

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

**EVALUATION TEAM REPORT**

**TÍTULO SUPERIOR EN QUIROPRÁCTICA  
MÁSTER PROPIO EN QUIROPRÁCTICA**

**MADRID COLLEGE OF CHIROPRACTIC  
REAL CENTRO UNIVERSITARIO MARIA CRISTINA (RCU)  
SPAIN**

**15-17 OCTOBER 2018**

## **1 EXECUTIVE SUMMARY**

- 1.1 The Madrid College of Chiropractic (MCC) is one of three departments in the Real Centro Universitario Maria Cristina (RCU) in El Escorial, Spain, run by the Augustinian Order. It was first founded in 2005, changed its name to MCC in 2012 and granted full accreditation by the ECCE in 2012 having previously held Candidate for Accreditation status.
- 1.2 The chiropractic programme consists of a first certification of four years leading to Título Superior en Quiropráctica followed by a one year integrated masters leading to Máster Propio en Quiropráctica.
- 1.3 MCC submitted its Self-Study Report (SSR) for reaccreditation with the ECCE on 16 May 2018. The CoA reviewed the documents at its meeting on 6 July 2018 and on this basis decided that an evaluation visit could and should proceed.
- 1.4 A three-day evaluation visit took place between 15 to 17 October 2018. The site visit provided further documentary and oral evidence in addition to the previously submitted documents. MCC was given feedback at the end of the visit and informed verbally of the commendations and recommendations regarding its provision of chiropractic education and training.
- 1.5 This document is the evaluation report (henceforth referred to as the Report) written by the evaluation team based on evidence provided by MCC both before and during the on-site visit. The Report was sent in draft format to MCC for factual verification on 01 November 2018, and the final Report was submitted to CoA on 07 November 2018.
- 1.6 The chair of the CoA evaluation team invited MCC to send representatives to the CoA meeting on 23 November 2018 where the Report will be discussed and a decision made on the reaccreditation of MCC, Real Centro Universitario.
- 1.7 Members of the Evaluation Team extend their thanks to the Real Centro Universitario and to Madrid College of Chiropractic, their teaching staff, students and support staff for the courtesy and hospitality shown to them during the evaluation visit and for facilitating an open and transparent event.
- 1.8 This Report addresses the compliance of MCC, Real Centro Universitario Maria Cristina with each of the ECCE Standards in the provision of chiropractic education and training. The outcomes of the Report are as follows:

### **1.9 Commendations:**

- Students are appreciative of the quality and high professional standing of the teaching staff.
- The recent introduction of the physiotherapy clinic and its integration into the programme enhances patient care.
- The annual research week incorporating an international poster competition engages students at all levels and promotes critical enquiry.
- The developing research ethos within the College embeds a scientific approach within the programme.
- The participation in outreach clinics for homeless people in Madrid broadens student experience.
- The opportunity for students to participate in exchange visits with other universities worldwide provides them with excellent opportunities to widen their experience.
- The integration of interdisciplinary healthcare professionals within the clinic prepares students for professional practice.

### **1.10 Recommendations**

- The College should appoint external examiners for a period of 3-5 years for continuity and ensure that the College has a formal mechanism for acting on and replying to their reports.

- The College should adopt a more robust system for the verification of assessments to ensure that all assignments and examinations and all marked work is sampled and checked by internal verifiers.
- The College should increase the educational expertise available to the faculty.
- The College should improve quality systems by ensuring that all decision making meetings are minuted and auditable.
- Students need to be more aware of the graduate education programme of the AEQ to ensure that they are provided with sufficient preparation for professional practice.
- A robust electronic system for maintaining student records needs to be established.
- The software for patient records used in the clinic needs to be replaced to improve operational efficiency.

