All courses for which credit or hours is given toward completion of the chiropractic degree must be solely managed, directed and/or taught by members of the institution.</p> <p>b. Seminars and other non-credit instructional activities for which the institution is identified as a sponsor or cosponsor must be directed by institutional employees or co-directed by institutional employees and the other sponsoring agency</p> <p>E1. Faculty and Staff. Institutions must demonstrate adequacy and stability of basic and clinical science faculty and staff.</p>	<p>appears to be covered in CFCREAB statements A5 and E1 although this is not a particular area of concern for the assessment of overseas applicants.</p>
<p>30. The school must have sufficient individuals expert in chiropractic assessment and care involved with student teaching and assessment.</p>	<p>C2. Instructional Programme Management. ... All courses for which credit is awarded toward completion of the Doctor of Chiropractic degree must be managed, directed, and taught by properly credentialed employees or others who are contracted by the DCP to provide instruction.</p> <p>E1. Faculty and Staff. Institutions must demonstrate adequacy and stability of basic and clinical science faculty and staff. The faculty and staff volume, variety, and qualifications must be appropriate to the institutional mission, goals and programme objectives of the DCP.</p> <p>a. Basic Science Faculty Requirements Faculty teaching basic science subjects must possess a master's or doctoral degree in their field from a college or university recognized by a provincial or territorial Ministry of Education or its equivalent. At least one of the members of each basic science discipline, as</p>	<p>The CFCREAB 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.</p>

GCC, 2010	CFCREAB, 2011	COMMENTS
	<p>defined by the institution, must be employed full-time at the institution and must possess a Ph.D. degree in their respective basic science discipline. The CCEC may waive this requirement under special circumstances.</p> <p>E1 b. Clinical Science Faculty Requirements All faculty in the clinical sciences must possess an earned Doctor of Chiropractic degree/diploma, or a related first professional degree, from a college or university recognized by the relevant provincial or territorial Ministry or recognized as providing an equivalent credential by a provincially or territorially mandated or recognized agency that is a member of the Alliance of Credential Evaluation Services of Canada. Such persons must either possess a chiropractic license/registration or be in the process of becoming licensed/registered in the relevant province or territory. Each person supervising clinical experiences that include chiropractic analysis, diagnosis, 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 clinical experiences must be appropriately credentialed as a health-care provider and licensed/registered to practice in the jurisdiction in which the educational activity and/or clinical experience is offered. In addition, such persons must have one of the following:</p> <ul style="list-style-type: none"> i. baccalaureate degree. ii. postgraduate certification status or eligibility. 	

GCC, 2010	CFCREAB, 2011	COMMENTS
	<p>iii. postgraduate resident status at the institution in a formal residency programme.</p> <p>iv. three years' full-time practice experience. Said person must be supervised by an experienced faculty member for at least two academic terms.</p> <p>v. two years' teaching experience at a first professional degree granting institution as a faculty member in one or more of their degree programmes.</p> <p>All faculty teaching clinical psychology or nutrition must hold a graduate degree in the discipline or a first professional degree in the health sciences from a college or university recognized by the relevant provincial or territorial Ministry or recognized as providing an equivalent credential by a provincially or territorially mandated or recognized agency that is a member of the Alliance of Credential Evaluation Services of Canada.</p>	
<p>31. The school must ensure that all clinical chiropractic teaching staff reflect high standards of patient care in all their work.</p>		<p>There does not appear to be an equivalent statement to the GCC criterion 31 in the CFCREAB standards although standard E1 b. Clinical Science Faculty Requirements is similar in focus.</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>GCC criterion 32 appears to be broadly covered in CFCREAB standards mapped against criterion 30 above.</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 CFCREAB standards although there are indications</p>

GCC, 2010	CFCREAB, 2011	COMMENTS
		that this would occur.
<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>C5. Faculty and Staff. Each DCP must have and follow written policies addressing conditions of service in at least the following areas: a. academic freedom; b. assessment/evaluation of employee performance, and incentives and opportunities for individual growth and development; c. computation of faculty load; e. employee benefits; f. employee contractual agreements; g. full- and part-time faculty employment and instructional hours. h. Hiring; i. non-discrimination and equal opportunity in employment; j. patents and copyrights; k. professional development; l. promotion, tenure or its alternative; m. termination of employees.</p>	<p>GCC criterion 34 appears to be covered in CFCREAB statement C5 – this is not an area of concern for the assessment of overseas applicants.</p>
Students		
<p>35. Entry to the degree programme must:</p> <ul style="list-style-type: none"> a. include evidence of students' literacy, numeracy and the ability to communicate in English b. promote equality of opportunity. 	<p>E 2. Students. The DCP must demonstrate that qualifications for student acceptance and resultant enrolment are appropriate to the programme objectives, goals, and educational mission of the DCP. a. Applicants: The minimum academic requirement for admission to a programme outside Quebec is three full years of study (minimum of fifteen full courses) in a university programme or at an institution or institutions recognized at the university level by a provincial or territorial ministry of education. The minimum academic requirement for admission to a programme in Quebec is a Diplome d'etudes collegiates in Natural Sciences.</p>	<p>GCC criterion 35 appears to be covered in great depth in CFCREAB statement E2 about minimum admission – 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. The CFCREAB standard also refers to disabled students and there will be a need to ensure that the wide equality and diversity legislation is understood by</p>

