

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION

COMMISSION ON ACCREDITATION

EVALUATION TEAM REPORT

Barcelona College of Chiropractic

13-15 FEBRUARY 2017

TABLE OF CONTENTS

1. Executive Summary.....	4
2. Introduction.....	6
3. Barcelona College of Chiropractic.....	7
4. ECCE STANDARDS COMPLIANCE.....	9
4.1 AIMS and OBJECTIVES	Statement of Aims and Objectives 9
	Participation in formulation of aims and objectives..... 10
	Academic Autonomy..... 11
	Educational outcome..... 11
4.2 EDUCATIONAL PROGRAMME	Curriculum model and educational methods..... 12
	The Scientific Method..... 13
	Biomedical Sciences..... 14
	Behavioural and Social Sciences, Ethics and Jurisprudence..... 15
	Clinical Sciences and Skills..... 15
	Chiropractic..... 16
	Clinical Training..... 17
	Curriculum structure, composition and duration..... 18
	Programme management..... 19
	Linkage with subsequent stages of education and training, chiropractic practice and the health care system 20
4.3 ASSESSMENT OF STUDENTS	Assessment methods..... 21
	Relation between assessment and learning.....22
4.4 STUDENTS	Admission policies and selection..... 22
	Student intake..... 23
	Student support and counselling..... 24
	Student representation..... 25

4.5 ACADEMIC AND CLINICAL FACULTY	Faculty (staff) recruitment.....	25
	Faculty promotion and development.....	26
4.6 EDUCATIONAL RESOURCES	Physical facilities.....	27
	Clinical training resources.....	28
	Information Technology.....	28
	Educational expertise.....	29
	Administrative and Technical staff.....	30
4.7 THE RELATIONSHIP BETWEEN TEACHING AND RESEARCH.....		30
4.8 PROGRAMME EVALUATION	Mechanisms for programme evaluation.....	31
	Faculty and student feedback.....	32
	Student cohort performance.....	33
	Involvement of stakeholders.....	33
4.9 GOVERNANCE and ADMINISTRATION	Governance.....	34
	Academic Leadership.....	35
	Educational budget and resource allocation.....	36
	Interaction with professional sector.....	36
4.10 CONTINUOUS RENEWAL AND IMPROVEMENT.....		37
5. CONCLUSIONS.....		38
Appendix		40

1. EXECUTIVE SUMMARY

- 1.1 Barcelona College of Chiropractic (BCC) is a new chiropractic education and training institution admitting students for the first time in October 2009. It is the first college of chiropractic to offer a bilingual chiropractic programme (English and Spanish).
- 1.2 The Asociación Española de Quiropráctica (AEQ) is the national association representing the chiropractic profession in Spain. There are around 300 chiropractors in Spain where chiropractic is not defined in law although there is *de facto* recognition. The AEQ, which was founded in 1986, was legalised the same year by the Ministry of the Interior with the approval of the Ministry of Health.
- 1.3 The development of the BCC began in 2005. Subsequently, BCC forged formal agreements with three of Spain's public universities; the Universitat Pompeu Fabra (UPF), the Universitat Autònoma de Barcelona (UAB) and the Universitat de Girona (UdG) which were endorsed by AEQ in 2007. UPF was established in 1990. UAB and UPF are presently ranked as best and second best universities in Spain, respectively. Today, BCC has operating arrangements with both UPF and UAB.
- 1.4 The chiropractic programme is a first qualification, five year full time programme leading to a dual award. The Título Superior en Quiropráctica is awarded by BCC, and completion of the final year also leads to the Master en Quiropráctica awarded by the UPF. To clarify, there are two categories of Masters awarded in Spain, one of which is the Masters 'propio'. The Masters 'propio', in contrast to the other category of Masters, does not allow graduates to enter Doctorate level education. The Masters 'propio' is awarded to chiropractic students on successful completion of their final year.
- 1.5 In November 2010, BCC gained Candidate (for Accredited) Status with the ECCE.
- 1.6 In April 2016, BCC re-submitted its Self-Study Report (SSR) for full accredited status with the ECCE after an unsuccessful application for accreditation by the ECCE in November 2014, following a four day Evaluation Visit in October 2014 and review by the CoA. The CoA reviewed the updated SSR documents on May 2016 and on this basis decided that another Evaluation Visit could and should proceed.
- 1.7 A three day Evaluation Visit took place (13 to 15 February 2017). The site visit provided further documentary and oral evidence to the previously submitted documents. BCC was given feedback at the end of the visit and informed verbally of any commendations, recommendations and concerns regarding its provision of chiropractic education and training.
- 1.8 Members of the Evaluation Team extend their thanks to the Principal, senior staff, teaching and administrative staff and students at BCC, and senior staff of the UPF for the courtesy and hospitality shown to them during the Evaluation Visit, and for conducting the Visit in an open and transparent manner.
- 1.9 This document is the Evaluation Report (henceforth referred to as the Report, or Evaluation Report) compiled by the Evaluation Team based on the evidence provided beforehand and during the on-site visit to BCC. The Report was sent in draft format to BCC for factual verification on 21 February 2017, and the final Report was submitted to CoA on 6 March 2017.

1.10 The Chair CoA invited BCC to send representatives/meet by Skype to the CoA meeting on 18 March 2017 where the Report will be discussed and a decision made on full accreditation of BCC.

1.12 This Report addresses the compliance of BCC with each of the ECCE Standards in the provision of chiropractic education and training. The outcomes of the Report are as follows:

1.12.1 COMMENDATIONS:

- The strong leadership of the Principal, and the hard work and support from teaching and administrative staff, to improve standards in the provision of education and training in chiropractic.
- The enthusiasm and support of the students for the institution.
- Development of the scientific model and evidence-based approach throughout the curriculum.
- The increase of collaborative agreements with other institutions.
- The facilities and resources available to staff and students, in particular the clinical training facilities and e-learning resources.
- Robust lines of student and graduate feedback to inform and improve the curriculum.

1.12.2 RECOMMENDATIONS

- Consider recruitment of either a medical radiologist or a DACBR for the teaching and interpretation of medical imaging.
- Increase the number of chiropractic faculty supervising undergraduate research projects.
- Review the patient examination forms, in particular with respect to cardiovascular, respiratory and abdominal examinations.
- Ensure that interns adhere to Clinic Handbook protocols regarding the use of chiropractic techniques, as taught in the curriculum.
- Consider increasing the number of staff with post-graduate qualifications.
- Aim to increase the number of full-time faculty

1.12.3 CONCERNS

- There are none.

2. INTRODUCTION

- 2.1 In April 2016 BCC submitted a Self-Study Report (SSR) in support of its application for full accredited status. The Report was considered by the CoA at its meeting on 6 May 2016 in Oslo. The CoA agreed that an Evaluation Team should visit BCC in February 2017.
- 2.2 Members of the Evaluation Team were nominated by the ECCE Executive and each member received the SSR (in English), and written comments from CoA related to the documents prior to the visit. The members of the Evaluation Team were:

Maria Browning, BSc, DC, MSc, Cert MEd	Deputy Director of Clinic and Senior Clinical Tutor, Anglo-European College of Chiropractic (AECC), UK.
Kenneth Vall DC, MA Ed	President of ECCE
Beatrice Zaugg, DC, MME	ChiroSuisse, Chiropractor in private practice in Switzerland, Member of CoA (ECCE), Project Leader of the Federal Licencing Examination Chiropractic, Switzerland
Peter Bonn, DC	Chiropractor in private practice in Switzerland
Jorge Aguilar	Final year student, Madrid Chiropractic College

Kenneth Vall acted as Secretary to the Team and also as a member of the team. The members of the team were allocated specific sections of the report as their areas of responsibility before arriving at BCC.