#### **1.11 Concerns:**

There were no concerns

## 2 INTRODUCTION

- 2.1 Between 2005 and 2008 Real Centro Universitario Maria Cristina, El Escorial, Spain sought to establish a first award chiropractic programme. The drive came from the Spanish Chiropractic Association (AEQ). RCU developed a programme and obtained the support of the Augustinian Order's province for the necessary building modifications to enable a chiropractic course to be taught. The first students entered the programme in 2007. In 2008 the Commission on Accreditation (CoA) considered the SSR submitted by RCU for Candidate (for Accredited Status). The CoA of the ECCE unanimously agreed to grant RCU Candidate (for Accredited Status) for a period of five years.
- 2.2 In April 2012 RCU applied for and was granted full accredited status for a period of three years.
- 2.3 In May 2015 RCU applied for and was granted full accredited status for a further period of three years.
- 2.4 CoA received a request for reaccreditation in May 2018. CoA agreed that an Evaluation Team be sent to RCU to verify the submitted SSR and report back.
- 2.5 The Evaluation Team nominated by the ECCE Executive are as follows:

Prof. Graham Mills (Chair)	School of Pharmacy and Biomedical Sciences University of Portsmouth, Portsmouth, UK
Dr. Philip Davies (Secretary)	School of Science and Technology Bournemouth University, Bournemouth, UK
Beatrice Zaugg (Team member)	Chiropractor ASC/ECU, Switzerland
Priya Lutener (Team member, post graduate student)	Chiropractor based in the UK and currently undertaking a post-graduate Master's programme in Chiropractic Paediatrics

- 2.6 All members of the team were disclosed to the University prior to the visit 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 conflict of interest by any members was declared. The members of the team received the SSR two months prior to the visit and were allocated specific sections of the report as their areas of responsibility.
- 2.7 The on-site visit was scheduled between 15 and 17 October 2018 (inclusive) and a draft timetable was sent to The College on 12 July 2018, and the final schedule agreed with The College on 17 July 2018. A copy of the schedule is appended to this Report (Appendix 1).
- 2.8 The purpose of the Evaluation Visit was to assess the compliance of the institution with the ECCE Standards in Chiropractic Education and Training (hereafter referred to as the ECCE Standards, or Standards). An examination was made of the SSR and its supporting documents, interviews and oral evidence and other documentary evidence consulted during the on-site visit.
- 2.9 An Evaluation Report produced by the Team was submitted to the University for the correction of factual errors, and thereafter to the Commission on Accreditation for a decision on the full accreditation of The College. The Report was compiled on an on-going basis during the visit, and the final day (17 October) was set aside to complete the draft report and feedback orally to the institution.
- 2.10 The Report includes an Executive Summary, a description of The College and the findings of the Team regarding compliance of The College with the ECCE Standards. The Report ends with the Conclusions of the Team and any Commendations, Recommendations and/or Concerns the Team wishes to draw to the attention of the CoA. The Evaluation Report was based on the ENQA Guidelines for external reviews of quality assurance agencies in the European Higher Education Area ([www.enqa.eu](http://www.enqa.eu)).
- 2.11 The draft report was finalised by the Chair and Secretary of the team, and sent to team members for

comments. The final draft report was sent to The College for factual verification on 1 November 2018. The response was received from RCU on 6 November 2018. The Chair and Secretary finalised the report and this was submitted to the Chair CoA on 7 November. The Chair of the Evaluation Team presented the Report to CoA members on 23 November 2018 in London.

- 2.12 Members of the Team were very well hosted by The College, afforded every courtesy and had full access to documentation and to staff and students. Members of the Team and the ECCE extend their thanks and appreciation to The College.

### 3 RCU Maria Cristina, Madrid College of Chiropractic

- 3.1 RCU Maria Cristina has been accredited by the ECCE since 2012 having held Candidate Status for the previous five years. It is a private University Centre managed by the Augustinian Order.
- 3.2 Chiropractic is one of three departments in the University; Law, Business Studies and Chiropractic. In 2014 the department retitled itself Madrid College of Chiropractic (MCC). Where this report refers to MCC it will state 'The College' and where it refers to the University it will state 'RCU'.
- 3.3 Real Centro Universitario's department', Madrid College of Chiropractic (MCC) is applying for reaccreditation of its Titulo Superior en Quiropractica and Master Propio en Quiropractica.
- 3.4 The colour coded system outlined below was used by the evaluation team to indicate the level of compliance with each standard:

Fully compliant/no risk  
(On track and good.)



