

## **Comparison between the GCC's Degree Recognition Criteria (May 2010) and the European Council on Chiropractic Education Accreditation Procedures and Standards in First Qualification Chiropractic Education and Training (December 2013)**

### **Introduction**

The European Council on Chiropractic Education (ECCE), which is an international autonomous organisation, accredits and re-accredits institutions offering chiropractic education and training against a set of standards. The ECCE are predominantly but not only in Europe (ECCE also accredits two South African institutions).

ECCE anticipates that as well as the standards being used in the accreditation process, institutions will use the standards to self-evaluate their programmes.

ECCE states that the standards, which are subject to review over time, are based on previous ECCE standards, CCEI model standards and medical standards from around the world (including the GMC's Good Medical Practice, the World Federation of Medical Education's International Standards in Basic Medical Education and standards of the Australian Medical Council). The preface states that medical standards have been used as they "encompass many of the global and generic principles of educating and training practitioners of whatever discipline in today's healthcare environment".

The standards are based on the following definition of a chiropractor.

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

ECCE, 2013, Accreditation Procedures and Standards in First Qualification Chiropractic Education and Training

This definition is very similar to, and structured in the same way, as the definition used by the CCEI. There are some minor differences in terminology and phrasing. The ECCE document notes that as a member organisation of CCEI, the ECCE standards and procedures are compliant with the CCEI standards and procedures.

ECCE describes its standards as 'first qualification education and training' because this refers to the period at the end of which, the chiropractor is fit to practise as a primary contact practitioner in a competent and safe manner. ECCE distinguishes between this and autonomy in a professional role as it sees *"the transition from safe and competent practice to autonomous and independent professional practice is undertaken during the (normally twelve-month) period of postgraduate education and training immediately following graduation from the undergraduate programme"*.

The table below compares the GCC's Degree Recognition Criteria (2010) against the ECCE's Accreditation Procedures and Standards in First Qualification Chiropractic Education and Training (2013). The ECCE's standards are structured under the following headings:

1. Educational standards – the competencies of chiropractic graduates

2. The standards ie the structure and process of chiropractic education and training that is required to achieve the competencies
  1. Aims and Objectives
  2. Educational Programme
  3. Assessment of Students
  4. Students
  5. Academic and Clinical Staff
  6. Educational Resources
  7. The Relationship between Teaching and Research
  8. Programme Evaluation
  9. Governance and Administration
  10. Continuous Renewal and Improvement.

This is followed by advice on how institutions can use the standards for self-evaluation and the procedures for accreditation and reaccreditation.

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

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

**Table YYY: Comparison between the GCC's Degree Recognition Criteria (May 2010) and ECCE's Procedures and Standards in First Qualification Chiropractic Education and Training (2013)**

GCC, 2010	ECCE standards, 2013	COMMENTS
<b>GENERAL CRITERIA ON CONTENT</b>		
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. <ol style="list-style-type: none"> <li>a. Develop and apply the knowledge and skills that form the basis of chiropractic (see criterion 4).</li> <li>b. Develop and apply knowledge and skills of research and evaluation (see criterion 5)</li> <li>c. Assess the health and health needs of patients (see criterion 6)</li> <li>d. Provide care to improve patients' health and to address patients' health needs (see criterion 7)</li> </ol>	1.1 Statement of Aims and Objectives The institution/programme must define the overall aims and objectives of the first qualification chiropractic programme and make them known to all stakeholders. The statements must describe the aims and objectives resulting in a chiropractor that is competent and safe to enter practice as a primary contact practitioner in the current healthcare environment, with the appropriate foundation for postgraduate education and training, and a commitment to, and capacity for, life-long	Criterion 1 in the GCC document essentially serves as an overview statement of the broad areas within the degree programme – these are set out further in criteria 4 – 10 which look in more detail at the areas of coverage.  The aims and objectives in the ECCE standards are more generic than the GCC's but links to the graduate being

GCC, 2010	ECCE standards, 2013	COMMENTS
<p>e. Communicate effectively with patients and other healthcare practitioners (see criterion 8)</p> <p>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)</p> <p>g. Understand the nature of professional accountability and the duty to protect and promote the interests of their patients (see criterion 10).</p>	<p>learning.</p> <p>1.4 Educational outcome The institution/programme must define the competencies (exit outcomes) that students will exhibit on graduation in relation to their subsequent training and future roles in the profession and the wider healthcare system.</p>	<p>competent and safe to enter practice as a chiropractor.</p>
<p>2. Schools must develop their own staged learning outcomes from the broad programme outcomes detailed in the criteria 4 - 10.</p>	<p>2.8 Curriculum structure, composition and duration The institution/programme must describe the content, duration and sequencing of courses that guide both staff and students on the learning outcomes expected at each stage of the programme, and the level of integration between the basic sciences and clinical sciences.</p>	<p>ECCE standard 2.8 includes the development of learning outcomes for each stage of the programme as well as integration of basic and clinical sciences. This suggests that GCC criterion 2 has been met.</p>
<p>3. Every learning outcome must be assessed.</p>		<p>There does not appear to be an ECCE standard for GCC criterion 3, although it might be seen to be implied in some of the other ECCE standards.</p>
<p><i>PROGRAMME OUTCOMES RELATING TO THE KNOWLEDGE AND SKILLS THAT FORM THE BASIS OF CHIROPRACTIC</i></p>		
<p>4. At the point of graduation, students must have developed the knowledge and skills that form the basis of chiropractic. Specifically they must be able to:</p> <p>a. Understand the history, theory and principles of chiropractic in a contemporary context.</p> <p>b. Differentiate between normal and abnormal structure and</p>	<p>1. Graduate chiropractors will have knowledge and understanding of:</p> <p>1.1 The normal structure and function of the human body and the interactions between body and mind.</p> <p>1.2 The aetiology, pathology, symptoms and signs, natural history and prognosis of neuromusculoskeletal</p>	<p>The ECCE competencies referenced appear to provide a match for GCC criterion 4.</p>