- 2.3 The purpose of the Evaluation Visit was to verify the SSR and other evidence presented by BCC, and to evaluate the institution in terms of its compliance with the ECCE Standards in Chiropractic Education and Training (hereafter referred to as the ECCE Standards, or Standards). On the basis of the SSR and its supporting documents, and on oral and other documentary evidence given and consulted during the on-site visit, an Evaluation Report compiled by the Team was submitted to BCC for correction of any factual errors, and thereafter to the CoA for a decision on full accreditation of BCC.
- 2.4 All members of the Team were presented by name beforehand to BCC, and no objection to any member was received. All members of the Team signed confidentiality and conflict of interest statements before the on-site visit. No conflicts of interest by any of the members were declared.
- 2.5 A draft timetable for the visit was sent to BCC before the Evaluation Visit, and the final schedule agreed with BCC. A copy of the schedule is appended to this Report (Appendix).
- 2.6 Members of the Team arrived in Barcelona on 12 February. Meetings were held with BCC over the first two days and time was allocated for the Team to hold private meetings as the Visit proceeded. This allowed the Team to reflect on the (written and oral) evidence it had been presented with, and enable the Team to request further evidence where clarification was necessary. The Report was compiled on an on-going basis during the Visit, and oral feedback was given to the institution before the Team's departure on 15 February.
- 2.7 Members of the Team were very well hosted by staff at BCC, afforded every courtesy and had full access to documentation and to staff, students and other stakeholders in the institution.

Members of the Team and the ECCE extend their thanks and appreciation to the Principal, senior staff, teaching and administrative staff and students at the institution.

- 2.8 The draft Report was finalised by the Chair of the Team, and sent to Team members for comments. Based on these, the final draft Report was sent to BCC for factual verification on 21 February 2017. The response was received from BCC on 6 March 2017. Further documents provided by the College at this stage were not taken into account. The Chair and Secretary finalised the Report and this was submitted to the Chair CoA on 6 March 2017. The Chair of the Evaluation Team presented the Report to CoA members on 18 March 2017.
- 2.9 The Report includes an Executive Summary and the findings of the Team regarding compliance of BCC with ECCE Standards. The Report ends with the Conclusions of the Team and the Commendations, Recommendations and Concerns the Team wished to draw to the attention of the CoA. The Evaluation Report was based on the ENQA Guidelines for external reviews of quality assurance agencies in the European Higher Education Area (www.enqa.eu).

3. Barcelona College of Chiropractic

- 3.1 BCC is a new institution in Europe offering first qualification chiropractic education and training in Barcelona, Spain. BCC, a private institution, is the property of a non-profit government registered Foundation (Fundacio Privada Quiropractica), which has formal agreements with UPF and UAB.
- 3.2 BCC delivers the majority of its classes (lectures and practical classes) in years 1, 2 and 3 at the Instituto de Educación Continua (idEC). Set up in 1993, idEC is UPF's institute for continuing and postgraduate education with a strong professional focus particularly in business. The agreement also allows BCC students to access the student services, facilities and resources of the UPF at idEC, including provision of translation facilities. The BCC programme is bilingual, taught in English with simultaneous translation into Spanish and vice-versa in the first year of the programme.
- 3.3 Clinical training facilities, including lecture rooms, technique rooms, radiology facilities and an outpatient clinic are provided at the Barcelona Chiropractic Clinic at a separate site in a suburb (Sarria) of the city. This facility is leased by BCC, and is where most of the clinical teaching in years 4 and 5 takes place.
- 3.4 The chiropractic programme is a first qualification, five year full time programme leading to a dual award. The Titulo Superior en Quiropràctica is awarded by BCC, and the Master en Quiropràctica by UPF. This Masters is categorised as a Masters 'propio', which limits access to further Doctorate level education.

The first students were admitted to BCC in October 2009.

- 3.6 The following section details the findings of the Evaluation Team with regard to the compliance of BCC with ECCE Standards in the provision of chiropractic education and training. The findings of the Team are based on both written and oral evidence presented by BCC.
- 3.7 The colour coded system outlined below is used by the Evaluation Team to indicate the level of compliance with each standard:



Green = Fully compliant/no risk (This is on track and good.)



Light Green = Substantially compliant/low risk. (Broadly on track with some areas which need to be addressed.)



Yellow = Partially compliant/medium risk. (Some significant areas which could be detrimental if not addressed.)



Red = does not comply/high risk. (Serious concerns threaten this area; high risk in the organisation's overall performance.)

4. ECCE STANDARDS COMPLIANCE

4.1 AIMS AND OBJECTIVES

4.1.1 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 its 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.

4.1.1a Description

The College's vision is to see *'Human beings and society developing sustainably through the cultivation and enrichment of the human body, mind and spirit. We believe that educating chiropractors has an integral role to play in bringing that vision to fruition.'* Its mission is *'to deliver a programme of study that leads to the graduation of compassionate, bilingual chiropractors committed to the pursuit of personal development and excellence, and capable of integrating the philosophy, science and art of chiropractic in providing high quality cost-effective chiropractic care'.*

The aims and objectives state:

- 1) *Provide chiropractic students with the educational opportunity to gain the attitudes, knowledge, skills needed to become safe and competent primary contact health care providers capable of practising either independently or in a collaborative setting.*
- 2) *Support chiropractic students in their development of life-long learning skills in order to enhance their personal approach to chiropractic.*
- 3) *Enable students to acquire an understanding and practice of the scientific method, other methods of investigation and evidence-based practice, including critical and analytical thinking skills.*
- 4) *Enhance the students' ability to understand what and how they are learning, to help the learner review, plan and take responsibility for their own learning, and prepare students to be able to discern the best conditions for their learning by obtaining reflective practices skills.*
- 5) *Provide the educational opportunities to obtain the knowledge and understanding of the principles and information related to the basic sciences which are fundamental to the practice of chiropractic and ensure the integration of theory with clinical practice.*
- 6) *Provide chiropractic students first with the opportunity to observe and interact with experienced chiropractic professionals, and then to provide care to patients whilst under close supervision by well-trained professionals.*
- 7) *Support students linguistically so that they become proficient in the BCC's two official languages before graduating.*

4.1.1b Analysis

The mission, aims and objectives have been revised since the last accreditation visit and are well defined and extensive. It reflects a modern institution that is trying to ensure that its graduates are ready to enter practise as competent and safe chiropractors. There is evidence that stakeholders are aware of the direction the college is taken driven by its mission and vision.

There is less evidence about the support for lifelong learning but this will be enhanced by the introduction of a compulsory Graduate Education year by the Spanish Chiropractic Association. The attempt at producing bilingual graduates is proving difficult but still commendable.

4.1.1c Conclusion

BCC substantially complies with Standard 1.1.



4.1.2 Participation in formulation of aims and objectives

The overall aims and objectives of the chiropractic programme must be defined by its principal stakeholders.

4.1.2a Description

The College has involved and continues to involve its stakeholders in the formulation and on-going review of its aims and objectives. The list of stakeholders includes government authorities, the Spanish Chiropractic Association (AEQ), the Board of Governors and internal management and staff, including students and patients. The students are encouraged to comment and provide feedback via the VLE question and answer section, student evaluation forms and through representation on college committees. Patients have input via a suggestion box and a semi-structured questionnaire, available in Spanish, English and Catalan.

4.1.2b Analysis

There is now a clearer understanding of the role of the stakeholders compared to the previous accreditation visit, although with the number of institutions involved in the delivery of the programme this can sometimes seem confusing. Nevertheless, the principal stakeholders are clearly in charge of defining the aims and objectives. There is evidence of student input through the college committee structures. Patients are consulted as stakeholders through questionnaires in the clinic but it is unclear what impact this has on the overall aims and objectives.

4.1.2c Conclusion

BCC substantially complies with Standard 1.2.



4.1.3 Academic autonomy

The institution/programme must have sufficient autonomy to design and develop the curriculum.

4.1.3a Description

The College has control over the design and development of the curriculum and has policies and procedures that enable developments and changes to take place. The Curriculum Development and Review Committee (CDRC) is responsible for this development which is overseen and monitored by the Board of Governors. The development of the Masters programme in the final year was undertaken by BCC within the academic regulations of UPF-idEC. The students are not taught with students from other programmes.

4.1.3b Analysis

The College has designed and developed its own curriculum with input from stakeholders and no undue influence from external sources. The various educational experts and consultants have advised the College on changes and developments. The College has maintained its philosophical approach within the programme, which appears to be supported in the advice given by its stakeholders and advisors.

4.1.3c Conclusion

BCC fully complies with Standard 1.3.



4.1.4 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.

