ECCE EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION
COMMISSION ON ACCREDITATION

EVALUATION TEAM REPORT

DEPARTMENT OF CHIROPRACTIC AND SOMATOLOGY
DURBAN UNIVERSITY OF TECHNOLOGY
DURBAN, SOUTH AFRICA
3-5 April 2017

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1. EXECUTIVE SUMMARY

1. The Department of Chiropractic and Somatology (henceforth referred to as the Department of Chiropractic, or Department) is a department in the Faculty of Health Sciences at Durban University of Technology (DUT) in Durban, South Africa.

1.2 The department provides undergraduate chiropractic education and training via a series of study levels (these are: National Diploma Chiropractic, Bachelor in Technology of Chiropractic and Masters in Technology of Chiropractic). The MTech: Chiropractic is the minimum qualification that enables registration with the Allied Health Professions Council of South Africa (AHPCSA) as part of the Ministry of Health, and to legally practice as a chiropractor in South Africa.

1.3 Prior to a merger in 2001 of ML Sultan Technikon and Technikon Natal (forming Durban Institute of Technology, which became the Durban University of Technology in 2005), undergraduate chiropractic education and training had been provided by Technikon Natal (now Durban University of Technology, DUT) since 1989.

1.4 The merger of the Somatology and Chiropractic programmes to form the Department of Chiropractic and Somatology was effected in 2008.

1.5 In July 2016, DUT submitted its Self-Study Report (SSR) with appendices for the continuation of full accredited status with the ECCE. The documentation was reviewed and accepted by the Commission on Accreditation of the ECCE and the decision was made to proceed with the evaluation visit.

1.6 A three-day Evaluation Visit took place during 3-5th April, 2017. The site visit provided further documentary and oral evidence to the previously submitted documents. DUT was given feedback at the end of the visit and informed verbally of commendations, recommendations and/or concerns regarding its provision of chiropractic education and training.

1.7 Members of the Evaluation Team extend their thanks to DUT for the courtesy shown to them during the evaluation visit, and for conducting the visit in an open and transparent manner, thereby affording the Team full access to members of staff, students and documentation.

1.8 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 DUT. The Report was sent in draft format to DUT for factual verification on 28th April, 2017, and the final Report was submitted to Commission on Accreditation on 12th May, 2017.

1.9 The Chair invited DUT to send representatives to the Commission on Accreditation meeting in Cyprus on 27 May, 2017 where the Report will be discussed and a decision made on the re-accreditation of the University.

1.10 This Report addresses the compliance of DUT with each of the ECCE Standards in the provision of chiropractic education and training through the MTech: Chiropractic award. The outcomes of the Report are as follows:

Commendations:

1. The new and refurbished chiropractic clinic, radiography suite, basic science laboratories and the post-graduate resource room in the library enhance the learning and training opportunities for the students.

2. Integration of the basic science service teaching within the programme, particularly in the area of anatomy, is considered exemplary and provides an excellent foundation for the subsequent chiropractic training of the students.

3. The two-year supervised clinical training, together with satellite clinics, outreach activities and community events, provides outstanding opportunities for students to experience a wide variety of patients and clinical conditions.

4. There are robust programme management and quality assurance procedures in place at the Department, Faculty and University levels.

5. The enthusiasm of the student body for the programme and the chiropractic profession is a credit to the teaching staff and the University.

6. Student support services within the University are of a high quality. The additional services provided by the Academic Development Ambit within the Faculty of Health Sciences are considered exemplary.

Recommendations:

1. There should be an improvement in communication channels regarding academic policy issues at University, Faculty, and Department levels.

2. The final dissertation should be revisited in terms of its credit rating together with mechanisms for expediting the development of the research question, the sign-off of the proposal, gaining ethics approval for the study, editing the thesis and the external assessment of the final submission.

3. The E-learning facilities across the Faculty need to be standardised to one platform used by all staff and that is readily accessible by the students. To enhance the uptake of this learning media the wireless internet services should be optimised.

4. There is evidence that graduation is delayed for a number of students due the demands of the final dissertation. Mechanisms should be in place to ensure that all students can complete the programme within the normal six year registration period, except in exceptional circumstances.

5. The uneven distribution of workload amongst the academic staff may inhibit career development and the future growth of a vibrant research culture in the Department. A robust appraisal and promotion scheme operated within the University would assist in addressing these inequalities.

6. The number of qualified chiropractic staff employed for the delivery of the programme should be increased so as to enhance clinical training and aid in the supervision of project students.

7. The chiropractic practical lecture room needs to be refurbished and updated to match the high quality facilities in other parts of the Department. Consideration needs to be given to the establishment of an additional practical room together with a second well equipped laboratory facility in which students can undertake their research projects.

8. There is an urgent need for the participation of patients as stakeholders within the clinical aspects of the programme and the introduction of patient satisfaction questionnaires in the chiropractic clinic.

Concerns:

There were none.

2. INTRODUCTION

2.1 Durban University of Technology (DUT) was first accredited by ECCE in 2009 and was most recently granted accreditation for 4 years in 2012. A Self-Study Report with appendices for re-accreditation was submitted to the Commission on Accreditation in July 2016. A site visit was arranged on the basis of the submitted documentation and the evaluation visit took place on 3-5th April 2017.

2.2 The Evaluation Team Report noted the following Commendations and Recommendations:

Commendations:

- The new and refurbished chiropractic clinic, radiography suite, basic science laboratories and the post-graduate resource room in the library enhance the learning and training opportunities for the students.

- Integration of the basic science service teaching within the programme, particularly in the area of anatomy, is considered exemplary and provides an excellent foundation for the subsequent chiropractic training of the students.

- The two-year supervised clinical training, together with satellite clinics, outreach activities and community events, provides outstanding opportunities for students to experience a wide variety of patients and clinical conditions.

- There are robust programme management and quality assurance procedures in place at the Department, Faculty and University levels.

- The enthusiasm of the student body for the programme and the chiropractic profession is a credit to the teaching staff and the University.

- Student support services within the University are of a high quality. The additional services provided by the Academic Development Ambit within the Faculty of Health Sciences are considered exemplary.

Recommendations:

- There should be an improvement in communication channels regarding academic policy issues at University, Faculty, and Department levels.

- The final dissertation should be revisited in terms of its credit rating together with mechanisms for expediting the development of the research question, the sign-off of the proposal, gaining ethics approval for the study, editing the thesis and the external assessment of the final artefact.

- The E-learning facilities across the Faculty need to be standardised to one platform used by all staff and that is readily accessible by the students. To enhance the uptake of this learning media the wireless internet services should be optimised.

- There is evidence that graduation is delayed for a number of students due the demands of the final dissertation. Mechanisms should be in place to ensure that all students can

complete the programme within the normal six year registration period, except in exceptional circumstances.

- The uneven distribution of workload amongst the academic staff may inhibit career development and the future growth of a vibrant research culture in the Department. A robust appraisal and promotion scheme operated within the University would assist in addressing these inequalities.

- The number of qualified chiropractic staff employed for the delivery of the programme should be increased so as to enhance clinical training and aid in the supervision of project students.

