

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION

COMMISSION ON ACCREDITATION

REACCREDITATION EVALUATION OF THE INSTITUTE FRANCO-EUROPÉEN DE CHIROPRACTIQUE (IFEC)

IVRY-SUR-SEINE, FRANCE

3-6 March 2009

Evaluation Team Report

1 INTRODUCTION

- 1.1** The reaccreditation evaluation of the *Institut Franco-Européen de Chiropratique* (IFEC) was agreed by the Commission on Accreditation of the ECCE in November 2008 and confirmed in February 2009 upon receipt of the Self-Study report prepared by the college. Members of the Evaluation Team were nominated by the Executive and received the Self Study documentation prior to the visit.
- 1.2** The Evaluation Team was composed as follows;
Dr Peter Bon, (Switzerland) Chair,
Dr Stefan Malmqvist, (Finland),
Dr Anneke Verbeeck (Belgium),
David Burtenshaw, (UK) Executive Secretary ECCE.
- 1.3** Members of the Evaluation Team met on the evening of 03 March 2009 to prepare for the visit and clarify tasks including those submitted by members of the Commission on Accreditation. Members were also briefed on the visit to IFEC Toulouse made by the Chair and Executive Secretary which is the subject of a separate report.
- The Evaluation Team Report follows the headings of the ECCE Standards to which Conclusions, Strengths and Weaknesses have been added at the end.
- 1.4** The previous evaluation report to the Commission in 2005-2006 identified five Strengths. It also identified five Weaknesses;
- The college need to develop and design a set of nested learning outcomes for each curriculum area (Addressed in Paragraph 3.1 and Section 11 below),
 - Staff development, promotion policy and criteria for promotion need to be part of an institutional policy (Addressed in Section 6 below),
 - The science laboratory facilities are in need of improvement (Addressed in Paragraph 7.1 below),
 - The lack of active research across the institution (Addressed in Section 8 below), and
 - The need for the college to extend its quality assurance system to enable audit and the tracking of issues through the quality assurance process. (Addressed in Sections 9 and 11 below).

IFEC submitted the following documents to CoA and the Evaluation Team;
Self Study Report 2009
Manuel Centres de Soins.
Catalogue de L'Étudiant 2008-2009 Ivry
Catalogue de L'Étudiant 2008-2009 Toulouse (Student handbook)
Syllabi 1-6 année Ivry, Toulouse (Curriculum)
Presentation IFEC Toulouse (originally made to Executive Committee and added by the Executive Secretary to the ECCE documentation for the Evaluation Team).

- 1.5** Members of the Evaluation Team were supplied with the following documents;
Accreditation Procedures and Standards in Undergraduate Chiropractic Education and Training, Version 2, November 2007,
Evaluation Team Manual, Version 2, January 2009,
Evaluation Team Report 05-07 December 2005.
Copies of CoA Minutes referring to IFEC Evaluation 2005 and subsequent Minutes referring to IFEC AMoRs for 2006, 2007 and 2008.
IFEC AMoRs for 2006, 2007, and 2008.
Further documents were made available in Ivry.

- 1.6** The panel reported verbally to senior staff at the end of the Ivry visit on its concluding drafts of Strengths and Weaknesses (Section12) The college was informed that a draft would be sent to them for factual correction in March 2009. It invited IFEC to send representatives to the CoA meeting in Paris on 25 April 2009.

2 AIMS AND OBJECTIVES

2.1 Statement of Aims and objectives

The Aims and Objectives, originally formulated at the foundation of IFEC, were reviewed in 2005. They are as follows (translation by IFEC):

To educate and train chiropractors as primary health care practitioners, competent to diagnose and care for the human body in health and disease and to manage their patients in a safe, professional and ethical manner.

To provide IFEC graduates with knowledge in chiropractic concepts and techniques compatible with the evolution of the discipline, as well as with high level diagnostic training in neurology, orthopaedics and rheumatology and also to prepare them for foreseeable examinations.

To stimulate the desire by IFEC graduates for life-long learning.

To provide, when appropriate, a re-training programme to members of the chiropractic profession and possibly those in related disciplines, in order to fulfil the considered professional regulations governing the chiropractic profession in France.

To develop a continuing education programme enabling practising chiropractors to keep abreast of the developments in chiropractic and related health sciences.

To develop research and to participate in the development of clinical knowledge specific to the discipline, and to seek collaboration with research centres for this purpose.

To aim towards excellence as a member of the world chiropractic education community.

To aim towards seeking partnership with French and/or European Universities.

These aims are in conformity with the current legislative regulations. The aims are being reviewed as negotiations with the French Health Department, which is preparing decrees to regulate the chiropractic profession, progress. The college is also governed by the Law on Private Education 1875, the Law on Non-Profit organisations, and the Law on Patients Rights and Health Quality 2002. It has to report on an annual basis to the *Rectorat du Département*, in this case the *Rectorat de Créteil*.

According to the *Directeur*, Points 2 and 4 of the aims and objectives were necessary before the law on chiropractic was in place. Aspects of these statements are therefore less relevant today.

2.2 Participation in formulation of aims and objectives

The *Association pour la Formation et l'Enseignement en France de la Chiropratique*, (AFEFC) is governed by a board, in compliance with the French legislation passed in 1901. AFEFC nominates the *Directeur of the Chiropractic Programme*, who is given the task of directing the teaching and training activity of AFEFC, under the name of IFEC. The governing body of AFEFC is the body in charge of defining the aims and objectives of IFEC, with input from the management of IFEC, from the staff and students through the Academic Council of IFEC.

The chiropractic profession is involved in the formulation of aims and objectives through the fact that the governing body of AFEFC is composed mostly of chiropractors, and that the French Chiropractic Association may be consulted for opinions on this subject.