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



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



Does not comply/high risk.  
(Serious concerns in this area; high risk in organisation's overall performance.)



## 4 ECCE STANDARDS COMPLIANCE

### 4.1 AIMS AND OBJECTIVES

#### 4.1.1 Statement of Aims and Objectives

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

##### 4.1.1a Description

The aims and objectives of the programme are centred about three pillars: teaching and learning, research and service. The aims and objectives in current use include the World Health Organisation's definition of chiropractic and is centred on promoting chiropractic education producing healthcare professionals that understand the complexity of today's world and are able to apply their knowledge to this reality. Since 2015, there is the Graduate Education Programme (GEP) operated under the auspices of the Spanish Chiropractic Association (AEQ) that aims to ensure that the learning process does not stop upon graduation, but is rather a lifelong process. There is some engagement with a range of stakeholders to ensure that the aims and objectives remain current and appropriate to the profession.

##### 4.1.1b Analysis

The aims and objectives of the programme should enable The College to produce competent and safe chiropractors upon graduation. There are high class teaching and clinical facilities, high quality of staff with a range of expertise to enable the College to meet this need. There are positive signs of the promotion of life-long learning through the GEP and other continuing education initiatives.

##### 4.1.1c Conclusion

The College fully complies with Standard 1.1



#### 4.1.2 Participation in formulation of aims and objectives

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

##### 4.1.2a Description

The principal aims and objectives of the current chiropractic programme were developed by the administration of The College, with the primary stakeholders being the chiropractic community in Spain represented by the (AEQ), the Community of the Augustinian Order and originally, with the help of a team of educators from the Anglo European College of Chiropractic (AECC). Graduating students over a five year timespan have given feedback on some of the original aims and objectives and as a consequence some these were revised in 2017. In addition, chiropractors in the community offer their feedback on the competencies required for professional practice. It should be noted that chiropractic is not officially regulated by the Ministry of Education and Science in Spain.

##### 4.1.2b Analysis

There was good evidence that the aims and objectives of The College chiropractic programme have been defined by the principal stakeholders. The recent use of graduating students to further refine these is a positive sign as are the improving links with the AEQ. Recently, two patients who have a long experience of chiropractic treatments have been recruited onto an advisory committee to cover the clinical aspects of the provision. The lack of legal recognition of chiropractic in Spain does in part hamper the inclusion of a wider range of stakeholders.

#### 4.1.2c Conclusion

The College fully complies with Standard 1.2



#### 4.1.3 Academic autonomy

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

##### 4.1.3a Description

RCU Maria Cristina is a private University Centre managed by the Augustinian Order. Strategic decisions for RCU are made by the Patronate, the administrative committee of the Augustinian Order headed by the Rector. Academic issues are overseen by the Directive Council composed of the heads of the three departments which reports to the Patronate. The College is one of three departments in RCU. Within The College the Quality Assurance Committee together with the senior staff team have autonomy to design and develop the curriculum. They report on the programme's progress and give advice to the Directive Council, currently responsible for academic autonomy of the programme.

##### 4.1.3b Analysis

The College are fully autonomous in the design of their own curricula which is validated by the RCU. The degrees issued by The College: 'Titulo Superior en Quiropractica' and 'Master Propio en Quiropractica' are not regulated by the state and there is no sign that they will be in the near future. The College is exploring the possibility of regulation from other universities in the EU. However, this does not affect the autonomy of The College who exercise full control in designing and developing their own curricula.

#### 4.1.3c Conclusion

The College fully complies with Standard 1.3.