- The chiropractic practical lecture room needs to be refurbished and updated to match the high quality facilities in other parts of the Department. Consideration needs to be given to the establishment of an additional practical room together with a second well equipped laboratory facility in which students can undertake their research projects.

- There is an urgent need for the participation of patients as stakeholders within the clinical aspects of the programme and the introduction of patient satisfaction questionnaires in the chiropractic clinic.

2.3 Members of the Evaluation Team were appointed by the ECCE Executive and each member received the SSR, appendices and written comments from Commission on Accreditation related to the documents prior to the visit. The members of the Evaluation Team were:

Graham Mills	Chair, University of Portsmouth, UK
Arvid Thorkeldsen	Secretary, Anglo-European College of Chiropractic, UK
Ricardo Fujikawa	Member, Madrid College of Chiropractic-RCU, Spain
Samantha Pearson	Student Member, University of Johannesburg, South Africa

Professor Graham Mills acted as Chair to the team and Arvid Thorkeldsen acted as Secretary. Members of the Evaluation Team were allocated specific areas of responsibility before arriving at DUT.

2.4 The purpose of the Evaluation Visit was to verify the SSR and other evidence presented by DUT, 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 Evaluation Team was submitted to DUT for correction of any factual errors, and thereafter to the Commission on Accreditation for a decision on the accreditation of DUT.

2.5 All members of the Evaluation Team were presented by name beforehand to DUT, and no objection to any member was received. All members of the Evaluation Team signed confidentiality and conflict of interest statements before the on-site visit. No conflicts of interest by any of the members were declared.

2.6 A draft timetable for the visit was sent to DUT on date, and the final schedule agreed with DUT on date. A copy of the schedule is appended to this Report (Appendix 1).

2.7 Members of the Evaluation Team held a meeting in Durban on 2nd April to complete the final preparations prior to the visit. The on-site visit was from 3 April to 5 April 2017 (inclusive). Meetings were held with the institution over the first three days and time was allocated for the Evaluation Team to hold private meetings as the visit proceeded. This allowed the Evaluation Team to reflect on the (written and oral) evidence it had been presented with, and enable the Evaluation Team to request further evidence where clarification was necessary. The Report was compiled on an on-going basis during the visit, and part of the final day (5th April) was set aside to complete the draft Report and feedback orally to the institution.

2.8 Members of the Evaluation Team were very well hosted by DUT, afforded every courtesy and had full access to documentation and to staff, students and other stakeholders in the institution. Members of the Evaluation Team and the ECCE extend their thanks and appreciation to DUT.

2.9 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 DUT for factual verification on 28th April, 2017. The response was received from DUT on 3rd May, 2017. The Chair and Secretary finalised the Report and this was submitted to the Chair of Commission on Accreditation on 12th May, 2017. The Chair of the Evaluation Team presented the Report to Commission on Accreditation members on 27th May 2017 at their meeting held in Cyprus.

2.10 The Report includes an Executive Summary, a description of DUT and the findings of the Evaluation Team regarding compliance of DUT with the ECCE Standards. The Report ends with the Conclusions of the Team and any Commendations, Recommendations and/or Concerns the Team wished to draw to the attention of the Commission on Accreditation. 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. DEPARTMENT OF CHIROPRACTIC AND SOMATOLOGY, Durban University of Technology (DUT)

3.1 The Department is one of ten departments/thirteen programmes within the Faculty of Health Sciences, which in turn is one of six faculties at the Durban University of Technology (DUT). The Department is responsible for the provision of undergraduate chiropractic education and training. There is one other ECCE accredited institution delivering undergraduate chiropractic education and training in South Africa (University of Johannesburg).

3.2 DUT is an established university in South Africa with over 25,000 registered students, recognised within the country's legislation, and in receipt of government funding through the Department of Education (DoE). The chiropractic provision of the Department of Chiropractic is a valid undergraduate programme delivered by the university, delivering the following levels of study; National Diploma Chiropractic (NDip), NDip: Chiropractic (ECP/FDN), Bachelor in Technology of Chiropractic (BTech) and Masters in Technology of Chiropractic (MTech). However, the MTech Chiropractic is the minimum qualification/professional requirement defined by the Allied Health Professions Council of South Africa (AHPCSA) through the DoH enabling graduates to practice as a chiropractor in South Africa.

3.3 Decisions regarding the provision of chiropractic education and training made at departmental level are ratified by either the Faculty Board of Health Sciences or directly by the Office of the Dean/Deputy Dean of the Faculty of Health Sciences. The decision-making process then proceeds through the Senate, which is the highest academic decision-making authority of the University. The Department thus operates within clearly defined and proper structures within the University.

3.4 Besides its own internal University quality assurance procedures, the chiropractic programme(s) is subject to external review by the Higher Education Quality Committee (HEQC) of the Council for Higher Education (CHE) through the DoE, which is, by legislation, charged with the accreditation of institutions and programmes in higher education at the national level. Programmes and institutions are reviewed by HEQC on a five-yearly basis.

3.5 The quality of all University programmes, including the chiropractic programme, is undertaken by HEQC.

3.6 Chiropractic education and training provided by DUT is firmly established in national legislation, and in addition to satisfying internal quality assurance procedures within the university, aligns itself with a number of external stakeholders, including the DoE (i.e. South African Qualifications Authority (SAQA) and HEQC) and the DoH (i.e. AHPCSA), as well as the chiropractic professional body in South Africa (Chiropractic Association of South Africa (CASA)).

3.7 It should be noted that there was little impact in terms of the admissions cycle, new intake, resources or funding during the latest student unrest suffered by the universities across South Africa.

3.8 The vision and mission of the Department of Chiropractic are defined as:

Vision:
The Department is committed to excellence in producing quality chiropractors who are orientated towards achieving excellence in their professional and personal capacities in order to contribute meaningfully to the society in which they reside.

Mission:
To produce clinician-scientists within the field of chiropractic who espouse the ideals of:

- Excellence in their professional/practice environments with regard to ethics, patient care, business practice and professional development as well as their private environments.

- Work within a multidisciplinary team through evidence-based medicine in partnership with the patient for the betterment of holistic patient care.

3.9 The following section details the findings of the Evaluation Team with regard to the compliance of the University with ECCE Standards in the provision of chiropractic education and training through the award of MTech: Chiropractic. The findings of the Evaluation Team are based on documentation presented by the University prior and during the on-site visit.