The statutes of the AFEFC guarantee the academic, financial, and juridical autonomy of the Association AFEFC, and consequently of the Chiropractic Programme delivered by AFEFC under the name of IFEC.

In reality, the power to develop aims and objectives is delegated to the college management and meets the Standard. Any changes must be approved by the governing body of AFEFC. AFEFC need to make certain that the formulation of aims is placed in the context of a rolling strategic plan that is both realistic in its priorities and the targets it sets. (Paragraph 12.2.1 and 12.3.1 refer)

2.3 Academic autonomy

AFEFC is an autonomous organisation, which governing body has been supportive of all developments of IFEC's chiropractic programme. Following the opening of the second site in Toulouse, the mission of the President of the governing body of AFEFC has recently been increased to meet the new needs created by this opening regarding the operational management so he has now a part-time position as Executive President of AFEFC, with the role of supervising and coordinating the two structures. The Executive President remains in office as President of the Board of Governors. The evaluation team consider that this double function could threaten the autonomy of the academic

institution. A more strategic view of this relationship might be considered by the college. (Paragraph 12.3.1 refers)

2.4 Educational outcome

IFEC has listed the competencies that students must be able to demonstrate at the end of their education as chiropractors. The outcomes are grouped into three domains;

Knowledge and Understanding,
Skills,
Attitudes.

Knowledge and understanding refer to eleven separate fields of study that cover basic sciences, social sciences, anatomy, the musculoskeletal system, biosocial aspects of pain, patient management, health promotion and the role of chiropractic in the modern health care system. Students are expected to have knowledge of the legal aspects of chiropractic in France (not the home countries of foreign students). Knowledge of the fundamentals of clinical research, evidence based practice and ethics are required outcomes.

Essential outcomes of the skills acquired over the duration of the programme include the ability to collect and record accurate clinical information, to detect red flags, to interpret x-rays and other diagnostic procedures, to evaluate the bio-psycho-social components of a patient's complaint, establish a diagnosis, and/or differential diagnosis, make a prognosis, and to re-evaluate the patient according to progress and prognosis. Interpersonal communication skills and writing skills for the preparation of patient files are also significant outcomes. The skills detail a series of essential competencies when dealing with patients in a clinical setting and as a component of the health care system. The final skill is competence in the English language. It was encouraging to see the increasing emphasis on problem solving abilities in the enhanced research courses.

Other key outcomes include respect for the attitudes and values of patients, ethical behaviour and the need to update one's knowledge. The attitudes of sharing care with other health care professionals in different settings and sharing knowledge with colleagues are inculcated throughout the programme.

IFEC has moved towards a definition of outcomes, which will be achieved once the Curriculum Review is complete. (Paragraph 12.2.3 refers)

3 EDUCATIONAL PROGRAMME

3.1 Curriculum model and educational methods

The course documentation confirmed that the curriculum was that seen in 2005 with several significant modifications approved by the *Conseil Academique* (CAc) to syllabi such as the introduction of learning outcomes for each syllabus. There have been major modifications in the field of research, which addressed one of the weaknesses noted in 2005. A didactic teaching model

continues to be used because that is the way that French tutors are trained. It was the teaching model that students appreciated because they had been exposed to that model throughout their education. However, in Year 3 some elements of this model such as participation in quizzes, has become voluntary. The curriculum model is in the early stages of change now that two members of staff appointed to the Ivry site have commenced a root and branch review of the curriculum to bring it within Bologna norms. (Paragraph 12.3.2 refers)

In the field of undergraduate research, a plan has already been implemented to change the culture of chiropractors and move away from the mainly didactic method of teaching towards developing critical thinkers. The teaching method involves the study of one type of research per year, e.g. one year all students will look closely into cross-sectional studies and the next year they are taught how to research the efficacy of a chiropractic technique.

The actual teaching of research methods is as follows:

Year 1: Statistics	1 st and 2 nd term (27 hrs)
Year 2: Research methodology	3 rd term (18 hrs)
Year 3: Methodology	2 nd term (9 hrs)
Year 4: Thesis	1 st , 2 nd and 3 rd term (144 hrs)

For the revised *Mémoires de Fins d' Etudes* (thesis) in Year 4 the students work in groups of 4 where they each do a part of the research. They are however questioned on every step in the process and pedagogic measures are taken to ensure that all participate. The *Mémoires'* syllabus stipulates that “*this course should result in a student who can work in a team to produce a research project of good quality.*”

Evidence based practice is integrated throughout the entire course. Students are encouraged to investigate the research themselves first, when they have a question. Students all have electronic access to the Science Direct with articles from over 900 journals. In clinic, the Evaluation Team noted written case reports and radiological reports with relevant scientific bibliography at the back of the intern's progress folders.

Further proposed reforms to the curriculum are noted in Paragraph 11. The team saw a “curriculum map” for the future, which will be used as the basis for the discussion and implementation of the new outcomes-based curriculum. Therefore, the college has begun to address the weakness identified in 2005 although it has not completed the process. It was the opinion of the Evaluation Team that IFEC had made significant progress in this area since the last evaluation visit.

3.2 Theory of chiropractic and the scientific method

Chiropractic principles are taught in a vertical manner throughout the first three years in “Chiropractic Identity”.

History of chiropractic is taught in Year 1, which is followed up in Year 2 by a course outlining the limitations of chiropractic, the bio-psycho-social model, and the role of chiropractic in the medical field. Finally, a course on the

evolution of chiropractic with its different theories and evidence-based medicine is delivered in the third year.

