

**EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION
COMMISSION ON ACCREDITATION**

EVALUATION TEAM REPORT

**SCHOOL OF CHIROPRACTIC
REAL CENTRO UNIVERSITARIO ESCORIAL MARIA CRISTINA
MADRID, SPAIN
22-25 October 2012**

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1. EXECUTIVE SUMMARY

- 1.1 The School of Chiropractic (henceforth referred to as the Department) is a department in Real Centro Universitario Maria Cristina (RCU). RCU is affiliated to the Universidad Complutense de Madrid (UCM).
- 1.2 The department provides undergraduate, first qualification chiropractic education and training for a *Título Propio, Máster Propio en Quiropráctica*, a degree title which only exists in that institution. This is because Chiropractic is not a regulated profession in Spain.
- 1.3 RCU is responsible for the chiropractic programme and UCM has no validation or accreditation control over the programme. RCU is an Augustinian institution under the authority of the Augustinian Order subdivision Madrid Province.
- 1.4 In April 2005 the Spanish Chiropractic Association (AEQ) agreed with RCU to commence a chiropractic programme. AECC were requested to assist in the development of the programme. The recommendations from AECC were implemented and permission was granted by RCU to adapt the buildings to enable a patient care facility for teaching to be established. The first students entered the programme in 2007.
- 1.5 In September 2008 RCU applied for Candidate (for Accredited Status) with the ECCE and submitted a self-study in support of that application. Candidate (for Accredited Status) was granted in November 2008 for a period of five years. RCU were informed that an application for full accreditation could not be made until the first cohort had graduated in 2012.
- 1.6 In April 2012, RCU MC submitted its Self-Study Report (SSR) for full accredited status with the ECCE. The Commission on Accreditation reviewed the documents at its meeting on 18 May 2012 and unanimously decided that an evaluation team should go to RCU in October 2012.
- 1.7 A four day Evaluation Visit took place (22 to 25 October 2012). The site visit provided further documentary and oral evidence to the previously submitted documents. RCU was given feedback at the end of the visit and informed verbally of any strengths, weaknesses and/or concerns regarding its provision of chiropractic education and training.
- 1.8 Members of the Evaluation Team extend their thanks to RCU for the courtesy shown to them during the evaluation visit, and for conducting the visit in an open and transparent manner, affording the Team full access to members of staff, students and documentation.
- 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 RCU. The Report was sent in draft format to RCU for factual verification on 06 November 2012, and the final Report was submitted to COA on 19 November 2012.
- 1.10 The Chair invited RCU to send representatives to the COA meeting in Brussels, Belgium on 30 November 2012 where the Evaluation Report will be discussed and a decision made on the full accreditation of the university.

1.11 This Report addresses the compliance of RCU with each of the ECCE Standards in the provision of chiropractic education and training through the *Titulo Proprio, Máster Propio en Quiropráctica* award. The outcomes of the Report are as follows:

Strengths identified by the ECCE evaluation team:

- The strong family atmosphere evident between the faculty and students which engenders an atmosphere of mutual support and encouragement for learning.
- The facilities which have been sympathetically installed within a set of listed buildings.
- The strong support provided by the Augustinian order for the development of chiropractic at RCU together with secure and fair governance of the programme.
- The secure finances of the university and the financial support provided for students through a variety of scholarships.
- The quality and dedication of the full and part time staff to the successful outcomes of the programme.
- The introduction of a teaching assistantship that enhances staffing and supports research and staff absences.
- The use of clinical problem-based learning that is taught from Year 1 to Year 4 that bridges the barrier between bio-medical sciences and chiropractic practice.
- The opportunity to participate in formalised exchange programmes and field internships.
- The quality of the academic leadership provided by the Director.

Weaknesses identified by the ECCE evaluation team:

- The quality assurance system needs further formalisation so that it covers deficiencies in the management of plagiarism, the development of a formal ethics procedure for student research, patient case mix and the process of external examiner involvement in the programme.
- There appears to be an inconsistency between the evidence-based health care taught within the programme and the narrow application of chiropractic care in patient management imposed by the restrictive scope of chiropractic practice in Spain.
- There is inconsistent use of objective patient outcome measures that inform changes to patient management in addition to a lack of a clinical audit cycle. This is not in keeping with a reflective patient care central to the evidence-based practice paradigm. The outreach chiropractic centre's continuity of care and documented follow-up is incomplete.
- The involvement of stakeholders within the delivery of the programme and particularly the students and patients in the chiropractic centre, is underdeveloped.

- There is a lack of exposure to the wider health care community thereby limiting development of inter-professional communication.
- Assessment policy is inconsistently applied especially the equivalence of credits and the use of attendance as a component of assessment.
- The burden placed on a small number of full time staff needs to be considered in the light of any increase in student numbers and staff responsibilities in relation to the profession in Spain.
- The department lacks a fully developed staff appraisal and promotion policy and development plan for staffing.

Concerns:

There were none

2. INTRODUCTION

- 2.1 Between 2005 and 2008 Real Centro Universitario Maria Cristina, Escorial, Spain sought to establish a first award chiropractic programme. The impetus for the discussions initially came from the Spanish Chiropractic association (AEQ). AECC was invited to be consultants to RCU and visited the institution and made recommendations regarding the physical facilities and the programme itself. RCU agreed to the development of the programme and obtained the support of the Augustinian Order's province for the necessary building modifications to enable a chiropractic centre to be developed. The first students entered the programme in 2007. In 2008 the COA considered the SSR submitted by RCU for Candidate (for Accredited) status. The Commission on Accreditation (CoA) of the ECCE unanimously agreed to grant RCU Candidate (for Accredited) status for a period of five years. No application for full Accredited status could be made until the first cohort had graduated.
- 2.2 In April 2012 RCU 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 in Amsterdam in May 2012. The CoA unanimously agreed that an Evaluation Team should visit RCU in October 2012.
- 2.3 Members of the Evaluation Team were nominated by the ECCE Executive and each member received the SSR, and written comments from COA related to the documents prior to the visit. The members of the Evaluation Team were:

Lise R Lothe BSc, DC, MSc, FEAC	Chair Chiropractor in private practice in Norway and postgraduate research student at the University of Oslo. Registrar of the European Academy of Chiropractic and Chair of Norwegian Spine Research Association
Mark Webster BSc, DC, MSc, MSc, FCC, FBCA	Principal Lecturer, WIOC, UK
Graham Mills, PhD, MA, BSc, Cert Ed, FRSC, FHEA	Professor of Chemistry, University of Portsmouth, UK
Caroline von Dungern	Student member, Year 5 IFEC, Ivry-sur-Seine, France
David Burtenshaw MA, PgCE, FRGS, FEAC, MCIE	Evaluation Secretary ECCE, formerly Director Collaborative Programme Development, University of Portsmouth. Chair of Examiners, Welsh Joint Examinations Council, Cardiff.

Mr David Burtenshaw 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 responsibilities before arriving at RCU.