4.1.4a Description

The 2013 framework and related competencies evolved through a process of consultation and revision with key stakeholders, building on the College's previous competency document of September 2009. The new competency framework adopted by the Curriculum Development & Review Committee (CDRC) relies to a substantial extent on the "CanMEDS 2005 Framework" whilst also making use of other similar frameworks for outcome-based education. The competencies are listed in the 'BCC Graduate Competencies' document made available to the Team. The College has also mapped their stated competencies against the competencies outlined in Part 2 of the ECCE Standards in section 2.1.

The revised framework requires a BCC chiropractic graduate to be competent in the following seven roles:

- Safe and competent chiropractor
- Communicator

- Collaborator
- Manager
- Health advocate
- Scholar
- Professional

4.1.4b Analysis

These competencies fit with the biopsychosocial model and patient-centred care and are defined in detail in a separate document 'Graduate Competencies' produced by the College's CDRC in 2013. Over 30 competences are listed and these have been mapped against each module in the programme.

4.1.4c Conclusion

BCC fully complies with Standard 1.4.



4.2 EDUCATIONAL PROGRAMME

4.2.1 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.

4.2.1a Description

The curriculum is based on a modular framework, and is defined in the Programme Specification document and Module Catalogue. The curriculum is essentially a traditional one with the emphasis on the basic sciences in the early years informing the clinical sciences and clinical training period thereafter. Much of the teaching in the early years takes place in the Instituto de Educación Continua (idEC) of UPF in traditional classrooms and technique rooms, and in the later years in the Barcelona Chiropractic Clinic which houses technique rooms, classrooms and the outpatient clinic. The mix of teaching methods includes didactic lectures, small group learning and practical classes as well as clinical training in dedicated facilities. Students have access to a VLE including lectures, programme information, policies and regulations and access to e-journals provided by UPF including the Hospital del Mar library in Barcelona, which is specifically devoted to health-related sciences.

The curriculum is hierarchical with learning outcomes expressed at levels F, I, H and Masters. Year 4 is entirely at level H, and Year 5 at Masters level. The academic year is divided into two semesters with examinations at the end of each.

Course material (including module descriptors) is evaluated, approved and communicated across the College. Students are encouraged to provide suggestions for improvement via Student Evaluation Forms and representation on a variety committees including the Board of Governors.

4.2.1b Analysis

Each module has designated academic levels, agreed learning outcomes and syllabuses, a framework for assessment and hours designated for study that accord with European ECTS guidelines. There is evidence of a variety of teaching and learning methods, including e-learning resources and a VLE of which students make good use. There is an awareness of the need to keep abreast of learning technologies and incorporate these as the programme matures. Throughout the curriculum there is evidence in the module descriptors of teaching students the importance of reflective practice and the adoption of self-directed learning skills. The excess of credits in Year 1 has been reviewed by the college and reduced from 310 to 300 ECTS, as recommended after the ECCE 2014 site visit.

4.2.1c Conclusion

BCC fully complies with Standard 2.1.



4.2.2 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.

4.2.2a Description

Students are introduced to the scientific method and evidence-based practice (EBP) from their first semester and taught clinical problem solving skills throughout the three Clinical Skills modules in Years 2-5 via case-based learning. Other modules in Years 2 to 4 include learning outcomes directly related to scientific skills, which are summatively assessed. Additionally, in Years 3 and 4, students learn critical appraisal skills and in Year 4, students start to design their research project. To facilitate the teaching and assessment of the evidence-based approach, BCC teaching staff underwent additional training from 2013-16, including a 40-hour course delivered by the Ibero-American Cochrane Foundation's teaching institution (INPECS) on the teaching of EBP. From Sept 2015, three Year 1 and 2 modules underwent a significant change in learning outcomes, module content and assessment to increase scientific method, research-related and EBP elements.

There is a signed agreement between BCC and UPF-idEC to use UPF teaching staff to deliver the majority of the 5th year research module, as on successful completion of the programme of study, BCC students are awarded a Master en Quiropráctica by the UPF. In order to qualify as a UPF Master award, at least 30% of the credits must be delivered by UPF employed teaching staff.

4.2.2b Analysis

The BCC has greatly increased and improved its staff training in the teaching of the principles of the scientific method and EBP, including analytical and critical thinking, throughout the curriculum. The teaching of EBP has been brought forward to the early years of the programme of study and its

horizontal integration has increased. The current curriculum in Years 1-4 adequately prepares students for the research project in Year 5 and management of patients using an evidence-based model.

4.2.2c *Conclusion*

BCC fully complies with Standard 2.2.



4.2.3 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.

4.2.3a *Description*

The biomedical sciences are taught by appropriately qualified staff, most of who are employed by BCC on a part-time basis. Students in year 1 have access to prosection facilities at the Universitat Autònoma de Barcelona (UAB) and all the relevant biomedical sciences are taught and assessed in Years 1 to 3, including anatomy, physiology, biochemistry, histology, biophysics, embryology, pharmacology, microbiology, nutrition and neurology. The College has in place a 'critical friend' system, a mix of basic science and chiropractic teachers working together towards the integration of modules. This collaboration between basic sciences faculty and clinicians is aimed to highlight the relevance of the basic sciences to the chiropractic profession.

4.2.3b *Analysis*

There is evidence that the relevant basic biomedical sciences are included in the curriculum. The clinical relevance of the basic science material is highlighted via a number of case-based examples presented during the related modules. All basic science modules contain elements of assessment that demand from the student the ability to search for scientific information, conduct critical analysis and communicate scientific information. Some of the basic science focused modules give the student different perspectives in relation to the therapeutic options and approaches.

4.2.3c *Conclusion*

BCC fully complies with Standard 2.3.



4.2.4 Behavioural and Social Sciences, Ethics and Jurisprudence

The institution/programme must identify and include in the curriculum those contributions of the behavioural sciences, social sciences, ethics, scope of practice and legal requirements that enable effective communication, clinical decision-making and ethical practice.

4.2.4a Description

Behavioural and social sciences, ethics and jurisprudence are introduced in a stepwise manner, spread across the 5 years and are distributed across different modules throughout the programme. Students are taught aspects of the patient-centered care models, oral and written communication skills and reflective practice skills across different modules. Specifically, the modules '*Chiropractic in Society I – V*' and '*Personal Development, Research and Reflective Practice I and II*' have teaching and learning materials directly focused on engaging students in effective communication, clinical decision-making and ethical practices. This material is also a focus within the clinical integration and clinic practicum modules. The teaching of professionalism is a recurring theme across the curriculum. To overcome the theory-practice gap, two module teachers of SOC4 (ethics and professional practice), have been added to the clinic supervisor team in order to further enhance the link between content related to ethics, professionalism and scope of practice covered in the classroom and the clinical environment.

Patient records have undergone significant modification to better support and document practice reflecting the EBP, biopsychosocial and patient centered models.

BCC has in house access to specialty consultants (a physiotherapist, a nutritionist and a psychologist).

4.2.4b Analysis

The curriculum is addressing the relevant topics in the areas of behavioural and social sciences as well as ethics and jurisprudence. Adaptation to the teaching of these topics and better integration into clinical practice have been made, i.e. patient files now include a working hypothesis and adequate use of research papers for evidence-based patient care (care plan). With the introduction of in-house access to specialty consultants, BCC is one step further to improved collaboration with other health care professionals. Nevertheless, the lack of chiropractic regulation in Spain continues to hinder the development of a broader multidisciplinary healthcare collaboration. There is a need to further develop collaborative procedures/agreements.

4.2.4c Conclusion

BCC substantially complies with Standard 2.4



4.2.5 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.

4.2.5a Description

The clinical skills modules are taught through an evidence-based, bio-psycho-social model, whereby a conservative ethic of first doing no-harm and respecting the body's ability to heal itself guide decision-making and problem solving skills. The modules are built from the foundation to Master level across the five years of the programme.

Only those students who have satisfactorily completed all year 1 to 3 requirements can progress to the modules related to the Clinical Practicum modules in years 4 and 5. Full entry into the clinic can only be achieved through satisfactory completion of Clinical Practicum 1 concluding with a must pass OSCE of ten stations. The assessment of patients upon their initial presentation to the BCC Chiropractic Clinic include thorough history taking, assessment of symptom profile and co-morbidities, general health status, physical examination, including vital signs and systems review. It is completed by a differential working hypothesis with a clinical impression based on a thorough document related evidence-based approach, based on complementary examination procedures if needed. Referral protocols are evident, including advanced imaging. Interns are taught the administration and interpretation of a wide range of patient reported outcome measures (PROMs).