#### 4.1.4 Educational outcome

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

##### 4.1.4a Description

The College has set out their model of the interrelationship between knowledge, ability, skills and competency and have adopted a clear educational approach to specifying educational outcomes. Twenty three general competencies and twenty one specific competencies are set out and are available online to prospective students. Competencies are assessed in a final examination just before graduation.

#### 4.1.4b Analysis

The forty-four competencies representing the educational outcomes of the programmes are well thought out and thorough. Students showed a clear understanding of what they are expected to achieve and the skills they are expected to attain.

#### 4.1.4c Conclusion

The College fully complies with Standard 1.4.



### 4.2 EDUCATIONAL PROGRAMME

#### 4.2.1 Curriculum model and educational methods

**The institution/programme must define a curriculum model and educational (teaching and learning) methods consistent with the objectives of the curriculum. The curriculum and educational methods must ensure the students have responsibility for their learning, and prepare them for lifelong, self-directed learning throughout professional life.**

#### 4.2.1a Description

The College at present adopts a 4+1 year curriculum delivery as determined by government requirement. Over the five year programme the curriculum is delivered in a spiral progressive format, rather than a linear format. This has its advantages and its weaknesses, but that is not to say it could not work and even work well and could be extended into life-long learning. The College has demonstrated that the curriculum gives students responsibility for their own learning and prepares them for lifelong learning.

#### 4.2.1b Analysis

Students appreciate the benefits of the spiral based model. This works effectively and students appreciate the reinforcement which this educational method gives to the learning outcomes. Furthermore the spiral progressive format lends itself directly to lifelong learning as the student is continually returning to reinforce areas of learning while simultaneously deepening their knowledge. It also enables the student to take more responsibility for their learning and to become more autonomous and self-directed learners.

#### 4.2.1c Conclusion

The College fully complies with Standard 2.1



#### 4.2.2 The Scientific Method

**The institution/programme must teach the scientific method, other forms of research inquiry and evidence-based practice, including analytical and critical thinking. The curriculum must include elements for training students in scientific thinking and research methods.**



#### 4.2.2a Description

There is evidence that The College adheres closely to an evidence-based practice paradigm. The College introduces students to research from the beginning of their programme and incorporates this through all five teaching years. An annual Research Week show cases a range of poster presentations with a prize for the best poster.

#### 4.2.2b Analysis

All students are encouraged to participate in the Research Week, either by show-casing their own presentations or as observers. Students from other chiropractic institutions are also invited to participate in the poster competition which enables students to become acquainted with the research being conducted in other areas and inspires students in the earlier years of the programme to prepare effectively for the time when they conduct their own research. The scientific method in relation to research is present in all years and students are required to provide scientific references for all their work.

#### 4.2.2c Conclusion

The College fully complies with Standard 2.2



#### 4.2.3 Biomedical Sciences

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

#### 4.2.3a Description

Biomedical sciences are taught in a spiral format to allow the integration of biochemistry, anatomy, neuro-anatomy, physiology, histopathology, molecular biology, pharmacology and toxicology from years 1 through to 4 along with a course in clinical problem solving. When interviewed the students reported that they are appreciative of the high quality and high professional standing of the teaching staff.

#### 4.2.3b Analysis

It is evident that biomedical sciences are being taught within the curriculum to ensure an understanding of basic science. Students are presented with cases and problems, appropriate to their level of knowledge, within the clinical problem solving courses which amalgamate all biomedical sciences and help bridge the gap between biomedical sciences and clinical sciences.

#### 4.2.3c Conclusion

The College fully complies with Standard 2.3



#### 4.2.4 Behavioural and Social Sciences, Ethics and Jurisprudence

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

##### 4.2.4a Description

Behavioural and social sciences are included in the curriculum. Effective communication (oral and written communication) is taught in the transferrable skills course in year one of the chiropractic programme and used in a clinical setting with a patient by means a "clinical interview". Applied psychology is introduced in year two, providing the theoretical underpinnings to understanding human response to pain, disability and chronicity. This course connects to a neuro-orthopaedics course dealing with behavioural therapy of pain and rehabilitation. Ethical practice, jurisprudence and areas of professional management are covered in the clinical year.