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

- 2.5. All members of the Team were presented by name beforehand to RCU, 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.
- 2.6. A draft timetable for the visit was sent to RCU on 01 September 2012, and the final schedule agreed with RCU on 15 October 2012. A copy of the schedule is appended to this Report (Appendix 1).
- 2.7. Members of the Team arrived in Escorial on 21 October 2012. The Team held a preliminary meeting on 21 October prior to the on-site visit which was from 22 October to 25 October 2012 (inclusive). Meetings were held with the institution over the first three 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 the final day (25 October) was set aside to complete the draft report and give oral feedback to the institution.
- 2.8. Members of the Team were very well hosted by RCU, 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 RCU.
- 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 RCU for factual verification on 6 November 2012. The response was received from RCU on 15 November 2012. The Chair and Secretary finalised the Report and this was submitted to the Chair CoA on 19 November 2012. The Chair of the Evaluation Team presented the Report to CoA members on 30 November 2012 in Brussels, Belgium.
- 2.10. The Report includes an Executive Summary, a description of RCU and the findings of the Team regarding compliance of RCU with the ECCE Standards. The Report ends with the Conclusions of the Team and any Strengths, Weaknesses and/or Concerns the Team wishes 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. DEPARTMENT OF CHIROPRACTIC, RCU

- 3.1 The Chiropractic Department is one of three departments within RCU; the others are Law and Business Administration. The department is responsible for the provision of undergraduate chiropractic education and training.
- 3.2 RCU was founded in 1892 as a Centre for Higher Studies. It was attached to Universidad Complutense de Madrid and called a Centre for Higher Education in 2003. This enabled the institution to award *Título Propio, Máster Propio en Quiropráctica*, a first degree award that is specific to that institution. It is an Augustinian centre that promotes an education based on the principles of freedom, self-understanding and responsibility.
- 3.3 Decisions regarding the provision of chiropractic education and training made at departmental level are ratified by the Consejo de Dirección (Executive Council).
- 3.4 The quality assurance of all institutional programmes, including the chiropractic programme, is undertaken by the Executive Council.
- 3.5 Chiropractic education and training provided by RCU is not regulated by the Spanish government because the chiropractic profession is unregulated. Therefore, the award of *Título Propio, Máster Propio en Quiropráctica*, recognises this fact.
- 3.6 The vision and mission of the Department of Chiropractic have been updated since the ECCE received the SSR and are defined in the latest version as:
“To be the premier Chiropractic School that sets the standard for educating chiropractors, researchers and educators to be leaders of transformation in creating a healthier, better world beginning with Spain.”
The previous vision stated *“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.”*
- 3.7 The 2012 Strategic Plan states that the Mission is as follows; *“The Mission of the Chiropractic Programme (TSU) is to produce chiropractors who are competent, confident and caring; who understand the principles and practice of chiropractic; who recognise the environment and social context in which health and illness exist and the importance of integrative care; who are concerned with the human being on an individual and collective level; and who have skills for and commitment to service, scientific enquiry, reflexive thinking, ethical practice, self-fulfilment and life-long learning.”*
The previous Mission in the SSR stated; *“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.”*The new Strategic Plan has yet to gain full approval within the university system.
- 3.8 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 *Título Propio, Máster Propio en Quiropráctica*. The findings of the Team are based on documentation presented by RCU prior and during the on-site visit.

3.9 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 aims and objectives are presented in both the SSR and Appendix A. These meet the standards. The aims and objectives of the programme have been revised since the SSR was submitted in a new Strategic Plan 2012-2015. The department espouses “Core Values” as follows:

- We thrive on **Excellence** in education of the next generation of chiropractors.
- We offer **Personalised Education**;
- We encourage **Leadership** and an active role in promoting a more democratic, more solidarity and a fairer society;
- We foment **Cooperation** with other institutions, combining diverse strengths and skills and resources;
- We open our doors treating everyone with **Respect**, appreciating individual differences.

The SSR describes the Aims Objectives and Competences of the first qualification which have been approved by the stakeholders including the Patronato, the university Directive Council and the “Council of Support” some of whose members are drawn from the profession in Spain. The aims refer to the will for life-long learning and continuing professional development.

4.1.1b *Analysis*

The department elected to make use of the expertise of AECC in the development of its aims and objectives. It has subsequently modified these to take account of the Spanish education system and international standards of chiropractic education. The published aims and objectives of the whole programme and the individual units are geared towards producing a competent chiropractor safe to practice. The linkage to pre-registration training has been discontinued by the AEQ because of the legal situation in Spain. The students are encouraged to participate in life-long learning which the AEQ have enhanced partly as a response to the lack of pre-registration training.

4.1.1c *Conclusion*

RCU 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 chiropractic programme is delivered according to the Bologna model in a university under the quality assurance of ANECA. The programme leads to a title that is following the aims and objectives of a programme qualifying for a chiropractic practice without a recognised Spanish degree. The programme is based on the curriculum of the AECC with adaptations to the Spanish health care system. The Spanish Chiropractic Association has been advised in the development of the programme and is being reported to. Patient organisation has been established but has not been involved in the programme. The chiropractic programme has been developed under the open, honest and altruistic ideals of the Augustinian community.

4.1.2b *Analysis*

The programme has been adapted to conform to Spanish law and culture without compromising the standards of a safe and competent chiropractor fit to practice as a primary health care provider.

4.1.2c *Conclusion*

RCU fully 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 governance of the programme is described elsewhere.

There are three yearly faculty meetings where both full time and part time staff meet to discuss, evaluate, optimise and adjust the allocated time and content delivered. Each member of staff has independent responsibility for delivering their units in the established curriculum. During the meetings efforts are made to avoid duplication of information and at the same time ensuring that related topics are presented with different angles where appropriate. Academic load and timing of exams and assessments are also optimised during these meetings.

4.1.3b *Analysis*

There is ample room for independent academic regulation with short and efficient lines of effectuation. The programme is under evaluation after graduating the first cohort. Major changes to the delivery of the programme have to be developed by the faculty council and decided on by the Executive Council. Major changes are not planned for the next five years to permit the programme to bed down. The interaction between Executive Council, which approves changes to the curriculum, Senate and Faculty needs clarifying.

4.1.3c *Conclusion*

RCU 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 competencies are described in the material available online to the prospective student. A new competencies document was given to the team during the visit. The programme is well organised in terms of deliverance, scheduling and assignments. Assessment protocol is available for students on the online learning platform Moodle.

Certain aspects of health care are reserved for medical practitioners in Spain. Although chiropractic is a recognised health care profession by the World Health Organisation and the European Committee for Standardization (CEN), it is not recognised as a health care profession in Spain. This complicates the training of the chiropractor as an integrated health care professional. As the programme is not yet recognised under Spanish regulation the private degree obtained cannot be used toward higher education (postgraduate MSc) and research qualifications (PhD).

4.1.4b *Analysis*

The educational outcomes are well described and delivered. The intention to develop a practitioner with abilities to work in interdisciplinary and multidisciplinary settings is a challenge under the Spanish health care regulations. Although the programme recognises medical and physiotherapy training and permits students with such qualifications to apply to the chiropractic programme with accredited prior learning (APL) into the 2nd year, there is no regulation allowing chiropractic students to transfer into medicine, physiotherapy or similar programmes in Spain. Apart from private practice the only other available career option after graduation is currently at this university.

4.1.4c *Conclusion*

RCU substantially 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 SSR provides a clear and precise rationale for the 5 year (4 plus 1) curriculum model adopted by RCU. This model is based upon the common interpretation that Spanish Educational institutions have taken to implement the Bologna Declaration. Allowing for the non-recognition of chiropractic in Spain, the duration (4 plus 1) and level (masters) of the programme complies with the accepted national standards for academic recognition.

The programme delivery is based upon an integrated spiral curriculum, in which key knowledge, principles and themes are revisited, reinforced and expanded as the student progresses through the different stages of the award. The learning material is delivered by a variety of methods including both didactic and problem based learning [PBL] techniques, enhanced by the use of E-learning. The use of PBL is introduced early on in the programme (1st year) to familiarise the students with the concept, to stimulate enquiry and the development of critical thinking. The programme also makes use of self-directed learning to encourage student self-reflection and active participation within the learning process.

4.2.1b *Analysis*

The curriculum structure and educational methods used in the design and delivery of the RCU programme are consistent with Master level education. These methods facilitate the development of qualities such as self-direction, self-reflection and critical thinking that are necessary for the development of chiropractic clinical competencies and tools to promote lifelong learning.