3.10 The colour-coded system outlined below was 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 Chiropractic Department provides undergraduate chiropractic education and training via the following qualifications, National Diploma: Chiropractic, Bachelor in Technology of Chiropractic and Masters in Technology of Chiropractic. The MTech: Chiropractic degree is the only exit level award that enables registration with the Allied Health Professions Council of South Africa (AHPCSA) and which allows graduates to legally practice as a chiropractor in South Africa. The Department is fully committed to produce high quality chiropractors with excellent professional and personal attributes in order to contribute to the healthcare system worldwide. The Department has clearly articulated

Aims and Objectives for their programmes of study and these are linked to central values of the institution in terms of providing high teaching and learning, research and innovation, and contributions to community and society. The Aims and Objectives have been shaped in liaison with external bodies over many years. The latest overall revisions were made in 2008/2009; further changes may be considered within the new programme that is currently with the Department of Higher Education for assessment/evaluation. Key outcomes of the curriculum are clearly defined so as to produce:

- Primary contact practitioners with skills and competence in differential diagnosis
- Specialist assessors of the neuro-musculoskeletal system and other conditions amenable to chiropractic care
- Specialists in the field of spinal and extremity manipulation
- Wellness and holistic practitioners trained in the prevention of disease
- Develop practitioners able to work within a multidisciplinary team, through evidence-based medicine and in partnership with the patient, for the betterment of holistic patient care.

4.1.1b Analysis

The Aims and Objectives statements allow the knowledge, skills and attitudes necessary for safe and competent practice as a primary contact chiropractic practitioner within a range of healthcare settings. The programme enables the graduate to be equipped for continued learning throughout professional life, in line with competencies outlined in the Standards.

4.1.1c Conclusion

DUT fully 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 Aims and Objectives of the programme are shaped and defined in conjunction with the following external bodies and stakeholders:

- WHO Educational Standards document
- WFC guidelines on Chiropractic Identity
- ECCE, CCEI and other regulatory agency publications as relevant
- AHPCSA mandate on what is legally required by the AHPCSA for registration of a chiropractor in South Africa
- Department of Health's National Strategic Plan
- The Council of Higher Education approved Audit Criteria
- South African Qualifications Authority
- DUT strategic vision and mission
- Faculty of Health Sciences strategic vision and mission
- Reviews by internal and external stakeholders

In addition to the above, further avenues are used including: students across the programmes, full-time and part-time staff.

4.1.2b Analysis

Staff within the Department and those who provide the service teaching in the earlier years were fully cognisant of the key Aims and Objectives of the chiropractic programme. There was also good

evidence of the engagement of the student body in defining the Aims and Objectives. The Department has strong links to the external agencies and the professional associations within South Africa and these bodies are fully informed and utilized within the shaping of the provision. There needs to be a formalised mechanism to be set-up for the patients, who use the chiropractic clinics at the University and at the various remote sites, to be used as stakeholders. Use of such persons to regularly review and contribute to the aims and objectives of the chiropractic programme is recommended.

4.1.2c Conclusion

DUT 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 curriculum of the chiropractic programme has been designed and shaped by staff in the Chiropractic Department with inputs by other staff at Faculty and institutional levels. There are clearly defined rules and regulations at the institutional/Faculty level for any changes or revisions to the set curriculum. The University operates a central repository for all subject and module descriptors that is freely accessible to all staff.

4.1.3b Analysis
The Chiropractic Department has full autonomy over the design and development of the curriculum in line with rules and regulations appertaining to the policies and procedures of the Faculty and the institution. The staff in the service teaching departments are also fully and formally engaged in this process through a number of communication channels.

4.1.3c Conclusion

DUT 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 exit outcomes/competencies of the programme are defined and available to students in the Chiropractic & Somatology Handbook. Further detail of the exit level outcomes was provided in Appendix B1: Magister Tecnologiae. Students must acquire the knowledge, skills and attitudes to enable them to graduate and practice as a safe and competent practitioner within the wider healthcare community in South Africa.

4.1.4b Analysis
The exit outcomes/competencies align with the ECCE Standards.

4.1.4c Conclusion

DUT 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 model focuses on the basic sciences in the first two years of the programme with the emphasis shifting to the clinical sciences in years 3 and 4 culminating with clinical training in year 5. The University has recently stipulated that scheduled staff/student contact time should be no more than 40% of the total staff contracted working hours.

The programme is structured as follows: NDip: Chiropractic (3 years), 1-year BTech: Chiropractic and 1-year MTech: Chiropractic. Students must qualify with an MTech: Chiropractic to undertake an internship with the AHPCSA. Completion of the internship allows full registration with the Council and the right to practice chiropractic.

4.2.1b Analysis

The curriculum model is traditional and generally consistent with the objectives of the curriculum. The decision of the University to limit student contact time should give students more time for self-study and reflection although it is still too early to know to what extent this is the case. Better integration of the clinical sciences in the early years may benefit the students' learning.

4.2.1c Conclusion

DUT substantially 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 from their first year and this is continued in a structured fashion through to year 5 on the programme. Scientific methods are taught both in the classroom and using laboratory practical sessions. Modules include a wide range of scientific topics including for example: Philosophy, History and Principles; Epidemiology; Chiropractic Principles and Practice and Research Methods and Techniques. From year 4 scientific thinking and research methods are reinforced as all students engage in a self-selected research project. This element requires a

detailed research proposal, research and ethics committee approval and a dissertation in the form of a bound thesis. Academic support and additional physical facilities are provided to support all students undertaking their project component.

4.2.2b Analysis

The design of the curriculum allows for development of strong scientific thinking and research skills over the whole programme. The skills acquired in the early years are used to define and fully develop the research project proposal in the fourth year. The process of approval of the students' proposals continues to be encumbered by central processes and perceived as overly complicated by students and current system that is in place needs review. The depth and content of the final year dissertation the students have to produce is over-ambitious, so that the research work and write-up cannot be completed in an acceptable timeframe. This issue of student progression is compounded by time pressures on staff and the lack of suitably qualified and experienced project supervisors. All aspects of the research project need to be addressed urgently so as to enhance the learning experience for the students.

4.2.2c Conclusion

DUT 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 curriculum includes a wide range of basic sciences most of which are supplied by service teaching staff. Of note is a large human dissection facility for use by students on the chiropractic programme. The chiropractic programme benefits from the expertise, resources and facilities that the Service Departments of the University make available. Basic biomedical sciences are taught mainly in the first two years of the programme.

4.2.3b Analysis

There is ample evidence that the curriculum contains the basic sciences applicable to the practice of chiropractic. It is questionable whether all the basic sciences included in the curriculum are equally important to the practice of chiropractic. The service staff teaching the basic sciences appear to have a very good understanding of what is required for the chiropractic programme and regularly communicate with chiropractic staff in this regard. The team felt this was an example of good practice.

4.2.3c Conclusion

DUT 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
There are a number of modules (15) throughout the curriculum that contain elements of the behavioural and social sciences, ethics and jurisprudence.

4.2.4b Analysis
There is ample evidence that there is sufficient contribution from these subject areas for students to understand the importance of effective communication and be able to develop effective ethical and clinical decision-making skills.

4.2.4c Conclusion

DUT fully 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 curriculum is designed to focus on neuromusculoskeletal and non-musculoskeletal conditions commonly seen in practice in South Africa. The clinical skills include Anamnesis, Physical examination, General Diagnosis, Diagnostic Imaging, Laboratory diagnostic procedures, Radiography, Pain management, Manual therapies, Supportive techniques, Modalities, Patient care and management, Patient advice and education, Disease prevention and Health promotion, Nutrition and Rehabilitation.