GCC, 2010	ECCE standards, 2013	COMMENTS
<p>functioning of the human body.</p> <p>c. Recognise the range of conditions that present to chiropractors as independent primary care practitioners and the nature and impact of their physical, psychological and social aspects.</p>	<p>complaints, pain syndromes and associated conditions presenting to chiropractors, including the psychological and social aspects of these conditions.</p> <p>1.6 The theory and principles of chiropractic practice, based on the biopsychosocial model of illness, its limitations, and its role in the primary healthcare setting.</p> <p>2.3 Biomedical sciences The institution/programme must identify and include in the curriculum those contributions of the basic biomedical sciences that enable a knowledge and understanding of the basic sciences applicable to the practice of chiropractic.</p> <p>2.5 Clinical sciences and skills The institution/programme must identify and include in the curriculum those contributions of the clinical sciences that ensure students have acquired sufficient clinical knowledge and skills to apply to chiropractic practice in a primary contact setting.</p> <p>2.6 Chiropractic The institution/programme must foster the ability to participate in the scientific development of chiropractic.</p>	
<b>PROGRAMME OUTCOMES RELATING TO RESEARCH AND EVALUATION KNOWLEDGE AND SKILLS</b>		
<p>5. At the point of graduation, students must have developed and be able to apply knowledge and skills of research and evaluation. Specifically they must be able to:</p> <p>a. Understand different research methods related to clinical decision making</p> <p>b. Understand the different ways in which the outcomes of research</p>	<p>1. Graduate chiropractors will have knowledge and understanding of:</p> <p>1.5 The scientific method to provide and understand the evidence-base for current chiropractic practice, and to acquire and incorporate the advances in knowledge that will occur throughout professional life.</p>	<p>ECCE standards appear to cover the following GCC criteria 5 a, b, c and d.</p> <p>It appears that there might be a gap in relation to GCC criterion 5d applying continuous quality</p>

GCC, 2010	ECCE standards, 2013	COMMENTS
<p>are transferred to practice</p> <p>c. Apply appropriate methods when carrying out research relevant to chiropractic.</p> <p>d. Appraise current research and evidence relevant to chiropractic and apply it to their practice.</p> <p>e. Apply continuous quality improvement in their practice.</p>	<p>2. Graduate chiropractors will have developed the following <b>skills:</b></p> <p>2.7 The ability to interpret scientific evidence in a critical manner, and to find and use information relating to healthcare.</p> <p>2.2 The scientific method The institution/programme must teach the scientific method, other forms of research inquiry and evidence-based practice, including analytical and critical thinking. The curriculum must include elements for training students in scientific thinking and research methods.</p> <p>2.6 Chiropractic The institution/programme must foster the ability to participate in the scientific development of chiropractic.</p>	<p>improvement in practice.</p>
<b>PROGRAMME OUTCOMES RELATING TO ASSESSMENT KNOWLEDGE AND SKILLS</b>		
<p>6. At the point of graduation, students must be able to assess the health and health needs of patients. Specifically they must be able to:</p> <p>a. Obtain and document case histories from patients using appropriate methods to draw out the necessary information.</p> <p>b. Identify how the information obtained from case histories has a bearing on any further assessment that is undertaken and/or the care and treatment that is planned.</p> <p>c. Examine patients using appropriate methods.</p> <p>d. Appraise the need for further investigations to inform the case that is, imaging and laboratory tests.</p> <p>e. Arrange for further necessary</p>	<p>1. Graduate chiropractors will have knowledge and understanding of:</p> <p>1.3 The evaluation of the health status of a patient, including common diagnostic procedures, their uses and limitations, and appropriate referral procedures.</p> <p>2. Graduate chiropractors will have developed the following <b>skills:</b></p> <p>2.1 The ability to take a comprehensive and problem-focused case history and perform an appropriate physical examination.</p> <p>2.2 The ability to integrate history and physical examination findings to arrive at an appropriate diagnosis and/or differential diagnosis.</p> <p>2.3 The ability to interpret</p>	<p>ECCE competencies appear to cover the following parts of GCC criterion 6:</p> <ul style="list-style-type: none"> <li>- obtaining and applying case histories (a &amp; b)</li> <li>- physical examination (c)</li> <li>- diagnostic procedures / further investigations (d)</li> <li>- using outcomes of diagnostic procedures (g)</li> <li>- diagnosis (j)</li> <li>- referral or co-management (m).</li> </ul> <p>There are potential gaps in relation to:</p> <ul style="list-style-type: none"> <li>- clinical imaging</li> </ul>