GCC, 2010	CFCREAB, 2011	COMMENTS
	<p>Postsecondary pre-professional education that has been acquired must have a minimum cumulative grade point average of 2.50 on a 4.00 scale. In situations where one or more courses have been repeated with equivalent courses, the failed grades must be included in the grade point average computation.</p> <p>Persons with disabilities should not be summarily denied admission, nor should higher scholastic requirements be demanded of them. They, like all other students, must be able to carry out classroom, laboratory, and clinical assignments, including microscopic work, imaging, interpretation, chiropractic techniques, or the equivalent; pass written, oral and practical examinations, and meet all the other requirements of the DCP.</p> <p>The DCP must document and retain evidence in the student's file regarding the student's qualification for admission.</p> <p>b. Transfer Students: An applicant's credits may be considered for transfer only under the following conditions:</p> <ul style="list-style-type: none"> i. The applicant must meet the current prerequisites in force at the admitting institution or have met the requirements in force at the time the student originally enrolled at the health profession institution from which the transfer is being made. ii. The institution from which the student is transferring must be accredited by the CCEC or by a CCEI member agency. iii. The credit hours being transferred must be for course work that is equivalent in credit hours, content and quality to that of the admitting DCP. iv. Only credits with a grade of "C" (or its equivalent on a grade 	<p>graduates applying from Canada.</p>

GCC, 2010	CFCREAB, 2011	COMMENTS
	<p>point scale) or better are considered for transfer.</p> <p>v. Transfer credits must be earned within 5 years of the date of admission to the admitting institution. The institution may elect to waive this requirement for persons holding a first professional degree in the health care sciences (e.g., M.D., D.O., D.D.S., D.P.M.) or an academic degree (M.A., M.S., Ph.D.) in a related discipline (e.g., Biology, Zoology, Physiology, from an accredited institution).</p> <p>vi. Credits used to satisfy the minimum prerequisites for admission must not be used for advanced placement credit.</p> <p>Transfer of Credit from International Health Profession Institutions:</p> <p>To be eligible for transfer of credits, applicants from international chiropractic, medical, osteopathic or dental institutions located in countries that do not have an accreditation system equivalent to that of Canada or the United States, must submit evidence of proficiency in all work submitted for advanced standing credit.</p> <p>vii. All students must spend the last academic year enrolled full-time in the DCP which confers the Doctor of Chiropractic degree.</p> <p>c. Foreign Students:</p> <p>To be considered for admission to a Canadian DCP a foreign student must:</p> <p>i. Submit proof of proficiency in the language in which the programme is offered.</p> <p>ii. Submit evidence of having the financial resources, or funding commitment, to complete a minimum of one year of education.</p> <p>iii. Meet equivalent educational requirements as a student matriculating in Canada.</p>	

GCC, 2010	CFCREAB, 2011	COMMENTS
36. The institution must provide students with academic guidance, pastoral care and other support services appropriate to meet students' needs.	E8. Student Support Services. Each DCP must maintain student support services adequate to support the objectives of its mission and goals.	CFCREAB standard E8 relates to student support services providing a direct comparison with GC criterion 36.
37. The school must have student fitness-to-practise policies and procedures that are appropriate to the purpose of the degree programme – that is, to develop future members of the chiropractic profession. The school must inform the GCC of the outcomes of any student fitness-to practise cases.	C6. Students. Each DCP must have and follow written policies addressing at least the following areas affecting students, and must provide assurance that these policies comply with all applicable legal requirements: a. attendance; b. degree requirements; c. drug-free environment; d. equal opportunity; e. financial aid; f. student complaints; g. student discipline; h. student support services	The CFCREAB standards do not have specific requirements about student fitness-to-practise policies and procedures (GCC criterion 37). This appears to be a gap in the standards particularly given that there are no competencies related to ethics and integrity. It is possible that the policies referred to in section C6 might cover this but currently this is not that clear.
38. The school must provide students with clear information on the main aspects of the programme before entry and throughout their degree programme.	C. Policies and procedures Each institution must have policies and procedures governing the following areas: 1. Disclosure. Each DCP must make public in paper copy and/or electronically, at least biannually, an academic calendar/catalogue, bulletin or similar document in which complete and accurate public disclosure is made of numerous items considered by CCEC to be relevant to current and potential students. If the DCP chooses to make these documents available electronically, it must provide a paper copy upon request. These disclosures must be consistent with actual performance and/or application. The current requirements for disclosure are: a. a description of the DCP's mission, goals and programme	GCC criterion 38 can be seen to be covered by the CFCREAB standard C about policies and procedures covering a number of areas – it is also not an area of particular concern in relation to the assessment of overseas applicants.