4.2.5b Analysis

Clinical competencies are integrated through many modules. The comprehensive clinical entrance exam with a two year clinical training period in the Barcelona Chiropractic Clinic enhances students' clinical skills over time. Evidence of the use of relevant research papers was found in all files the team selected on a random basis. There was evidence of differential working hypotheses. The students are instructed when and how to use referral procedures. Reviewing the OSCE exam on video showed generally improved organisation and patient assessment skills. Medical imaging interpretation is taught and used by the students, but no evidence could be found by the team in the patient files chosen randomly. The team identified a substantial improvement regarding the clinical sciences and skills teaching. Further work is needed to ensure that these are closely aligned to the stated clinical competencies of graduates.

Part of the advanced evidence-based staff development, especially for clinic supervisors, should include further training in teaching the selection, administration and interpretation of PROMs.

4.2.5c Conclusion

BCC substantially complies with standard 2.5



4.2.6 Chiropractic

The institution/programme must foster the ability to participate in the scientific development of chiropractic.

4.2.6a Description

The BCC's programme of study in chiropractic aims to enable students to participate in the scientific development of chiropractic by providing knowledge and training in the scientific method, other

forms of research enquiry and evidence-based practice, including analytical and critical thinking. From year 1 to 3 students are taught the steps in the evidence-based approach. During year 3 and 4, integrated in the modules *Clinic Practicum I and II*, students start applying critical appraisal skills in assessing research and the evidence-based approach in patient management, which is further enhanced in year 5.

4.2.6b Analysis

Students are exposed to chiropractic history and development. Since the IberoAmerica Cochrane Collaboration teaching institution (INPECS) review and up-skilling of staff in relation to teaching the evidence-based approach, the research ethos within the institution has been enhanced. The critical appraisal of scientific evidence and the scientific method exposure occur very early in the programme giving the students the necessary knowledge and enthusiasm to participate in the scientific development of chiropractic. Advanced staff development on teaching evidence-based practice on an ongoing basis would be beneficial.

4.2.6c Conclusion

BCC substantially complies with Standard 2.6



4.2.7 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 clinical responsibility upon graduation.

Every student must have early patient contact leading to participation in patient care.

4.2.7a Description

Students begin clinical observation in the 2nd semester of year 1 and continue in year 2 through the Personal Development, Research and Reflective Practice II modules. Students in year 3 Clinical Practicum module observe their senior colleagues before they start clinical practice in the Barcelona Chiropractic Clinic. Students start clinical practice in the 2nd semester of year 3 providing care to fellow students, BCC staff, family and friends. Students at this stage are supervised at each visit and are expected to perform a minimum of 2 new patients and 10 treatment visits. At the end of year 3, before access to patients from the local community, students must complete a Clinic Entrance OSCE. In years 4 and 5, students must complete in the region of 350 treatment visits and assess 35 new patients. Students at this level are continually assessed using a summative assessment tool called an Intern Qualitative Assessment (IQA) and formatively using a mini-clinical evaluation exercise (mini-CEX). In addition to these clinical requirements, students learn a clinical audit process. At the end of year 5, students sit the Clinic Exit OSCE, comprising 10 stations. The College has also developed a preceptorship programme for final year students who have met their clinical requirements in which they can spend part of the final semester working outside the institutional setting in approved chiropractic clinical placements.

4.2.7b Analysis

There is early exposure to clinical activities, particularly through mentorship, and students are continually assessed during training (e.g. mini-Cex). Interaction with other health care professionals has increased with the introduction of a nutritionist, clinical psychologist and physiotherapist which is working well. The lack of appropriate interaction with the medical profession can be explained by the absence of legislation for the chiropractic profession in Spain. The college has introduced procedures to ensure an appropriate student patient case mix exposure which is enhancing the clinical experience. The onus on students to find sufficient patients to fulfil their requirement is perhaps too much and the college need to further support this worthwhile initiative. Information from patient files suggests that evidence-based practice is now well embedded in the programme with students having to document research papers to support their clinical impressions and treatment procedures. Staff must ensure though that only chiropractic procedures actually taught on the programme should be utilised on patients. It could also be made clearer in the patient files which examination procedures have been undertaken both at the initial visit and at subsequent visits. Imaging interpretation and the study of radiology would be generally enhanced with the employment of either a medical radiologist or a chiropractor with a DACBR qualification.

4.2.7c Conclusion

BCC substantially complies with Standard 2.7



4.2.8 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.

4.2.8a Description

The curriculum is a five year, full time programme of study based on a modular framework, and is defined in the Programme Specification document. There are two semesters a year, with assessments at the end of each semester and coursework throughout the year. All the module descriptors are included in the Module Catalogue, including intended learning outcomes, teaching methods, and the teaching and assessment schedules. There is also a Graduate Competencies document that articulates the exit learning outcomes of the graduate chiropractor, mapped against the ECCE Standards and BCC module descriptors. The curriculum is broadly based on a traditional model with the basic sciences and informing disciplines in the early years, followed by the clinical sciences and clinical training in years 4 and 5. Students are introduced to chiropractic technique from year 1, and also engage in a clinic observation programme in the early years. There is a continuing thread of 'Chiropractic in Society' throughout the 5 years, focused on the scope of chiropractic practice in the wider historical and contemporaneous contexts, and professional and ethical practice. Similarly, there is a thread emphasising reflective and professional practice in the 'Personal Development, Research and Reflective Practice' modules in Years 1 and 2, replaced by the 'Clinical Practicum' modules in Years 3, 4 and 5.


The curriculum is hierarchical with learning outcomes expressed at level F, I, H and M level. Year 4 is entirely at level H, and year 5 at Masters level (as defined by the 'unofficial' Masters category in Spain).

Integration between the basic sciences and chiropractic is facilitated through the system of 'critical friends' in which each basic science teacher is paired with a senior member of the chiropractic faculty. All faculty have access to other teacher's lecture material and notes posted on the VLE. Faculty also come together in attending the academic committees, and discussing course content in the Curriculum Development and Review Committee, the Learning, Teaching and Assessment Committee and the Examinations Setting Committee. The College describes other activities that facilitate this integration including the staff induction process and meetings with the external examiners, and review by the Course Leaders.

4.2.8b Analysis

There is clear documentation detailing the curriculum, and module descriptors. There is a coherent structure detailing the basic sciences, chiropractic subjects and clinical training. The learning outcomes expected at each stage of the programme are clear, and there is a good level of integration between the basic sciences and clinical sciences.

4.2.8c Conclusion

BCC fully complies with Standard 2.8. 

4.2.9 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.

4.2.9a Description

The Curriculum Development & Review Committee (CDRC), is a sub-committee of the Learning, Teaching and Assessment (LTA) Committee. The CDRC has the responsibility of making recommendations to the LTA Committee in relation to the design and implementation of the curriculum. Every effort is made to ensure that the CDRC functions with the necessary resources to plan, implement and frequently review the curriculum. Students have the opportunity for representation on this committee. The Academic Board is responsible for establishing the delivery of the programme of study. Student feedback in relation to the delivery is provided by the Student Staff Liaison Committee meetings. The Course Leader ensures the delivery of the programme is reviewed, further developed and appropriately resourced. The Course Leader and the Head of Chiropractic monitor and oversee the delivery of the individual modules, allowing a multi-tiered quality assurance process. The Academic and Management structure has been simplified, the term "Department" has been replaced by "Unit".

4.2.9b Analysis

There is a well-defined academic management structure defined by roles and responsibilities at every level. Academic staff were clear on lines of management and how the structure worked. There is room for development of staff in these roles, particularly as the College grows in the future. Similarly, there is a defined and clear structure of academic committees that are pivotal in how the programme is managed in both its development and delivery. The collaborative agreements with the local universities do not affect the academic autonomy. Some work is needed to ensure that any overlap is removed and there are clear remits and boundaries in place.

4.2.9c Conclusion

BCC substantially complies with Standard 2.9. 

4.2.10 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.

4.2.10a Description

In the absence of a Graduate Education Programme (GEP) in Spain for chiropractic graduates, the BCC has drafted a plan for an infrastructure that will support the continued self-directed and life-long learning of its graduates during the initial 12 months post-graduation.