3.3 Basic biomedical sciences

All the basic biomedical sciences mentioned in the Standards are being taught at IFEC. A conscious effort has been made to make the subjects in the different areas overlap, e.g. when the thorax is covered in anatomy it is also covered in radiology and followed up by discussion in pathology. Staff agreed that the integration of subjects was not an easy exercise. In the new curriculum the integration between the different sciences will be given even more attention.

Tutors assured the team that they tried, wherever possible, to relate the subject matter directly to the clinical application. For example, in Anatomy classes, students have to draw out the nerve pathway on a fellow student's arm. In Radiology the students are questioned on a radiological diagnosis followed by the question "How would you treat this patient in your clinic?"

When clinic interns encounter an interesting case, they are encouraged to present it to students in earlier years so that they can see the clinical relevance of the teaching.

3.4 Behavioural and Social Sciences, Ethics and Jurisprudence

Students are introduced to the Social Sciences from the start of the programme. Ethics is introduced in Year 4 and Jurisprudence in Year 5. A reformed Ethics Committee is being developed by the Executive President and will form the basis of a Masters dissertation. The proposed Ethics Committee will comprise: the Executive President, one person from the Personal Protection Committee for Paris, the Director of Research, and one teacher of Ethics.

The Behavioural and Social Sciences are delivered in Years 1, 3 and 4. As a part of the new curriculum mapping, more emphasis is being considered for the development of inter-personal skills and presentational skills in the context of clinical diagnosis and research presentations

3.5 Clinical Sciences and Skills

The aims and objectives of the programme clearly state that IFEC aim to educate and train chiropractors as primary health-care practitioners, competent to diagnose and care for the human body in health and disease and to manage their patients in a safe, professional and ethical manner. In the curriculum the learning outcomes for all the clinical sciences are clearly stated and they reflect the aims stipulated in the mission statement.

Teaching of clinical sciences subjects starts in the first academic year. The following subjects are taught:

Palpation, static and motion palpation of the spine and extremities, radiology and medical imaging techniques, pathological anatomy, nutrition and dietetics, dermatology, cardiology, gastroenterology, pneumology, manipulation and

mobilisation techniques, physiotherapy, rehabilitation, soft tissue techniques, neurology, orthopaedics, rheumatology, paediatrics, geriatrics, gynaecology/obstetrics and psychiatry. There is a particular emphasis on neurology, orthopaedics, rheumatology, diagnostic imaging and chiropractic examination and treatment skills and manual therapy.

Students are already confronted with patient history taking and physical examination procedures during their technique classes in Year 2. Chiropractic and medical examination skills, including diagnostic laboratory, are taught within Years 4 and 5. Students are required to prepare case studies in written and oral format in orthopaedics, rheumatology and imaging classes. Patient management, treatment procedures, patient advice, rehabilitation and prevention are an important part of the clinical science and skills subjects.

All Clinical Science subjects mentioned in the Standards (Paragraph 2.5) are taught at IFEC Ivry. Radiography is taught from the theory of x-ray production through to the production of images. This is followed by an imaging course in Year 3, which includes digital imaging. However, the practical aspect of operating an x-ray machine is not taught because of the restrictions on x-ray production in France.

The Evaluation Team specifically enquired about the teaching of pain management. This is not a separate course but integrated throughout all teaching in the clinical sciences.

Clinical skills are evaluated in practical tests at the end of each term, for which the students need at least an 8/20 mark to pass. If they fail the examination, they have to re-sit it. At present, a clinical practical examination tests the interns' competency prior to entering the outpatient clinic.

3.6 Clinical Training

The Clinic Department is in charge of the administration of the clinics, under the supervision of the Academic Council (CAc). The department comprises the Clinic Director and all 29 clinicians. Of the 29 clinicians, 9 are clinical assistants, 9 clinicians, 9 research clinicians and 2 expert clinicians.

Between Years 1 and 4 students spend short periods of observation in the clinics. Successful completion of Year 4 as confirmed by the "*Jury d'Admission en Stage Clinique*", allows students to enter the clinical internship at the beginning of Year 5. The students take part in a twenty-five hour preparatory programme where they learn the administrative and clinical procedures of the two outpatient clinics. A final examination for this period sanctions their ability to move to the next stage, the 2½ month period, where they are progressively inducted into patient care, first on their student colleagues and family members. At the end of this period, and on successfully passing a clinical competency exam the interns enter the outpatient clinic.

Students are expected to contact companies and associations with the aim of arranging treatment contracts for their employees or members at a favourable rate. Currently, more than 150 of these “*Privilège*” contracts have been signed.

The clinic contains eleven well-sized treatment rooms. Two rooms are equipped with special facilities for paediatric patients and one room is dedicated to rehabilitation. The interns’ room is equipped with four PCs linked to the IFEC IT system and a second room contains viewboxes and a photocopy machine. The whole clinic is connected to the Wi-Fi system of the institution. There are two offices for the clinicians, one at each end of the clinic, to facilitate the teaching and supervising activity of the clinicians during their duty. A very small library with the essential reference books is located in the clinic reception area.

One clinician supervises the intern’s activities in three treatment rooms. The patient files, which were randomly selected by the Evaluation Team and examined for completeness, thoroughness and control activity by the clinicians, showed that record keeping and supervision activity were up to standard. The team understood that the students reported on patients’ medical images, which were then stored in the *Recueil de l’interne* with a copy on file. Also on file are reports from radiologists in the field.

The mean number of new patient examinations and follow up treatments correspond to the Standard. The case mix of patients treated by the interns is representative of a chiropractor’s daily office. The interns are made aware of the need to have as large a spectrum as possible of the different pathologies encountered in a chiropractic office. Patients with no social security coverage and multiple co-morbidities often present with pathologies not commonly seen in chiropractic offices. This provides the interns with an opportunity to improve their differential diagnostic skills and referral procedures.

