

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

EVALUATION TEAM REPORT

**DEPARTMENT OF CHIROPRACTIC AND SOMATOLOGY
DURBAN UNIVERSITY OF TECHNOLOGY
DURBAN, SOUTH AFRICA
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1. EXECUTIVE SUMMARY

- 1.1 The Department of Chiropractic and Somatology (henceforth referred to as Department of Chiropractic, or Department) is a department in the Faculty of Health Sciences at Durban University of Technology (DUT) in Durban, South Africa.
- 1.2 The Department provides undergraduate chiropractic education and training in a programme staged at National Diploma (Chiropractic) (after 3 years), Bachelor in Technology (Chiropractic) (after 4 years) and Masters in Technology (Chiropractic) (after 5 years). It is not possible for students to exit at the Diploma or the Bachelor stages with the corresponding award, although recognition of learning to date is given. All students thus enrol on the programme (in effect as Masters students) with the intent of completing five years of full time study. The 5th year is a postgraduate (Masters) study year, although for the intents of ECCE accreditation, the entire 5 year programme is considered as undergraduate chiropractic education and training based on the fact that the MTech(Chiro) is the lowest level (entry) academic award to enable registration with the Allied Health Professions Council of South Africa (AHPCSA), and hence to legally practise as a chiropractor in South Africa.
- 1.3 Prior to a merger in 2002, undergraduate chiropractic education and training has been provided by Technikon Natal (now Durban University of Technology, DUT) since 1989. Technikon Natal, and now DUT, was not in a position to apply for international accreditation through the Council on Chiropractic Education (CCE), although this was the intent. The merger and the requirement for accreditation first at the national level delayed the application to the European Council for Chiropractic Education (ECCE) although informal dialogue between DUT and ECCE continued during this time.
- 1.4 In May 2006, Dr Charmaine Korporaal, Head of the chiropractic programme, gave an informal presentation to the ECCE Executive. This was the start of the current process of application for ECCE-accredited status by the university.
- 1.5 In August 2006, a review panel from the Higher Education Quality Committee (HEQC), the external higher education quality assurance agency in South Africa, recommended full accreditation of the chiropractic programme(s) at DUT.
- 1.6 In 2008, having complied with the ECCE eligibility criteria for accreditation, DUT submitted its Self-Study Report (SSR) for full accredited status with the ECCE. This was reviewed by the Commission on Accreditation (COA) of the ECCE and some clarification from the university was requested. As a result, an Addendum was submitted by DUT in 2009, and after review, a decision reached by COA that the submissions were satisfactory and an Evaluation Visit could and should proceed.
- 1.7 A four day Evaluation Visit took place (5 to 8 October 2009). The site visit provided further documentary and oral evidence to the previously submitted documents. DUT was given feedback at the end of the visit and informed verbally of 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 DUT 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. In particular, the Team thanks the university Executive, Head of the Chiropractic Department, academic and administrative staff and chiropractic students, and the external stakeholders (the Registrar,

AHPCSA, and the President and Chief Executive Officer, Chiropractic Association of South Africa (CASA)) who all took the time to meet with the Evaluation Team, and entered into dialogue in a professional and constructive manner.

- 1.9 This document is the Evaluation Report (henceforth referred to as the Report, or Evaluation Report) compiled by the Evaluation Team based on the evidence provided beforehand and during the on-site visit to DUT. The Report was sent in draft format to DUT for factual verification, and the final Report was submitted to COA on 6 November 2009.
- 1.10 The COA invited DUT to send a representative(s) to its meeting in Frankfurt, Germany on 6 November 2009.
- 1.11 This Report addresses the compliance of DUT with each of the ECCE Standards in the provision of chiropractic education and training through the MTech(Chiro) award. The outcomes of the Report are as follows (the definitions used are included under 5.2 in this Report):

Strengths:

- The chiropractic teaching and administrative staff functions, in sometimes difficult circumstances, as an enthusiastic, cohesive and committed team under the expert leadership of the Head of Department; the Department is well-respected at Faculty and institutional levels.
- The departmental team appears internally receptive and responsive, acting proactively in organising their time and opportunities for staff development and research.
- There is excellent opportunity to access facilities, resources and expertise in the biomedical sciences provided as a service to the Chiropractic Department.
- The anatomy facilities, resources and expertise are exemplary, and provide the opportunity for students to learn at the highest level.
- The opportunity to observe and examine patients (under supervision) in rounds at local hospitals significantly enhances the quality of the learning experience in diagnostic skills and other clinical areas.
- There is recognition at the institutional level to provide opportunity, incentive and support to facilitate staff enrolment on Masters and Doctorate degree programmes, and encourage research activity by staff.
- There is a rigorous, fair and transparent admissions process to recruit chiropractic students in which there is excellent communication at a number of levels in the university.

Weaknesses:

- There are an excessive number of contact hours for students that impede the opportunity for students to gain the necessary reflective and self-directed learning skills to facilitate life-long learning.

- There is a relatively low number of full-time chiropractic staff, on whom the greater load of the delivery of the curriculum inevitably falls. As a consequence there is insufficient time for reflection, curriculum and staff development, and in particular, research activity.
- There is an apparent lack of research activity by chiropractic staff (outside of student dissertations) that inevitably impacts on the quality of the teaching and learning experience.
- There is limited space in teaching accommodation, particularly for the practical skills in chiropractic. Similar issues exist in departmental staff accommodation.
- There are issues concerning completion of the required patient numbers in the final clinical training year, as well as the demands of a possibly over-ambitious dissertation, resulting in a significant proportion of students extending in to a 6th and sometimes 7th year.

Concerns:

There were none.

2. INTRODUCTION

- 2.1 Preliminary discussions ensued between ECCE and the university (DUT) with regard to the university seeking accreditation from ECCE. There is no Council on Chiropractic Education (CCE) with specific jurisdiction for Africa; thus the two chiropractic education institutions in South Africa (DUT and the University of Johannesburg) require an outside CCE to carry out evaluations for international CCE-accredited status. There had been discussion on the most suitable of the world-wide CCEs to provide this, which resulted in ECCE agreeing to carry out evaluations of these two institutions. Ongoing informal discussions between DUT and ECCE subsequently ensued over a number of years with the intent that DUT, as soon as it was in a position to do so, would seek CCE-accredited status through ECCE, not least for transferability of graduates to work in areas (subject to national legislated requirements) outside of South Africa. In May 2006, DUT was invited to give an informal presentation to the Executive of ECCE, and following on from this, discussions gathered pace in terms of an evaluation of DUT for ECCE-accredited status.
- 2.2 Having met the eligibility criteria, the COA considered the SSR submitted in 2008 by DUT for accredited status. The COA requested DUT revise some aspects of the documentation and consequently an Addendum to the SSR was received in March 2009. In April 2009, the COA considered the documentation to be satisfactory, and instructed an on-site Evaluation Visit to verify the documentation and consider other evidence available during the visit. Members of the Evaluation Team were nominated by the ECCE Executive and each member received the SSR, Addendum and written comments from COA related to the submitted documents two months prior to the visit.
- 2.3 The members of the Evaluation Team were:

Professor Jennifer Bolton (UK) Chair,
Dr Peter Bon, (Switzerland),
Dr Tim Raven (Norway), and
David Burtenshaw (UK), Executive Secretary ECCE

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| Professor Jennifer Bolton PhD, MA Ed, FHEA, FCC (Hon), FBCA, FEAC | Professor in Chiropractic Education, and Director of Research and Graduate Studies at Anglo-European College of Chiropractic, UK. President, European Council on Chiropractic Education (ECCE). |
| Peter Bon DC | Chiropractor in private practice in Switzerland, past Chair Commission on Accreditation, ECCE representative to (and President) Council on Chiropractic Education International. Lecturer in postgraduate education at the Swiss Chiropractic Association. |
| Tim Raven BAppSc (Chiro), MSc, FEAC | Chiropractor in private practice in Norway, Vice-President ECCE, and postgraduate research student at Oslo University Hospital, Norway. |
| David Burtenshaw MA, PgCE, FRGS, FEAC, MCIE | Executive 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 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 DUT.