The AEQ (National Chiropractic Association) supports the college in many ways. There are ongoing discussions with the AEQ's representatives during *AEQ/BCC Liaison Committee* meetings about the continuing professional development options.

For a graduate to become an AEQ member, they have to work under supervision of a chiropractor (active AEQ member) for at least one year.

The BCC Management Board and faculty are also in discussions with representatives from different healthcare facilities in Barcelona in order to access care providing opportunities for BCC students.


The BCC has set-up a pilot Clinical Transition Programme (CTP) with 5 available places. Two final year students experienced training in private chiropractic clinics through this programme during the last academic year, under the close supervision of approved off-campus supervisors. The Preparedness for Chiropractic Clinical Practice Questionnaire (PCCPQ) has been formulated for recent BCC graduates and feedback collected from this will be considered when evaluating the programme of study.

4.2.10b Analysis

The lack of regulation in Spain and the absence of a Graduate Education Programme in Spain is a

barrier, meaning that there are no formal linkages at this point. The College demonstrates a clear understanding of the actions required in this regard and needs to explore them further.

4.2.10c Conclusion

BCC substantially complies with Standard 2.10. 

4.3 ASSESSMENT OF STUDENTS

4.3.1 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.

4.3.1a Description

There is an appropriate range of assessment methods including written examination and practical examinations, occurring at the end of each semester, and coursework during the year including portfolio work. There is a mix between formative assessments and summative assessments. Written examinations take the form of EMQs (extended matching questions) and short answer questions, while some coursework is based on case reports, and is conducted both in groups and individually. There is a written research project and oral defence in year 5. Practical examinations include mini-CEX and 10-station OSCEs (Clinic Entrance and Exit).

Assessments are moderated and standard set by the Examination Setting Committee with the active participation of the external examiners. External examiners also produce an Academic Report on all the learning, teaching and assessment procedures used over each year. This report is considered by the Academic Board. Assessments are marked anonymously whenever possible. Moderators are assigned by the module leader for each individual component of assessment to assure that the marking criteria are used properly and that all assessment is reliable, fair and consistent.


New and innovative assessment methods are encouraged by the College and implemented by the Course Leader. These are discussed at the Learning, Teaching and Assessment Committee and monitored by the Examination Setting Committee and external examiners.

Criteria for progression is clear and there is an appeals system in place whereby students can appeal a mark based on failure of administrative procedures and mitigating circumstances.

4.3.1b Analysis

The assessment methods are diversified, relevant and there are clear procedures for their continual review and change. There are clear procedures for progression of students, and an appeals system is in place.

4.3.1c Conclusion

BCC fully complies with Standard 3.1. 

4.3.2 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.


4.3.2a Description

All assessment criteria are given to the students in advance. Module descriptors all have clear outlines of the intended learning outcomes (ILOs) and the assessment strategy. There is an assessment calendar given to the students at the beginning of the year and students are given time at the end of the semester for revision.

4.3.2b Analysis

Assessments reflect the ILOs in each of the modules, and assessment is linked directly to the relevant ILO(s) in the 'learning to teaching to assessment matrix' in the module descriptors. There is a sound structure in place for ensuring that assessments are appropriate for the level of learning, and that timing of the assessments is not overly burdensome. The College is mindful of over assessment, and the student voice is heard through the Student Staff Liaison Committee.

4.3.2c Conclusion

BCC fully complies with Standard 3.2. 

4.4 STUDENTS

4.4.1 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.

4.4.1a Description

The College has a published admissions policy that outlines both admissions regulations and procedures. The Admissions Panel administers the interview of all applicants which is normally undertaken by the Principal and Course Leader. Spanish applicants in particular are made fully aware of the legal situation of chiropractic in Spain. Applicants who are unable to come to Barcelona at this stage may be interviewed via Skype or in certain circumstances in their own country. Applications may be made in Spanish or English in keeping with the ethos of the College. The prospectus is available in both Spanish and English.

All students must have achieved the minimum standard for entry into the Spanish Higher Education system, having studied enough science modules during the two last years of secondary education, preferably Biology or Chemistry, be fluent in either English or Spanish (and have enough knowledge of the other language) and to be computer literate at user level. The wide range of applicants from other countries has their certificated qualifications checked for equivalence. A 50 hour intensive refresher/upgrading programme in basic sciences and languages is provided by BCC prior to starting the general programme of study. Passing the examinations at the end of the intensive course is mandatory for entry to the first year of the programme.

The College has an APL policy.

There is a policy for applicants with disabilities and a policy for disclosure of criminal records.

4.4.1b Analysis

The Admissions Panel distinguishes between standard entry (i.e. those who fulfil all of the entry qualifications) and non-standard entry (i.e. those who do not meet the entry qualifications in basic science and languages yet have the background (e.g. parent is a chiropractor) and motivation to become a chiropractor). Approximately 20% of students enrolled on the programme are mature students who have either returned to higher education having studied for other degrees or qualifications or have decided to embark on a new career. Students with disabilities are well targeted and have help from the staff when it comes to examination.

4.4.1c Conclusion

BCC fully complies with Standard 4.1.



4.4.2 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 programme.

4.4.2a Description


Since starting, the College has recruited between 25 and 45 students each year. There are plans to increase the yearly intake by 5-10% per annum.

4.4.2b Analysis

At present the College has the physical capacity to deliver the programme. Should the College recruit 60 to each cohort some of the classroom space will not be able to house the groups. BCC suggested that a large cohort would be split and taught in two groups which would increase the overall cost of delivering the programme. idEC has capacity for both larger groups and repeat teaching. Larger cohort size would be a challenge in the clinic however, especially finding further well-qualified clinicians and more patients.

Current resources are sufficient to meet current numbers of students. If numbers increase, the College has plans in place to meet demand.

4.4.2c *Conclusion*

BCC fully complies with Standard 4.2. 

4.4.3 **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.

4.4.3a *Description*

The College places heavy reliance on the personal tutor system to support all of the students' social and personal needs. This tutor remains with the student throughout his/her college career. Health related issues are dealt with by Student Coordination, and students are able to access care in the College's clinic.

New students are inducted during Induction Day, which covers the academic regulations, the academic programme, and what is expected of students. There are presentations by senior students, and video recordings by the external examiners/advisors. The day finishes with an informal social event.

Other forms of support include the Student Handbook, the VLE, language classes and financial support. The Student Coordination office employs two full time administrative staff who are responsible for supporting and co-ordinating the activities of students, including search for accommodation and support for overseas students.

After Examination Boards, an Academic Review Committee confirms the progress of students. Those identified as requiring remedial help are notified together with their personal tutor.

4.4.3b *Analysis*

The open-door policy encourages students to make full use of the academic and personal support that is available. There are ample support mechanisms available for students which may evolve into the establishment of a Student Union as the College matures. The induction programme also helps the students to be acquainted with rules, the VLE and to know how everything works in the college.

4.4.3c *Conclusion*

BCC fully complies with Standard 4.3. 

4.4.4 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.

4.4.4a Description

The BCC has a policy on Student Representation. Students are represented on all the main academic committees and there is an induction process for new student representatives. The Student Staff Liaison Committee is chaired by a student, and student representatives are responsible for setting the agenda and taking the minutes. Student representatives are elected by the student body, and the College holds a Leadership Weekend to improve leadership skills, communication and team building skills, which is mandatory for all students.

Regarding other matters relevant to students, they are encouraged to start to interact with other professional organisations including formal contact with the AEQ, the World Congress of Chiropractic Students (WCCS) and the ECU Congress. Links with students at the chiropractic college in Madrid are also encouraged.

4.4.4b Analysis

Students are considered to be one of BCC's key stakeholders, and are fully involved in both academic and non-academic matters. Recently, a student representative has been appointed to the Board of Governors (without voting rights).

4.4.4c Conclusion

BCC fully complies with Standard 4.4.



4.5 ACADEMIC and CLINICAL FACULTY (STAFF)

4.5.1 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.

4.5.1a Description

The BCC has a staff recruitment policy and procedures in place. i.e. formalised recruitment procedures, including an interview and induction process for all new staff as well as a Staff

Handbook. The college has both chiropractic and non-chiropractic faculty. There is a higher proportion of part-time staff who teach on both the chiropractic and basic science parts of the curriculum. Most faculty are bilingual (Spanish/English) and teach in their preferred language.