GCC, 2010	ECCE standards, 2013	COMMENTS
<p>investigations to be undertaken.</p> <p>f. Interpret plain film radiographs, and any report received on the image, and incorporate the findings into clinical decision-making.</p> <p>g. Incorporate into clinical decision making the findings of other relevant investigations.</p> <p>h. Understand the specific legislation that is relevant to imaging and the implications of this for their own practice.</p> <p>i. Identify when there is a need to halt assessment.</p> <p>j. Consider and interpret the information available on a patient and generate a differential diagnosis and rationale for care.</p> <p>k. Keep patient records of the outcomes of the assessment – the records must be legible, attributable and representative of the interaction with the patient.</p> <p>l. Identify and understand the implications on the provision of chiropractic care for a patient of clinically relevant medications, whether prescribed or bought.</p> <p>m. Identify the need for referral to another health care professional or proposing co-management of the patient with another healthcare professional.</p>	<p>diagnostic procedures and make an appropriate response.</p> <p>3. Graduate chiropractors will demonstrate the following <b>attitudes</b> essential to safe and competent chiropractic practice:</p> <p>3.1 Recognition that the chiropractor's primary professional responsibilities are the health and care of the patient.</p> <p>3.2 Respect for the values and attitudes of the patient, and a commitment to patient-centred care.</p> <p>3.3 Commitment to safe and ethical practice, and to maintain standards of chiropractic practice at the highest possible level throughout professional life.</p> <p>3.4 Appreciation of the need to recognise when a condition exceeds capacity to deal with it safely and effectively, and of the need to refer patients for help from other healthcare practitioners when this occurs.</p> <p>3.6 Willingness to work in the wider healthcare context, and in a team with other healthcare professionals.</p> <p>2.4 Behavioural and social sciences, ethics and jurisprudence The institution/programme must identify and include in the curriculum those contributions from the behavioural sciences, social sciences, ethics, scope of practice and legal requirements that enable effective communication, clinical decision-making and ethical practice.</p>	<p>(d-f &amp; h)</p> <p>- ceasing assessment (i) although this might be captured in the more general statements 3.1 - 3.3</p> <p>- clinically relevant medications, whether prescribed or bought (l).</p>
<i>PROGRAMME OUTCOMES RELATING TO THE KNOWLEDGE AND SKILLS NEEDED FOR CHIROPRACTIC CARE</i>		
<p>7. At the point of graduation, students must be able to provide care to improve patients' health and to</p>	<p>2. Graduate chiropractors will have developed the following <b>skills</b>:</p>	<p>ECCE competencies appear to cover the following parts of</p>

GCC, 2010	ECCE standards, 2013	COMMENTS
<p>address patients' health needs. Specifically they must be able to:</p> <ul style="list-style-type: none"> <li>a. Select and provide care that is safe for the patient, uses a wide range of therapeutic psychomotor and condition management skills, and includes the best available evidence and the preferences of the patient.</li> <li>b. Formulate and record plans of care for patients.</li> <li>c. Adapt forms of care appropriately to individual patient needs.</li> <li>d. Take appropriate steps to maintain patient safety.</li> <li>e. Evaluate the care given to patients and adapt the original diagnosis, rationale for care and plan of care in response to their changing health, health needs and feedback.</li> <li>f. Demonstrate proficiency in basic life support.</li> </ul>	<p>2.4 The ability to select appropriate clinical skills and to formulate a management plan in concert with the patient.</p> <p>2.5 The ability to apply appropriate clinical skills in the treatment of a patient, and to provide information and advice for recovery and continued health.</p> <p>3. Graduate chiropractors will demonstrate the following <b>attitudes</b> essential to safe and competent chiropractic practice:</p> <p>3.1 Recognition that the chiropractor's primary professional responsibilities are the health and care of the patient.</p> <p>3.2 Respect for the values and attitudes of the patient, and a commitment to patient-centred care.</p> <p>3.3 Commitment to safe and ethical practice, and to maintain standards of chiropractic practice at the highest possible level throughout professional life.</p> <p>3.4 Appreciation of the need to recognise when a condition exceeds capacity to deal with it safely and effectively, and of the need to refer patients for help from other healthcare practitioners when this occurs.</p> <p>2.4 Behavioural and social sciences, ethics and jurisprudence The institution/programme must identify and include in the curriculum those contributions from the behavioural sciences, social sciences, ethics, scope of practice and legal requirements that enable effective communication, clinical decision-making and ethical practice.</p>	<p>GCC criterion 7:</p> <ul style="list-style-type: none"> <li>- selecting and applying appropriate clinical skills (a &amp; c)</li> <li>- plans of care (b)</li> <li>- patient safety (d).</li> </ul> <p>There are potential gaps in relation to:</p> <ul style="list-style-type: none"> <li>- evaluation and review of the plan of care (e)</li> <li>- basic life support (f).</li> </ul>