- 2.4 The purpose of the Evaluation Visit was to verify the SSR and other evidence presented by DUT, and to evaluate the institution in terms of its compliance with the ECCE Standards in Chiropractic Education and Training (hereafter referred to as the ECCE Standards, or Standards). Based on the SSR and other evidence submitted beforehand, and on evidence given and observed at the on-site visit, an Evaluation Report compiled by the Team was submitted to DUT for correction of any factual errors, and thereafter to the Commission on Accreditation for a decision on the accreditation of DUT.
- 2.5 All members of the Team were presented by name beforehand to DUT, 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 DUT on 6 August 2009, and the final schedule agreed with DUT on 1 September 2009. A copy of the schedule is appended to this Report.
- 2.7 Members of the Team arrived in Durban on 4 October 2009. The Team met on 4 October at a preliminary meeting to confirm final arrangements for the visit. The on-site visit was from 5 to 8 October 2009 (inclusive). Meetings were held with the institution on 5 to 7 October (inclusive), and time was allocated for members of 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. A room was provided for the Team to hold their private meetings, and where the Team had ready access to all relevant files and documentation covering the previous 5 years. The Report was compiled on an on-going basis during the visit, and the final day (8 October) was set aside to complete the draft Report and feedback orally to the institution.
- 2.8 Members of the Team were very well hosted by DUT, afforded every courtesy and had full access to documentation and to staff, students and other stakeholders in the institution and the profession. Members of the Team and the ECCE extend their thanks and appreciation to DUT, in particular to Dr Korporaal and staff in the Department of Chiropractic.
- 2.9 The draft Report was finalised by the Chair of the Team, and sent to Team members for comments. Based on these, the final draft Report was sent to DUT for factual verification. The Chair and Secretary finalised the Report and this was submitted to the Chair COA. The Chair of the Evaluation Team presented the Report to COA on 7 November 2009 in Frankfurt, Germany, and Dr Korporaal attended to receive the decision of the COA on behalf of DUT.
- 2.10 This Report includes an Executive Summary, a description of DUT and the findings of the Team regarding compliance of DUT 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 format of the Evaluation Report was based on the ENQA Guidelines for External Reviews of Quality Assurance Agencies in the European Higher Education Area (www.engq.eu).

3. DEPARTMENT OF CHIROPRACTIC AND SOMATOLOGY, DUT

- 3.1 The Department is one of eight departments within the Faculty of Health Sciences, which in turn is one of six faculties at the Durban University of Technology (DUT). The Department is responsible for the provision of undergraduate chiropractic education and training. There is one other institution delivering undergraduate chiropractic education and training in South Africa (University of Johannesburg).
- 3.2 DUT is an established university in South Africa with over 23,000 registered students, recognised within the country's legislation, and in receipt of government funding through the Department of Education (DoE). The chiropractic provision of the Department of Chiropractic is an internally and externally validated programme delivered by the university, and has a number of stages (National Diploma (NDip) (Chiropractic), Bachelor in Technology (BTech) (Chiropractic) and Masters in Technology (MTech) (Chiropractic)). However, the MTech(Chiro) is the lowest academic qualification defined by the Allied Health Professions Council of South Africa (AHPCSA), enabling graduates to practise as a chiropractor in South Africa.
- 3.3 Decisions regarding the provision of chiropractic education and training made at departmental level are ratified by the Faculty Board of Health Sciences. The decision-making process then proceeds through the Senate, which is the highest academic decision-making authority of the university. The Department thus operates at departmental, Faculty and institution levels within clearly defined and proper structures within the university.
- 3.4 Besides the institution's internal quality assurance procedures, the chiropractic programme(s) is subject to external review by the Higher Education Quality Committee (HEQC) of the Council for Higher Education (CHE), which is, by legislation, charged with the accreditation of institutions and programmes in higher education in South Africa. Programmes and institutions are reviewed by HEQC on a five-yearly basis.
- 3.5 In addition, the programme is subject to review by the AHPCSA, which on approval of the professional competencies achieved on graduation of the programme, enables students to complete an internship programme and then register as a chiropractor.
- 3.6 The quality assurance of all programmes at the university, including the chiropractic programme, is undertaken by HEQC. A two-day visit was conducted in August 2006, and as a result, full accreditation of the chiropractic programme offered at DUT was conferred. As part of that accreditation Report (HEQC August 2006) it was agreed between HEQC and DUT (and the University of Johannesburg) that the institutions (DUT and University of Johannesburg) should first be evaluated by HEQC for national accreditation before applying for international accreditation by the ECCE.
- 3.7 To prepare for the HEQC evaluation, DUT and the University of Johannesburg engaged in a lengthy process of developing the chiropractic programmes using the HEQC Accreditation criteria and the ECCE Standards. These criteria were approved by HEQC, and both institutions were requested to prepare self-evaluation documents based on these. The ECCE was invited to participate in the HEQC evaluation, but respectfully declined on the basis of a potential conflict of interest and the possibility of compromising its own evaluation process in due course. HEQC indicated that pending the outcome of its evaluation of DUT, that the university should keep HEQC informed of its progress in seeking ECCE accreditation.

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

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

Vision:

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

Mission:

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

- Excellence in their professional/practice environments with regard to ethics, patient care, business practice and professional development as well as their private environments.
- Work within a multidisciplinary team through evidence-based medicine in partnership with the patient for the betterment of holistic patient care.

3.10 The following section details the findings of the Evaluation Team with regard to the compliance of the university with ECCE Standards in the provision of chiropractic education and training through the award of MTech(Chiro). The findings of the Team are based on documentation presented by the university prior and during the on-site visit as well as from face-to-face meetings arranged as part of the on-site visit.

4. ECCE STANDARDS COMPLIANCE

4.1 AIMS AND OBJECTIVES

4.1.1 Statement of Aims and Objectives

The chiropractic institution must define the overall aims and objectives of the undergraduate programme and make them known to its stakeholders. The statements must describe the aims and objectives resulting in a chiropractor that is competent and safe to enter practice as a primary contact practitioner in the current healthcare environment, with the appropriate foundation for postgraduate education and training, and a commitment to, and capacity for, life-long learning.

4.1.1a Description

The Chiropractic Department is committed to excellence in producing quality chiropractors who are safe and competent to practise as primary contact practitioners. There is a clear and documented vision and mission of the Chiropractic Department congruent with the core values of DUT in teaching and learning, research and contribution to the community and to society. The statements of aims and objectives of the Department are available in the following formats:

- Documentation submitted for registration with the South African Qualifications Authority (SAQA)
- The Department of Chiropractic and Somatology Handbook
- DUT website (www.dut.ac.za)

The outcomes of the curriculum are described as follows:

- Primary contact practitioners
- Specialist assessors of the neuromusculoskeletal system
- Specialists in the field of spinal and extremity manipulation
- Wellness and holistic practitioners trained in the prevention of disease

4.1.1b Analysis

The aims and objectives statements for the graduate chiropractor encompass the knowledge, skills and attitudes necessary for safe and competent practice as a primary contact practitioner, and for continued learning throughout professional life, in line with competencies outlined in the Standards.

4.1.1c Conclusion

DUT fully complies with Standard 1.1.

4.1.2 Participation in Formulation of Aims and Objectives

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

4.1.2a Description

There are a number of stakeholders, including university staff at institution, Faculty and departmental levels, chiropractic students, external quality assurance agencies including CHE and AHPCSA, and the professional association (CASA).

4.1.2b Analysis

There was sufficient evidence that staff at the university were fully aware and involved in the overarching aims and objectives of the chiropractic programme. It was less clear of the contribution of students, and of any direct contribution by the external agencies and the professional associations, although it would seem likely that these agencies and CASA must have acceded to the aims and objectives through their quality assurance mechanisms and accreditation/approval decisions. More formalised and transparent mechanisms for all stakeholders to regularly review and contribute to the aims and objectives of the chiropractic programme are recommended.

4.1.2c Conclusion

DUT substantially complies with Standard 1.2.

4.1.3 Academic Autonomy

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

4.1.3a Description

The curriculum has been designed and developed by staff in the Chiropractic Department, with support and review by staff at Faculty and institutional levels. Members of staff in the Department are responsible for any changes/revisions to the curriculum, although any such changes must comply with institutional/Faculty regulations. In areas of the biomedical sciences where the curriculum is delivered by staff outside of the Chiropractic Department, any changes/revisions are agreed between chiropractic and biomedical staff.

4.1.3b Analysis

The Chiropractic Department has substantial autonomy over the curriculum in so far as it is able to do so as a department operating within the policies and procedures of a Faculty and an institution. It appears that the communication between biomedical staff and chiropractic staff is not formalised as much as it might be. Formal and regular meetings would ensure that adequate communication does occur, and that the curriculum in the biomedical sciences enables chiropractic students to meet the specified aims and objectives of the programme.

4.1.3c Conclusion

DUT substantially complies with Standard 1.3.

4.1.4 Educational Outcome

The chiropractic institution must define the competencies (exit outcomes) that students must exhibit on graduation in relation to their subsequent training and future roles in the profession and the wider healthcare system.

4.1.4a Description

Students must acquire the knowledge, skills and attitudes to enable them to graduate and practise as a safe and competent practitioner within the wider healthcare community in South Africa. The chiropractic programme is approved by the AHPCSA, which enables provisional registration (through a temporary practice number) with the AHPCSA. Graduates must then complete an internship with the AHPCSA to enable full registration with the Council. This is a statutory requirement and a means of protecting the public and regulating the chiropractic profession in South Africa.