The students' knowledge and skills are tested both clinically in a practical setting as well as a theoretical setting. In year 4, Diagnosis is taught and the students have access to a hospital once a week to interview and exam real patients and interact with other health professionals.

4.2.5b Analysis
The clinical sciences component of the curriculum is quite solid and robust. The elements of the curriculum related to it are logically constructed and vertically and horizontally integrated. As a result, the students receive adequate training in neuromusculoskeletal conditions commonly seen by the chiropractor as well as visceral conditions commonly see by primary health care providers in South Africa. The hospital rotation in year 4 provides an excellent opportunity to see common clinical conditions and more complex cases. It also provides opportunities for interdisciplinary interactions, thus amplifying the learning experience.

4.2.5c Conclusion

DUT fully 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 programme is based on the principles of the scientific method and evidence-based practice and the curriculum contains subjects and modules that address Chiropractic history and Development and Appreciation of research. The students must complete a final research project and dissertation related to chiropractic topics as a graduation requirement.

4.2.6b Analysis

The curriculum provides the students with knowledge and appreciation of the Chiropractic history and how it relates to the current status of the profession. The students are taught to be critical and to exercise reasoning. The depth and extension of the final dissertation lead the students into the comprehension of the importance of the scientific method in the development of chiropractic, although only about 10% of the Master's Final dissertations are currently published.

4.2.6c Conclusion

DUT fully 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

Clinical training is mainly provided in year 5. The requirements for patient numbers is of 35 new patient contacts, which includes a full case history and physical examination, and 350 follow up patient encounters. Clinical training is performed at the Chiropractic Day Clinic on campus. The students also have access to satellite clinics (Marburg, Cato Ridge, Narian Jeawon Vedic Center and Inkosi Albert Luthuli Central Hospital Clinic) and Sports and Community events. The students rotate through these settings in a controlled way, except for the Sports and Community events that are of volunteer participation, though there is a good take up by the students. Transportation is provided by the DUT for all these settings, except for one of the satellite clinics. Also, all students are insured as the schedule for all the activities and rotations is sent ahead of time to the insurance company. Because of forced clinic closures caused by elements beyond the control of the DUT, students can complete their requirements using the satellite clinic network and the *ad hoc* events. This flexibility is expressed through the possibility of completing the requirements of 35 new patient and 350 follow up patient encounters by using 95 follow up contacts from sports events after completing a minimum of 127 patients before they can be granted this possibility; 40 student patients and 70 community service patients. The patient records are kept locally in each clinic and numbers of patients seen by the students is controlled and centralised in the Chiropractic Day Clinic reception. The students are supervised by a clinician and there is one clinician per 12-15 students, except from 11.30am until 12:30pm when there are two supervisors due to a peak of patients during that time. The students are

given 3 to 3.5 hours for a first visit if they are junior students in the clinic and one hour less for the senior students. For all follow up encounters, the time allowed is of one hour. The students in the year 4 have the opportunity to shadow the 5th year students.

4.2.7b Analysis

The clinical training component of the programme is of good quality. The new remodeled campus clinic provides a good environment for this training to take part. In this renovated clinic, the file system is well organized and storage is adequate. Besides the Chiropractic Day Clinic, the access to a network of satellite clinics in social-challenged areas exposes the students to a wide variety of clinical conditions, range of age and case-mix that prepare the students for clinical practice upon graduation. Due to time constraint, the team did not visit the satellite clinics. Also, the ad hoc events are in number and quality adequate for expanding training for special population such as athletes. The satellite clinics also provide good interaction between the students and other health professionals. Interactions include referrals to and from these professionals.

The programme provides satellite clinics thus allowing further opportunities for the students to complete the requirements for clinical training. The students propose the care plan that is approved by the supervising clinician. However, the students are not required to substantiate their care plan with current literature and evidences in a formal way. This could be implemented to match the strong evidence-based character of the programme. Also, the team identified the lack of use of PROMs (Patient-Reported Outcome Measures) in the Chiropractic Day Clinic. Outcome measures could improve patient care and also provide data for the future research projects for the Master's final dissertation. More extensive contact with the clinic and chiropractic care through a well-structured clinical observation system for years 1 through 3 is advisable. Digital patient records should be implemented when the infrastructure allows. A new proposal for field clinicians to obtain CPD credits through clinic supervision might increase the number of supervisors, thus improving the SSR in clinical training.

4.2.7c Conclusion

DUT 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 programme complies with national standards for chiropractic education. The programme was reviewed by the AHPCSA in 2016. The outcome of the review was not publicly available at the time of the ECCE visit. Learner guides for all courses provide students with the learning outcomes and assessment strategies for each course are available. The programme has in the past included much didactic delivery. There is currently a move towards more self-directed study and it is expected that this will be addressed with the new curriculum currently awaiting approval by the Department of Higher Education and Training. The teaching and learning strategy has changed across the institution limiting tutor-led contact time to 40% with the remaining 60% dedicated to directed and self-directed study. There was a perception amongst students that the workload is not evenly spread across the programme. It was felt that Year 3 had a very heavy workload when compared with other years. The Self Evaluation Report acknowledges that the current programme structure is not optimal in terms of

the level of subject integration and the placement of subject material (pg. 25). The chiropractic programme team have chosen to weight the Master's dissertation with 50% (90 credits) of the total credits for the Master's level of the programme. This has been done mainly to encourage research output within the department. National guidelines advise that Master's dissertations should range between 45 and 60 credits.

4.2.8b Analysis

The content, duration and sequencing of courses is mapped out together with learning outcomes for each stage of the programme. The Self Evaluation Report recognises that integration between subjects is not optimal and considers that the new curriculum will go some way to address this. There appeared to be a perception amongst some staff that the reduction in contact time had resulted in staff spending more time teaching rather than less. It was suggested that this was because a reduction in contact time was associated with a reduction in staffing resulting in an increased workload for teaching staff. The panel was not able to substantiate this claim. Staff were aware that the University had a workload model but were uncertain of how workload was calculated. The dissertation appears overly ambitious. Both staff and students had issues with the dissertation. Staff with regard to the number of dissertations each staff member has to supervise and the amount of time this takes and students with the time it takes to complete the dissertation. The consequence of such ambitious dissertations is that students are not able to complete the programme within 5 years. This has obvious implications for the student such as increased financial outlay and delayed entry into the profession.

4.2.8c Conclusion

DUT partially 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 and review committee members perform the role of the curriculum review. External stakeholders including Chiropractic Association of South Africa (CASA) and the Allied Health Professions Council of South Africa (AHPCSA) also play a role in the programme management. These submissions are then considered by the CQPA.

4.2.9b Analysis

A robust programme management is in place and all courses undertake a 6 year periodic review with annual monitoring reviews. The annual quality assurance of the programme is done at a modular level where the department then has to submit it at a faculty level along with a development success plan.