4.5.1b Analysis

The number of full time staff needs to be increased over time to ensure appropriate staff development and level of pedagogic expertise. The number of chiropractors with training and experience in education and research is still small and needs to be improved. There is a high proportion of part-time teaching staff, but nevertheless the process appears to be well managed, and staff from both the basic sciences and chiropractic faculties are strongly committed to, and supportive of the institution.

4.5.1c Conclusion

BCC substantially complies with Standard 5.1.



4.5.2 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.

4.5.2a Description


There is a staff promotion and development policy and all staff are appraised on an annual basis. This is an essentially paper based exercise involving both the Principal and the Course Leader. This appraisal process provides staff with feedback on their performance as well as identifying any areas for staff development. One member of full-time staff has completed a postgraduate Masters degree, and another is enrolled on a programme leading to a Masters in Medical Education. Much of staff development occurs through visits from the College's external experts, where pedagogic topics are covered including content and delivery of the programme, and assessment methods. In the last 2 years, training has particularly focused on developing the knowledge, skills and attitudes of staff on how to teach evidence-based practice.

4.5.2b Analysis

Opportunities for promotion are understandably limited given a limited budget and a low number and turnover of staff. It is a strong feature of the College that from the outset there are formal staff appraisal processes in place.

The College will need a strategic faculty development plan in order to identify development needs of both the institution and individual staff and the resources necessary to support faculty development and research. In particular, staff development should focus on pedagogic practice.

4.5.2c Conclusion

BCC substantially complies with Standard 5.2. 

4.6 EDUCATIONAL RESOURCES

4.6.1 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.

4.6.1a Description

BCC rents a space of 120 sqm in the idEC (UPF Balmes campus) building from UPF. The space includes shared teaching rooms, one of which has simultaneous translation facilities, some study space and tutorial rooms, office space for the full time teaching and administrative staff, and cafeteria facilities. For specific events, BCC can use the lecture theatre on the ground floor of the building.

Barcelona Chiropractic Clinic is the College's training clinic, which is leased by BCC. It is a 1000sqm customised space including a library, teaching and technique rooms, and space that can be used for written examinations.


All students can make use of the impressive main UPF library although it does not stock chiropractic texts and journals. These are held on Sarria (Barcelona Chiropractic Clinic) site libraries.

Dissection (prosection) takes place at the Dissection Laboratory of the Medical Faculty of Universitat Autònoma de Barcelona.

4.6.1b Analysis

There are good physical facilities for staff and students, including good library facilities and access to e-learning resources.

4.6.1c Conclusion

BCC fully complies with Standard 6.1. 

4.6.2 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.

4.6.2a Description

The BCC Chiropractic Clinic is located in the Barcelona city suburb of Sarria. There is a direct Metro connection with UPF. It is a leased property and is at street level with disability access. It is approved and registered as a health care centre by the local government. The clinic is 1000 square meters in size and includes a reception area, 11 treatment rooms, 2 technique teaching rooms, 3 lecture rooms, a radiology training laboratory, library and student facilities. The clinic has a physiotherapist, nutritionist and psychologist assisting in patient care.

The acting Head of the Clinic is the Head of Chiropractic. A new head of Clinic has been appointed and will take up the position from summer 2017. There are 5 part-time clinic supervisors who work in organised shifts. All treatment rooms have video cameras installed for student supervision and feedback (live streaming for patient visits and video recording for OSCE's). The BCC Chiropractic Clinic Committee meets twice a month to review student clinical performance, the number and case-mix of patients, and the adequacy of facilities.

4.6.2b Analysis

The current facilities are of a high standard with adequate space and good treatment room sizes. The plans for expansion include transforming one of the technique classrooms into treatment rooms, which would increase the number of treatment rooms to 20. The video technology is an excellent tool for supervising and teaching clinical students and always done with patient consent. Moving to electronic patient files would improve efficiency and opportunities for research. Although the patient numbers are increasing it remains a challenge to supply enough patients with an adequate and appropriate case-mix. This needs to be further developed.

4.6.2c Conclusion

BCC substantially complies with Standard 6.2. 

4.6.3 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.

4.6.3a Description

The College has its own Virtual Learning Environment (VLE) (Moodle) which is populated with lectures, reading material, academic regulations and policies, assessment calendars, and other information to keep students up to date with their programme. Students have Wi-Fi access on all campuses. An e-portfolio system is also in place and being developed for use in the clinical training part of the programme.

Electronic databases for literature searching can be accessed at the Sarria site (Barcelona Chiropractic Clinic), in the main University library on the Ciutadella campus and Campus Universitari del Mar, which give full access to clinic students to every journal of medicine for research purposes. Also, students from years 1 and 2 can access some parts of the libraries. Recently BCC has made use of remotely delivered lectures and the videoing of presentations through the VLE. Video technology is in use in the clinic as a teaching and assessment tool.

4.6.3b Analysis

The IT facility is fully integrated as part of the student learning experience and students have good access to e-learning resources.

4.6.3c Conclusion

BCC fully complies with Standard 6.3



4.6.4 Educational expertise

The institution must ensure the appropriate use of educational expertise in the design and development of the chiropractic curriculum and instructional (teaching and learning) and assessment methods.

4.6.4a Description

Although educational expertise was outsourced in the past, over the last 2 years BCC has made appropriate use of in-house educational expertise in all aspects (design, development, teaching and assessment methods). A full-time member of staff is currently studying for a Masters in Medical Education at the University of Dundee, UK.

The roles of external examiners and external experts were split and separate role definitions were written.

The role of the external experts was also to identify staff development needs and provide staff development sessions as required.

An internal quality audit system, overseen by an internal team, was trialled and developed during the 2015-2016 academic year and in part evaluated through oversight and a report from an external expert from the Universitat de Barcelona.

4.6.4b Analysis

The BCC needs to actively support the development of the pedagogic expertise of its academic staff as this will enhance teaching, learning and assessment across the programme. Further evaluation of the internal quality audit system is desirable.

4.6.4c Conclusion

BCC partially complies with Standard 6.4



4.6.5 Administrative and technical staff and management

The administrative and technical staff of the institution/programme must be appropriate to support the implementation of the institution's 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.

4.6.5a Description

The Management Board provides all educational support to the BCC. A total of 11 members of staff, including the College Manager (Chair of the Management Board) are involved in coordinating or giving support to students and teachers on the use of learning resources.

In addition, there are a number of external companies assisting with the VLE platform and IT systems. The Management Board takes into account teacher and student feedback through regular consultation with the CDRC (Curriculum, Development & Review Committee).

4.6.5b Analysis

There is good interface with programme and quality assurance matters, and the administrative and support management.

4.6.5c Conclusion

BCC fully complies with Standard 6.5.



4.7 RELATIONSHIP BETWEEN TEACHING AND 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 at the institution/programme.

4.7a Description

The college is committed to developing a strong research ethos and aspires towards providing its students with a research-led programme of study. It is a priority for the BCC to move to a more research-led programme of study, but this will require a multi-level approach. The relationship between teaching and research is facilitated at the college. Staff show greater involvement in developing and carrying out research projects. Members of staff are informed of the responsibility of participating in research activities at induction, staff appraisals and through involvement with the *Research Committee* established in 2011. Students are introduced to scientific thinking from the first year of the programme of study. Students and faculty have access to different electronic databases. The majority of the final year research module is taught by UPF staff employed by the BCC. New research priorities have been established along with allocation of resources. There are at present three main lines of institutional research being pursued. One project is scheduled for completion this academic year.

4.7b Analysis

Student and institutional research has been given priority over the past 2 years. With the teaching and application of the evidence-based approach, students are encouraged and prepared to engage more in research. A larger proportion of research-active faculty (chiropractic and non-chiropractic) is recommended as it is essential to underpin research, in particular in the supervision of undergraduate research projects. The institution may have to rethink the supportive mechanisms including time allocation to research-active faculty.

4.7c Conclusion

BCC substantially complies with Standard 7.



4.8 PROGRAMME EVALUATION

4.8.1 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.