4.1.4b Analysis

Approval of the chiropractic programme by the statutory regulator in South Africa, the assessment procedures of the Department in terms of the final clinical examination (OSCE) together with all other assessments of the chiropractic programme ensure that the aims and objectives of the chiropractic programme are achieved prior to graduation.

4.1.4c Conclusion

DUT fully complies with Standard 1.4.

4.2 EDUCATIONAL PROGRAMME

4.2.1 Curriculum Model and Educational Methods

The chiropractic institution 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 undergraduate curriculum is essentially a traditional one in as much as the early years focus on the pre-clinical sciences moving to the chiropractic and clinical sciences in the later years. The final year is the clinic training year in which students apply the knowledge and skills acquired in the curriculum in the supervised management of patients. The curriculum addresses:

- Basic life processes including the biomedical sciences, in particular anatomy and physiology, psychology and pathology.
- Assessment, diagnosis, prognosis and treatment of presenting conditions, and management of patient care.
- Function of the chiropractor within the wider healthcare community.
- The role of the healthcare provider as a business entity, and within the legislative and regulatory framework.

The learning outcomes in year 1 consist of acquiring a foundational knowledge of the basic sciences relevant to chiropractic (including chemistry, biology, physics, anatomy, histology, physiology and biomechanics), application of a knowledge of the basic sciences to assess a peer or model in terms of normal findings, acquisition of communication skills for personal and professional development in a chiropractic context, and a knowledge of psychosocial sciences relevant to chiropractic and community health. Overall, this year is focused on acquiring knowledge and skills in biomedical and psychological sciences, but the chiropractic context is emphasised at this early stage including philosophy, topographical anatomy and an introduction to palpation skills, as well as an early clinic observation programme.

In year 2, these same learning outcomes continue although the emphasis shifts more towards the clinical context and includes anatomy, physiology, medical microbiology, social studies, epidemiology, biochemistry and general pathology.

In year 3, the curriculum emphasises the neurosciences and the role of the nervous system in health and disease, chiropractic theories, clinical and the diagnostic sciences including radiology, orthopaedics and manipulative and therapeutic techniques. Students can elect at this stage to attend hospital rounds. Basic research methodology and management and administrative skills are introduced at this point.

In year 4, the focus is on the diagnostic, therapeutic and rehabilitation skills, preparing students for entry to clinic. The clinical emphasis in this year is reinforced by mandatory hospital rounds. Year 4 is also the stage where preparation for the final year dissertation gathers pace, including research methodology and critical review of the literature. At this stage students prepare a research proposal. In addition, this year includes the principles and concepts of professional and ethical practice.

In year 5, some lectures continue including the treatment of paediatric and geriatric conditions. Additionally, management of the extremities and TMJ is covered. The main emphasis however, is on clinic training and conduct of the research dissertation.

Most students that enter the programme follow this 5 year curriculum. However, there is opportunity for a minority of students, who are identified through the admissions process as of good potential yet deficient in the required level of academic qualification to enrol on the programme. For these students, the first two years of the curriculum are taken over 3 years instead of the normal 2 years to allow them to acquire the necessary knowledge and skills to then proceed.

In the first two years of the programme, chiropractic students are taught the biomedical sciences provided by the Service Departments together with students studying homeopathy.

4.2.1b Analysis

For the most part, this is a traditional chiropractic curriculum, with the informing disciplines taught in the first two years by the Service Departments, followed by progression into the chiropractic and clinical disciplines. Nevertheless, there are significant points in the early curriculum that emphasise the chiropractic context, and evidence from staff and students appears to suggest that the overall curriculum is cohesive and that the transition from pre-clinical to clinical stages works well. The content of the curriculum is entirely consistent with enabling students to acquire the knowledge, skills and attitudes to meet the required competencies and aims and objectives of the programme. There is a diverse range of teaching and learning methods, and the anatomy facilities in particular are impressive. There is evidence of students being encouraged to think critically, and adopt self-directed learning skills. Notwithstanding, the didactic nature of the programme, the high number of student contact hours, and the lack of a structured problem-solving approach throughout the curriculum indicate that staff should consider innovation and changes in the curriculum in the near future.

4.2.1c Conclusion

DUT substantially complies with Standard 2.1.

4.2.2 Theory of Chiropractic and the Scientific Method

The chiropractic institution must teach the theory and principles of chiropractic practice, 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

Chiropractic theory and principles of practice are taught at stages throughout the curriculum, starting in year 1. Epidemiological principles are taught in the early part of the curriculum, and students are introduced in the main to the scientific method in year 3. This is followed in year 4 by

critical thinking and analytical skills in preparing the student for the research dissertation. Students are encouraged to read the scientific literature throughout the programme and tutors refer to the literature while teaching the programme as appropriate. Each student is required to propose a research topic in consultation with staff, and a research proposal is completed in year 4. This is then submitted to an ethical approval process at Faculty and institution levels, and at an external review as appropriate depending on the nature of the proposed research study. Each student is supervised by a member of staff (effort is made to allocate supervisors based on their subject expertise), and the dissertation is completed and assessed prior to graduation from the programme. The Masters dissertation is an academic requirement of the award, which in turn is the minimum requirement for the internship and registration as a chiropractor.

4.2.2b Analysis

The process for ethics approval for research proposals appears cumbersome, and delays at this stage may impede students in their progression. This should be addressed. In addition, the topic areas students are choosing to do may be over-ambitious, and again this may be a reason for the delay for some students in completing the dissertation. Moreover, the limited research experience in some cases of staff may hamper the pace at which the student progresses. There are a number of issues that should be addressed so that the dissertation can be completed in an effective manner that meets the learning outcomes but at the same time is a learning experience for the student that is feasible to complete in the stipulated time and does not warrant students delaying the point at which they graduate from the programme.

4.2.2c Conclusion

DUT substantially complies with Standard 2.2.

4.2.3 Basic Biomedical Sciences

The chiropractic institution must identify and include in the curriculum those contributions of the basic biomedical sciences that enable a knowledge and understanding of the basic sciences applicable to the practice of chiropractic.

4.2.3a Description

The basic biomedical sciences are taught predominantly in the early part of the curriculum, and underpin and inform the later chiropractic and clinical sciences. The basic biomedical sciences are taught by experts in their own disciplines, and the chiropractic programme is able to take advantage of the expertise, facilities and resources provided by the Service Departments of the university. All of the required disciplines are taught as part of the curriculum.

4.2.3b Analysis

There may be an over-emphasis on the basic biomedical sciences in the curriculum, encouraged by the excellent resources available to the Chiropractic Department. The anatomy facilities are worthy of particular commendation in supporting the learning experiences of students in this essential subject area. As a consequence of accessing facilities outside of the Chiropractic Department, there may not be sufficient chiropractic context given in these subjects. Nevertheless this did not appear to be an issue of concern for either staff or students. Nevertheless, some attention might be given to more formal dialogue between basic science and chiropractic staff so ensuring the context can be included wherever it is appropriate and feasible to do so.

4.2.3c Conclusion

DUT fully complies with Standard 2.3.

4.2.4 Behavioural and Social Sciences, Ethics and Jurisprudence

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

4.2.4a Description

Psychology, communication skills and patient-centred care are included in the curriculum, and are taught by a clinical psychologist in addition to chiropractic staff. Ethical professional practice is covered in the latter part of the curriculum but before students enter their final clinic training year. Ethics and jurisprudence are included, and students meet with the Registrar of the AHPCSA to be appraised of their legal and ethical responsibilities in practice.

4.2.4b Analysis

There appears to be sufficient and relevant information given to students, and the curriculum fully covers the required areas.

4.2.4c Conclusion

DUT fully complies with Standard 2.4.

4.2.5 Clinical Sciences and Skills

The chiropractic institution must identify and include in the curriculum those contributions of the clinical sciences that ensure students have acquired sufficient clinical knowledge and skills to apply to chiropractic practice in a primary contact setting.

4.2.5a Description

The specific competencies (knowledge, skills and attitudes) ensuring clinical competence on graduation are taught. The curriculum in the clinical sciences emphasizes neuromusculoskeletal conditions, pain management relating to these conditions and concomitant non-musculoskeletal conditions. The medical specialities are taught by medical doctors. The conditions commonly encountered in chiropractic practices in South Africa are well reflected in the curriculum. The clinical skills include radiography, history taking, physical examination (medical and chiropractic) procedures and investigations, communications skills, treatment procedures including auxiliary treatment modalities, patient care and management, and patient advice and education relating to disease prevention and health promotion. The curriculum also covers general diagnosis and referral procedures consistent with the scope of practice of a primary health care provider. Different stages of the curriculum lead the student to be able to develop effective and outcome-based clinical decision skills including critical analysis of scientific articles and hospital rounds on a voluntarily basis in year 3 and continuing in year 4 on a compulsory basis. These assure a thorough training in patient evaluation, diagnostic skills and report writing. Radiography, diagnostic laboratory procedures and diagnostic imaging are taught, enabling future graduates to include these diagnostic procedures in their daily practice.