*PROGRAMME OUTCOMES RELATING TO COMMUNICATION WITH PATIENTS AND OTHER*

GCC, 2010	ECCE standards, 2013	COMMENTS
<i>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> <ul style="list-style-type: none"> <li>a. Communicate effectively with patients orally and in writing.</li> <li>b. Explain clearly to patients the nature and purpose of assessment and care, and the associated risks.</li> <li>c. Get appropriate consent before assessing individuals and before providing chiropractic care.</li> <li>d. Give clear information to patients about the organisation of the practice.</li> <li>e. Produce reports for other healthcare professionals, colleagues and statutory authorities.</li> <li>f. Develop constructive working relationships with chiropractic colleagues and other healthcare professionals, seeking their advice when necessary.</li> <li>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.</li> </ul>	<p>1. Graduate chiropractors will have knowledge and understanding of:</p> <p>1.7 The principles of ethics related to chiropractic care, legal responsibilities and codes of professional conduct and practice.</p> <p>1.8 The varying cultural, gender and ethnic differences of patients.</p> <p>2. Graduate chiropractors will have developed the following <b>skills</b>:</p> <p>2.6 The ability to communicate clearly with patients, their families, other healthcare professionals, and the general public, and to ensure patients are fully informed of their treatment and care.</p> <p>3. Graduate chiropractors will demonstrate the following <b>attitudes</b> essential to safe and competent chiropractic practice:</p> <p>3.1 Recognition that the chiropractor's primary professional responsibilities are the health and care of the patient.</p> <p>3.2 Respect for the values and attitudes of the patient, and a commitment to patient-centred care.</p> <p>3.3 Commitment to safe and ethical practice, and to maintain standards of chiropractic practice at the highest possible level throughout professional life.</p> <p>3.6 Willingness to work in the wider healthcare context, and in a team with other healthcare professionals.</p>	<p>The ECCE competencies appear to cover the following aspects of GCC criterion 8:</p> <ul style="list-style-type: none"> <li>- communication and information sharing with patients (a, b &amp; d)</li> <li>- reports for healthcare professionals (e)</li> <li>- working with and respecting other healthcare professionals and in the wider healthcare context (f &amp; g).</li> </ul> <p>There is a potential gap in relation to obtaining consent (c) although this might be captured implicitly in competency 3.</p>
<i>PROGRAMME OUTCOMES RELATING TO THE KNOWLEDGE AND SKILLS TO BE AN</i>		

GCC, 2010	ECCE standards, 2013	COMMENTS
<i>INDEPENDENT PRIMARY CARE PRACTITIONER</i>		
<p>9. At the point of graduation, students must understand the nature of practice as independent primary care practitioners, and their duties in relation to managing a practice so that they can develop themselves throughout their working lives. Specifically they must be able to:</p> <p>a. Explain the context and nature of chiropractic as a regulated profession in the UK, and the duties of chiropractors as registered primary healthcare professionals.</p> <p>b. Compare and contrast the UK context of chiropractic with its context in other jurisdictions across the world.</p> <p>c. Compare and contrast the role of chiropractors as independent primary care professionals with the roles of other healthcare professionals.</p> <p>d. Evaluate how chiropractic relates to current UK healthcare models and systems.</p> <p>e. Demonstrate the ability to maintain high standards of practice in all aspects of professional life, showing they are fit to practise as a chiropractor.</p> <p>f. Identify the different aspects of managing a chiropractic practice and the knowledge and skills required.</p> <p>g. Identify how to manage and reduce risks in the practice setting, consistent with legislation.</p> <p>h. Demonstrate the ability to identify their own learning needs, plan their own learning and development, organise their own learning and evaluate its</p>	<p>1. Graduate chiropractors will have knowledge and understanding of:</p> <p>1.7 The principles of ethics related to chiropractic care, legal responsibilities and codes of professional conduct and practice.</p> <p>3. Graduate chiropractors will demonstrate the following <b>attitudes</b> essential to safe and competent chiropractic practice:</p> <p>3.1 Recognition that the chiropractor's primary professional responsibilities are the health and care of the patient.</p> <p>3.3 Commitment to safe and ethical practice, and to maintain standards of chiropractic practice at the highest possible level throughout professional life.</p> <p>3.5 Appreciation of the need to continually update knowledge and skills throughout professional life, and to contribute towards the generation of knowledge and the education of junior colleagues.</p> <p>3.6 Willingness to work in the wider healthcare context, and in a team with other healthcare professionals.</p> <p>1.1 Statement of Aims and Objectives The institution/programme must define the overall aims and objectives of the first qualification chiropractic programme and make them known to all stakeholders. The statements must ... (include) ... a commitment to, and capacity for, life-long learning.</p> <p>2.4 Behavioural and social sciences, ethics and jurisprudence</p>	<p>The ECCE competencies may cover GCC criterion 9e but the statements are broad and relate to attitudes, knowledge and understanding rather than skills.</p> <p>There is an ECCE competence related to a commitment to, and capacity for, life-long learning (9h).</p> <p>There appear to be gaps in relation to:</p> <ul style="list-style-type: none"> <li>- criterion 9a-d which are specific to the UK context</li> <li>- the different aspects of managing a chiropractic practice (f)</li> <li>- reduce risks in the practice setting, consistent with legislation (g).</li> </ul>