In addition to the clinical activities, students are trained to be responsible for clinic management, accomplishing among other tasks receptionist duties. The team understands that some aspects of the teaching clinic management will be transferred to an outside organisation.

The assessment of the interns in the teaching clinics is by means of radiological reports, simple clinical case reports, developed case reports, reports on developing differential diagnosis and complete reports on clinical cases which have to be presented to the other interns.

At the end of the internship there is a two day ECC5 examination (*Examen de Compétence Clinique*), Clinical Proficiency Examination, (formerly named “ECC6 Examination”). The first day consists of a four station OSCE (Objective Structured Clinical Examination) with two tasks at each station. Day two is a one hour OSLE (Objective Structured Learning Experience) examination (three clinical cases of twenty minutes each). External Observers are present at this examination. The questions are prepared by a team and then evaluated by other staff members. The ECC5 examination is based on the

Clinic Exit examinations used at the Anglo-European College of Chiropractic. (Paragraph 12.2.2 refers)

During their fifth year the students train at a hospital for a period of three weeks. The students normally organize this training period themselves. IFEC Ivry helps those students who have difficulty organising this on their own.

Patients are asked to sign an “informed consent” form that clearly explains the common side-effects of chiropractic treatment and the possible, but unlikely, severe adverse effects of upper cervical manipulation. Furthermore, the patients sign a form where they agree to their case being used (anonymously) for teaching purposes or research projects.

3.7 Curriculum structure, composition and duration

Chiropractic training at IFEC is a six year, full-time course composed of three parts:

Pre-chiropractic training (Year 1)

Chiropractic training (Years 2-5)

Graduate Education Programme (Year 6)

Year 6 is a transitional phase between undergraduate studies and graduate practice. The internship in the IFEC Ivry clinic lasts fifteen months (Year 5), after which the student takes the ECC5 (Clinical Proficiency Examination). Once this examination has been passed the students are permitted to partner up with a chiropractor in the field and complete a further six months internship (Year 6). Only after completing Year 6, and having accomplished all other academic requirements, can the student graduate from IFEC Ivry and gain his/her Chiropractic Studies diploma. This process is a requirement of the French Chiropractic Association.

Year 6 includes the Graduate Education Programme (GEP) that is in place in other countries in Europe. It was AFEFC’s decision to integrate the GEP entirely into the IFEC Ivry programme.

3.8 Programme management

The programme is managed by the *Directeur des Etudes* who is also the *Directeur Adjoint* (Deputy Director) of IFEC Ivry. The *Conseil Académique*, which meets four times a year, is the administrative body responsible for the programme. The *Directeur* of IFEC Ivry is responsible to the Executive President and the Board of Governors. There are eight departments (*Anatomie, Chiropratique, Pathologie Champ d’Application, Pathologie Générale, Physiologie, Radiologie, Sciences Cliniques, and Recherche*) whose heads are responsible to the *Directeur des Etudes*. In addition, there are five year heads/counsellors to deal with personal and academic issues. The Library is a separate organisation supervised by the Chief Librarian and Assistant Librarian.

The *Conseil Academique* (CAc), which is chaired by the *Directeur des Etudes*, manages the curriculum and is currently aligning IFEC with the French higher education system. CAc was responsible for the creation of the Curriculum Reform Commission. (Paragraph 12.2.1 refers)

3.9 Linkage with subsequent stages of education and training, Chiropractic practice and the health care system

There is a clear linkage between the undergraduate curriculum and subsequent stages of the programme. The use of Year 5 students as classroom assistants in the Clinical Training elements of the programme provides one such link.

At the end of Year 5, students progress into a sixth year Graduate Education Programme (GEP), where they spend six months in an external clinic.

AFEFC is making efforts to improve contacts with the wider health care system. At present, students only spend three weeks in a hospital. Negotiations are taking place to extend this period. The students also suggested that links to the health care system needed development. The students felt this was an area that could be improved but realised that integration might be hampered because of current attitudes among sections of the health care community in France.

4 ASSESSMENT OF STUDENTS

4.1 Assessment methods

The students are all familiar with the assessment methods used in IFEC Ivry as they are consistent with methods used widely in the French educational system. Every syllabus contains a section, which specifies in detail the assessment methods. In the early years the assessment methods, quizzes and an end of term examination, continue to reflect the didactic nature of the learning process. However, there is less emphasis on quizzes in Year 3 when they become optional. IFEC is aware as a result of the work of both its Curriculum Review Commission and the work of the Director of Research, that the current pattern of assessment does not give students time to reflect, although the students are of the opinion that it gives them time to assimilate information.

The team noted that many academic staff remain somewhat reluctant to embrace new assessment practices. Staff still write their own assessments and decide the weightings of questions, however, many invite their colleagues to comment on the assessments. The maximum mark for every question is always noted on the examination paper.

In keeping with the didactic nature of the first two years, the students are regularly tested every two weeks in most subjects with four short written quizzes per term. In Year 3 quizzes are optional and reduced to three in number. Quizzes contribute 40% of the final grade in a subject, the remaining 60% being provided by the final examination. At the end of each term there is one week during which the students take examinations in each subject. The examinations are both written and practical. The grading scale is from 0/20 to

20/20. A pass is 10/20 for a Teaching Unit (*Unité d'enseignement*). At the end of each academic year, re-sit examinations are organized in all subjects for students who have a mark below 10/20 in one or more teaching Units. Failure in more than one teaching Unit re-sit examination leads to repeating the entire academic year.

Quizzes are composed of six questions and graded according to a set formula. The types of written examinations are similar to those used in universities using a range of question types, which may include multiple choice, single choice, short-opened and open-ended questions, or clinical case-based questions.