4.2.5b Analysis

All areas with regard to the teaching of the clinical sciences are properly covered. The clinical skills, competencies and attitudes to which the students are exposed at the different levels of the programme are well constructed, horizontally and vertically integrated and comprehensive. Furthermore, the programme stresses conditions related to non-neuromusculoskeletal conditions as these are encountered in areas where the teaching clinics of DUT and hospitals are located.

Even if the radiography course is taught in year 4 and the students are obliged to take (under supervision) 20 pre-clinical X-rays during year 4, it seems they lack experience in patient positioning procedures. This should be addressed by the institution, although it is recognised that only a small proportion of graduates will take their own X-rays in practice. Special attention should be given to appropriate space in the chiropractic technique laboratory in order to guarantee an adequate and appropriate teaching and learning experience for students.

4.2.5c Conclusion

DUT substantially complies with Standard 2.5

4.2.6 Clinical Training

The chiropractic institution 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.

4.2.6a Description

Different opportunities are provided for students with regard to clinical training. In year 1, their first clinical encounter takes place during the mentorship programme during which students attend the DUT clinic for 1 to 5 observations of treatment of peers. A second observational period takes place in year 3 where students are exposed to clinical examinations on themselves as well as mandatory medical screening prior to entering the practical classes (technique classes). In year 4, students start weekly hospital rounds and attend the clinic on site at the university where they are required to observe a minimum of 15 treatment sessions (12 spinal and 3 extremity cases) and 3 full new patient visits. Before entering the clinic in year 5, an OSCE examination takes place.

According to AHPCSA requirements, the minimum number of new patients is 35 and 350 follow up consultations, which must be approved by the supervising clinician. This includes patients treated in community services, research settings (Masters dissertation), learner treatments and patients treated at sports events. Final year students must evaluate three radiological cases, assist the radiographer during each patient's X-ray examination and discuss the radiological findings with the radiologist who is on site two times a week as a consultant. The final year students are exposed to an adequate case-mix of neuromusculoskeletal conditions; however, they can only treat extremity conditions once they have completed the relevant module assessments (during year 5). The clinic is not computerised to permit precise control of a balanced case-mix for students to manage.

There are 22 well sized and equipped treatment rooms in the clinic, which is situated on site at the university campus, furnished by one Hilo chiropractic treatment table, two tables with thoracic drop, ten with cervical/thoracic/lumbar drops and seven Leander distraction tables. A well equipped rehabilitation laboratory completes the treatment facilities in the clinic. Five rooms are equipped with auxiliary treatment modalities. Acupuncture/Dry Needling is a largely used auxiliary modality within the clinic. Due to the high prevalence of HIV/AIDS in South Africa, very strict and thorough protection measures are applied.

Members of clinic staff are composed of 2 full-time /receptionists responsible for maintaining clinic records, a clinic administrator and the clinic director. There are 11 part time and 6 full time clinicians; there is 1 clinician on duty with 2 clinicians at peak times. Inspection of patient files indicates that clinical record keeping is up to standard and in accordance with the programme's

Clinic Manual. The administrative record keeping is computerized and appears to be of good standard.

The Team learned that it is somewhat difficult for students to achieve the minimum requirements of follow up treatments during their fifth year by only working at the clinic at the university. To help students fulfil the patient number requirements, 6 students at a time have the opportunity to work at Marburg Haven Clinic, an off-site clinic.

The clinic exit exam is an OSCE type examination. Once the MTech qualification is completed, students can apply for the internship programme set up by DUT, CASA and the AHPCSA.

4.2.6b Analysis

Overall, the clinical training of students is of a good standard, and there is adequate and appropriate supervision of the final year students' activity in the clinic to enable students to acquire the necessary clinical competencies. However, the final year students do seem to struggle to achieve the required number of follow up treatments, with the effect that they prolong their stay in the clinic over the normal duration of their clinical training (fifth year). This puts not only an additional workload on the clinical staff but may defuse the fifth year clinic students' focus to achieve the required number of follow up treatments during this year. It appears that students are not encouraged to take their own x-rays under supervision, but rather delegate this task to fourth year students or to the staff of the Radiographic Department at the university. Adequate steps should therefore be taken to expose the final year students to radiography procedures. Final year students see a large variety of conditions relevant to their future practice. It was encouraging to see that a computer system is planned permitting an equal distribution of presenting conditions among the students, especially with respect to conditions of the extremities. Attention should be given to the chiropractic treatment tables in the clinic, which appeared to need replacing in the near future.

4.2.6c Conclusion

DUT substantially complies with Standard 2.6

4.2.7 Curriculum Structure, Composition and Duration

The chiropractic institution 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.

4.2.7a Description

A clear outline of the content and sequence of the curriculum at each stage of the programme together with the credit ratings was contained in the university's SSR. The programme is structured such that the first 3 years meet the national requirement for Diploma level, at the end of year 4, Bachelors level, and at the end of year 5, Masters level. The total number of credits for the entire programme is given as 627. There is a Learner Guide for each course within the programme that gives detailed information of learning outcomes, sequencing of lectures, learning and teaching strategy, assessment strategy and recommended reading. A file for each subject taught in the curriculum, including the learner guide, handouts, tutor and subject evaluations, and student progress was available to the Team in the base room.

The Masters qualification is the lowest level of academic qualification required for registration purposes, as well as successful completion of an internship post-graduation. It is a 5 year full-time programme.

4.2.7b Analysis

There is clear and detailed documentation on the content, sequencing, delivery and assessment of each course in the programme, although there did not appear to be a standard format for the learner guide. The credit system is not the same as either in the UK or in Europe, but the Team was satisfied that the level and number of credits, which meet the national requirements for the Masters award, also meets that of the ECCE Standards.

However, there was the issue of students not fulfilling their clinical and dissertation requirements by the end of year 5, and as a result continuing their studies into a 6th year, and in some cases into a 7th year. As a 5 year programme it should be possible to complete the academic and clinical requirements within the stipulated time period of 5 years. Students and staff did not seem overly perturbed by this, apart from cases where the additional fee (which is reduced) for continuation of studies causes financial hardship. The issue is that a significant proportion of students do extend their studies, which may lessen the focus to complete their requirements in a timely manner, spend more time than is necessary in completing their research dissertation, possibly decrease the number of patients available to incoming final year students, and perpetuate the acceptability of continuation of studies to more junior students. This should be addressed by Department staff. Notwithstanding the above, the duration of the programme is a five year full-time programme.

4.2.7c Conclusion

DUT fully complies with Standard 2.7

4.2.8 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.

The curriculum committee must include representation from basic science and chiropractic teaching staff, students and other stakeholders.

4.2.8a Description

The Departmental Committee is the main administrative arm of the Department which is responsible for reviewing and developing the curriculum. All proposals regarding the curriculum must be approved at Faculty level and all developments involving Service Departments (i.e. outside of the Chiropractic Department that provide teaching sessions to, and assess chiropractic students) have to be ratified by those Departments. Students are represented on the Departmental Committee. External stakeholders such as CASA and AHPCSA are involved in the review of the curriculum on a periodic basis. Some revisions to the chiropractic programme were requested by SAQA in 2006. There was no evidence that the Departmental Committee has given consideration to curriculum overload as perceived by the Team.

4.2.8b Analysis

The Departmental Committee has operated effectively within permitted university parameters. Given the many developments that were outlined in the SSR and during meetings of the Team during the on-site visit, the Departmental Committee should address the potential of the curriculum for overloading students and staff.

4.2.8c Conclusion

DUT substantially complies with Standard 2.8.

4.2.9 Linkage with Subsequent Stages of Education and Training, Chiropractic Practice and the Health Care System

Operational linkage must be assured between the undergraduate 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.

4.2.9a Description

The curriculum reflects the environment in which the graduates are expected to practice after qualification. In year 5, students fill out a registration form for the post-qualification internship programme. Once they have fulfilled all requirements to be awarded the MTech(Chiro), applicants receive a temporary practice number with the AHPCSA permitting them to start the Public Sector work as part of the internship programme. On completion of this and submission of a portfolio, the chiropractor can apply to the AHPCSA for permanent registration. The organisation of the internship, which requires a minimum of 600 hours (this will increase incrementally to 1128 hours in 2016), is undertaken by AHPCSA. Throughout the internship programme, there are strong links between the Department and external stakeholders through the inclusion of various members of full time and part time academic chiropractic staff on various committees and international bodies.

4.2.9b Analysis

The linkage between the education and training of chiropractors and subsequent chiropractic practice and the health care system is in place, and there is a cohesive transition.

4.2.9c Conclusion

DUT fully complies with Standard 2.9

4.3 ASSESSMENT OF STUDENTS

4.3.1 Assessment Methods

The chiropractic institution must define and document the methods used for assessment, including the criteria for progression and appeals procedures. Assessment methods must be regularly evaluated, and new assessment methods developed as appropriate.