GCC, 2010	ECCE standards, 2013	COMMENTS
effectiveness.	The institution/programme must identify and include in the curriculum those contributions from the behavioural sciences, social sciences, ethics, scope of practice and legal requirements that enable effective communication, clinical decision-making and ethical practice.	
<b>PROGRAMME OUTCOMES - THE KNOWLEDGE AND SKILLS FOR PROFESSIONAL ACCOUNTABILITY AND THE PROTECTION OF PATIENTS</b>		
<p>10. At the point of graduation, students must understand the nature of professional accountability and their duty to protect and promote the interests of their patients. Specifically they must be able to:</p> <ol style="list-style-type: none"> <li>a. Identify the main aspects of legislation that affect chiropractic practice.</li> <li>b. Appraise and recommend possible ways forward for a range of ethical dilemmas that might affect chiropractors.</li> <li>c. Recognise and work within the limits of their own knowledge, skills and experience.</li> <li>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.</li> </ol>	<p>1. Graduate chiropractors will have knowledge and understanding of:</p> <p>1.7 The principles of ethics related to chiropractic care, legal responsibilities and codes of professional conduct and practice.</p> <p>3. Graduate chiropractors will demonstrate the following attitudes essential to safe and competent chiropractic practice:</p> <p>3.1 Recognition that the chiropractor's primary professional responsibilities are the health and care of the patient.</p> <p>3.3 Commitment to safe and ethical practice, and to maintain standards of chiropractic practice at the highest possible level throughout professional life.</p> <p>3.4 Appreciation of the need to recognise when a condition exceeds capacity to deal with it safely and effectively, and of the need to refer patients for help from other healthcare practitioners when this occurs.</p> <p>2.4 Behavioural and social sciences, ethics and jurisprudence</p> <p>The institution/programme must identify and include in the curriculum those contributions from the behavioural sciences, social sciences, ethics, scope of</p>	<p>The ECCE standards contain broad statements related to ethical practice and the safety of patients (GCC criterion 10b) and recognising and working within own limits (10c).</p> <p>There appear to be gaps in relation to:</p> <ul style="list-style-type: none"> <li>- legislation (10a)</li> <li>- protecting patients through raising concerns (10d).</li> </ul>

GCC, 2010	ECCE standards, 2013	COMMENTS
	practice and legal requirements that enable effective communication, clinical decision-making and ethical practice.	
<b>Recognition criteria related to the nature of the degree programme and programme providers</b>		
<b>Level and length of course</b>		
<p>11. The course must be at the minimum at the level of an honours degree or integrated masters degree validated by a UK-recognised higher education institution. It must have a minimum credit rating of 480 UK credits (240 ECTS credits) of which a minimum of 120 credits must be at level 6 of the Higher Education Qualifications Framework in England, Wales and Northern Ireland or its equivalent. At least 360 UK credits (180 ECTS credits) must be directed study relevant to the programme outcomes.</p>	<p>2.8 CURRICULUM STRUCTURE, COMPOSITION AND DURATION The institution/programme must describe the content, duration and sequencing of courses that guide both staff and students on the learning outcomes expected at each stage of the programme, and the level of integration between the basic sciences and clinical sciences. (Annotations state: The duration of the programme must satisfy national requirements for graduates to practise as a chiropractor (either for pre-registration or full registration depending on national requirements for post-graduate and pre-registration training). Chiropractic programmes may be diverse in points of entry reflecting prior learning achievements. The length of the undergraduate programme however, must be at least equivalent to 300 ECTS (European Credits Transfer Scheme), depending upon the point of entry.)</p>	<p>There appears to be some disparity between the ECTS credit requirements specified under ECCE than in GCC criterion 11. However the ECCE requirements appear to be greater (subject to the statement about the length of national programmes and the point of entry) so this should cause no issues for assessing overseas applicants.</p> <p>As two of the UK chiropractic programmes have recognition through the ECCE, it suggests there is broad compatibility in level.</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</p>		<p>Criterion GCC 12 does not appear to feature in the ECCE requirements. If considered important by the Education Committee then the time from entering the chiropractic</p>

GCC, 2010	ECCE standards, 2013	COMMENTS
complete them within seven years of first enrolling.		degree programme to the individual's graduation might be something that could be checked at the application stage.
<b>Teaching and learning methods</b>		
<p>13. A variety of teaching and learning methods must be used across the programme. These methods must:</p> <ol style="list-style-type: none"> <li>a. be valid and appropriate for the learning outcomes concerned</li> <li>b. encourage and support students to be self-directed learners.</li> <li>c. involve patients and carers in the teaching and learning of students.</li> </ol> <p>To meet criterion 13, a school will need to show that it uses a range of teaching and learning methods across the degree programme. The teaching and learning methods might be, for example: practicals, experiential learning, workshops, tutorials, seminars, lectures, e-learning, psychomotor skill classes, inputs from patients, practical demonstrations.</p>	<p>2.1 Curriculum model and educational methods The institution/programme must define a curriculum model and educational (teaching and learning) methods consistent with the objectives of the curriculum. The curriculum and educational methods must ensure the students have responsibility for their learning, and prepare them for lifelong, self-directed learning throughout professional life.</p> <p>2.10 Linkage with subsequent stages of education and training, chiropractic practice and the health care system Operational linkage must be assured between the first qualification programme and the subsequent stage of training or practice that the student will enter after graduation. The curriculum must reflect the environment in which graduates will be expected to work and be responsive to feedback from graduates, the profession and the community.</p>	<p>The ECCE standards 2.1 and 2.10 cover GCC criterion 13 a and b.</p> <p>There appears to be a gap in relation to involving patients and carers in the teaching and learning of students (13c).</p>
<b>Assessment methods and regulations</b>		
<p>14. A variety of assessment methods must be used across the programme. These methods must:</p> <ol style="list-style-type: none"> <li>a. be valid and appropriate for the learning outcomes concerned</li> <li>b. encourage and support students to be self-directed learners</li> </ol>	<p>3.2 Relation between assessment and learning The assessment principles, methods and practices must be appropriate to the learning outcomes and the educational aims and objectives, and promote appropriate learning practices.</p>	<p>The ECCE standard 3.2 covers GCC criterion 14 a and b.</p> <p>There appears to be a gap in relation to involving patients and carers in the assessment of students (14c).</p>