Examinations in the clinical sciences and chiropractic techniques take the form of practical examinations with another student acting as a patient. When a course includes both written and practical final examinations, the final examination mark is a ratio of 50/50 or 40/60. Other practical examinations are performed during the human dissection course, in basic sciences, the critical appraisal of published research, in writing radiological reports, and in medical diagnostics.

The Fifth Year Clinical Proficiency Examination (ECC5) represents the termination of the undergraduate programme, and it is given as an OSCE and OSLE. (Paragraph 3.6. refers)

The Academic Jury is the official Examination Board. This is composed of a minimum of three persons from the following: the *Directeur*, the Academic Dean, the Pedagogic Director, the Heads of Teaching Departments, and the class' main teacher. It meets before and after re-sit examinations. The role of the jury is to approve the students' marks, taking into account all encountered difficulties with classes or examinations. The "Academic Jury" is the body for appeal in Years 1 – 4. The "Jury for Admission to Clinic" is the body for appeal in Year 5. Special considerations are made if a student is ill and cannot sit an exam. Re-sit is applicable only if a mark is below 10/20. It is not possible to raise an already accepted pass by taking a re-sit.

The Examination Commission meets at the request of the *Directeur des Etudes*, to review issues appertaining to the level and quality of the examination, accuracy, marking procedures and possible collusion.

Appeals procedures function in line with the regulations. Students may make a written request, and pay for an examination to be remarked within two months of the examination. If the new mark is a pass and 10% higher than the original mark, payment is reimbursed. (Paragraph 12.3.2 refers)

4.2 Relation between assessment and learning

Assessment methods and criteria are made known to students in the year handbooks for students. Student assessment in the form of predominantly multiple choice quizzes may not be the ideal stimulus for students to achieve the course objectives. This is underpinned by some of the mature students and

those in the later years of the programme who commented that more classes that enabled the students to have extended interchanges of ideas would increase overall motivation.

One development in this direction occurs in Radiology where the students are asked to complete a short reflective report on their learning with regard to their strengths and weaknesses. This also helps to monitor students' progress in Radiology and informs teaching.

There has recently been progress in devising more integrated approaches to learning and assessment. The revisions to the research field outlined in Paragraphs 3.1 and 8 have already encouraged the revisiting of material at a later stage in the programme.

5 STUDENTS

5.1 Admission policies and selection

Approximately 200 students apply for the 100 places at IFEC Ivry. All applicants are interviewed. Approximately 60% of candidates enter with the Baccalaureate and the rest with other qualifications. The number entering with AP(E)L varies from year to year and is normally between 10 and 20 students. Students whose mother tongue is not French are only assessed in spoken French. They are required to converse with the *Directeur* at an interview, who then assesses whether the student's knowledge of French is sufficient for enrolment or whether a French language course is needed before commencing training at IFEC Ivry. The college assumes that written language skills will develop rapidly and the foreign students confirmed this. (Paragraph 12.3.5 refers)

IFEC Ivry still place great emphasis on the role of Education Fairs in their recruitment strategy. IFEC staff and students attend 60 fairs a year in 43 different cities in France and neighbouring countries. Despite this effort, 50% of the student intake comes from Paris. At the fairs students who enquire are given details of the course, a prospectus and the location of chiropractors in their home area who are willing to meet with students and give applicants further information on chiropractic.

Applicants are made aware of entry requirements and, where relevant, entry points and AP(E)L at all meetings and interviews. (Paragraph 12.2.6).

5.2 Student intake

Student intake is controlled so that the capacity constraints of the building and the institution are not breached. The maximum student complement is 450.

5.3 Student support and counselling

The students all praised the support system in IFEC. The Pedagogic Director is available to discuss both academic and personal problems. Students are made aware from the outset that there is a counselling service with a psychologist available if they need it.

The Students Union (BDE -*Bureau des Etudiants* - see paragraph 5.4) organises events in the college and in downtown Paris. The students that were interviewed would have liked to see more sports organised by the college.

5.4 Student representation

Students from IFEC Ivry are represented and have equal voting rights on:

AFEFC Board - 1 ,

Conseil Académique (CAc) – 1

Comité des Affaires Académique - 1,

Comité Admissions - 2.

In addition, there is a meeting between the *Directeur*, the Academic Dean, the Pedagogic Director and the class/year delegates every term. The students were very satisfied with this level of representation.

The institution also supports the *Bureau des Etudiants* (BDE) giving them an office facility. It encourages the cultural and sporting activities of the students. In the latter case there is less provision for females despite them forming the majority of the student body.

At the start of the development of the new curriculum students participated in an extensive auto-evaluation of courses at IFEC. Students from all years were asked to fill out an eleven-page anonymous questionnaire. Subjects covered in this questionnaire were: student demographics; how they got to know about chiropractic and IFEC Ivry; how they perceived the student handbook, the library and the IT facilities; how they rated the friendliness and capability of the staff members individually; what their perceptions of the clinic were; what their perceptions of the student union were; how they rated the courses individually (relevance of subject matter, the timing of the course within the programme). All the data has been extrapolated into clear statistical overviews (examined by the Evaluation Team) that will be taken into account when developing the new curriculum.

6 ACADEMIC AND CLINICAL STAFF

6.1 Staff recruitment

IFEC plans on recruiting many more full-time staff primarily for their Toulouse site so that staff at Ivry do not have to commute to Toulouse. Some teachers don't mind the commuting, others will be quite happy to stay in Ivry. There are forty-four academic staff employed by the institution. Of these, ten are university teachers (23%) with posts elsewhere; five are MDs (11%) and twenty-nine DCs (66%). The teaching staff is organized into eight teaching departments, which are directed, by either PhDs, or MDs or DCs.