4.8.1a Description

There are a number of mechanisms involved in the quality assurance of the programme. This includes collecting and analysing student feedback to inform programme development and modification through the Student Staff Liaison Committee, Curriculum Development and Review Committee and Learning, Teaching and Assessment Committee. All modifications to modules are made at the committee level. Feedback from teaching staff is gathered in face to face meetings between staff and Heads of Departments and the Course Leader, where much of the evaluation of

individual modules occurs. All examinations are reviewed by external examiners, as well as being moderated and standard set internally by BCC faculty.

4.8.1b Analysis

The institution adopts a reflective attitude to the programme and is willing to identify areas for improvement arising from evaluation methods. Student feedback strongly features in the evaluative process, and it is to the institution's credit that students feel they are listened to in this process. There are quality assurance policies and procedures in place and the College has developed its own staff in this regard. The institution's internal expertise has increased significantly in the last 2 years and the role and responsibilities of the external examiner has been explicitly defined and is now distinct from that of the role and responsibilities of the external expert.

4.8.1c Conclusion

BCC fully complies with Standard 8.1.



4.8.2 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.

4.8.2a Description

Students are surveyed via student evaluation forms by mid-semester and toward the end of each semester for each module, informing the annual monitoring process. Student feedback is made available to all the academic committees and the Management Boards.

Staff feedback is gathered by way of staff appraisals, staff representation, active participation in committees and staff involvement in processes such as the 'critical friend' system. Staff are also encouraged to provide comment and feedback on the reports.

There is strong reliance on student feedback by UPF in evaluating the quality of the final year of the programme, which is done systematically as part of the quality framework for the award of the Masters qualification.

4.8.2b Analysis

There is good use of student and staff feedback at many levels throughout the College.

4.8.2c Conclusion

BCC fully complies with standard 8.2.



4.8.3 Student cohort performance

Student cohort performance must be analysed in relation to the curriculum and the aims and objectives of the programme.

4.8.3a Description

BCC collects a range of data sets that inform student performance and progression. The data is analysed by the Academic Review Committee (ARC) at the end of each semester after the results of examinations and assessments are known. Data on student progress and attrition inform the curriculum through the Curriculum Development and review Committee (CDRC). That data, made available to the Management Board by way of the Academic Board, is also considered in relation to management at the Management Board level. Students are provided with “feedback” to make an informed estimate of the students’ progress. Information that is considered by the committee includes academic results from semester 1, engagement in the programme and personal tutor comments. Overall, students will receive 3 different numbers, each one between 1 and 4. One number relates to overall academic performance, one relates to professional development (including - progress in language, professionalism, personal development and engagement in the programme), and the final number aims to be a summary score for overall progress. Those students that receive a 4, for anyone of the 3 categories, are informed that they must attend a meeting with both the College’s Principal and the Course Leader, in order to discuss their unsatisfactory progress.

Currently all student progress data is entered onto a spreadsheet rather than specialised software so that customised reports can be used to inform curriculum development. The college has investigated the implementation of a centralised database (e.g. Microsoft Access) that can enable the data to be minded and provide reports to inform the College’s development in the future.

4.8.3b Analysis

Student progress is closely monitored and used to inform development of the programme. The ARC score system needs to be better communicated to students, so they understand its meaning and purpose. Prioritising the access to a specialised software database that will facilitate the development of customised reports that can be used to better communicate to students and to better inform curriculum development is recommended.

4.8.3c Conclusion

BCC substantially complies with standard 8.3.



4.8.4 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.

4.8.4a Description

The principal stakeholders within the College are involved in the evaluation of the programme. Staff and students are involved via their representation on Boards and Committees. Additionally students provide feedback via evaluation forms that are administered twice a year and staff provide feedback via staff-appraisal. Patients of the BCC Clinic provide feedback via a patient questionnaire. The Curriculum Review and Development Committee and Research Committee which includes administrative staff, part-time and full-time teachers and student representatives post the agendas and action lists on the VLE for access to all principal stakeholders.

The Board of Governors has ultimate responsibility for the programme and meets 4 times a year and holds monthly teleconferences for evaluation and monitoring of the programme.


UPF has a former Vice Rector co-directing the Masters component of the programme. In addition, the UPF has representation on the research committee and evaluates the Masters component of the programme on an annual basis. They are however not listed as principal stakeholders.

One representative of the Spanish Chiropractic Association (AEQ) Executive committee and two senior BCC staff of the Management Board form the AEQ/BCC Liaison committee which meets every at least once each year.

4.8.4b Analysis

The College communicates with principal stakeholders regarding the educational and training provision of the College. The link with a public university as a key stakeholder is very positive.

4.8.4c Conclusion

BCC fully complies with Standard 8.4. 

4.9 GOVERNANCE AND ADMINISTRATION

4.9.1 Governance

Governance and committee structures and functions of the chiropractic institution/programme must be defined, including their relationships within the university (as appropriate).

4.9.1a Description

The BCC was founded by the “*FUNDACIÓ PRIVADA QUIROPRÁCTICA*”. The Board of Governors of this non-profit organisation appointed the Principal of the College. The Principal has now been in post for 7 years. The Board of Governors is formed of 6 individuals with an appointed chair and meets 3 times a year. At the institutional level, the highest academic structure is the Academic Board. The Management Board prepares business and budgetary plans for the approval of the Board of Governors.

The organisation of the College is completed through a variety of academic committees including the Research Committee, the Curriculum Development and Review Committee and the Examination Board, the Interim Examination Committee, the Examining Board, the Learning, Teaching and Assessment Committee, the Examination Setting Committee, the Student Staff Liaison Committee, the Barcelona Chiropractic Clinic Committee, the Resources (IT and Library) Committee, the Ethics Committee, the AEQ/BCC Liaison Committee. The number of members and the frequency of the meeting vary from one committee to another.

The relationship between the College and the Instituto de Educación Continua (idEC) of UPF started in June 2008. The College had signed several agreements and contracts with UPF and idEC regarding use of facilities and resources. One of the agreements includes the award by UPF of a Masters to BCC graduates. The Masters is a *titulo propio* : Master en Quiropráctica, which in contrast to the other category of Masters in Spain, does not allow progression to Doctorate education and training. BCC also has a collaborative agreement with the Universitat Autònoma de Barcelona Anatomy regarding the use of dissection (prosection) facilities.

4.9.1b Analysis

The committee structure includes a large variety of Committees and Boards. There is good representation from both staff and students. The Board of Governors have increased their membership to include lay members and educational expertise. The inclusion of student representation is a step in the right direction and perhaps over time the student could become a full member with voting rights. Further diversification should also be planned for the future.

4.9.1c Conclusion

BCC substantially complies with Standard 9.1. 

4.9.2 Academic leadership

The responsibilities of the academic head of the first qualification chiropractic programme, and of the academic management structures, must be clearly stated.

4.9.2a Description

The Academic Board meets once a year at the end of the academic year to discuss academic matters. The Academic Board reviews the delivery and assessment of the programme of study and evaluates and approves changes to modules. The Learning, Teaching and Assessment Committee, the Ethics Committee, the Chiropractic Clinic Committee, the Research Committee, the Curriculum Development and Review Committee and the Examination Board all report to Academic Board. The Academic Board also discusses staffing and learning resources and makes recommendations for budgets to the Management Board.

The Chair of the Academic Board is the Principal, who has driven the development of the College and been in post since the College opened to students in 2009. The Principal is appraised by the Board of Governors on an annual basis.

4.9.2b Analysis

There are clear academic management structures in place, and strong leadership by the Principal, supported by senior managers.

4.9.2c Conclusion

BCC fully complies with Standard 9.2.



4.9.3 Educational budget and resource allocation

The institution/programme must have a clear line of responsibility and authority for the curriculum and its resourcing, including remuneration of teaching staff, in order to achieve the overall aims and objectives of the chiropractic programme.

4.9.3a Description

Strategic plans (presently 2014-2019) including medium and longer-term budgetary projections, are developed and modified where necessary via a systematic evaluation process that takes place annually. The process starts with consideration of the evolving curricular needs and the related budgetary ramifications. The budget is reviewed by the College Manager and external financial advisors every month and presented to the Board of Governors. The Board of Governors has a Finance subcommittee which now has a representative in contact with the College Manager to oversee the budgetary process.