4.2.9c Conclusion

DUT fully 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 year 6, students fill out a registration form for the internship programme. Upon fulfillment of all requirements to be awarded the MTech: Chiropractic, graduates receive an internship number from the AHPCSA allowing them to start the Public Sector work as part of the internship programme. On completion of this and submission of a portfolio, the chiropractor can apply to the AHPCSA for permanent registration. The organization of the internship, which requires a minimum of 675 hours, is undertaken by AHPCSA. Throughout the internship programme, there are strong links between the Department and external stakeholders through the inclusion of various members of full-time and part-time academic chiropractic staff on various committees and international bodies. The Allied Health Professions Council of South Africa (AHPCSA) does not recognize any education or training qualifications prior to the completion of the MTech: Chiropractic.

4.2.10b Analysis

The programme is structured in a way to follow up the student from the completion of the undergraduate degree to the Master's Degree, since the AHPCSA does not recognize any education prior to the completion of the Master's Degree. The programme offers all the necessary steps to obtain full registration, making this process a seamless one.

4.2.10c Conclusion

DUT fully 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

Assessment remains in line with University policy and regulations and has not changed substantially since the initial accreditation in 2009. Assessment is subject to published University policies and regulations and is administered by the Centre for Quality Promotion. The Chiropractic course handbook for each year gives a clear description of what is expected and what examinations will be

done throughout the year. Multiple assessments are done throughout the year to assess clinical competence in the form of OSCEs, competencies, written, practical and oral tests.

4.3.1b Analysis
External moderators or examiners are brought in for exit exams in third, fourth and fifth year. The Master's thesis is sent for external moderation and marking by two external examiners selected by the Faculty. There are guidelines that have been put in place for marking of the Master's thesis and a system is in place for inconsistent marking. The turn-a-round for marking should be 6-8 weeks but has taken significantly longer in some cases which has impaired students to graduate on time.

4.3.1c Conclusion

DUT 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
Policies regarding assessment and learning outcomes for modules are set out clearly in the Chiropractic Study Guides. The pre-requisites for tests and the required pass rate are clearly set out in the chiropractic guide. A wide range of assessments and examinations are used throughout the year. Students that require extra time for examinations can apply through the student counselling centre for additional time in examinations.

4.3.2b Analysis
The Department gives clear guidance of their expectations for students in assessments and examinations. Learning outcomes are addressed by the lecturing staff for students to have a clear understanding of what is expected of them.

4.3.2c Conclusion

DUT 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 student admission policy for the University resides with the office of the Academic Registrar and is reviewed periodically. A clear admission policy is in place and this is formally stated in the Programme Handbook. There is a well-defined mechanism from once an applicant initially applies to DUT for a place to their subsequent induction on the course. Student applications are routed through the Central Applications Office of KwaZulu Natal then onto the admissions team at DUT and forwards to the Faculty and Department for consideration. The entry requirements onto the chiropractic

programme are applied consistently. The programme offers an Extended Curriculum learning programme for those not processing the requisite entry requirements. Intake is in-line with the central University targets – being set for 3 years at Senate level. In terms of the admission of students (with regards to quotas), there is no minimum intake of any particular type of applicant, however, the institution has set maximum thresholds. There are applications from neighbouring African countries and some from Europe. There is a prospectus that is updated annually. Furthermore, the University arranges marketing events in schools and the chiropractors/students take part in these events. Centralised new student open days are also held in the University.

4.4.1b Analysis

The admission process is seen to be fair and rigorous. University target numbers are being met by the Department. There is an ethnic imbalance compared to rest of the University due to cultural reasons of knowing about the use of manual treatment as part of therapy coupled with financial issues about establishing a practice upon graduation. The University is aware of this ethnic imbalance. No formal response established as overall the University meets its ethnicity targets for the Government. There has been a marginal increase in the enrolment of African students recently. The foundation year available for students no meeting entry requirements has had very little take-up in recent years. The Department is proactive in terms of its recruitment campaigns in highlighting the chiropractic profession within schools and to the community in general via the use of student ambassadors, open days and information leaflets.

4.4.1c Conclusion

DUT 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 education.

4.4.2a Description

The enrolment targets are set for three years at a time. University management determines the student intake with input from Department/Faculty level. The programme admits students to either year 1 or a foundation year depending on qualifications. The majority of students go into year 1. Student enrolment is stable which allows for accurate resource planning. The number of African students has increased although there is no requirement for the Department/University to widen participation.

4.4.2b Analysis

The size if the student intake is controlled and related to available resources.

4.4.2c Conclusion

DUT 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

A student support system is built into the programme from a departmental and faculty level. Lecturing staff monitor and identify at-risk students who are approached and can be referred to support systems if need be. Full-time and part-time lecturing staff are easily accessible for guidance or support for students who do not understand work either via e-mail, setting up an appointment or directly after lectures. The Academic Development Ambit has been implemented into the Health Science Faculty programme. The programme bridges the gap for first year students moving from secondary to tertiary education with weekly courses implemented into the lecture timetable dealing with referencing, study techniques, time management and basic computer skills. At-risk students can also be sent by the Faculty or self-refer for consultations to assist where necessary. Students also have access student counselling which is free for all registered DUT students. Support is given on an academic and personal level. The student counselling centre includes HIV/Aids support unit, student counselling and health clinic.

4.4.3b Analysis

Student support and counselling is well developed within the University. The implementation of the Academic Development Ambit in 2012 has proven to be a good support system for at-risk students as well as assistance for first year students during their transitional period. The Academic Development Ambit gives monthly reports to the Department so as to allow the department to monitor student needs. This programme is well utilized by students. Computer labs are open from 8:00-22:00 h, 7 days a week with support staff in the computer laboratories for students that need assistance.

4.4.3c Conclusion

DUT 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

Students are represented at all levels throughout the University's committee structures. The chiropractic students have a class representative within each year, elected by the students. The class representatives meet with the Department once a month to raise any concerns relevant to the students. Students also participate in the international chiropractic student forum, the World Congress of Chiropractic Students (WCCS). The CASA has a student liaison based in Durban who interacts regularly with and offers support where needed.

4.4.4b Analysis

Students complete Subject Evaluation Questionnaires to assist with the curriculum development. Student representatives across the cohort meet regularly with academic staff and subject heads.

4.4.4c Conclusion

DUT 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

DUT has a policy for staff recruitment, mechanisms to identify where additional staff may be required and subsequently recruited. There is a formal induction process operated by the Center for Excellence in Learning and Teaching for new staff members which lasts a year and there they also undergo pedagogical training. Currently there are five full-time members of chiropractic lecturing staff, with two vacant posts. There are also five part-time members of lecturing staff and 12 part-time clinical supervision staff. Most staff provide support of the research project component. The programme is assisted by many other staff across the faculty and University in the early years teaching.

4.5.1b Analysis

The number of full time staff on the programme is at a low level, with the predictable consequences in terms of work overload of the cadre of existing staff. There are still two vacant posts amongst the chiropractic staff. The Department and the Acting Dean of the Faculty are aware of this difficulty. This also generates further problems with the adequate supervision of the Master's dissertation in the final two years of the programme. There is a centralized workload planning system in place for academic staff across the University. Recently this has resulted the teaching commitments of staff being altered significantly with some consequences across the delivery of the programme. One issue that needs to be addressed is that of the institution not fully valuing endeavor associated with project supervision at the Master's level.