There are several methods used by the institution for recruitment; through recommendation by existing staff and colleagues, through other institutions and universities in France and through a register for retired medical doctors. The institution's Head of Staff interviews new medical staff. IFEC also offer positions through advertising. The best student every year may be offered a staff position. Better economy has led to an increased number of qualified staff. (Paragraph 12.3.4 refers)

6.2 Staff promotion and development

Collective agreements impose a minimum salary based on the qualifications and seniority of personnel. IFEC has determined its own minimum wage. Every year, salaries are revised according to a range of criteria outlined in the Faculty Handbook. The evaluation of academic staff is performed during an individual interview with the *Directeur Adjoint* or the *Directeur* and relies in part on the analysis of the yearly course evaluations of the students and the degree of collaboration with colleagues in IFEC. The need for individual training is also considered at the interview.

It is IFEC policy to promote and facilitate further education of the teaching staff. The Institution's objective is for the majority of staff to obtain an MSc degree or a University qualification. A teaching staff development plan linked to the curriculum review has been prepared by the Curriculum Reform Commission.

IFEC has recently adhered to a collective convention for all French private higher educational institutions whereby every employed staff member is offered a career plan for personal academic promotion/development or continuing education, based on a point system. This is financed through a fund to which the participating institutions pay a yearly per capita fee and which is topped up with public money.

The weaknesses noted in 2005 have been addressed.

7 EDUCATIONAL RESOURCES

7.1 Physical facilities

Since acquiring the building, the area surrounding the institution has been subject to considerable redevelopment including the *Université Paris 6*, which has enhanced the area.

The college has continued to improve and enhance its facilities over five floors of the building. There are now two lecture theatres and four classrooms fully equipped with audio-visual systems. There are three technique rooms with twenty tables in each and two meetings rooms. The basic sciences laboratory has been expanded and is no longer a weak point in the college provision as was noted in 2005. Facilities include a radiology laboratory and an anatomy laboratory. The library has been reorganised (see paragraph 7.3). There is a

small research room. There are 13 separate offices for the staff and administration and a small staff room for part-time lecturers.

Student facilities include an office for the Students' Union (BDE), a cafeteria, which has access to an outside terrace area and a recreation area with some PCs for student use. The bookshop, *Ivry Forme*, provides a small income stream for the college.

All facilities conform to local health and safety laws. However, students reported that there was an issue with the heating and ventilation of the building: too cold in some places, too hot and stuffy in the lecture theatres. (Paragraph 12.3.6 refers) This apart, the facilities meet the Standards.

7.2 Clinical training resources

IFEC Ivry operates two teaching clinics. The largest is “*Centre de Soins, Ivry Forme*”, situated on the ground floor of the building next to IFEC, the other one situated in the northern area of Paris, the *Centre Ornano*.

Centre Ivry Forme:

The surface area is 360m². There is one reception area with a waiting room, one large and one small intern room, eleven treatment rooms, of which two are used for paediatric treatments and one is dedicated to rehabilitation and posturometric measurements. There are an additional four treatment rooms and a clinician room of 90m² equipped as a student clinic. Administrative rooms include two rooms for the clinicians on duty, the administrative director's office, administrative office and a radiology room.

All treatment rooms are equipped with X-ray view boxes, chiropractic tables (four Ergostyle Flexion/distraction, one Zenith Cox, two Zenith Hylo, nine Chattanooga ES 2000). The clinical equipment is completed by two velocimetric Doppler units and two massage units.

The organisation of the clinic provides an optimal environment for a teaching clinic.

Centre Ornano: The clinic in the North of Paris (*Centre Ornano*) is the original clinic linked to IFEC. It takes about thirty minutes by car and forty minutes by metro to get to the *Centre Ornano* from IFEC. Students arrange their own transport. IFEC rents the ground floor of a building in a small courtyard. When the Evaluation Team were present, one of the six treatment rooms was out of use due to problems with the floor tiles. One of the walls in the reception area has been badly damaged by water from the apartment above. A decision will be made in the next two to three months whether to spend money on renovations or whether to secure new premises for the *Centre Ornano*. All treatment rooms have the same supplies as the *Centre Ivry Forme*. All files are kept in the same way and the clinic is run in the same way as *Centre Ivry Forme*. Students are rotated around so they spend a similar amount of time in Ivry as they do in Ornano. (Paragraph 12.2.2 refers)

7.3 Information Technology

There has always been a programme of continuous improvement of the IT network in the college. The operating system is LINUX, which is particularly good at preventing viruses entering the system. The servers are housed in a secure area and linked to the network of computers throughout the site. The administrative and academic/student systems are separate. Students have access to the college WiFi system while on site via their laptops. IFEC is looking to appoint an IT specialist to manage the recently installed computer system designed for chiropractic needs.

Since the last visit in 2005 the IT system in the library has been completely modernised. The librarian has installed a modern cataloguing system. The college subscribes to Elsevier's Worldwide Science Direct accessing over 900 journals. The subscription costs are €11.000 per annum and represent a sound investment in student centred learning. All students have access to Science Direct either through their laptops via WiFi or the school's computers. The library, its facilities and its worldwide links may be regarded as a strength. (Paragraph 12.2.5 refers).

7.4 Educational expertise

In 2006 IFEC engaged an expert with extensive knowledge of teaching methods and medical training to review the educational provision in the college. The conclusions of the review recommended changes to the volume of teaching, an increase in student self guided learning, and more staff to be involved in pedagogic training. As a result academic staff will receive teacher training. One member of staff is currently engaged on a Masters in Medical Education and one member of the Curriculum Reform Commission already has a Masters degree in Medical Education (see Paragraph 11). These initiatives have clarified the need for a greater understanding of the pedagogic underpinnings of chiropractic education among staff.