4.2.1c *Conclusion*

RCU fully complies with the Standard 2.3 

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*

Scientific methods are embedded into the curriculum across a number of years of study. In year three, students are exposed to the Research Methodology unit and this highlights the key aspects of critical thinking, and a range of quantitative and more limited range of qualitative research methods. After taking this unit students elaborate their initial ideas for a subsequent research project. This is then taken forwards into year 4 where students fully prepare their research proposal together with a nominated supervisor from within the academic staff. The students defend their proposal before a committee and the ethical considerations of the proposed work are discussed and the necessary consent elicited.

During the final Master of Chiropractic year students spend a significant amount of the year on their research projects where the scientific methods garnered in their earlier studies are put into practice. This culminates in the writing of a research report. A proforma is used for the writing of this document. The project reports intend to be published in the Spanish Chiropractic Journal under establishment. This will be in the Spanish language and electronically based.

4.2.2b *Analysis*

At the time of the evaluation the programme only had one year's experience of student research projects. The team reviewed a limited range of research final year report projects and were given a full listing of project titles [2010- 12]. There was good evidence of a range of methods being used including cross-sectional designs, surveys, and questionnaires. Further emphasis in the curriculum of the use of qualitative research methods is recommended. The need for full ethical consent for some research designs e.g. randomised controlled trials, hampered the range of some of the student projects. The establishment of an internal ethics committee is needed to address this issue. If the proposed journal is established this will enable the further dissemination of the project work across the Spanish speaking chiropractic community.

4.2.2c *Conclusion*

RCU 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*

Biomedical sciences are taught across a large number of units spanning the initial 4 years of the award. The number of biomedical sciences is reducing, as the student progresses through the programme, thus forming the foundation for the clinical sciences. These units are taught via a variety of educational methods, including BPL and students are exposed to relevant research where appropriate to underpin the subjects. To aid the integration between the biomedical and clinical sciences, there is a Clinical Problem Solving unit in each of the first 4 years.

4.2.3b *Analysis*

There is evidence that the pertinent biomedical sciences are taught in a relevant way with respect to the overall objectives of the curriculum and requirements of the ECCE standards. The integration of biomedical and clinical sciences is also evident and enhanced by the Clinical Problem Solving units. This is designed to help students understand the importance and relevance of the biomedical sciences in relation to chiropractic practice.

4.2.3c *Conclusion*

RCU fully complies with the 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 behavioral sciences, social sciences, ethics, scope of practice and legal requirements that enable effective communication, clinical decision-making and ethical practice.

4.2.4a *Description*

RCU includes those aspects of the social sciences that impinge on patient centred care and the biopsychosocial model of pain management. Communication skills are an integral component of the teaching programme.


Ethics, bioethics and Jurisprudence are taught in Year 5, the Masters year. Ethical practice is not well developed in the preparation of projects for the Masters year. External ethical approval was sought and given after data collection in one of the publications by the institution. The department realises that clinical audit has yet to be established. However, risk assessment is employed to mitigate cases which might be perceived to be investigated by other professions.

4.2.4b *Analysis*

The students that the team met were articulate and able to communicate in several languages besides Spanish. A lawyer for the AEQ delivers a course on the legal aspects of the profession in Spain. Because chiropractic has no legal recognition in Spain this task is made more complicated. Students from other countries such as Mexico and France receive the same material and are therefore less aware of the legal aspects in their home countries should they chose to return home at the end of their studies.

Ethical practice is being revised in the light of the experience of the first cohort to complete the programme. The establishment of an internal ethics committee is needed to address research issues. In particular, clinical audit procedures should be developed.

4.2.4c *Conclusion*

RCU 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*

Clinical Sciences and Skills are taught in accordance with the SSR. The regular staff offers contributions of the clinical sciences. According to Spanish law all staff, including chiropractors affiliated with the chiropractic centre at RCU, needs to have academic qualification to teach in higher education. Staff from chiropractic teaching institutions abroad are invited as guest speakers for certain modules through a contract with their teaching institutions/universities. The guest lecturers are quality assured by their home institutions that provide assessment of the material being taught during the week. The RCU uses this opportunity to offer weekend CPD seminars where student, staff and practicing chiropractors can attend. External Continuing Professional Development points are sought through the European Academy of Chiropractic.

Business management courses are offered from the business administration programme within RCU. Students invite field chiropractors to give lectures in the last part of 5th year. There is currently no exchange of staff between the two chiropractic programs in Spain. The student acquires sufficient knowledge but lacks the opportunity to fully develop the skills that apply to chiropractic practice in a primary contact setting under Spanish regulation.

4.2.5b *Analysis*


The weekend courses create an arena for the institution and profession to meet and be exposed to the same content that has a higher level of quality assurance than most privately organised seminars often given off campus. This also creates an income for the institution. Using staff from other chiropractic programmes is a clever way to allow an exchange of knowledge and sharing of best practice between programmes. There is little or no use made of part time staff without formal training in education.

The programme qualifies chiropractors to deliver evidence-based practice in a primary care setting. However, the student is limited to obtain practical training under the narrow scope of practice in Spain that limits the use of the diagnostic skills, evidence based treatment options for musculoskeletal disorders and inter-professional collaboration skills acquired through this education. The student is well equipped to identify cases that need referral without having formalised referral options. Although the students receive an in depth knowledge of the bio-psycho-social pain model they are not exposed to treatment options for yellow flags that should be considered under the scope of practice of a trained chiropractor.

Students receive comprehensive training as primary health care professionals under international requirements and regulation but is limited by Spanish regulation to treat patients under a handful of benign conditions described in ICD-10 1 subluxation complex (vertebral), a sub heading of ICP-10 M99 "Biomechanical lesions, not elsewhere classified" (not to be confused with ICP-10 M43.5

recurrent vertebral subluxation). The high quality training of chiropractic students is not put to good practical use.

4.2.5 Conclusion

RCU partially 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

Both the full time and part time staff are highly qualified and competent to deliver a research based programme. All teaching evidence is referenced when delivered throughout the programme. The students are presented with the historical and philosophical concept of the vertebral subluxation complex which is used for patient management under “biomechanical lesions not elsewhere classified” in ICD-10. This use is justified under the pretence of not being used by the medical profession and at the same time regulated under international recognised classification systems.

4.2.6b Analysis

Great care is taken to avoid encroaching on the scope of practice of other health care professionals in Spain. Although the student is well educated in psychology, physical human performance and differential diagnostics, the practice is limited in such a way that physical rehabilitation normally given by a physiotherapist is not performed and that basic psychotherapy interventions for pain management are not used in patient care. Similarly, radiology and radiography is taught on campus with visits to radiology Units as an add-on feature in order to enable the student to practice abroad. The student is challenged to distil the expertise gained from an in-depth knowledge of how to perform and evaluate a comprehensive physical exam, the research of the knowledge base, and the patient’s circumstances into one treatment modality explained by the subluxation complex.

It is the opinion of the evaluation team that the use of ICD-10 M9900-M9909 “Segmental and somatic dysfunction” is less provocative in the cultural context than the current use of ICD-10 M9910-M9919 “Subluxation complex (vertebral)” that can easily be confused with the medical term *subluxation* – defined as incomplete or partial dislocation.

Although the programme delivers ethical, evidence-based chiropractors, the scope of practice is limited by the utilisation of a handful of imprecise, confusing terms whose use is otherwise challenged within the chiropractic profession and not meaningful outside the profession.

4.2.6c Conclusion

RCU partially 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*

Student exposure to patients starts within the first year of studies with a structured observation programme within the on campus outpatient chiropractic centre. This programme continues within the 2nd and 3rd years, where the students also become actively involved in patient case history taking and physical examination, respectively. During the 4th year, students undertake supervised care of RCU students within the designated 4th year student teaching centre and before entering the 5th year, undertake an OSCE exam.