4.5.1c Conclusion

DUT partially 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

Currently the Faculty does not have a fully functioning formal process of evaluating, promoting and rewarding staff. DUT is in the process of introducing such a system centralized but has had issues with the trade unions. DUT does provide for recognition of meritorious achievements both for teaching and research activities. The institution supports CPD and encourage staff to undertake research and enroll and PhD programme either DUT or elsewhere. The CELT (Centre for Excellence in Learning and Teaching) offers workshops to staff to help them improve their teaching and research skills.

4.5.2b Analysis

There is much interest in career development amongst the chiropractic staff, however there is little take up due to the time constraints placed on the full time lecturers. Some members of staff are engaging in or exploring opportunities for PhD study. A doctoral qualification is now necessary at DUT for promotion to a senior lecturer. The slow introduction of a formal review/appraisal process at departmental level is unfortunate and needs to be encouraged to promote best practice and the formulation of both personal fulfillment and motivation and for attaining more strategic departmental goals.

4.5.2c Conclusion

DUT partially complies with the 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

The DUT is divided in several campuses around the Durban area. The programme is concentrated mainly in the Ritson, Steve Biko and M Sultan campus and this has not changed since the last evaluation visit. The library counts with an adequate collection of textbooks and relevant journals. Any article needed by the students can be obtained via interlibrary exchange system. The library counts with computers to serve the student population and also has a dedicated area that opens during regular and extended hours – the Master's Research Laboratory. The laboratories for the Basic Sciences double function as laboratories and lecture rooms at the same time. All laboratories are fitted with AV equipment, and the Anatomy Dissection Lab provides enough material for the learning of Anatomy, including a museum. There is one technique room that serves for both practice and lecture from year 1 through 5. It has chiropractic tables, modality instruments, tables and chairs and Smartboard for e-learning and teaching. The Chiropractic Day Clinic, where most of the clinical training takes place, is new and counts with a reception, files storage room, laundry, 23 treatment rooms, 6 modality rooms, one rehabilitation room, one common area with lockers for the students and a clinician supervising room. There is also a radiography clinic where x-rays are taken by the students and also an ultrasound facility (the latter not used by chiropractic students). The DUT has some interesting resources such as the language laboratory to help students whose English is not their primary language, and computers laboratories with computer literacy training available, since not all students have a personal computer at home. The University possesses a range of recreational facilities across its three campuses.

4.6.1b Analysis

The physical facilities available for the programme are adequate and give support to the curriculum taught. The student support resources are commendable. The upgrade of the Basic Science laboratories increased the capacity of these laboratories but also provided more space for the students. However, the practice room contains an amount of furniture (chiropractic tables, chairs and desks) that decreased the available space for circulation. Also, the wear and tear of the chiropractic tables need to be addressed, as well as the outdated furniture that does not match the environment of the renovated facilities seen by the team. The infrastructure provides good support for the research

endeavors of the programme. There is a dedicated room in the library for Master's Research, digitalized Master's thesis works and inter-library loans, although there is only one research room with limited range of equipment for the final year students. The new clinic facilities provide an excellent opportunity for teaching and learning.

4.6.1c Conclusion

DUT substantially 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 Chiropractic Day Clinic is a new addition built since the last evaluation visit. It has 23 treatment rooms, 6 modality rooms, one rehabilitation room, reception area, reception room, laundry facilities, staff clinician room and the addition of a student room. There is a direct access to the clinic from the main road and it has its own parking facilities. The clinic is connected to the Radiography Clinic where x-rays are taken by the students under supervision of radiography technicians. Supervision in the clinic is provided by full time and part time clinicians. There is one supervisor per 12-15 students, except in certain hours of the day (11:30 to 12:30) where there are two supervisors. Clinical training is also performed at the off-site clinics (Marburg Clinic, Cato Ridge, Narian Jeawon Vedic Center Clinic and Inkosi Albert Luthuli Central Hospital Clinic). These clinics are of small dimension, but count with chiropractic equipment, files storage, transportation provided by the DUT and insurance for the students. These satellite clinics are located in different areas serving the local populations. Also, in these clinics there are other health professionals with whom the chiropractic students interact during patient care. The *ad hoc* events such as Sports and Community events add to the clinical training at the DUT. Unlike the satellite clinics where rotation is controlled and evenly distributed among students, participation in these events is on a volunteer basis.

4.6.2b Analysis

The clinical training resources are robust and provide an excellent opportunity for the students to be exposed to a wide variety of clinical cases. The clinic requirements are monitored by the reception staff that keeps track of all student activities in the Chiropractic Day Clinic, satellite clinics and ad hoc events. Improvement in the SSR for clinic supervision should be considered as the clinic is not operating in its full capacity yet. Clinicians completing CPD credits for supervising students might be a solution in a short and midterm basis. The radiography clinic is available for the students and counts with qualified instructors and supervisors. There is an ultrasound unit not used by the chiropractic students due to professional conflicts in regard to scope of practice, though patients can be scheduled for the ultrasonographer to perform the examination. The satellite clinics and ad hoc events complement the clinical training and the system seems to be well organized as the schedule for the rotations is done ahead of time. These settings increase case mix and provide excellent opportunities for interaction with the wide health professional community. The team was unable to visit the satellite clinics due to time constraints.

4.6.2c Conclusion

DUT fully 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

Various rooms are available on campus that have dedicated IT facilities that the students may access over long periods of the day. Provision in this area is increasing so as to help students in the early years of study and who do not have access to their own personal computer. Masters students have a dedicated, 24 hour access, IT facility for research in the University Library. The University has introduced Smart-boards in some of the lecture rooms. Much of the University now uses e-learning for the delivery of the curriculum. Wi-Fi hot spots are set up across the campus. The Library facilities for electronic searching of data-bases are available to all students and guidance of how to undertake such searches is readily available.

4.6.3b Analysis

DUT is making great strides in installing new computer facilities and upgrading the Wi-Fi system across the institution. However the WiFi system/IT infrastructure that is in place often appears to be totally inadequate for the number of users on the system and this hampers the use of e-learning for the institution. This could be readily improved by blocking students from downloading material unrelated to their education needs and using huge amount of data bandwidth. It should be easy to track, monitoring, and block if there is unnecessary data usage. The effective use of Smart-board technology is patchy. There also appears to be no standard e-learning platform set up across the University/Faculty/Department – with some lecturers using email communications, some using Blackboard and others Moodle. Some improvement work is urgently needed on the IT provision across DUT.

4.6.3c Conclusion

DUT substantially 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 curriculum and instructional (teaching and learning) and assessment methods.

4.6.4a Description

The Centre for Excellence in Learning and Teaching (CELT) provides pedagogical support for teaching staff. All new full time staff go through an induction programme in the first year of employment which includes pedagogical training. The programme is run by CELT but is not a degree programme so no certificate or diploma is awarded on completion. There is no formal training for part time staff but support is available from the department.