8 THE RELATIONSHIP BETWEEN TEACHING AND RESEARCH

Since the arrival of the part-time Director of Research in 2007 the college has taken a more pragmatic and practical view of research in the programme. Student research takes the form of Critical Literature Reading in Year 3 and Critical Literature Reviews commencing in Year 4 to be completed in the first term of Year 5. Students work in groups of four on a critical review of three articles on a particular theme such as Cross Sectional Design. The reason for this change from the former *Mémoires de Fin d' Etudes* which is being phased out is that the *Mémoires* were not well controlled because the students had other priorities when they worked in the clinic in Year 5. The college also had a shortage of supervisors for the *Mémoires*. The examination of the Critical Literature Review takes the form of a single report to an identical methodology and design. This is followed by individual oral defence of the work, which will highlight those who have relied on others in the group. The two External Examiners, a Swiss chiropractor and a French Professor, attend the oral examination and are involved in grading the students. The final mark is

Pass/Fail. The programme managers and External Examiners are of the opinion that this form of study has improved the research culture in the college. In addition short courses relating to research have been introduced in Year 1 and 2.

The final thrust of the new relationship between teaching and research is a monthly lecture programme, primarily aimed at Year 5, to introduce students to research on a particular theme, which changes each year. While the team were at the college one such session took place involving a lecturer from Anglo-European College of Chiropractic (AECC) and a Dutch chiropractor. Staff are strongly encouraged to attend these sessions, which have had the effect of raising staff interest in research. The college already has a reputation for research in the field of Radiology.

Two members of staff assist the Director of Research. Lack of an active research culture can no longer be considered a weakness and is indeed a strength. (Paragraphs 12.2.3 and 12.2.4 refers)

9 PROGRAMME EVALUATION

9.1 Mechanisms for programme evaluation

Since the last re-accreditation visit in 2005 all courses now have the learning outcomes clearly defined in each syllabus.

The first step in creating a new curriculum has been to critically evaluate the existing program (see also Paragraph 5.4). As noted elsewhere, curriculum revision has commenced with an extensive quality assurance assessment of the whole curriculum by staff and students.

Assessment methods have been and continue to be evaluated by the Examination Commission. The quiz system has been deleted from Years 4 and 5, with emphasis being placed on the final term examinations. Concurrently, the emphasis on personal study has been taken into account in the tabulation of the final grade. The general consensus is that this progressive decrease in the frequency and weight of the quiz system, accompanying student maturation, together with the increasing encouragement of self-directed learning, will make the students more responsible for their learning, and will better prepare them for life-long learning. (Paragraphs 12.3.2 and 12.3.3 refer).

9.2 Staff and student feedback

Student feedback on staff performance is provided for all courses throughout their training by anonymous questionnaires. The results are archived in book form by the Administration and distributed to each member of the teaching staff. The results are then discussed in the yearly evaluation interview each member of the teaching staff has with the *Directeur*.

For the development of the new curriculum an extensive auto-evaluation was carried out on IFEC and the courses taught at the college. Both students and staff were questioned and their answers recorded.

Students can voice their concerns and opinions via their elected class delegate in meetings with the administrative staff and the *Directeur* each term.

Tutors can voice their opinions to the Head of their department, who then transmits them to the *Directeur des Etudes*.

9.3 Student cohort performance

The college maintains complete student cohort performance data as a product of the current assessment system.

The bi-weekly quizzes appear to give the students good feedback as to what they know and what they do not know. The IFEC Examination Commission analyses the results for each course and class at least twice a year, reporting to CAc.

9.4 Involvement of stakeholders

A student research project has been undertaken in the past to assess patient's satisfaction with their intern and the treatment in clinic. It proved to be a good quality assurance tool. The questionnaires are not currently used in daily practice, but are available to be put in place at a later date.

10 GOVERNANCE AND ADMINISTRATION

10.1 Governance

AFEFC's Administrative Council is the Board of Trustees of the College. Its operation and its control of IFEC are in accordance with the law for non-profit organisations. The legal context was changed in 2007 and, together with French legislation on chiropractic, has underpinned the governance structure for the development of the college. In 2008, to meet the new needs created by the growth of the structure, AFEFC agreed to create the post of a part-time Executive President to enforce the operational management

The *Rectorat de Créteil* must receive annual reports from the college, which note the budget, safety procedures, management by AFEFC and the compliance of courses to the published programme.

The college's *Comité Stratégie* has been expanded to include the new Executive President and the Director of Research. This major committee is responsible for the strategic direction of the college. It has prioritised clinical links with hospitals, the new site at Toulouse and Research and Staff Development. (Paragraph 12.2.1 refers)

10.2 Academic leadership

Academic Leadership continues to be provided by the *Directeur* and most importantly, by the *Directeur des Etudes/Directeur Adjoint*. They have made excellent attempts to respond to the weaknesses identified in 2005 so that the majority have been addressed to the benefit of the college and its academic programme. As reported elsewhere, the Science laboratory facilities have been considerably improved as has the basic sciences syllabus, research has been given an enhanced priority in the work of the whole institution, and the first shoots of a radical overhaul of the curriculum leading to an outcomes and evidence based curriculum are in place. The Academic Dean has continued to manage all of the academic developments with the assistance of the *Comité Stratégie* and the *Conseil Académique*. Academic leadership is a strength of the college. (Paragraph 12.2.1 refers)

10.3 Educational budget and resource allocation

The team were given access to documents regarding the finance and budget of AFEFC. *Dossier de demande de financement d'investissements immobiliers*, which was prepared by accountants for AFEFC in October 2008 to ratify the plans for the new building in Toulouse. This document carried financial projections until 2015. The *Comptes Annuels 2007-8*, the accompanying *Rapport Général du Commissaire aux Comptes Annuels*, by Price Waterhouse, Coopers 2008, and the auditors' report that approved the accounts, were also supplied. These indicated that the college has a robust accounting system, which is combined with thorough forward financial planning to enable the college to look to the future with confidence.