4.3.1a Description

Assessment is subject to published university policies and regulations administered by the Centre for Quality Promotion. The latest guidance was provided in 2008. The dominant form of assessment for the taught programme is a set of theoretical tests and/or assignments with a summative assessment at the end of each year. Some subjects use continuous assessment that may comprise up to 6 assessments in a year (e.g. Radiology). The balance between the combination of assessments is specified in the Departmental Handbook and the annual calendar of scheduled assessments. Clinical competence is assessed in three OSCE examinations (at the end of year 4, and the end of each semester in year 5). Individual tutors use a variety of formative assessment techniques such as group presentations, which are subject to peer evaluation.

The Faculty-administered Examination Board meets twice a year to review student performance. It comprises the Dean, Heads of Departments and representatives of the Service Departments. All subjects have an external examiner (moderator). Clinical competence examinations include external

examiners from CASA and two other practitioners who are usually medically qualified. In the Diploma years the Board provides the opportunity to enable course changes to be made and to assist in the identification of students in need of remedial support and counselling. All moderators report to the University Examinations Department and the reports are used for staff development where appropriate.

Students may use the appeals process of the university if they feel aggrieved by decisions of the Examination Board. The procedures are transparent (Rule Book for Students 2004) and are administered by the Executive Dean and, if necessary, the Deputy Vice Chancellor (Academic).

4.3.1b Analysis

Assessment is regarded as both a formative and a summative tool. It drives student learning and much of the teaching process. However, it may be argued that it is also possible to look at the desired outcomes of the course and subsequently devise appropriate assessment procedures to differentiate achievement. The diet of examinations and tests is necessarily heavy although there is scope to review whether all of the testing actually aids the achievement of outcomes. The Examination Board operates effectively. The Faculty could consider whether the practice of having moderators for every subject is essential and whether the same moderation outcomes might be achieved by employing moderators whose brief overarches cognate areas of chiropractic.

4.3.1c Conclusion

DUT substantially complies with Standard 3.1.

4.3.2 Relation between Assessment and Learning

The assessment principles, methods and practices must be appropriate to the educational aims and objectives, and promote appropriate learning practices.

4.3.2a Description

Assessment methods are included in the Rules for Qualifications, Student Handbooks and the Clinic Manual. There is provision for mitigating circumstances, and pre-requisites that may not be passed when a student progresses to a subsequent year. The Department is committed to a wide range of assessments that is appreciated by students because they encourage thorough learning. Nevertheless, there is a heavy amount of detailed information to learn. All courses and each stage of the MTech(Chiro) are assessed on a Pass/Fail basis. Students receive a transcript of their performance. There is a Plagiarism Policy for the entire university that was updated in 2009.

4.3.2b Analysis

Assessment relates strongly to the educational aims and objectives of the programme. It is a pass/fail system rather than a credit rated system in the European sense. Integration is achieved at the Bachelor and Masters levels.

4.3.2c Conclusion

DUT substantially complies with Standard 3.2.

4.4 STUDENTS

4.4.1 Admission Policies and Selection

The chiropractic institution 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 Faculty publishes the timeline for admissions on an annual basis which the Department rigorously adheres to. The Department receives over 800 applications for its 35 places from the Central Applications Office of KwaZulu Natal (KZN). Applicants are requested to complete an assignment prior to attending for interview and psychometric testing in the University. The scores for the assignment, psychometric testing and prior educational achievement are aggregated and the best 35 students are accepted onto the programme. Approximately 5 places are reserved for students from previously disadvantaged backgrounds whose prior educational achievement is weaker but show an aptitude and enthusiasm for chiropractic at interview. There are rules for credit transfer and the Recognition of Prior Learning (RPL) for mature applicants. There are published criteria for recruiting foreign students. The university produces an annual prospectus. The Department participates fully in recruitment fairs and other recruitment activities of the university.

4.4.1b Analysis

The admissions policies and selection procedures are fair, transparent and rigorous, and are based on excellent communication between all of the players both inside and beyond the University.

4.4.1c Conclusion

DUT fully complies with Standard 4.2.

4.4.2 Student Intake

The size of student intake must be defined and related to the capacity of the chiropractic institution to provide adequate resources at all stages of the programme.

4.4.2a Description

The annual intake of students is approximately 40 with an extra 5 students taken in to the Foundation Programme. Approximately 25% of the entry is mature students. Numbers are effectively capped at present due to the capacity constraints of the clinic.

4.4.2b Analysis

The recent increase in intake illustrates the ability of the university to adjust its intake into the Department in relation to the capacity of the university as a whole.

4.4.2c Conclusion

DUT fully complies with the standard. (4.2)

4.4.3 Student Support and Counselling

The chiropractic institution 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

Student support is built into the departmental programme and all full time staff have set 'learner times' whereas part time staff are available to students during clinic or at the end of lectures. The Department has instituted a 'mentorship programme' where Year 4 students mentor Year 1

students. Mentors may 'flag' a student who may be referred to the university counselling services for health reasons, financial assistance and learning support. 'Trackers' are used to assess overall student performance and to report to the Department. The university has a well-developed system of help depending on the pastoral support and guidance issues that need to be addressed. The Directorate of Student Affairs oversees student health, the HIV/AIDS Centre, student housing and residences, financial aid and sporting disciplines.

4.4.3b Analysis

Student support and counselling is well organised at all levels in the university. At risk students are identified and support is offered.

4.4.3c Conclusion

DUT fully complies with the Standard 4.3.

4.4.4 Student Representation

The chiropractic institution must support student representation and appropriate participation in the design, management and evaluation of the curriculum, and in other matters relevant to students.

4.4.4a Description

Students are represented at all levels in the university's committee structures; chiropractic students are involved only at the departmental and Faculty levels. Within the Department there are regular meetings with the elected year/class representatives. The same principle applies to the Service Departments teaching the biomedical sciences and other non-chiropractic clinical subjects. Students participate in departmental Programme Meetings and so participate in the design, management and evaluation of the curriculum. The students are represented on the Learner Liaison Committee of CASA and at the KZN branch level. Students also participate in the learner forum of the WFC.

4.4.4b Analysis

Student representation at all levels is encouraged within the constraints of their own personal timetables and the university's policies and procedures.

4.4.4c Conclusion

DUT fully complies with the Standard (4.4)

4.5 ACADEMIC and CLINICAL STAFF

4.5.1 Staff Recruitment

The chiropractic institution must have a staff recruitment policy which outlines the type, responsibilities and balance of academic staff required to deliver the curriculum adequately, including the balance between chiropractic and non-chiropractic academic staff, and between full-time and part-time academic staff.

4.5.1a Description

Members of staff are recruited through the Human Resources Department of the university. There are clear procedures for doing so, and there is a formal induction process for all new members of staff. The overriding majority of the chiropractic staff graduated from DUT. Currently there are 6

full-time members of chiropractic staff, 11 part-time members of chiropractic staff teaching in the clinic, 15 part-time members of staff teaching on the programme (6 chiropractors and other healthcare professionals) and 4 full-time administrative staff to the Department. There are 15 lecturers from the Service Departments teaching the chiropractic students. All members of staff are appropriately qualified.

4.5.1b Analysis

The number of full-time chiropractic staff is relatively low, and there is an over-reliance on part-time Faculty. There are difficulties recruiting staff from outside South Africa, although there is a desire to do so. The number of full-time staff should be increased as resources allow, not only to ease the teaching load on existing staff, but in doing so to allow time for development and increased research activity in the Department.

4.5.1c Conclusion

DUT partially complies with Standard 5.1.

4.5.2 Staff Promotion and Development

The chiropractic institution must have a staff 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

The need for staff development is fully acknowledged by the university and formal mechanisms for staff appraisal on a regular basis are currently in progress, although at the time of this Report this has not been implemented across the university. A fund has been created by the university to support enrolment of staff on either Masters or Doctorate programmes, and by 2012 the intention is that all full-time staff in the Chiropractic Department will be enrolled on a higher degree. The institution has also put in place incentives to encourage research activity through availability of research funding, as well as 50% of research income from publication being passed to the individual to support further research. There are clear promotions criteria that are linked to research and postgraduate qualifications.

Given the time constraints imposed on full-time chiropractic staff as in 5.1 above, members of the full-time chiropractic staff have been proactive in agreeing between themselves on how to manage their time so as to facilitate development opportunities for the team as well as fulfilling their CPD requirements as part of their professional registration. In addition, each member of full-time staff has a meeting with the Head of Department to consider the student evaluations of the courses they teach as well as their objectives and goals for their own development.

4.5.2b Analysis

Formalising the staff appraisal system and the acknowledgement and encouragement of staff development at the institutional level will undoubtedly facilitate the development of staff and enhance the research capacity and output of the Department in the future. Although there are clear signs that there will be considerable advances in this area in the future, understandably there is limited staff development in the Department at the present time.