GCC, 2010	ECCE standards, 2013	COMMENTS
c involve patients and carers in the assessment of students.		
15. The degree programme must have a clear and explicit assessment system and equitable assessment regulations.	3.1 Assessment methods The chiropractic institution/programme must define and document the methods used for assessment, including the criteria for progression and appeals procedures. Assessment methods must be regularly evaluated, and new assessment methods developed as appropriate.	ECCE standard 3.1 appears to cover GCC criterion 15
<b>Programme structure</b>		
16. The programme must have the following general features: a the curriculum must cover the programme outcomes specified in criteria 4 to 10 of this document b the knowledge and skills developed during the programme must be integrated, internally consistent and orientated to chiropractic practice c the degree programme must comprise a substantial period of clinical practice for students to bring together all their knowledge and skills in the management of patients d a multidisciplinary approach should be taken wherever possible in the way the programme is approached and in its structure, to ensure that chiropractic is not considered in isolation from other healthcare professions.	1.1 Statement of aims and objectives The institution/programme must define the overall aims and objectives of the first qualification chiropractic programme and make them known to all stakeholders. The statements must describe the aims and objectives resulting in a chiropractor that is competent and safe to enter practice as a primary contact practitioner in the current healthcare environment, with the appropriate foundation for postgraduate education and training, and a commitment to, and capacity for, life-long learning.  1.2 Participation in formulation of aims and objectives The overall aims and objectives of the chiropractic programme must be defined by its principal stakeholders.  2.7 Clinical training The institution/programme must identify and include a period of supervised clinical training to ensure the clinical knowledge and skills, communication skills and ethical appreciation accrued	The potential gaps in the coverage of the programme outcomes have been identified against GCC criteria 4 – 10 (see above).  ECCE statement 1.1 references the level to that needed for a primary contact practitioner (16a).  ECCE statement 2.7 states there needs to be a period of supervised clinical training (16c).  ECCE statement 2.8 refers to integration but this is focused on two aspects of the curriculum (16b).  ECCE statement 9.4 talks about the links to the broader healthcare sector – which is not the same as but move towards a multidisciplinary approach (16d).

GCC, 2010	ECCE standards, 2013	COMMENTS
	<p>by the student can be applied in practice, and so enable the student to assume appropriate clinical responsibility upon graduation. Every student must have early patient contact leading to participation in patient care</p> <p>2.8 Curriculum structure, composition and duration The institution/programme must describe the content, duration and sequencing of courses that guide both staff and students on the learning outcomes expected at each stage of the programme, and the level of integration between the basic sciences and clinical sciences.</p> <p>9.4 Interaction with professional sector The institution/programme must have a constructive interaction with the chiropractic and chiropractic-related (health-related) sectors of society and government.</p>	
<b>Clinical experience and practice</b>		
<p>17. Before starting the final period working in clinical practice, students must have demonstrated that they have achieved the full range of programme outcomes related to the basis of chiropractic practice, and the learning outcomes related to the assessment and care of patients as set out for that stage of the degree programme.</p>		<p>There does not appear to be a specific ECCE standard related to criterion 17, however the earlier statements on staged learning outcomes and the detail below suggests this is covered.</p>
<p>18. In their final clinic period students must:</p> <ol style="list-style-type: none"> <li>be responsible for the full spectrum of patient management, and</li> <li>have assessed and managed enough new patients, and</li> <li>have provided a sufficient amount and range of chiropractic</li> </ol>	<p>2.7 Clinical training The institution/programme must identify and include a period of supervised clinical training to ensure the clinical knowledge and skills, communication skills and ethical appreciation accrued by the student can be applied in practice, and so enable the student to assume appropriate</p>	<p>ECCE statement 2.7 is similar to GCC criterion 18 although less specific about the detailed requirements related to the clinical competence of graduates. However it could be argued</p>

GCC, 2010	ECCE standards, 2013	COMMENTS
<p>care for there to be confidence in their ability to function as an independent practitioner.</p>	<p>clinical responsibility upon graduation. Every student must have early patient contact leading to participation in patient care.</p>	<p>that these are by their nature already captured in the competences that individuals need to achieve by the end of the programme.</p>
<p>19. The school must ensure that, during the final clinic period, each student has the opportunity to assess and provide chiropractic care for a sufficient number of different patients while also ensuring that patients receive continuity of care.</p>		<p>GCC criterion 19 does not appear to feature in the ECCE standards although might be inferred from the competences that a student has to achieve.</p>
<p>20. The school must have policies and procedures to ensure the effective governance of the clinic period and the effective supervision of students.</p>		<p>GCC criterion 20 does not appear to feature in the ECCE standards. Whilst important it might be inferred from the rest of the ECCE standards and hence not be of particular relevance to the assessment of overseas applicants.</p>
<b>Programme planning and review</b>		
<p>21. Programme planning must cover all areas of the degree programme and involve staff from all the different aspects of the programme.</p>	<p>2.9 Programme management A curriculum committee (or equivalent (s)) must be given the resources, responsibility, authority and capacity to plan, implement and review the curriculum to achieve the aims and objectives of the chiropractic programme.</p>	<p>ECCE standard 2.9 has a similar focus to GCC criterion 21 although does not include the requirement that all members of staff should be involved.</p>
<p>22. The school must ensure that the degree programme is consistent with advances and significant influences in chiropractic, education and science.</p>	<p>10 Continuous renewal and improvement The chiropractic institution/programme must have procedures for regular reviewing and updating of its structure and functions to rectify deficiencies and meet changing needs. (See 8.1)</p>	<p>ECCE standard 10 has a similar focus to GCC criterion 22 although includes reviewing of the current programme as well as updating in relation to advances and significant influences in chiropractic,</p>