##### 4.2.4b Analysis

Relevant topics in the areas of behavioural and social sciences as well as ethics and jurisprudence are addressed. The College has improved collaboration with other health care professionals. The expansion of the University Chiropractic Centre (CQU) now offers more formal rehabilitation services, delivered by a licensed physiotherapist. The AEQ, the national regulatory body, provides information for the graduating students on the legal and professional aspects of practicing chiropractic in Spain in year five. Unfortunately, the lack of chiropractic regulation in Spain continues to hinder a faster development of a broader multidisciplinary healthcare collaboration.

*In matters of the internal ethics committee please refer to the corresponding standard later in the Report.*

##### 4.2.4c Conclusion

The College fully complies with Standard 2.4



#### 4.2.5 Clinical Sciences and Skills

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

##### 4.2.5a Description

Clinical science is taught through courses in semiology and propaedeutic science in years 1 to 4. With the spiral curriculum that was previously mentioned, there is a progressive transition from basic science to clinical science. At each level students begin to piece together the knowledge obtained from anatomy, physiology, histology and pathology to gain a better clinical picture and how to assess patients. Chiropractic methods and techniques address the most common adjustive and manipulative techniques and procedures used by the chiropractic professional. Students start by learning the assessment methods from a chiropractic perspective where biomechanics of the spine and other articulations are assessed. Students then go on to learn the manual high-velocity-low-amplitude techniques along with low force, instrument assisted and myofascial techniques.

##### 4.2.5b Analysis

It is clear that throughout the course that students are taught at an appropriate level to ensure they have the

necessary knowledge to enter the clinic and then onto professional practice. The quality of the resources within the clinic allows the students to refine their skills ready for professional practice. The introduction of the physiotherapy unit has had a positive affect within the programme allowing students to become acquainted with skills in rehabilitation.

#### 4.2.5c Conclusion

The College fully complies with standard 2.5



#### 4.2.6 Chiropractic

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

##### 4.2.6a Description

History of chiropractic and philosophy of chiropractic are taught in the first two years of the programme, leading to the development of a sense of identity, as well as the development of reflective judgement. Students ought to participate in the scientific development of chiropractic especially by refraining from any dogmatic approach to professional practice. Confidence and critical judgment to practice in an ethical and professional way is built. Terminology used in the clinic has changed avoiding confusing terms outside the profession but also improving documentation in the clinic. Having to include a differential diagnosis and searching for articles to validate the working diagnosis reinforces an ethical and evidence based approach.

##### 4.2.6b Analysis

The curriculum includes the relevant aspects of chiropractic history and philosophy. The critical appraisal of scientific evidence and exposure to the scientific method starting in year 1 allow the students to acquire the necessary knowledge and enthusiasm to participate in the scientific development of chiropractic. The students are aware that keeping up to date with the evolving knowledge of chiropractic and of other healthcare fields is relevant to the profession, professionalism and ethics.

#### 4.2.6c Conclusion

The College fully complies with Standard 2.6.



#### 4.2.7 Clinical Training

**The institution/programme must identify and include a period of supervised clinical training to ensure the clinical knowledge and skills, communication skills and ethical appreciation accrued by the student can be applied in practice, and so enable the student to assume appropriate clinical responsibility upon graduation.**

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

##### 4.2.7a Description

Since the last evaluation visit a tutor system has been put in place allowing a monthly meeting with the master year students. These meetings aim to review their progression in clinic (based on their credit numbers and evaluation/feedback forms) and to audit difficult cases. The students get a written feedback for the first 200 treatments based on 6 competencies from the clinic tutor (supervisor). This evaluation is used as a progression

tool. To further improve quality during the transition period between the new and existing cohort at the out-patient-clinic the new cohort has to follow the patients for 3-4 treatments. This process improves the hand-over and guarantees more consistency in the treatment. The College offers final year Masters students a number of other off-campus practical learning opportunities. Students participate in rotations giving care to underprivileged patients within an outreach centre in Madrid (Caritas), situated within sheltered accommodation for the homeless. With the expansion of the CQU, it is possible to offer more formal rehabilitation services, delivered by a licensed physiotherapist.