4.6.4b Analysis
Educational expertise is available for support in curriculum design and development. Staff expressed satisfaction with the in-house training programme and the support available from CELT. There may be an advantage for staff and the university in developing the training into a PGCert Ed. The department might also want to assure itself that sufficient pedagogical support is available for part time staff.

4.6.4c Conclusion

DUT fully complies with Standard 6.4. 

4.6.5 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.

4.6.5a Description
Administrative and technical staff are provided by the University. Some support staff are specific to the chiropractic department others work across departments and faculties.

4.6.5b Analysis
There appeared to be sufficient administrative and technical staff to support the delivery of the programme.

4.6.5c Conclusion
DUT fully complies with Standard 6.5 

4.7 RELATIONSHIP BETWEEN TEACHING AND CLINICAL OR BASIC SCIENCE 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.

4.7.1a Description
The three strategic focus areas of the DUT are teaching and learning, research and community engagement, and these strategic focus areas are therefore present in the programme. Research is a part of the curriculum both in regard to teaching and learning and in generating research as a requirement for the completion of the Master certification. All students must complete a final master thesis dissertation, and the elements of the curriculum, from beginning to the end, lay the steps needed to complete this requirement. The research processes, policies and procedures are governed by the policies of the Institutional Research and Ethics Committee (IREC) and the Postgraduate Research Office. Research students are provided with financial support for completion of the research and with resources such as library, writing center, computer laboratories, a research room and research equipment. The final dissertation is submitted as an electronic copy for the DUT depository.

4.7.1b Analysis

Research is one of the top priorities of the programme. The programme aspires to graduate students with a solid clinical training and a strong appreciation for research and it is supported by the structure put in place. However, the depth and length for the final master dissertation might not be realistic given the fact that a significant part of the students are unable to finalize the process within the 5 years of the programme. There are cases of delay in acceptance and signing by the supervisor and cases of delay for approval by the ethics committee. A significant portion of the cohort takes longer than 6 years to complete the MTech, incurring in increased expenses for the students. Some study designs such as clinical trials might not be adequate for the time available for a "half-master's", therefore clear guidelines on length and depth of the dissertation should be addressed. In some cases, marking the projects diverges from "fail" to "approved with honours", thus requiring issues of transparency, appeal of the marking process and quality assurance of the evaluation to be addressed. The process could be optimized by early exposure to articles in order to develop the research question, increase in the number of dissertation supervisors, facilitation of the topic selection and increase in the budget for the projects. The teaching and administrative workload of the staff should be assessed in order to avoid hindrance to the development of research activities.

4.7.1c Conclusion

DUT substantially complies with Standard 7.1 

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

Academic quality assurance monitoring is overseen by the Centre for Quality, Performance and Assurance (CQPA). The programme team produce an annual programme monitoring report as part of the annual quality assurance cycle. The programme report contributes to a faculty report that is considered at Faculty and Senate level. Programme review is undertaken every six years. The chiropractic programme is subject to external review by the Allied Health Professions Council of South Africa (AHPCSA) and the Council of Higher Education (CHE). External moderators provide externality to programme evaluation at the point of exit. This means there is no annual external oversight at all levels of the programme. There is one external moderator assigned to each module.

4.8.1b Analysis

Programme evaluation and monitoring appears to be extensive and thorough. The processes for monitoring and review are consistent with those of European universities.

4.8.1c Conclusion

DUT 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

The Lecturer Evaluation Questionnaire and Subject Evaluation Questionnaire system is implemented in the programme for annual quality monitoring. These questionnaires are sent to the CQPA for data capturing and analysis which is sent to the Head of Department for internal review. External stakeholders, the AHPCSA, have recently performed a full evaluation of the Chiropractic programme at DUT. DUT is awaiting feedback from the professional body for improvement or recommendations to the curriculum and programme.

4.8.2b Analysis

Questionnaires are regularly undertaken for continuous assessment of the programme so as to eliminate and minimise any concerns or issues raised. Students have, however, felt that feedback from the evaluation is not always clear or given as student progress from one year to the next, this is something which could be improved upon by the programme team.

4.8.2c Conclusion

DUT substantially 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

Student cohort performance is formally reviewed twice per year at examination board meetings. Strategies for improvement are developed and agreed for the following year where appropriate. At-risk students are identified and counselled. The Teaching, Learning, Access and Undergraduate Committee (TLAUC) representative updates each student's progress reports based on the outcomes of the examination board in preparation for the next academic cycle.

4.8.3b Analysis

Student cohort performance appears to be appropriately analysed and managed.

4.8.3c Conclusion

DUT fully 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 programme evaluation occurs through an internal process that involves staff, faculty and students. The profession representation (CASA), regulatory body (AHPCSA) and Council on Higher Education (CHE) provide input in the evaluation of the programme. Both full-time and part-time members of staff are active on the CASA Executive.

4.8.4b Analysis

There is evidence of an outstanding relationship between the programme staff and the professional and the regulatory bodies. The structure allowing feedback into the programme is established and clear. Recently, the AHPCSA visited the Department of Chiropractic and evaluated the clinics, providing some recommendations for practice, with no impact on the ECCE accreditation.

4.8.4c Conclusion

DUT 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 University operates a robust, fully integrated and hierarchical committee structure that is similar to most other higher education institutes. Each of committees has a standard operating procedure, designated Chair and representation together with a secretariat for minutes and record keeping. There is both staff and student participation across all committees.

4.9.1b Analysis

The University operates a well-defined and balanced set of committees to facility the effective delivery and quality assure the chiropractic programme.

4.9.1c Conclusion

DUT fully 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

Academic leadership is provided at Faculty level by the Dean of Faculty and at programme level by the Head of Programme. The Head of Programme has leadership responsibility for teaching staff on the chiropractic programme.

4.9.2b Analysis

The responsibilities of academic management at programme level appear to be clearly defined and understood.

4.9.2c Conclusion

DUT 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 programme.

4.9.3a Description

There is a robust finance management system in place within DUT that feeds down from the centre via the Faculty to departments. DUT operates on five year financial plan cycle. The institution is financially viable with good student intake annually. Annually the Department submits its requirements in terms of budgetary needs. This is principally in relation to the human resource funding in order to effectively deliver the programme. There have also been implications due student campaigns with respect to "Fees Must Fall." The financial viability of the chiropractic programme is sound and there is an operational profit of between R 3,000,000-5,000,000 annually. Additional funds are generated from the clinic, which turns over about R 380,000–500,000 per year. As a consequence the programme is financially viable and contributes positively to the Faculty. The Dean of Faculty can make a faculty decision affecting elements of the programme and the Institution is empowered to dictate additional curricula requirements, external to the chiropractic programme to fulfill its institutional educational aims.

4.9.3b Analysis

There is a clear management system in place across all levels within DUT with associated lines of responsibility for the curriculum and its resourcing. In chiropractic department is in a strong position in the Faculty being able to access the additional special funds (money generated by the clinics) with the potential to increase of number of clinicians, supervisors and tutors. That said, staffing levels on the programme still needs to be monitored.