GCC, 2010	ECCE standards, 2013	COMMENTS
		education and science.
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.	8.2 Faculty and student feedback Both faculty and student feedback must be systematically sought, analysed and responded to so as to develop and improve the curriculum.  8.4 Involvement of stakeholders Programme evaluation must involve the governance and administration of the institution, the faculty, staff and the students, and the outcomes communicated to a range of stakeholders.	There are two ECCE standards that relate to GCC criterion 23 – however neither refers to the use of patient feedback in programme review and improvement. The lack of patient involvement might be seen as a gap in the ECCE standards as compared with the GCC Degree Recognition Criteria.
24. The school must have effective measures for quality assuring the degree programme, including making effective use of external examiners.	8.1 Mechanisms for programme evaluation The institution/programme must establish a mechanism for programme evaluation that monitors the curriculum, quality of teaching, student progress and student outcomes, and ensures that concerns are identified and addressed.	ECCE standard 8.1 has a similar focus to GCC criterion 24 although does not make specific mention of external examiners (which are perhaps a UK process).
<b>Institution</b>		
25. The institution must have a clear identity and management structure, with clear lines of accountability and responsibility.	1.3 Academic autonomy The institution/programme must have sufficient autonomy to design and develop the curriculum.  9.1 Governance Governance and committee structures and functions of the chiropractic institution/programme must be defined, including their relationships within the university (as appropriate).  9.2 Academic leadership The responsibilities of the academic head of the first qualification chiropractic programme, and of the academic management structures, must be clearly	There are three ECCE standards that broadly cover GCC criterion 25 about the institution and its management structure.

GCC, 2010	ECCE standards, 2013	COMMENTS
	stated.	
26. The school must have mechanisms that encourage and promote the involvement of staff and students.	4.4 Student representation The institution/programme must support student representation and appropriate participation in the design, management and evaluation of the curriculum, and in other matters relevant to students.	ECCE standard 4.4 has a similar focus to GCC criterion 26 in relation to student involvement and ECCE standard 8.2 referred to above talks about faculty and student feedback although this might be less involvement than suggested by the GCC. However this is not of particular relevance to the assessment of overseas applicants.
<b>Resources</b>		
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.	6.1 Physical facilities The institution/programme must have sufficient physical facilities for the faculty, staff and the student population to ensure that the curriculum can be delivered adequately, and library facilities available to faculty, staff and students that include access to computer-based reference systems, support staff and a reference collection adequate to meet teaching and research needs.  6.3 Information Technology The institution/programme must have sufficient IT facilities for faculty, staff and students to ensure the curriculum can be delivered adequately, and that IT is effectively used in the curriculum. Students must be able to use IT for self-learning, accessing information and managing patients.  9.3 Educational budget and resource allocation The institution/programme must have a clear line of responsibility and authority for the curriculum	There are a number of ECCE standards that cover in greater depth the more generic GCC criterion 27 – much of the detail in the ECCE standards is given in guidance in the GCC document.

GCC, 2010	ECCE standards, 2013	COMMENTS
	and its' resourcing, including remuneration of teaching staff, in order to achieve the overall aims and objectives of the programme.	
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.	6.2 Clinical training resources The institution/programme must ensure adequate clinical experience and the necessary resources, including sufficient patients with an appropriate case-mix, and sufficient clinical training facilities including sufficient equipment and treatment rooms.	ECCE standard 6.2 has a similar focus to GCC criterion 28.
<b>Staff</b>		
29. The school must have enough available staff to effectively teach, assess and support the entire student learning experience for all students in each programme cohort and in the school as a whole.	4.2 Student intake The size of student intake must be defined and related to the capacity of the chiropractic institution/programme to provide adequate resources at all stages of the education.	ECCE standard 4,2 has a similar focus to GCC criterion 29 although it is looked at from the alternative perspective ie the size of the student intake rather than the number of staff although the two need to be inter-related.
30. The school must have sufficient individuals expert in chiropractic assessment and care involved with student teaching and assessment.	5.1 Faculty (staff) recruitment The institution/programme must have a faculty recruitment policy which outlines the type, responsibilities and balance of faculty required to deliver the curriculum adequately, including the balance between chiropractic and non-chiropractic faculty, and between full-time and part-time faculty.	ECCE standard 2.9 has a similar focus to GCC criterion 30 although does not include the requirement that all members of staff should be involved.
31. The school must ensure that all clinical chiropractic teaching staff reflect high standards of patient care in all their work.		There appears to be no ECCE standard that correlates directly with GCC criterion 31. However this is not of direct relevance to the assessment of