10.4 Administrative and technical staff and management

IFEC is managed by *Direction de l'Institut* comprising twelve persons. The day-to-day academic matters are the responsibility of the *Conseil Académique* (CAC). There are five administrative staff supporting management. Staff support for IT and the Library has been improved over the past three years. All staff in the college are subject to annual appraisal including management. Senior staff are appraised by the Board of Trustees (AFEFC).

10.5 Interaction with professional sector

Students are obliged in 5th year to conduct two observational internships in two different medical specialities at a local hospital with a minimum duration of three weeks. The Evaluation Team read a report from an intern who was at a gynaecology unit and attended four deliveries. For the second internship the student was in a neurology unit where EMG and other techniques were being used on patients. On completion of the internship the student gave a presentation at both units about chiropractic. Staff at IFEC would like to expand this hospital training to at least two or three months instead of three weeks. Formal talks with the Ministry of Health are currently under way to have this put into place.

Since 1996, IFEC has had an agreement with a medical university for human dissection classes. Students in Years 2, 3 and 4 are taught by IFEC staff at the *Institut d'Anatomie de l'Unité de Formation et de Recherche Biomédicale des Saints-Pères*. Students are very pleased with these dissection laboratories (>80% satisfaction rate). Some say that they chose a chiropractic education above an osteopathic training because of the thorough dissection course at IFEC.

IFEC has an agreement with the Chiropractic department at UQTR (*Université du Québec à Trois-Rivières, Canada*) for exchange of interns. Two interns from each college will take over each other's patients and student accommodation for 1.5 months.

11 CONTINUOUS RENEWAL AND IMPROVEMENT

As has been noted in Paragraph 3.1 above, the college is responsive to the scientific and cultural development of healthcare in France. Consequently, a Curriculum Reform Commission has been charged with taking the project of a profound curricular revision forward, responding to the weakness identified in 2005. The college recruited the necessary staff/consultants to take on this task.

The entire work of the Curriculum Reform Commission is focused upon modifying the competencies to satisfy the demands of the environment the graduates will be entering. The reforms have already involved the adaptation of a new curriculum that will ultimately align with the Bologna model. The team were shown the detailed Curriculum Map that had been developed as a result of the Commission's research work. The Curriculum Reform Commission agreed that this will involve changing assessment principles from the current diet of assessments to assessments that test the acquisition of competencies. (Paragraph 12.2.3 refers)

The Curriculum Reform Commission commenced its work in June 2008. So far the following reports have been produced: *A Comparison between IFEC and Global, European and North American Educational Outcomes and Chiropractic College Curricula*, *Rapport d'Auto-Evaluation de l'IFEC et du Cursus* (a comprehensive analysis of student and staff opinions on the programme), *The IFEC Curriculum Revision plan* (containing the new curriculum structure, educational outcomes and work plan for the revised IFEC curriculum), and *The Teaching Staff Development Plan* (an action plan for the implementation of change). The team also saw a curriculum map for the future, which will be used as the basis for the discussion and implementation of the new outcomes based curriculum.

The work of the Curriculum Reform Commission involved staff and students in a large overarching programme of evaluation, which has informed curriculum development.

As was noted in paragraph 10.1 and in order to bring this far-reaching project to a successful conclusion, the management structures had already been changed to suit current needs.

The college has addressed all of the weakness identified in 2005 although it has not completed the process. It was the opinion of the evaluation team that the college had made progress to meet the Standard in the time available for such a major change in direction (see Paragraph 7.4.).

12. SUMMARY AND CONCLUSIONS

12.1 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*.

12.2 STRENGTHS

12.2.1 The exceptional academic leadership has overseen the whole academic process and has initiated significant beneficial changes to the college and its educational procedures. (Paragraphs 3.8, 10.1 and 10.2 refer)

12.2.2 High quality clinical training has enabled the students to become competent clinicians who are able to run a clinic practically on a day-to-day basis. (Paragraphs 3.6 and 7.2 refer)

12.2.3 The thorough work of the Curriculum Revision Commission that has begun the difficult process of introducing an outcomes based education that is Bologna compliant. (Paragraphs 2.4, 8 and 11 refer)

12.2.4 The introduction of a research culture across the institution that encourages both staff and students to enhance their critical thinking. (Paragraph 8 refers)

12.2.5 The library and IT systems which provide an improved learning environment for chiropractic education. (Paragraph 7.3 refers)

- 12.2.6 The marketing initiatives of the staff and students that generate increasing numbers of student applicants. (Paragraphs 5.1 refers)

12.3 WEAKNESSES

- 12.3.1 IFEC needs to develop a Strategic Plan with realistic and achievable timeframes with due regard for the human and financial resources. (Paragraphs 2.2 and 2.3 refer)
- 12.3.2 Assessment policy is in need of development in the context of the revised curriculum. (Paragraph 4.1 and 9.1 refer)
- 12.3.3 The quality assurance system is in need of development in the context of the revised curriculum. (Paragraph 9.1 refers)
- 12.3.4 The strategy for academic staff from Ivry to work in Toulouse places pressure on them, their teaching and research activities and may compromise human and financial resources for teaching and research at Ivry. (Paragraph 6.1 refers)
- 12.3.5 The lack of a formal French language test for foreign students applying to the college. (Paragraph 5.1 refers)
- 12.3.6 The heating and ventilation system is in need of upgrading to take account of the needs of a learning community. (Paragraph 7.1. refers)

12.4 CONCERNS

There were no concerns.