The final practical year spans one full academic year and requires students to spend a substantial amount of time within the RCU out-patient centre engaging in all aspects of patient care. There is currently a recommendation of 10 new patients and 250 follow up treatments over this time. At present each individual student-patient encounter is supervised by a tutor. These patient number requirements together with the 100% supervision policy are currently under review. In addition to supervised practice within the out-patient centre, RCU offers final year students a number of other off campus practical learning opportunities. Students participate in rotations giving care to underprivileged patients within an outreach centre in Madrid, situated within sheltered accommodation for the homeless. It is hoped that this programme can be extended over the next year to involve other community based outreach opportunities. This year students also have the opportunity to participate in a 6-month international placement to the Feevale University in Brazil. Eligibility to participate in this scheme is dependent on students achieving set academic and practical requirements. Opportunities also exist for students to extend their practical training by participating in a one and a half week overseas community extension programme for which they can claim up to 30% of their overall chiropractic patient management requirement. Last year this involved students and RCU staff travelling to the Amazon and assisting 5 local Brazilian chiropractors treating patients in a community project.

On completion of their minimum patient management requirements, final year students may elect to participate in a 6-week external programme which enables them to shadow qualified chiropractors who have been vetted by RCU within a private practice setting to gain further experience.

At the end of the final year all students undertake exit OCSE examination to demonstrate their physical examination and patient management competencies.

4.2.7b *Analysis*

The chiropractic training opportunities offered to RCU students are substantial and robust. The graduated patient exposure over the first 4 years of the programme is well designed to develop and reinforce patient communication, clinical knowledge, judgement and skills prior to undertaking one full academic year of supervised training in chiropractic care. The diversity of learning environments on offer must also be commended in broadening the student's experience of patient care and exposure to different health care systems.

However, the team had some misgivings regarding the practical training. Firstly, the chiropractic centre currently has no system in place to ensure that students have exposure to a wide case mix of patient conditions. Secondly, students are not taught how to perform clinical audits. As a result students do not have the necessary skills to audit their own chiropractic practice/record keeping therefore, may not identify areas of potential weakness or continuing professional development needs. Thirdly, students are exposed to a limited number of objective patient outcome measurement tools, which are not widely used or reinforced within the chiropractic centre. Fourthly, the care provided by students within both the 4th year and final year is limited to predominantly spinal manipulative therapy rather than a more comprehensive evidence based

approach to neuromuscular health care. This is despite students being exposed to integrated evidence based treatment approaches within their studies. This inconsistency would appear to be as a result of the current legal/political situation of chiropractic within Spain, rather than a fault of the programme itself. The lack of recognition of chiropractic also make exposing and integrating students into the wider health care community difficult thus also limiting the training and learning opportunities offered to students.

4.2.7c *Conclusion*

RCU partially complies with the 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 team were furnished with unit descriptors and learning outcomes in the SSR and complete lecture and power point documentation was made available in the base room. The programme conforms to the Spanish interpretation of the Bologna model i.e. 4 years *Titulo Proprio* plus 1 year Master of Chiropractic. The programme outline demonstrates that it is equivalent to 300 ECTS credits.

The programme integrates its curricular components both horizontally and vertically linking knowledge, understanding and application. In particular, research evidence is used to promote critical thinking. Emphasis is also placed throughout the curriculum on student centred-learning

4.2.8b *Analysis*

Because chiropractic is not a legally recognised profession in Spain it can only satisfy international standards for a graduate to practice. The relationship between ECTS credits and unit duration and assessment is variable. Therefore, some units involve more contact and study time per credit than others. This mismatch results in variability in the assessments.

At first students found the structure of learning quite difficult because it is different from their previous educational experience. However, the current 5th year students did appreciate the way that integrated studies developed their critical and practical skills.

4.2.8c *Conclusion*

RCU substantially 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 *Titulo Proprio* and Masters programmes are managed by a Director of Chiropractic Studies. He is also supported by a co-ordinator of Chiropractic Studies. The programme has termly CQA meetings

where matters concerning the content, delivery and assessment are discussed. This committee has the authority to make and ensure the implementation of minor changes to the academic programme to ensure the overall aim and objectives are maintained. All members of the academic staff are members of this committee. There are at present no other stakeholders (e.g. students, representatives from professional bodies) involved on the CQA. Minutes from this committee are not available for the student body to inspect.

More substantive changes to the curriculum involve an 'additions committee'. Proposals for change are presented to the Faculty Senate and if approved, the change is subsequently presented to the Consejo de Dirección prior to implementation. As chiropractic is not an official academic programme of UCM, UCM is not involved in any aspect of course management.

In the early years of the programme advice was sought from the AECC in respect of the delivery of the programme.

4.2.9b *Analysis*

The programme is still developing and the necessary academic committee structures and membership are evolving. The Director and the Co-ordinator of Chiropractic Studies have a good overview of the programme and the CQA appeared to be working well and was fit for purpose. However, the evaluation team noted the lack of involvement from other stakeholders within the committees at RCU and the absence of an external examiner to oversee the functioning of the programme. There is a need to address these deficiencies.

4.2.9c *Conclusion*

RCU partially complies with the 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*

Linkage to subsequent stages of education is hampered by the current status of the profession in Spain. However, the department is making strides towards providing the students with a supportive environment following graduation. Internships can be undertaken outside of the university so long as they have been quality assured. An Alumni Association was started in 2012. Chiro-global is an international exchange programme and currently involves Brazil and Mexico that enables students to develop their skills in the final six months of the programme in a contrasting cultural environment.

4.2.10b *Analysis*

CPD activities are being enhanced in collaboration with AEQ. These activities are being made available to students in years 4 and 5 so that they meet professional chiropractors from outside of the university. Some visiting lecturers come from an exchange programme with the USA. A new, 8 hour GEP programme is being prepared to replace the one disbanded in 2006. It will be introduced when it is deemed appropriate to do so. Six month placements have been proposed with an examination as an integral part of the GEP programme. Continuing Education credits have been increased by the AEQ. A survey of the first graduated cohort is under planning.

4.2.10c *Conclusion*

RCU 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*

The department uses a variety of assessment techniques including; OSCEs, poster presentations, formal examinations, oral presentations and interaction in classroom activities. Staff have autonomy to set their own examinations which are approved by the Faculty Senate. The schedule of assessments is arranged by the Programme Coordinator. The results of examinations are transmitted by the RCU Registrar and students may appeal their result within a day of publication. Only once this procedure is complete are the results officially published. Students are fully aware of these procedures.

4.3.1b *Analysis*

There is no system of external examiner moderation of examination papers either before they are sat or indeed once the assessments have been graded. The examination system could be more formalised so that the links between the system and learning are clearer. There are some discrepancies between the types of assessment and the ECTS credits. Ideally courses with similar credits should have similar assessment loads, not necessarily of the same type of assessment but in line with the ECTS credit level. It should be the role of an examination board to oversee all of the assessments and work towards greater parity of assessments rather than give the tutors so much autonomy. The External Examiner should be a member of the Board to give the whole process externality.

4.3.1c *Conclusion*

RCU partially 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*


The programme uses a wide range of modern assessment methods that are appropriate for and in line with chiropractic practice. Poster and power point presentation of cases and patient education are integrated early on. The Masters dissertation is extensive and follows standards for publication. The proposal is worked up in the fourth year and the research performed and written up in the 5th year. There is no limitation to the length of the first draft of the thesis but the final text must conform to a maximum of 10 pages, 6 figures and tables. Up to three students can work on the same project but need to identify what part they have contributed to and has to present and defend separate parts of the work.