GCC, 2010	CFCREAB, 2011	COMMENTS
	<p>objectives;</p> <p>b. a list of the members of the institution's governing board, the chief executive officer or its equivalent, and other administrative officers;</p> <p>c. a list of the members of the faculty with their respective academic credentials;</p> <p>d. a list of courses offered, setting forth by organizational units, and indicating for each course its contents and value in terms of contact and/or credit hours;</p> <p>e. a description of entrance requirements;</p> <p>f. a description of graduation requirements with a disclosure of graduation rates, performance of graduates on CCEB examinations and current employment prospects for graduates;</p> <p>g. a list of policies and procedures regarding discipline, attendance, examinations, grades, satisfactory academic progress, and procedures for handling student complaints;</p> <p>h. tuition, fees and other mandatory and elective student charges;</p> <p>i. a description of the tuition refund policy;</p> <p>j. financial resources available to students through the DCP;</p> <p>k. brief descriptions of the library, laboratory, and clinic facilities;</p> <p>l. a statement indicating that the DCP may not offer all courses required for licensure eligibility in all jurisdictions and that students must ensure that as graduates of the DCP they qualify to practise in the jurisdiction of their choice. The statement will refer the student to the appropriate chiropractic regulatory organization;</p> <p>m. a list of financial resources available to students;</p>	

GCC, 2010	CFCREAB, 2011	COMMENTS
	<p>n. policies and procedures on non-discrimination and harassment;</p> <p>o. the mailing address and telephone number of the CCEC as the agency to which concerns about compliance with the <i>Standards</i> should be addressed.</p> <p>C4. Service.</p> <p>Each DCP must develop standards of service that support its institutional mission and goals and have and follow written policies regarding the provision of service.</p> <p>C6. Students.</p> <p>Each DCP must have and follow written policies addressing at least the following areas affecting students, and must provide assurance that these policies comply with all applicable legal requirements:</p> <ul style="list-style-type: none"> a. attendance; b. degree requirements; c. drug-free environment; d. equal opportunity; e. financial aid; f. student complaints; g. student discipline; h. student support services. 	
Research		
39. The school must foster a culture of personal and collaborative academic research and other scholarly activities.	<p>D4. Research.</p> <p>The DCP must establish objectives for conducting research and scholarly activities that support its mission and goals.</p> <p>F3. Research.</p> <p>Each DCP must compile evidence regarding the institution's contributions to the body of research and scholarship for the profession.</p>	GCC criterion 39 is covered by the CFCREAB statements D4 and F3 related to research.
40. Proper facilities for research must be provided within the school.	C3. Research. Each DCP must have written policies regarding the conduct of its research. A DCP conducting,	GCC criterion 40 is broadly covered by the CFCREAB

GCC, 2010	CFCREAB, 2011	COMMENTS
	sponsoring, or participating in research involving human subjects must have and follow written policies that protect these human subjects and that are reviewed by the programme's Institutional Ethics Review Board. All institutions using animal subjects must comply with all relevant Federal, Provincial and Territorial standards.	statements C3 related to research, although this has a focus on policies rather than resources.

Conclusion

The mapping between the GCC's Degree Recognition Criteria (2010) and the CFCREAB's Standards for the Accreditation of Doctor of Chiropractic Programmes (2011) 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 CFCREAB's 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
- understanding the nature of professional accountability and the duty to protect and promote the interests of their patients (GCC 10) – this relates to the absence of student fitness to practise policies (see below)
- 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).

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. the use of the term subluxation in the CFCREAB and whether this affects the likely competence of Canadian graduates in the UK setting (for both assessment and care of patients)
3. whether the inclusion of other therapeutic procedures is likely to lead to any potential risks when Canadian graduates practise in the UK.