GCC, 2010	ECCE standards, 2013	COMMENTS
		overseas applicants and might be inferred from other ECCE standards.
32. All staff involved in student teaching and assessment must be competent in enabling students to learn effectively and assessing student achievement.	6.4 Educational expertise The institution must ensure the appropriate use of educational expertise in the design and development of the curriculum and instructional (teaching and learning) and assessment methods.	ECCE standard 6.4 has a similar focus to GCC criterion 32.
33. The institution must have at least one chiropractor registered with the GCC who occupies a position of academic authority at least equivalent to a Head of School.		There appears to be no ECCE standard that correlates directly with GCC criterion 33. However this is not of direct relevance to the assessment of overseas applicants.
34. The school must have effective staff management and development processes that provide feedback to staff on their input and enable them to develop their knowledge and practice.	5.2 Faculty promotion and development The institution must have a faculty policy that addresses processes for development and appraisal of academic staff, and ensures recognition of meritorious academic activities with appropriate emphasis on teaching and research.  6.5 Administrative and technical staff The administrative and technical staff of the institution / programme must be appropriate to support the implementation of the undergraduate programme and other activities, and to ensure good management and deployment of its resources. The management must include a programme of quality assurance, and the management itself should submit itself to regular review to ensure best employment of its resources.	ECCE standards 5.2 and 6.5 have a similar focus to GCC criterion 34.
<b>Students</b>		

GCC, 2010	ECCE standards, 2013	COMMENTS
<p>35. Entry to the degree programme must:</p> <ul style="list-style-type: none"> <li>a. include evidence of students' literacy, numeracy and the ability to communicate in English</li> <li>b. promote equality of opportunity.</li> </ul>	<p>4.1 Admission policies and selection The institution/programme must have a clearly defined admission policy that is consistently applied, and that includes a clear statement on the rationale and process of selection of students.</p>	<p>ECCE standard 4.1 is a very generic statements about admission policies and the need for institutions to have them. GCC criterion 35 is more specific about the requirements for literacy, numeracy and the ability to communicate in English (which would not be a requirement across Europe) and specifically about promoting equality of opportunity which might be considered to be a gap in the ECCE standards as compared with the GCC's DRC.</p>
<p>36. The institution must provide students with academic guidance, pastoral care and other support services appropriate to meet students' needs.</p>	<p>4.3 Student support and counselling The institution/programme must offer appropriate student support, including induction of new students, counselling in terms of student progress and other academic matters, and personal and social needs of students.</p> <p>8.3 Student cohort performance Student cohort performance must be analysed in relation to the curriculum and the aims and objectives of the programme.</p>	<p>ECCE standard 4.3 has a similar focus to GCC criterion 36. ECCE standard 6.5 relates to analysing student cohort performance which might be fed back into student support services and systems.</p>
<p>37. The school must have student fitness-to-practise policies and procedures that are appropriate to the purpose of the degree programme – that is, to develop future members of the chiropractic profession. The school must inform the GCC of the outcomes of any student fitness-to practise cases.</p>		<p>There appears to be no ECCE standard that correlates directly with GCC criterion 37. As the ECCE competences are quite broad in this area, this might be of relevance to the assessment of overseas applicants.</p>

GCC, 2010	ECCE standards, 2013	COMMENTS
38. The school must provide students with clear information on the main aspects of the programme before entry and throughout their degree programme.		There appears to be no ECCE standard that correlates directly with GCC criterion 38. However this is not of direct relevance to the assessment of overseas applicants.
<b>Research</b>		
39. The school must foster a culture of personal and collaborative academic research and other scholarly activities. 40. Proper facilities for research must be provided within the school.	7 The relationship between teaching and clinical or basic sciences research The chiropractic institution/programme must facilitate the relationship between teaching and research, and must describe the research facilities to support this relationship as well as the research priorities of the institution/programme.	ECCE standard 7 has a similar focus to GCC criteria 39 and 40.

### Conclusion

The mapping between the GCC's Degree Recognition Criteria (2010) and the ECCE's Accreditation Procedures and Standards in First Qualification Chiropractic Education and Training (2013) 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 ECCE competencies when compared with those of the GCC:

- applying continuous quality improvement in their practice (GCC 5e)
- appraising the need for, arranging and interpreting clinical imaging (6 d-f & h)
- clinically relevant medications, whether prescribed or bought (GCC 6l)
- evaluation and review of the pan of care (7e)
- basic life support (7f)
- the role of chiropractors in the healthcare system in the UK and in comparison with other countries (GCC 9a – 9d)
- the different aspects of managing a chiropractic practice (9f)
- reduce risks in the practice setting, consistent with legislation (9g)
- protecting patients through raising concerns about others (ie the chiropractor's role in the broader healthcare system) (GCC 10d)

- UK legislation (as described generally in GCC 10a, and specifically in relation to IRMER GCC 6h and 9g in relation to managing risks in the practice setting).

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

- the involvement of patients and carers in teaching, learning and assessment of students – reflecting the greater role of patient involvement in healthcare that is emerging in the UK
- the absence of specific requirements about student fitness-to-practise policies and procedures (GCC criterion 37), although the ECCE standards include competencies related to ethics which might cover some of the areas within the GCC student fitness-to-practise guidance.

The advice of the GCC Education Committee is sought on:

1. whether the time that individuals take from entering a chiropractic degree programme to their graduation is something that should be checked at the application stage (GCC criterion 12).