4.3.2b *Analysis*

Students stated that the assessment load is fair and adequate. The Faculty agrees and history shows that the majority of students have managed to complete the programme within the five years. Students can re-sit an examination in September but can obtain no more than a 50% mark for the re-sit. Tutors have allocated time to help students outside lecture hours. These opportunities are made use of especially before exams. Due to the small, transparent learning setting, students with difficulties are easily identified and measures taken to address student needs. The team expressed some misgivings over the practice of awarding some marks for attendance at classes.

The methods used for the research project are limited to what can be allowed in research not presented to an independent ethics committee. No invasive interventions are therefore used. An internal ethics committee has been used to ensure that the projects are within the scope of ethical practice. Training and approval of an ethics committee is in action.

4.3.2c *Conclusion*

RCU substantially 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 admissions policy conforms to Spanish norms. The university operates a central admissions office. Because the institution is private it does not partake in the Spanish national admissions system because chiropractic is a “non-official” discipline. Applicants must have a *Titulo de Bachillerato* or recognised alternative qualifications. The university administers an admissions test called *Prueba de Admision* (including an English test), together with an interview with a psychologist, to assess the students’ suitability. The university prospectus is published in hard and electronic copies and is translated into several languages.

International students must produce relevant, recognised, certificated evidence of previous studies. Non-EU students must have a residence permit, a student visa and financial guarantees.

Students with other tertiary qualifications are considered for APL. The university has an APL policy for chiropractic. The university is sympathetic to the needs of students with disabilities and impairments.

4.4.1b *Analysis*

The admissions policy is managed by the university’s marketing department who are fully aware of the needs of the chiropractic programme. There is a paper and electronic prospectus for the University and a separate printed prospectus for the programme. The printed prospectus is not as informative as the web for student applicants. The department also participates in open days and student fairs. The department maintains with some justification that students today are more likely to use web-based evidence and social media when selecting programmes for study. The APL system is being used constructively to admit students. The students on programme come from a range of countries including Spain, the EU and Latin America. The students found the admission process robust and transparent.

4.4.1c *Conclusion*

RCU 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*

The programme is able to recruit up to 30 students per annum including up to 5 applicants who have APL applicants and/or students from outside of Spain. There are no plans to increase enrolment until the current target number is consistently achieved. Students are made aware of a range of scholarships to enable them to finance their studies at this private university. Scholarships have been made available by the AEQ. Other scholarships may be granted to students from the Augustinian high schools and these are enhanced for students with the highest academic achievements. Students from the local administrative area may also receive assistance. In addition, the programme makes available further fee support for students who are employed in tasks in the university such as catering and cleaning.

4.4.2b *Analysis*

Although the target number of places is 30, the intake has fallen short for several years. In the current economic climate in Spain recruitment to a private fee paying institution will be difficult. International recruitment might alleviate this shortfall.

4.4.2c *Conclusion*

RCU substantially 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*

Each cohort has a member of the staff acting as “advisor”. He/she takes care that individual needs are continuously taken into consideration as the programme progresses. However, no systematic screening for disabilities takes place. It is possible to obtain financial support and the campus includes housing, a cafeteria, learning and sport facilities. A Psychological Support Programme has been started, offering psychological care if needed.

The integration of new students entering the university at any point of the programme is efficient and effective. Exchange students come from other chiropractic colleges in Mexico and Brazil through the “Chiro-Global” programme. There are also lecturers from other chiropractic schools teaching at RCU. Furthermore, the administration is supportive of student and alumni associations and the students of RCU are represented at the WCCS and the ECU.

4.4.3b Analysis

The teaching and administrative staff are very involved and ready to invest time to assist with the personal, social and academic needs of the students. The work environment is stimulating and the small numbers facilitate an early detection of problems and the integration of new students. The wide cultural and pedagogic diversity are promoted by exchange programmes and external lecturers. The cohesion of the staff and of the students results in active peer-support. This highly stimulating and supportive environment is reflected in the high adhesion to the programme and the good cohort performance of the students.

4.4.3c Conclusion

RCU fully comply 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

There is a class representative who acts as mediator with the teaching and administrative staff. Students are not represented in the faculty senate or quality committee, but they participate in the evaluation of the curriculum after each semester through the feedback questionnaire. The chiropractic students are part of the political landscape in Spain forming the AEQE, Asociación Española de Quiropráctica de los Estudiantes.

4.4.4b Analysis

The student representatives are missing from the Quality Assurance Committee, Ethics Committee and the Faculty Senate. However, the intention to include them has been expressed and the student feedback is very much taken into account. Also, all levels of administration are easy to contact due to the small size and high cohesion within the programme.

4.4.4c Conclusion

RCU substantially 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

At the time of the evaluation there were three full time staff who had all been recruited since 2007 to develop and manage the programme. The rest are part time and contracted to deliver a range of courses. Several of the part time staff are employed as lecturers at other state universities such as

UCM. Since the submission of the SSR three of the staff have left the programme and are in the process of being replaced. The current staff come from a range of academic disciplines and many possess a PhD and/or Doctor of Medicine. There is a balance of chiropractic and non-chiropractic academic staff and between research active staff and teaching staff.

Recruitment policy is in its infancy. It relies on part time staffing and chiropractors in practice in the region. The department has instigated a system of teaching assistantships to develop a flow of newly graduated full time staff supporting the programme. One assistant had just been appointed prior to the evaluation.


4.5.1b *Analysis*

Current student numbers dictate that the current pattern of staffing is adequate for the present. However, if numbers grow, there will be a need for more full time staff to be recruited. The current full time staff have a wide remit of responsibilities which could become overstretched if numbers rise and the SSR increases. The responsibilities of the programme Director is heavy and will be in need of support for both teaching and research. Staff who have recently left the programme are being replaced. Teaching assistantship will provide a useful addition to the complement of teachers and will help the department to cover illness and absence.

The full and part time staff are expected to constantly interact on site and by electronic contact to the benefit of the whole programme. It is expected that part time staff can be contacted by students by e mail when the need arises.

The induction of new staff is informal although it is mandatory for staff to have a CAP qualification (Spanish national pedagogical training). There is no Faculty Handbook for all staff.

4.5.1c *Conclusion*

RCU 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 no policy for staff promotion at present. The SSR only points to intermittent pedagogic training. There is currently no appraisal policy for staff. Staff development is partially hindered by a lack of funds to support research activities at RCU and other Spanish universities. The new Strategic Plan does identify some faculty development needs. Meritorious academic activities are not recognised officially in the policies of RCU.

4.5.2b *Analysis*

The team received the Department's Strategic Plan 2012-2015 at the start of the evaluation. At present the Director of the programme is not a Dean in contrast to the other programmes in the university. Chiropractic is the largest programme in RCU and its equivalence of status needs to be addressed. All staff in Spanish universities must hold a teaching qualification. Chiropractors who are qualified solely in chiropractic are unable to obtain such a qualification and are therefore excluded from participating in chiropractic education at an academic level. This situation may change in the event of recognition of the chiropractic degree.

Staff are able to register on RCU promoted courses and seminars free of charge.

4.5.2c *Conclusion*

RCU does not comply 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*


The Department of Chiropractic is housed in a set of listed buildings which are part of a World Heritage Site designated in 1984. The buildings have been sympathetically adapted to the needs of chiropractic education. All of the facilities are in close proximity except for the outreach centres. Anatomy (in UCM) and Chemistry and Physiology teaching laboratories (in the adjacent Augustinian High School) are also off campus. There are two IT laboratories and appropriately equipped teaching rooms and techniques rooms. The university library houses relevant texts and journals for the programme. The space for readers is sufficient for the current student numbers. There is a range of loan categories.

There are some recreational facilities including a student bar and sports facilities. The Colegio Mayor is a student housing facility on site with 111 en suite rooms and other facilities for student life.