4.5.2c Conclusion

DUT partially complies with Standard 5.2.

4.6 EDUCATIONAL RESOURCES

4.6.1 Physical Facilities

The chiropractic institution must have sufficient physical facilities for the staff and the student population to ensure that the curriculum can be delivered adequately, and library facilities available to 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 facilities for chiropractic are concentrated on the adjacent Ritson, Steve Biko and M Sultan Campuses of DUT. Service Departments' provision for the basic sciences comprises a range of classrooms, laboratories (11) and lecture theatres which are well-maintained and contain audio-visual equipment and computers to aid course delivery. In the first two years of the programme these facilities are used jointly with homeopathy students. Students were particularly complimentary about the provision for anatomy teaching, including the anatomy museum.

The Chiropractic Department itself is housed in a converted school and comprises classrooms (both dedicated and used from the university pool of classrooms), six rooms for full-time staff and one room for part-time staff, and the departmental office. The chiropractic (technique) skills room has 26 tables which are crowded into an inadequate space. Library facilities are extensive and provided on both campuses. Chiropractic texts and journals are supported by a dedicated librarian for the subject area. Electronic access to journals and indexes is provided subject to constraints in South Africa on accessing from remote locations. Study space appears to be at a premium although chiropractic students prefer to do their studies elsewhere. The Faculty gathers information on the adequacy of its educational resources as a part of its Strategic Planning procedures. Feedback on facilities is a part of the student evaluation procedures managed by the Department and the Faculty. The university provides a range of facilities for both sporting and other recreational pursuits. The university provides basic IT skills training on a needs basis.

4.6.1b Analysis

The facilities used by chiropractic students in the first two years are spread out across the campuses although this does not appear to pose a problem for students. These facilities were satisfactory although tutors and students did draw attention to deficiencies in the provision in some locations. Teaching staff and administrative facilities are limited and under some pressure. The technique skills laboratory in particular is inadequate and not fit for purpose. There is some pressure on the library facilities which has the effect of deterring some students from using the library as a study space. The Chiropractic Department operates effectively within the constraints placed upon it by the existing facilities. All facilities conform to local Health and Safety regulations.

4.6.1c Conclusion

DUT substantially complies with the Standard 6.1.

4.6.2 Clinical Training Resources

The chiropractic institution must ensure adequate clinical experience and the necessary resources, including sufficient patients with an appropriate case-mix, and sufficient clinical training facilities including sufficient equipment and treatment rooms.

4.6.2a Description

The facilities that provide clinical training include the Chiropractic Day Clinic (primary facility on site at the university), the Marburg Haven Clinic (secondary site), sports events (tertiary site) and Community outreach services (ad hoc tertiary sites). In addition, during the students' 3rd and 4th years they attend hospital rounds for practical training in diagnostic skills and patient communication.

The clinic on site at the university comprises 22 treatment rooms fitted with equipment and facilities typically found in a chiropractic clinic. Separate cubicles are available for administering auxiliary therapeutic modalities such as ultrasound and interferential. The clinic has a dedicated room containing appropriate training equipment for patient rehabilitation. A computer in this room contains a range of rehabilitation protocols for patient rehabilitation and for teaching purposes.

The Marburg Haven is an off-campus community-based facility for ambulatory patients. Patients are treated in a community hall where portable treatment tables are utilised. It is not possible within the constraints of the facilities to provide individual treatment rooms and subsequently all treatment occurs in 2 rooms – one for men and one for women. The patients who present to Marburg have musculoskeletal complaints in addition to a wide variety of concomitant chronic illnesses.

In both clinic facilities there are suitable measures taken to ensure the safe disposal of sharps and bio-hazardous waste.

Students obtain the remainder of their clinical training via attendance at sporting events or other community service facilities approved by the Department.

The clinical skills laboratory (technique room) contains 22 chiropractic tables of varying ages and quality. Review of training and clinic facilities occurs annually within the annual programme review. Upgrades to equipment are affected annually within budgetary constraints.

4.6.2b Analysis

The standard of equipment in the teaching clinic is, in most cases, adequate for teaching purposes. It should be noted however that the equipment utilised by the students in their contact with the public is in some instances showing signs of age and wear and tear, which results in the equipment being below the standards expected in such a facility. The room that is currently used for the purposes of rehabilitation does not provide adequate space for optimal use of the rehabilitation facilities. The Department has plans to increase the size of the space allocation for rehabilitation. There is sufficient and appropriate space allocation in each of the treatment rooms, and the use of either air conditioners or ceiling fans provides for a comfortable working and learning environment.

4.6.2c Conclusion

DUT substantially complies with Standard 6.2.

4.6.3 Information Technology

The chiropractic institution must have sufficient IT facilities for staff and students to ensure the curriculum can be delivered adequately, and that IT is effectively used in the curriculum.

Students must be able to use IT for self-learning, accessing information and managing patients.

4.6.3a Description

The university addresses the demands for Information Technology through the Directorate for Technology Transfer and the Technology Innovation and Partnership office. The operation of IT support and infrastructure is the responsibility of the Infrastructure Directorate. Bandwidth issues have only recently been solved by the provision of new cabling (SEACOM) linking Africa (Durban is the entry point) to the main global infrastructure. WiFi capability is being enhanced on all campuses. On-site computer facilities are concentrated in two Faculty laboratories and there is a dedicated laboratory for Masters' students in the library. The library also has some terminals. Within the Department there are 3 computers in the clinic available for student use. Consequently, the use of computers for learning is limited and students are uncertain of the security and reliability of on-site computer facilities. The Department is in the process of enhancing its IT facilities in the lecture rooms. Almost all rooms visited contain appropriate AV facilities.

4.6.3b Analysis

The relatively high cost of IT equipment and renewing and installing IT equipment is an institutional issue which impacts across the university. Costs are also a problem for students who tend not to possess laptops relying instead on desktop provision at home. The provision of IT facilities falls below those that one might expect in a European university but this is understandable in the context of the country's level of development. The university is at great pains to stress its commitment to upgrading and enhancing its IT facilities and they are fully aware of the needs of the Department.

4.6.3c Conclusion

DUT partially complies with Standard 6.3.

4.6.4 Educational Expertise

The chiropractic 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 Department draws upon educational expertise from the Centre for Higher Education and the Centre for Quality Promotion and Assurance (CQPA) to enhance the quality of curriculum delivery. Tutors attend staff development activities related to improving the educational experience of students. Enhancement of educational skills is initially introduced during the induction of new staff in conformity with the Institutional Induction Policy 2007. Members of teaching staff have access to educational expertise through the Centre for Education and Learning Training (CELT).

4.6.4b Analysis

Members of staff have access to educational expertise within the education expertise facilities provided by the university.

4.6.4c Conclusion

DUT substantially complies with Standard 6.4.

4.7 RELATIONSHIP BETWEEN TEACHING AND RESEARCH.

The chiropractic institution must facilitate the relationship between teaching and research, and must describe the research facilities and areas of research priorities at the institution.

4.7.1a Description

There is a lack of research activity by staff in the Chiropractic Department. The reason for this is, in the main, lack of time and a heavy commitment to teaching in a curriculum in which the contact hours are high. Although not all staff in the Department should be research active, it is important that a significant proportion is so as to inform teaching and centre education practice in a research-active environment.

4.7.1b Analysis

There is a desire by several staff in the Department to be research active but this is not yet realised outside of supervising student dissertations. It should be noted that staff research activity, while overlapping with student supervision, should not rest entirely on this, and staff should be engaged in reading the literature, identifying and formulating their own research questions, submitting research proposals for ethics approval, collecting and analysing data, and writing up for publication. Increasing the number of staff will inevitably free up time for those wishing to conduct research of their own or in collaboration with colleague(s), but staff should also look at ways in which teaching on the curriculum is reduced, and encourage a shift towards student-directed learning so that students are not reliant solely on didactic teaching approaches to enable them to meet the required learning outcomes of the programme.

4.7.1c Conclusion

DUT is not in compliance with Standard 7.

4.8 PROGRAMME EVALUATION

4.8.1 Mechanisms for Programme Evaluation

The chiropractic institution 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

For all programmes taught in the university, DUT has an institution-wide QA programme administered by the Centre for Quality Promotion and Assurance (CQPA). Each departmental programme of study is subject to an internal university review every 5 years. The review panel for the internal review of the Chiropractic Department is comprised of representatives from relevant stakeholder groups. The most recent internal review took place in 2005 and the report was presented in the SSR.

The Department produces an annual quality monitoring report that is sent to CQPA for evaluation. At Faculty level there is a CQPA manager who has responsibility for ensuring that the Head of Department provides relevant information to CQPA as needed and requested.

External examiners for the programme are appointed through the Departmental Committee following a vetting process administered by the Faculty academic committees and ratification by the Senate.

Each semester the Department undertakes a review of subjects and learners at risk. Relevant feedback from such reviews is communicated to the academic staff and students concerned. Departmental meetings are held regularly throughout the semester that also address issues of quality at a more informal level.