4.9.3c Conclusion

DUT 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

The programme engages the profession at the regional Chiropractic Association of South Africa (CASA) branch and national CASA meetings, the national internship meetings of the AHPCSA, and consistently participates in conferences, seminars and meetings of international organisms such as WFC and FICS. The interaction with hospital systems allows for rotations in the hospital for diagnose training and the rotation through the satellite clinics foments an excellent level of interaction with the health professions.

4.9.4b Analysis

The engagement of the CASA with the programme is outstanding. CASA provides financial support to the students-centered activities and for awards for excellence.

There is a conflict between the directive of the HPCSA that does not allow the association between their professionals with professionals from other councils, whilst the AHPCSA will allow its professionals to practice with any registered professional. This conflict does not seem to affect the education of the students of the programme.

4.9.4c Conclusion

DUT fully 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.

4.10.1a Description

The chiropractic department follows the university's policies and procedures for programme review and update. Programme information is made public through the institutions website and internally through the institutions VLE. The Department liaises with its external stakeholders within the healthcare sector in South Africa and chiropractic professional bodies. The current programme has recently been reviewed and undergone recurriculisation.

4.10.1b Analysis

There is evidence that the curriculum is regularly reviewed and updated in line with university, national and international quality standards. In 2016 the chiropractic programme was accredited by the AHPCSA and at the time of writing the outcome of this review was pending.

4.10.1c Conclusion

DUT fully complies with Standard 10.1 

5. CONCLUSIONS

5.1 Summary

In conclusion, the Evaluation Team was impressed by the overall quality of the chiropractic education and training provided by the University. The following strengths, weaknesses and concerns are highlighted:

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*.

5.2.1 Commendations:

5.2.1.1 The new and refurbished chiropractic clinic, radiography suite, basic science laboratories and the post-graduate resource room in the library enhance the learning and training opportunities for the students.

5.2.1.2 Integration of the basic science service teaching within the programme, particularly in the area of anatomy, is considered exemplary and provides an excellent foundation for the subsequent chiropractic training of the students.

5.2.1.3 The two year supervised clinical training, together with satellite clinics, outreach activities and community events, provides outstanding opportunities for students to experience a wide variety of patients and clinical conditions.

5.2.1.4 There are robust programme management and quality assurance procedures in place at the Department, Faculty and University levels.

5.2.1.5 The enthusiasm of the student body for the programme and the chiropractic profession is a credit to the teaching staff and the University.

5.2.1.6 Student support services within the University are of a high quality. The additional services provided by the Academic Development Ambit within the Faculty of Health Sciences are considered exemplary.

5.2.2 Recommendations:

5.2.2.1 There should be an improvement in communication channels regarding academic policy issues at University, Faculty, and Department levels.

5.2.2.2 The final dissertation should be revisited in terms of its credit rating together with mechanisms for expediting the development of the research question, the sign-off of the proposal, gaining ethics approval for the study, editing the thesis and the external assessment of the final artefact.

5.2.2.3 The E-learning facilities across the Faculty need to be standardised to one platform used by all staff and that is readily accessible by the students. To enhance the uptake of this learning media the wireless internet services should be optimised.

5.2.2.4 There is evidence that graduation is delayed for a number of students due the demands of the final dissertation. Mechanisms should be in place to ensure that all students can complete the programme within the normal 6-year registration period, except in exceptional circumstances.

5.2.2.5 The uneven distribution of workload amongst the academic staff may inhibit career development and the future growth of a vibrant research culture in the Department. A robust appraisal and promotion scheme operated within the university would assist in addressing these inequalities.

5.2.2.6 The number of qualified chiropractic staff employed for the delivery of the programme should be increased so as to enhance clinical training and aid in the supervision of project students.

5.2.2.7 The chiropractic practical lecture room needs to be refurbished and updated to match the high quality facilities in other parts of the Department. Consideration needs to be given to the establishment of an additional practical room together with a second well equipped laboratory facility in which students can undertake their research projects.

5.2.2.8 There is an urgent need for the participation of patients as stakeholders within the clinical aspects of the programme and the introduction of patient satisfaction questionnaires in the chiropractic clinic.

5.2.3 Concerns:

There were none.

5.3 Acknowledgements

The Team wishes to extend its thanks to the university, Faculty and Department for the hospitality and courtesy afforded to it during the on-site visit.

Appendix 1 – Timetable of visit

MONDAY 3rd APRIL 2017	Meeting with	DUT Personnel	Team members	Standards
08.45	Arrival of team at DUT			
08.45-09.15	Private meeting of the Team	None	All	
09.15-09.45	Preliminary meeting with University & Programme Senior Management Team DUT	DUT Management Teams	All	
09.45-12.00	Tour of campus facilities to include key teaching, clinical and administration facilities, library, computing (with a coffee break)	Principal and assigned DUT Staff	All	
12.00-13.00	Meeting with students	Four (4) students from each year (*apart from clinic year students*). Ideally to include a class rep for each cohort	All	4.2, 4.3, 4.4, 6.1, 6.3, 8.2, 8.4
13.00-13.45	Lunch with Teaching Staff	DUT teaching staff	All	
13.45-14.45	Meeting with Teaching Faculty (non-chiropractic) – ideally full and part-time both represented	Teaching Faculty to cover all areas of basic science teaching; staff who are research active and who teach 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) – ideally full and part-time both represented	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
16.15-16.30	Break			
16.30-17.30	Meeting with clinic year students	6-8 students. Ideally to include class reps	All	4.3, 4.4, 6.1, 6.3, 2.6 and 6.2
17.30-18.00	Private meeting of Team	None	All	

TUESDAY 4th APRIL 2017	**Meeting with**	**DUT 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		2.6, 6.2
09.15-10.00	Admissions	Admissions Officer and related personnel		4.1, 4.2
10:00-10.45	Learning Resources including library, IT support	Curriculum Development and Review Committee members		6.1, 6.3
10.45-11.45	Research	Research tutor(s), supervisor(s)		7

11.45-12.00	Private meeting of the Team	None		
12.00-12.45	Programme Management	Senior DUT Managers		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		
13.30-14.15	Quality Assurance	Staff responsible for standards and quality enhancement		3.2, 8.1, 8.3, 8.4, 10
14.15-15.00	Governance and Finance	Senior DUT Managers and members of Board of Governors		9.1, 9.3
15.00-15.45	Subsequent stages and interaction with professional sector	Senior DUT Managers		2.7, 9.4
15.45-16.15	Break	None		
16.15-17.00	Meet with any other key DUT representatives not seen previously e.g. counselling, learning support			
17.00-17.30	Opportunity for site visit team to present any concerns to DUT	Senior DUT Managers		
17.30-18.30	Private meeting of Team	None	All	

WEDNESDAY 5th APRIL 2017	Meeting with	DUT Personnel	Team members	Standards
08.30	Arrive	Senior DUT Managers on standby for any additional meetings	All	
08.30-10.30	Private meeting of Team	None	All	
10.30-11.00	Coffee Break	None		
11.00-12.00	Feedback to Senior DUT management team	Senior DUT Managers and others as appropriate	All	
12.00	Site visit team members DEPART to Durban airport		All	