4.6.1b *Analysis*

All facilities conform to local health and safety requirements. Some of the buildings have been adapted to cater for students with disabilities, not an easy task in a set of listed buildings. Access to electronic resources including journals, is provided by the library and supplemented by the facilities at UCM. The range of journals is relatively limited and the number of English language text books is also limited.

4.6.1c *Conclusion*

RCU 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*

There are two practical training facilities on campus, one where 4th year students are treating other students for free, and another outpatient chiropractic centre for the 5th year students. Students can also be treated in the outpatient centre for a fee. There are 9 treatment rooms in the outpatient centre, a reception/waiting area, a student work room and a room where student and instructor meet. All rooms are newly renovated from dormitories and equipped with computers with Wi-Fi access and the electronic patient record system that is being used for scheduling. Basic equipment

is available in the treatment rooms. Patients are referred out for x-rays. The student facility for 4th year students has a reception and four treatment rooms. The outpatient centre is open from 10 -19 Monday to Thursday and Friday 10-14. The students are working 4 hour shifts with two tutors present.

There is an outreach chiropractic student centre in Madrid on the premises of a “half way house” for homeless open for chiropractic care every other Saturday where a room is being made into a treatment facility with three benches separated by curtains. The clients are helped by the Augustinians. Fifth year students treat patients here on a rotation and the record keeping, time for initial examination, is less comprehensive than that of the on campus chiropractic centre.

Students can elect to participate in a 1,5 week outreach programme in the Brazilian Amazonas at a permanent facility run on a voluntary rotation by five local chiropractors and where Palmer College also participate.

Students who have fulfilled all requirements can apply for internship with a field chiropractor during the last six weeks of the final year. The field chiropractor is screened through an application process.

4.6.2b *Analysis*

The physical facilities for the practical part of the programme are modern, spacious and sufficient for the maximum number of students that the programme allows. An electronic patient record system is being implemented. There are no requirements for patient case mix, but there is currently a recommendation of 10 new patients and 250 patient visits where a maximum 50 can be obtained through one of the outreach programmes. The student must have a good academic standing and have fulfilled the recommendations order to participate in any of the outreach/exchange/internship programmes.

The continuity of care for patients in the outreach programmes is not optimal but sufficient when compared with similar programmes delivered by other health care professionals. The opportunity for the student to follow through with the management of a patient is difficult.

4.6.2c *Conclusion*

RCU 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*


All RCU classrooms are fitted with audio visual (AV) systems and the campus as a whole has Wi-Fi connectivity allowing students and faculty to access both the inter- and intranet systems. The students also have access to 4 computer work rooms. One dedicated computer laboratory within the library, one computer teaching class room, the 5th year student work room and an anatomy/radiology laboratory. RCU makes use of the Moodle platform and all students have institutional email accounts where they can access to the web-server for e- learning resources and organisational information. Through the library services and RCU’s institutional association with UCM students have access to a large variety of scientific data bases and journal resources. The

chiropractic centre currently has a computerised patient management system for patient scheduling only.

4.6.3b *Analysis*

The use of information technology and e-learning resources are embedded within the delivery of the award allowing for ease of access to learning resources and self-directed study. Students within the first year of the programme learn transferable skills which includes the information technology for both academic and self/personal development.

4.6.3c *Conclusion*

RCU fully complies with the 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*

The original structure of the curriculum was designed by AECC and has undergone approximately 30-40% of changes to adapt to its delivery within RCU. These adaptations have taken place using guidelines from UCM, ongoing support from AECC, educational expertise of Saint Augustine Order, together with the RCU faculty.

The educational expertise of the RCU faculty is enhanced by the diverse and extensive educational background of both full-time and part-time staff. A high proportion of the current faculty are holding higher degrees, together with a nationally recognised pedagogical qualification (CAP). A high proportion of the part-time faculty also work outside RCU within public universities and thus bring with them expertise and best practice from other higher educational Institutions. Regular pedagogical meetings are also held by RCU to enhance educational expertise and to which faculty are encouraged to attend.

4.6.4b *Analysis*

The educational expertise available to inform the programme delivery and development is substantial. This is due to the availability of resources both within RCU and externally to inform the process however the process could be enhanced by a formerly appointed external examiner.

4.6.4c *Conclusion*

RCU substantially complies with the Standard 6.3. 

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.


4.6.5a *Description*

RCU is managed by the Augustinian Order and provides a context of strong educational values, financial security, and generous facilities like the library and ceremony rooms, cafeteria, sport facilities. Many structures of the RCU are common for the three faculties for Law, Business Administration and Chiropractic, but due to the respective size of the faculties, they are mainly deployed for the Chiropractic faculty. The Consejo de Dirección (Executive Council) is led by the Rector who is appointed by the local Augustinian province and is composed of the three Deans/directors of studies, the Secretary, the Vice-Rector and the manager. The administration of the chiropractic faculty consists of the Director of Studies and the Coordinator and they resource the Office for International and Professional Relations of the RCU for the organisation of exchanges and internships. Further duties such as the Administrator, Secretary, Librarian, IT Officer and Maintenance are provided by RCU but mainly deployed for the chiropractic programme. The Support Council is formed by two chiropractors that have been involved since the start of the chiropractic programme and two representatives of the Augustinian Order.

4.6.5b *Analysis*

A symbiotic relationship exists between the RCU and the chiropractic programme which results in good leadership and cooperation. All aspects of the programme address the aims of the institution. The administration of the chiropractic department is transparent and is pro-active in developing structures that comply with different accreditation demands such as those of ANECA, the ECCE and the Bologna Declaration for Higher Education. It possesses an efficient administration, because different formal posts are staffed by the same individuals who are actively involved in teaching. One threat is the difficulty replacing staff which draws attention to the frailty of the programme. The responsibility for the entire departments is concentrated on a few individuals which leaves the department stretched in the event of illness.

4.6.5c *Conclusion*

RCU substantially 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.

4.7.a *Description*

The department includes many staff that have been or are currently actively engaged in research. This is particularly the case with those who work at other universities in the region or have come from disciplines with a strong research ethos such as the medical sciences. There has been little time for chiropractic staff to engage in research during this initial phase of development.

Ethics approval procedures are very much in their infancy and the staff have realised the necessity to enhance ethical approval procedures.


4.7.b *Analysis*

Students are aware of the research ethos and are guided towards research as a part of their studies. Because only one cohort has completed the research project, the department is still learning how best to engender research skills among Years 4 and 5. In particular, the necessity to utilise an ethical committee (the proposed Ethical Commission in Research) vetting all proposals has yet to become

the norm. Developing a research ethos among the students who have not been familiar with the links between research and learning in their previous education will take time.

The department supports the principle of research by its staff and encourages them to gain further qualifications. However, because chiropractic is not a recognised profession, chiropractic qualifications alone are not recognised for applications to higher degrees in Spain.

4.7.c *Conclusion*

RCU 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*

RCU follows the current guidelines on programme evaluation adopted by the Spanish university system. Based on these, the chiropractic department has a quality assurance (QA) committee composed of three members of the RCU faculty: the Director, Co-ordinator and Rector. This committee is responsible for reviewing student evaluation and feedback obtained via anonymous online questionnaires. This questionnaire is designed to obtain information on the quality of individual units and lecturing staff. Based upon this feedback the QA committee makes recommendations to the Faculty Senate for approval on programme changes.

4.8.1b *Analysis*

It would appear that organised quality assurance and programme evaluation mechanisms are relatively new concepts within the Spanish higher education system. The RCU currently relies heavily on student feedback to inform this process. Quality assurance may be enhanced by the appointment of an external examiner to provide unbiased expertise and the inclusion of more stakeholders on the QA committee. There would also appear to be no evidence of standardised annual unit evaluation by lecturing staff or an internal annual monitoring report, both of which may help ensure and improve the quality of the programme.