4.8.1b Analysis

The university has a systematic approach to quality assurance (QA) within the institution. CQPA intends to move from 5 yearly to 6 yearly review cycles for the internal review of departments. This is intended to reduce the workload for CQPA and in turn reduce the workload on the Department while maintaining high standards of QA. The Team does not envisage that a 6-year review cycle for a 5-year programme would unduly affect the standard of QA for the chiropractic programme.

Feedback from the institutional and faculty CQPA managers indicated that the Chiropractic Department is proactive, cooperative and efficient in its approach to the task of QA. Investigation of the documented evidence demonstrated that the Department meets its QA obligations with respect to university policy.

4.8.1c Conclusion

DUT fully complies with Standard 8.1.

4.8.2 Staff and Student Feedback

Both academic staff and student feedback must be systematically sought, analysed and responded to so as to develop and improve the curriculum.

4.8.2a Description

The Department obtains student feedback in addition to review of subjects via anonymous feedback questionnaires that are completed on an annual basis for each subject. These Likert Scale-based questionnaires are optically scanned centrally by CQPA and the information evaluated for trends. CQPA generates reports for each subject and the reports are disseminated to the Department. Areas of concern highlighted in the report are communicated to the academic staff responsible for the subject involved and a strategy for addressing the issue is devised in consultation between Head of Department and the staff member. CQPA communicates issues raised in Service Departments' subjects to the Head of the Chiropractic Department and facilitates a plan of intervention to respond to the issue. Results from student feedback questionnaires are highlighted in the Learner Handbook. Faculty and institutional representatives from CQPA commended the Chiropractic Department on the excellent response rate to the evaluation questionnaires. The Head of Department was also commended for her willingness to act on issues raised by the CQPA reports. Feedback from academic staff is obtained via regular departmental meetings. There is no formalised feedback cycle for academic staff although mechanisms for feedback exist in annual subject reviews and departmental meetings.

4.8.2b Analysis

The Team noted that the Department has been applauded at the institutional and Faculty levels for its approach to matters of quality assurance. The Team commends the Department for initiating a process whereby changes implemented based on student feedback are highlighted in the Learner Handbook.

4.8.2c Conclusion

DUT fully complies with Standard 8.2.

4.8.3 Student Cohort Performance

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

4.8.3a Description

A Faculty-administered Examinations Board meets twice yearly and one of its roles is to assess cohort progression. The Board is comprised of the Head of Department, the Faculty Dean, representatives of Service Departments and other relevant stakeholders. Each semester the Department undertakes a review of subjects and learners at risk. In addition, monthly departmental meetings address issues of learners at risk. Via analysis of class results, students at risk are identified as those not progressing satisfactorily in more than one subject. In such cases the student is called in to a meeting with the Head of Department to discuss the situation and determine a strategy to address any problems that exist. Students with unsatisfactory progression in one subject are invited by the subject coordinator to discuss any issues affecting performance in that subject.

The Department has initiated a Tracker Programme whereby 4 students are charged with the role of tracking results for their cohort in subjects administered by the Service Departments during the Diploma stage of the programme. Where problem areas are identified, the trackers report to the Head of Department and a strategy is devised to address concerns. This program was initiated as a direct result of student feedback from evaluation questionnaires submitted to CQPA.

Student cohort performance is also monitored at an informal level by way of the Mentor Programme. Students from the 4th year act as mentors for 1st year students and regularly monitor progress of the junior students. Any areas of concern are managed directly with the student involved.

Review of written documentation demonstrates appropriate student progression at all levels of the programme apart from the 5th year. In many instances students are working into a 6th and sometimes a 7th year of study in order to complete the requirements of the dissertation and clinic patient numbers.

4.8.3b Analysis

The Department has a thorough, systematic approach to the issue of monitoring student cohort performance at both formal departmental level and informal student mentor level. Checks and balances are in place through the Examination Board. Oral evidence from students indicated that they appreciate both the Tracker Programme and the Mentor Programme and realised the value of obtaining feedback and assistance through these mechanisms. By taking significantly longer than the intended 5 years to complete the chiropractic programme, it can be argued that students are developing poor habits and attitudes that may have an impact in later professional life. As a 5-year programme it should be possible for the majority of students to complete the academic and clinical requirements within the stipulated time period of 5 years. The Evaluation Team appreciates that the Department recognises this and is addressing the issue.

4.8.3c Conclusion

DUT substantially complies with Standard 8.3.

4.8.4 Involvement of Stakeholders

Programme evaluation must involve the governance and administration of the chiropractic institution, the academic staff and the students, and the outcomes communicated to a range of stakeholders.

4.8.4a Description

A range of stakeholders including SAQA, CHE, CQPA, the Standards Generating Body (SGB), AHPCSA and CASA provide input to programme evaluation. AHPCSA in concert with SAQA approve the training and clinical standards of the chiropractic programme. Outcomes of evaluations of the Department are reported for information to CASA at the AGM or Executive meetings, and as a mandatory requirement to AHPCSA. The CQPA coordinates curricular reviews of the programme currently on a 5-year cycle; this will change to a 6-year cycle.

4.8.4b Analysis

There is sufficient and relevant involvement of, and reporting to stakeholders by the Department.

4.8.4c Conclusion

DUT fully complies with Standard 8.4.

4.9 GOVERNANCE AND ADMINISTRATION

4.9.1 Governance

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

4.9.1a Description

The chiropractic programme is part of the Department of Chiropractic and Somatology which is one of eight departments within the Faculty of Health Sciences which in turn is one of the six faculties of Durban University of Technology. The Department has autonomy over the curriculum in terms of the content and sequencing of the courses contained within it. The Department is represented up to Faculty level for most of its processes and procedures.

The committee structure of the Department has the authority to design and manage the curriculum. It includes the curriculum committee and is composed of the Head of Department and members from the full-time and part-time academic staff, and the student body. Decisions are transmitted for ratification to the Dean of the Faculty of Health Sciences, which in turn is accountable to the Faculty Board of Health Sciences. The Faculty Board reports to the university Senate which in turn reports to the SENEX, the highest academic authority at the university. Stakeholders (academic staff, students, human resource staff, finance departments, support staff and management) are represented on all these committees. The responsibility to manage the Department rests with the Head of Department, assisted by a departmental committee of five members and two administrative staff.

4.9.1b Analysis

The Department and its relevant committee(s) have the autonomy and authority to design and manage the chiropractic curriculum. The Department operates within the policies and procedures of the university structures with direct representation at Faculty level.

4.9.1c Conclusion

DUT fully 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

The academic leadership is provided at Faculty level by the Dean of Faculty and at departmental level by the Head of Department. Beyond, there is an upward extension of the chain of academic leadership to the Deputy Vice Chancellor, then to the Chancellor and ultimately the Ministry of Education. The Head of Department has leadership responsibility for the Head of Programme who in turn has responsibility for individual subject lecturers within the Department. The roles and responsibilities of all parties in the chain of academic leadership are clearly defined in the university system.

The university is in the process of implementing a Key Performance Management system. This system is at the stage of implementation for departmental Heads and will eventually roll down to all academic and administrative staff.

4.9.2b Analysis

The academic responsibilities of the Head of Department and academic management structures are clearly defined and articulated within the university. The chiropractic teaching and administrative staff functions, in sometimes difficult circumstances, as an enthusiastic, cohesive and committed team under the expert leadership of the Head of Department; the Department is well-respected at Faculty and institutional levels.

4.9.2c Conclusion

DUT fully complies with Standard 9.2.

4.9.3 Educational Budget and Resource Allocation

The chiropractic institution 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

Members of staff are paid in accordance with university policies and procedures from a central staffing budget. The CHE report accompanying the SSR stated that the Department required more staff. In response, the university increased the time allowance for part-time staffing. Physical resources are subject to a bidding process whereby the Head of Department presents a prioritised list of potential purchases. The Faculty reviews the bids before they are presented to the Finance Office. Inevitably, the Department will request more than can be financed in any year. A fund derived from Department-generated clinic income which may be spent as the Department chooses, is generally utilised for developmental activities. This fund is top-sliced 20% for university expenses. Research income is divided 50:50 between the researcher (to support continued research) and the university research reserve fund. Changes of more than 10% in resource expenditure must be taken

to CQPA and negotiated with relevant professional stakeholders. There is a university contingency fund.

4.9.3b Analysis

Budgetary practice in the university is thorough and well managed at all levels. The Department plans its expenditure in such a way that it is able to meet known expenditure on the programme.

4.9.3c Conclusion

DUT fully complies with Standard 9.3.

4.9.4 Administrative and Technical Staff and Management

The administrative and technical staff of the chiropractic institution 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.