4.9.3b Analysis

There is clear evidence of financial planning and resource allocation to ensure the viability of the programme. Financial issues raised in the last academic year were dealt with appropriately, particularly following the unsuccessful application for accreditation by the ECCE, which demonstrated the ability to take sound action to avoid any major risk to the College. Analytical monitoring of the expenses enables targeted allocation of financial resources and limits the risk to the College budget. The risk management on budget, financial resources and funding appears to be efficient and effective.

4.9.3c Conclusion

BCC fully complies with Standard 9.3.



4.9.4 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.

4.9.4a Description

Ever since its inception, the BCC has been challenged with the lack of regulation of the chiropractic profession in Spain. Unfortunately, this situation hinders the development of agreements with the other members of the healthcare sector in Spain. Nevertheless, the BCC has managed to arrange some important collaborative agreements with a local laboratory Analysis Centre and a close relationship with a local Special Imaging Centre. Another advancement was made with the employment of an in-house nutritionist, a physiotherapist and a psychologist who work as collaborative specialists in the BCC clinic as care providers for patients and consultants/collaborators with students. The BCC has good relations with 2 other public universities in Barcelona other than the UPF.

There is an ongoing good relationship with the Spanish Chiropractic Association (AEQ). The BCC/AEQ liaison committee informs both the Association and the College of ongoing development. The AEQ has donated funds for the purchase of chiropractic teaching materials. Students are student members of the AEQ and have an active involvement with the WCCS. In order to conform to regulations, the BCC maintains appropriate relationships with local government bodies.

4.9.4b Analysis

There is evidence of good relations and communication between the BCC and the professional sector including the professional association, other chiropractic colleges in Europe and individual chiropractors. There are also good relationships with local higher education institutions in Spain. Although other health care practitioners are involved in the clinic, there is a lack of collaboration with the medical profession, which is understandably difficult considering the position of chiropractic in Spain. In order to strengthen the position in the field of healthcare, further collaborative projects should be developed.

4.9.4c Conclusion

BCC substantially complies with Standard 9.4. 

4.10 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 of standards) The outcomes of these procedures should be made public (i.e. institutional websites) and should lead to continuous improvement of the programme. Institutions should publish information about their activities, including programmes, which is clear, accurate, objective, up-to-date and readily accessible.

4.10a Description

This is a new institution in its infancy that has successfully implemented a chiropractic education and training programme in an environment in which chiropractic is still not recognised in law. There are

many external obstacles and barriers, yet the College is committed to developing a quality programme which in time will have a strong research ethos. There are policies and procedures in place for continuous review and a strategy for the College's future.

4.10b Analysis

The College has mechanisms in place for continuous review, and a commitment to do so. It is incumbent on the leadership and senior management that the institution remains responsive and acts to continuously improve its provision.

4.10c Conclusion

BCC substantially complies with Standard 10. 

5. CONCLUSIONS

5.1 Summary

In conclusion, the Evaluation Team acknowledges the commitment and work of the staff and students of BCC in establishing a new institution in Spain for the education and training of chiropractors bilingual in English and Spanish.

5.2 COMMENDATIONS, RECOMMENDATIONS AND CONCERNS

For the purposes of this report the Evaluation Team adopted the following definitions from the Standards:

- **Commendations** – Areas that meet or exceed the *Standards* and are worthy of specific recognition.
- **Recommendations** – Areas requiring specific attention and action by an institution.
- **Concerns** – Areas of substantial weakness/concern as to jeopardise the accreditation of an institution that require specific attention and action by the institution *as a matter of urgency*.

5.3 COMMENDATIONS

- The strong leadership of the Principal, and the hard work and support from teaching and administrative staff, to improve standards in the provision of education and training in chiropractic.
- The enthusiasm and support of the students for the institution.

- Development of the scientific model and evidence-based approach throughout the curriculum.
- The increase of collaborative agreements with other institutions.
- The facilities and resources available to staff and students, in particular the clinical training facilities and e-learning resources.
- Robust lines of student and graduate feedback to inform and improve the curriculum.

5.4 RECOMMENDATIONS

- Consider recruitment of either a medical radiologist or a DACBR for the teaching and interpretation of medical imaging.
- Increase the number of chiropractic faculty supervising undergraduate research projects.
- Review the patient examination forms, in particular with respect to cardiovascular, respiratory and abdominal examinations.
- Ensure that interns adhere to Clinic Handbook protocols regarding the use of chiropractic techniques, as taught in the curriculum.
- Consider increasing the number of staff with post-graduate qualifications.
- Aim to increase the number of full-time faculty

5.5 CONCERNS

- There are none

5.6 Acknowledgements

The Team wishes to extend its thanks to all those who met with them for their professionalism, hospitality and courtesy during the on-site visit.

APPENDIX – SITE VISIT AGENDA

MONDAY 13th FEBRUARY 2017	Meeting with	BCC Personnel	Team members	Standards
08.45	Arrival at UPF-IDEC Building (Calle Balmes 134)		ALL	
08.45-09.15	Private meeting of the Team	None	ALL	
09.15-09.30	Preliminary meeting with Senior Management Team BCC	BCC Management Team	ALL	
09.30-12.00	Tour of campus facilities to include teaching and administration facilities, library, and coffee break	Principal and assigned BCC Staff	ALL	
12.00-13.00	Meeting with students	Four (4) students from each year (apart from clinic year students)	ALL	4.2, 4.3, 4.4, 6.1, 6.3, 8.2, 8.4
13.00-13.45	Lunch with Teaching Staff	BCC teaching staff	ALL	
13.45-14.45	Meeting with Teaching Faculty (non-chiropractic) (NOT to include anyone seen before)	Teaching faculty to cover all areas of basic science teaching a member of staff who is research active and who teaches research, research supervisor(s) and module leader(s)	ALL	1, 2 (with exception of 2.6), 3, 5.2, 6.1, 6.3, 6.5
14.45-16.15	Meeting with Teaching Faculty (chiropractic) (NOT to include anyone seen before)	Teaching faculty to cover all areas of clinical science teaching including a member of staff who is research active and who teaches research, research supervisor(s), module leader(s), full-time, part- time and a new member of staff (within past 12 months)	ALL	1, 2 (with exception of 2.6), 3, 5.2, 6.1, 6.3, 6.5
16.15-17.00	Meeting with clinic year students	6-8 students	ALL	4.3, 4.4, 6.1, 6.3, 2.6 and 6.2
17.30-18.00	Private meeting	None	ALL	

TUESDAY 14th FEBRUARY 2017	Meeting with	Personnel	Team members	Standards
09.00-09.15	Private meeting of the Team	None	ALL	
09.15-11.15	Review of clinic records, clinic facilities and formal meeting with Clinic teaching faculty	Clinic Director and supervisors available if needed	MB, KV, PB	2.6, 6.2
09.15-10.00	Admissions	Admissions Officer and related personnel	BZ, GA	4.1, 4.2
10:00-10.30	Research	Research tutor(s), supervisor(s)	BZ, GA	7
10.30-11.15	Learning Resources including IT support	Curriculum Development and Review Committee members	BZ, GA	6.1, 6.3
11.15-11.30	Private meeting of the Team	None	ALL	
11.30-12.45	Programme Management	Senior BCC Managers	ALL	4.3, 4.4, 5.1, 6.4, 6.5, 9.2, 9.4
12.45-13.30	Lunch with students	Students (12) from different years	ALL	
13.30-14.15	Quality Assurance	Staff responsible for standards and quality enhancement	ALL	3.2, 8.1, 8.3, 8.4, 10
14.15-15.00	Governance and Finance	Senior BCC Managers and members of Board of Governors	ALL	9.1, 9.3
15.45-16.00	Break	None	ALL	
16.00-17.00	Meet with Universitat Pompeu Fabra representatives	Universitat Pompeu Fabra representatives	ALL	
17.30-18.30	Private meeting	None	ALL	

WEDNESDAY 15th FEBRUARY 2017	Meeting with	Personnel	Team members	Standards
09.00	Arrive	Senior BCC Managers on standby for any additional meetings	ALL	
09.30-10.30	Private meeting of Team	None	ALL	
10.30-11.00	Break		ALL	
11.00-15.00	Private meeting of Team	None	ALL	
15.00-15.30	Feedback to senior BCC management team	Senior BCC Managers	ALL	
15.30	Site visit team members DEPART		ALL	