4.8.1c *Conclusion*

RCU partially complies with the 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 relatively small numbers in each student cohort, the involvement of the few full time staff in both administration and teaching enables a rapid and effective informal flow of information. RCU is one of the first institutions in Spain to introduce a formal, anonymous, electronic student feedback system at the end of each semester. These evaluations form the basis of discussion twice a year in

the Faculty Senate and once a year in the Quality Committee. In case of three consecutive negative evaluations of a class, the respective tutor will be dismissed. The previous low numbers of student evaluations has been effectively increased in the second semester of the last academic year. The results of the feedback are not available to students.

4.8.2b *Analysis*

The institution is acting as a pioneer in the Spanish educational system having implemented a formal student feedback system. The evaluations have a significant impact on the programme's delivery and administration, but this is not apparent to the students. The faculty members are not required to give systematic feedback.

4.8.2c *Conclusion*

RCU 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*

The number of referrals and drop-outs are extremely low. Subjects with high failure rates like Cellular Biology, Palpatory Anatomy, Biophysics and Neurology are usually validated in the second exam sessions in September.


The research project is in depth and performed on time by all students.

In respect to the student exposure to patients, the mean number of new patient visits was above the recommended number of 10, and the mean number of return visits was below the recommended 250 (cf. AMoR 2011-2012).

4.8.3b *Analysis*

Students perform very well and acquire the knowledge and understanding needed for chiropractic professional. However, it is extremely difficult to create a multidisciplinary setting due to the cultural and legal context in Spain. Also, there are not enough patients to attain the recommended number of visits in the outpatient chiropractic centre on campus. The administration has addressed this issue by establishing exchange, extension, field intern-ship programmes and the outreach clinic.

4.8.3c *Conclusion*

RCU 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 programme is fully embedded into RCU and its associated governance structures. The Director is a member of the institution's governing committee [Consejo de Dirección] whose membership

includes the Rector, Vice Rector and the two other Deans. The Rector also presides over the Patronato, where there are also representatives of the UCM.

All academic and key technical and administrative staff are involved in the evaluation of the programme. This is principally via termly staff meetings of the Committee of Quality Assurance [CQA]. Student representatives are not invited to these events nor are any other key stakeholders. Students do, however, give written feedback on the lecturing staff and the academic units of study [curriculum contents, assessments methods]. This feedback is totally anonymous and is facilitated by the Moodle virtual learning platform. This information is presented at these CQA meetings. The minutes of these meetings are not published for students to consult.

Patients who attend the student-led centres are not formally asked for feedback on issues related to their care through data collection instruments such as questionnaires. Some informal discussions do however appear to take place.

Patients groups or associations are not involved as stakeholders in the programme.

Engagement of the Spanish chiropractic profession within the programme is facilitated by interfacing AEQ. One member of staff is currently President of AEQ. There are no chiropractors external to the programme that sit on any governance or programme level committees.

4.8.4b *Analysis*

Although diagnostic student feedback is collected on most aspects of the delivery of the programme, there is no student representation on any of the committees where these matters are discussed. This is in part due to cultural reasons in Spain where the voice of the student body is very limited within university committee structures. The Director of Programme is aware of this deficiency and plans are in place to elect from within the student body a representative to sit on the CQA. The timeline for this to be fully enacted was not clear.

The omission of patients as key stakeholders within the programme was recognised by the course team. Plans to introduce a patient satisfaction questionnaire were discussed and its importance to the future operation of the centre was appreciated. There appears to be a plan to introduce a short patient satisfaction questionnaire. A timeline for this was not elicited.

The need for external professional representatives on the programme was recognised by the team. However, it might prove difficult to recruit such individuals from within the region, particularly those with relevant educational experience.

4.8.4c *Conclusion*

RCU partially 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*

RCU is a foundation of the Augustinian Order and its Province. The Council of the Province appoints the Rector of RCU who, in this case, has been one of the driving forces behind the development of the chiropractic programme. The Rector chairs the "Patronato" a governing body of 11 persons

including 4 representatives from Universidad Complutense de Madrid (UCM), the prefecture of San Lorenzo de El Escorial, the Deans and Director of Chiropractic, the Secretary and the finance officer of RCU. It approves the budget for the institution and oversees the policies of the university centre. The Executive Council (Consejo de Dirección) meets monthly and is responsible for the day-to-day administration of the constituent faculties (departments). The Faculty Senate meets three times a year to oversee the academic content of programmes.

RCU has been linked to UCM for a long time and the Law and Business Studies programmes are awarded degrees of the university. However, because chiropractic is not a recognised profession under Spanish Law, the Chiropractic programme cannot be awarded a degree of the university. Nevertheless, the department benefits from the expertise of professors at the university who contribute to the programme.

4.9.1b *Analysis*

The governance model is unique but appears to be extremely effective. It merges the educational strategy of the departments within the overall philosophy of the Augustinian Order without ever imposing policy on the autonomous departments.

There is no specific curriculum committee although the faculty senate and the Executive Council are performing some functions of a curriculum committee. It will be necessary for the department to set up a curriculum committee once the programme has run more than the single cycle.

4.9.1c *Conclusion*

RCU substantially complies with Standard 9.1. 

4.9.2 Academic leadership

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


4.9.2a *Description*

Academic leadership is provided by the Director of Chiropractic studies who is responsible for the programme meeting its Aims and Objectives. The Director meets monthly with the Consejo de Dirección (Executive Council) composed of the Rector, Chief Executive Officer, Vice-Rector, Secretary, Dean of Law, Dean of Business. The purpose of these meetings is to report on the programmes progress and receive evaluation. The Director also reports to the Junta Paritaria formed by two senior members of the RCU administration and two external chiropractors on periodic bases for evaluation and feedback.

4.9.2b *Analysis*

The academic management structure of the chiropractic programme at RCU is clearly defined. The Director of Chiropractic Studies has the necessary authority and autonomy to allocate sufficient resources and recruit the necessary faculty to meet the requirements of the course.

4.9.2c *Conclusion*

RCU fully complies with the 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*

The annual budget for the programme is prepared by the newly appointed Chief Executive Officer (CEO) of the RCU. This is then sent to the Office of the Rector and additionally, a copy is submitted to the Treasurer of the Provincial Council for approval. A copy of the budget for 2011-2012 was made available to the team. The proposed budget for future years was not made available. A significant income is generating from student housing within the chiropractic estate and from holding of conferences. The budgets all of three faculties involve cross financial support for common activities so the RCU operates financially as a complete entity.


All resource requests have to be made to and approved by the Office of the Rector. Text books for the library are acquired using a generous donation from the AEQ. However, this fund cannot be used for the purchase of journals which remains the responsibility of RCU.

The remuneration of the academic staff is set by the Consejo de Dirección (Executive Council). Incremental pay awards do not exist at RCU. There is a nascent appraisal system for academic staff in place and any increases in pay due to exemplary performance have to be approved by the Consejo de Dirección.

4.9.3b *Analysis*

The budget for the programme appears to be well managed and this is further enhanced by the recent appointment of the CEO to oversee this function. There is clear line of financial responsibility and authority both for both the programme and across the RCU. The budget for 2011-12 showed a healthy surplus. This was encouraging, particularly given the significant drop in overall student numbers in some years and the financial issues currently facing Spain. There is no sign of any financial insecurity that might place students at risk of not completing their programme of study.

4.9.3c *Conclusion*

RCU fully complies with the 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 chiropractic programme at RCU has strong links with the Spanish Chiropractic Association (AEQ) via an institutional representative and it reports formally to the AEQ on an annual bases. RCU also engages with the chiropractic profession via the external internship for final year students and by organising and hosting regular CPD events on campus.