4.9.4a Description

The Department has 2 members of secretarial staff and 2 administrators in the clinic. The number of support staff is a function of departmental money generation. These members of staff are currently not subject to appraisal and review. The Faculty of Health Sciences and the university are responsible for the allocation of administrative and technical staff supporting the educational programmes of the institution. University senior management are subject to appraisal as a part of the roll out of a university-wide appraisal system. The university also employs security staff to ensure the safety of its members.

4.9.4b Analysis

The university provides an appropriate level of administrative, management and technical staff for the chiropractic programme to be delivered effectively. However, future developments in the discipline and in the profession may demand further support for the implementation of the programme.

4.9.4c Conclusion

DUT fully complies with Standard 9.4.

4.9.5 Interaction with Professional Sector

The chiropractic institution must have a constructive interaction with the chiropractic and chiropractic-related (health-related) sectors of society and government.

4.9.5a Description

The Chiropractic Department has good relations with the profession in South Africa, both through the professional association (CASA) and with the professional statutory regulator (AHPCSA). The Head of Department is Vice-President of CASA, and is a member of the panel reviewing the internship programme for AHPCSA.

4.9.5b Analysis

There is evidence of good and strong relationships between the education and training of chiropractors and the chiropractic profession in South Africa.

4.9.5c Conclusion

DUT fully complies with the ECCE Standards.

4.10 CONTINUOUS RENEWAL AND IMPROVEMENT

The chiropractic institution must, as a dynamic institution, have procedures for regular reviewing and updating of its structure and functions to rectify deficiencies and meet changing needs.

4.10a Description

The Team had access to the annual Strategic Plan of the Department which is presented to CPQA following extensive consultation among the staff. These are also part of the CHE evaluation of the programme. In line with the mission of the university the competencies of students have been altered to include 'community service' both as a part of the undergraduate curriculum and also as a part of the internship programme. The Department liaises with AHPSA to maintain a relevant curriculum. The university is very sensitive to the social and health context of the country. The Department includes relevant and up-to-date knowledge in its curriculum; the converse is that there is scant evidence of material being discarded from the curriculum. Very frequently improvements are the consequence of new university-wide policies that have been debated at all levels. The university has a policy of continuous improvement which has led to changes in assessment, recruitment, educational resources, and monitoring and evaluation.

4.10b Analysis

The Department is a dynamic body of staff and students that responds to the dynamic initiatives of the university. Every effort is made to rectify deficiencies and to take forward improvements within the constraints of university finance, space and the social environment of KwaZulu Natal.

4.10c Conclusion

DUT fully complies with Standard 10.

5. CONCLUSIONS

5.1 Summary

In conclusion, the Evaluation Team was impressed by the overall quality of the chiropractic education and training provided by DUT.

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 chiropractic teaching and administrative staff functions, in sometimes difficult circumstances, as an enthusiastic, cohesive and committed team under the expert leadership of the Head of Department; the Department is well-respected at Faculty and institutional levels.

5.2.1.2 The departmental team appears internally receptive and responsive, acting proactively in organising their time and opportunities for staff development and research.

5.2.1.3 There is excellent opportunity to access facilities, resources and expertise in the biomedical sciences provided as a service to the Chiropractic Department.

5.2.1.4 The anatomy facilities, resources and expertise are exemplary, and provide the opportunity for students to learn at the highest level.

5.2.1.5 The opportunity to observe and examine patients (under supervision) in rounds at local hospitals significantly enhances the quality of the learning experience in diagnostic skills and other clinical areas.

5.2.1.6 There is recognition at the institutional level to provide opportunity, incentive and support to facilitate staff enrolment on Masters and Doctorate degree programmes, and encourage research activity by staff.

5.2.1.7 There is a rigorous, fair and transparent admissions process to recruit chiropractic students in which there is excellent communication at a number of levels in the university.

5.2.2. Weaknesses

- 5.2.2.1 There are an excessive number of contact hours for students that impede the opportunity for students to gain the necessary reflective and self-directed learning skills to facilitate life-long learning.
- 5.2.2.2 There is a relatively low number of full-time chiropractic staff, on whom the greater load of the delivery of the curriculum inevitably falls. As a consequence there is insufficient time for reflection, curriculum and staff development, and in particular, research activity.
- 5.2.2.3 There is an apparent lack of research activity by chiropractic staff (outside of student dissertations) that inevitably impacts on the quality of the teaching and learning experience.
- 5.2.2.4 There is limited space in teaching accommodation, particularly for the practical skills in chiropractic. Similar issues exist in departmental staff accommodation.
- 5.2.2.5 There are issues concerning completion of the required patient numbers in the final clinical training year, as well as the demands of a possibly over-ambitious dissertation, resulting in a significant proportion of students extending in to a 6th and sometimes 7th year.

5.2.3 Concerns

There were none.

5.3 Acknowledgements

The Team wishes to thank the staff and students of the Durban University of Technology for the hospitality, courtesy and time afforded to it during the on-site visit.

APPENDIX

| Time | Meeting with | Personnel DUT | Team members | Standards |
|----------------------------------|---|--|--------------|--|
| Monday 5 October 2009 | | | | |
| 09.00 | Arrival | Principal/Key DUT personnel including Director of Undergrad Programme (DUP) | All | |
| 09.00-09.30 | Private meeting of the Team | None | All | |
| 9.30-10.15 | Preliminary meeting with DUT Executive | Principal/ DUT Executive including DUP | All | |
| 10.15-11.30 | Tour of facilities to include teaching facilities and library | Key staff to accompany Team | All | |
| 11.30-12.30 | Private meeting of the Team to review institution's documentation | None | All | |
| 12.30 | Lunch with Teaching Faculty | As appropriate | All | |
| 13.30-15.00 | Meeting with Teaching Faculty | Teaching faculty to cover all areas of teaching (content, delivery and assessment) (excluding clinic teaching) including DUP | All | 1, 2, 3 (with exception of 2.6), 5.2, 6.1, 6.3 |
| 15.00-15.30 | BREAK | | | |
| 15.30 -17.00 | Meeting with Teaching Faculty | Teaching faculty to cover all areas of teaching (content, delivery and assessment) (excluding clinic teaching) including DUP | All | 1, 2, 3 (with exception of 2.6), 5.2, 6.1, 6.3 |
| 17.00-17.30 | Private meeting of the Team | | All | |

| | | | | |
|-------------------------------------|---|---|-----------|---|
| Tuesday 6 October 2009 | | | | |
| 09.00-09.30 | Private meeting of the Team | None | | |
| 9.30-10.30 | Meeting with students (apart from clinic year students) | 4 students from each year | All | 4.2, 4.3, 4.4, 8.2, 6.1, 6.3 |
| 10.30-11.15 | Admissions | Admissions Team and DUP | JB and DB | 4.1, 4.2 |
| 11.15-12.00 | Learning Resources including IT support | Head of learning resources, IT and key personnel | JB and DB | 6.1 and 6.3 |
| 12.00-12.30 | Research | Key personnel | JB and DB | 7 |
| 10.30-12.30 | Tour of clinic facilities and formal meeting with Clinic Teaching Faculty | Key personnel | TR and PB | 2.6, 6.2 |
| 12.30-13.30 | Lunch with students | As appropriate | All | |
| 13.30-14.15 | Meeting with clinic year students | 6-8 students | All | 4.2, 4.3, 4.4, 8.2, 6.1, 6.3, 2.6 and 6.2 |
| 14.15-15.15 | Governance and Finance | University Executive and Governors as appropriate | | 9.1, 9.3, 9.5 |
| 15.15-17.30 | Private meeting of Team | None | All | |
| Wednesday 7 October 2009 | | | | |
| 09.00-09.30 | Private meeting of Team | None | All | |
| 9.30-10.30 | Quality Assurance | Key personnel | All | 8.1, 8.2, 8.3, 8.4, 10 |
| 10.30-11.00 | Break | | | |
| 11.00-12.30 | Programme Management | Senior programme management including DUP | All | 4.3, 4.4, 5.1, 5.2, 6.4, 9.2, 9.4 |
| 12.30-13.30 | Lunch with senior management | | All | |
| 13.30-17.30 | Private meeting of the Team | | All | |

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|--|---|---------------------------------|-----|--|
| Thursday 8 October 2009 | | | | |
| 09.00-17.00 | Private meeting of team (LUNCH at 12.30-13.30) | None | All | |
| 17.00 (or before by arrangement) | Feedback to institution | Key personnel as appropriate | All | |
| 17.30 | DEPART | | | |

Documents required in Base Room:

Course Document including Unit Specifications

Student handbook(s)

Research handbook

Clinic handbook

Research report

Prospectus

For the previous 3 years:

Annual Monitoring report(s)

External Examiner Reports

Student intake and progression data

Qualifications of students at intake

Analysis of student feedback data

Patient data for final year clinic students showing case mix for new and returning patients
(anonymous)

Minutes of relevant Academic Board meetings and Quality Assurance committees

CVs of academic staff (full-time and part-time)

Staff development and research activities

Strategy