4.9.4b *Analysis*

There is evidence of a good strong working relationship between RCU and the chiropractic profession in Spain. Staff are also involved in the leadership of the Spanish Chiropractic Association.

Although an asset for the institution, care must be taken to balance staff responsibilities in relation to the profession in Spain. The lack of recognition of chiropractic education and the profession however limits constructive interactions with the wider health care community, as well as local and national government.

4.9.4c *Conclusion*

RCU partially complies with the 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)

4.10.1a Description

The programme has procedures in place for review, evaluation and the updating of the curriculum, its delivery and assessment. This is mainly facilitated by the CQA who meet formally three times a year. These can matters can also discussed at the higher level *Consejo Dirección*. However, there is no input from students or professional groups on any of these committees. The lack of student representatives on university committees is a Spanish cultural anomaly. External examiners are not used within the programme. Feedback from patients who attend the outpatient centre are not garnered neither were the views of the first cohort graduating students. UCM is not currently represented on any of these committees. As the programme is still only five years old, no overall review has taken place.

The programme is financially strong and is therefore well placed to make any changes and to be able continually improve facilities.

4.10.1b Analysis

The Department has undertaken continuous renewal since the inception of the programme. The dynamism of the staff to improve and drive the programme forwards was apparent. The team is fully aware of the need to continually improve and renew the provision. Although the programme has only completed one full cycle, there was evidence of how the curriculum is being continually improved from that originally provided by the AECC at the inception of the programme. Some units have been better integrated across the programme. However, there still some areas where this could be further refined, particularly in the area of the teaching of basic sciences in the early years. Much of this renewal has been instigated by the Director. The programme intends to undertake a formal quinquennial review of all the provision within five years.

The appointment of a full-time Clinic Director needs to be addressed urgently so as to provide academic leadership, administer and promote this resource and to ensure the quality of the students' practical training.

As discussed elsewhere, better representation of stakeholders at all levels is needed across the provision. Regular external evaluation is essential to bring fresh ideas and to essential quality assurance.

The proposed establishment [by early 2014] of a chiropractic research unit having a physical presence within RCU was highlighted. This facility would benefit students when they undertake their final year research project and potentially aid in staff development.

The establishment of Master degree programme in a chiropractic specialisation by early 2015 was mentioned during the meetings. If this development was enacted it would further enrich the undergraduate provision.

4.10.1c *Conclusion*

RCU substantially meets the standard 10.0



5. CONCLUSIONS

5.1 Summary

The evaluation team was impressed by the overall quality and deliverance of the chiropractic education provided by the RCU Escorial Maria Cristina. The chiropractic profession is not recognised legally in Spain thereby prohibiting graduates from moving into research and further studies at other universities, restricting graduates from obtaining official degree status at Real Centro Universitario Escorial Maria Cristina, and limiting the opportunity to work in an inter-professional context. The lack of recognition may influence recruitment and the career opportunities of graduates. The following strengths, weaknesses and concerns are highlighted:

5.2 Strengths, Weaknesses and Concerns

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

- **Strengths** – Areas that meet or exceed the Standards and are worthy of specific recognition.
- **Weaknesses** – 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 Strengths

- 5.2.1.1 The strong family atmosphere evident between the faculty and students which engenders an atmosphere of mutual support and encouragement for learning.
- 5.2.1.2 The facilities which have been sympathetically installed within a set of listed buildings.
- 5.2.1.3 The strong support provided by the Augustinian order for the development of chiropractic at RCU together with secure and fair governance of the programme.
- 5.2.1.4 The secure finances of the university and the financial support provided for students through a variety of scholarships.
- 5.2.1.5 The quality and dedication of the full and part time staff to the successful outcomes of the programme.
- 5.2.1.6 The introduction of a teaching assistantship that enhances staffing and supports research and staff absences.
- 5.2.1.7 The use of a Clinical Problem-based learning that is taught from Year 1 to Year 4 that bridges the barrier between bio medical sciences and chiropractic practice.
- 5.2.1.8 The opportunity to participate in formalised exchange programmes and field internships.

5.2.1.1 The quality of the academic leadership provided by the Director.

5.2.2. Weaknesses

- 5.2.2.1 The quality assurance system needs further formalisation so that it covers deficiencies in the management of plagiarism, the development of a formal ethics procedure for student research, patient case mix and the process of external examiner involvement in the programme.
- 5.2.2.2 There appears to be an inconsistency between the evidence-based health care taught within the programme and the narrow application of chiropractic care in patient management imposed by the restrictive scope of chiropractic practice in Spain.
- 5.2.2.3 There is inconsistent use of objective patient outcome measures that inform changes to patient management in addition to a lack of a clinical audit cycle. This is not in keeping with a reflective patient care central to the evidence-based practice paradigm. The outreach chiropractic centre's continuity of care and documented follow-up is incomplete.
- 5.2.2.4 The involvement of stakeholders within the delivery of the programme and particularly the students and patients in the chiropractic centre, is underdeveloped.
- 5.2.2.5 There is a lack of exposure to the wider health care community thereby limiting development of inter-professional communication.
- 5.2.2.6 Assessment policy is inconsistently applied especially the equivalence of credits and the use of attendance as a component of assessment.
- 5.2.2.7 The burden placed on a small number of full time staff needs to be considered in the light of any increase in student numbers and staff responsibilities in relation to the profession in Spain.
- 5.2.2.8 The department lacks a fully developed staff appraisal and promotion policy and development plan for staffing.

5.2.3 Concerns

There were none.

5.3 Acknowledgements

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

Appendix 1 – Timetable

Day/Time	Meeting with	Personnel	Team members
Sunday			
18.00 in hotel	Preliminary team meeting in hotel		ALL
Mon			
09.00	Arrival	Rector, Vice Rector, Director Chiropractic programme	All
09.00-09.30	Private meeting of the Team	None	All
9.30-10.00	Preliminary meeting with RCU Executive	Dean, Director and Course Coordinator	All
10.00-11.15	Tour of facilities to include teaching facilities and library	HoD : Tour of the campus	All
11.15-11.30	Coffee break		
11.30-12.30	Meeting with students (apart from clinic year students)	4 students from each year	All
12.30-13.00	Private meeting of the Team to review institution's documentation	None	All
13.00-14.00	Meeting with Teaching Faculty	Teaching faculty to cover all areas of teaching (content, delivery and assessment) (excluding clinic teaching) including Director	All
14.00-15.00	Lunch with Teaching Staff	Full time academic staff	All
15.00-16.00	Meeting with Teaching Faculty	Part time teaching faculty to cover all areas of teaching (content, delivery and assessment) (excluding clinic teaching).	All
16.00-17.00	Meeting with clinic year students	6-8 students	All
17.00-17.30	Private meeting of the Team		All
Tuesday			
09.00-09.30	Private meeting of the Team	None	
09.30-13.00	Tour of clinic facilities and formal meeting with Clinic teaching faculty	Key personnel	LL,AC and MW
10.30-11.00	Admissions	Admissions Personnel	DB/CvD
13.00-14.00	Governance	Directive Council appropriate	MW/DB

14.00-15.00	Lunch with students	As appropriate	All
15.00-16.00	Learning Resources including IT support	key personnel	DB/CvD
17.00-18.00	Research	Key personnel	LL/DB
Wednesday			
09.00	Arrive at RCU		
9.00-10.00	Quality Assurance	Key personnel	All
10.00-10.30	Break		
10.30-11.30	Programme Management	Senior programme management including Director	All
12.00-13.00	Subsequent stages and professional sector		LL/GM/CvD
14.00-15.00	Lunch with senior management		All
15.00-17.30	Private meeting of the Team		All
Thursday			
09.00-14.30	Private meeting of team including private lunch	None	All
14.30	Feedback to institution	Key personnel as appropriate	All
15.15-15.30	DEPART		