The students have early patient contact leading to participation in patient care. During their clinical year, The College expects students to see 40 new patients and carry out 400 follow up treatments over this time. From a documentation standpoint, The College uses a digital patient file in the clinic to help students to structure their anamnesis, physical examination and management of the patient. The students have to assume appropriate clinical responsibility, keep the patient file up to date, complement with scientific references (evidence-based practice) and therefore contributing to patient safety. Both the students and staff confirmed that there was no lack of patients and the case-mix has improved. Clinical training ends with an exit examination (OSCE) demonstrating their physical examination and patient management competencies.

#### 4.2.7b Analysis

A clinic observation programme is in place providing an early opportunity for students to observe clinical procedures in practice. There is close supervision of the students in the clinic, including a formative written feedback mechanism to monitor the progression. Interns are becoming more used to collaborating with other healthcare professionals in an interdisciplinary setting and are learning to refer patients when needed. The focus of the physiotherapy visits is to expose the students to an active care approach. Not only rehabilitation is encouraged, but also patient education on psychosocial factors, pain education, nutritional changes and other lifestyle interventions. Students are learning to appreciate a much wider variety of active interventions that enhance the quality of care provided, aligning their services with the best available evidence. Random inspection of files showed that the scientific references were added as asked, but that there was not necessarily an obvious relationship between the diagnosis, treatment and the references. Nevertheless, some solid methods are used in the clinic to ameliorate this situation. For example by having an orthopaedic surgeon auditing the cases being seen by the students, the therapeutic plan and the evaluation of patient status have been improved and has led to an increased interaction with other health professionals. The diversity of patients has increased as well. The system could be further improved by the introduction of a digitalized form of evaluation for better progress tracking, and the introduction of regular continuous professional development for updating the knowledge and techniques of the clinical supervisors.

#### 4.2.7c Conclusion

The College substantially complies with Standard 2.7.



#### 4.2.8 Curriculum Structure, Composition and Duration

**The institution/programme must describe the content, duration and sequencing of courses that guide both staff and students on the learning outcomes expected at each stage of the programme, and the level of integration between the basic sciences and clinical sciences.**

#### 4.2.8a Description

Even though the Spanish government does not regulate chiropractic education, The College has adopted a five-

year (4 plus 1) programme. The College's chiropractic programme comprises two integrated programmes: the first, a 4 year programme, leading to the first certification in chiropractic and the second being the one-year Master of Chiropractic. This format follows the guidelines adopted by the Spanish educational system. The curriculum is based on the concept of a spiral curriculum allowing revisiting and further developing material covered early in the programme. Tables in the SSR demonstrate the balance between direct contact time and self-directed learning time. All courses seem to have explicit learning outcomes. Another positive feature of the chiropractic programme is the organisation of the courses in each year to facilitate the understanding of the multi-level organization of a pathological process.

#### 4.2.8b Analysis

There were no major changes in the overall structure and composition of the programme. The proportion of self-directed learning rises as the student progresses through the programme as well as the balance between clinical and basic sciences. The spiral based teaching model is unified through problem-based learning. The relationship between programme material and future chiropractic practice is well demonstrated.

#### 4.2.8c Conclusion

The College fully complies with Standard 2.8



#### 4.2.9 Programme management

**A curriculum committee (or equivalent (s)) must be given the resources, responsibility, authority and capacity to plan, implement and review the curriculum to achieve the aims and objectives of the chiropractic programme.**

##### 4.2.9a Description

The programme is entirely managed by The College on behalf of RCU. The curriculum is reviewed by three separate groups. At the first level the curriculum delivery is reviewed by the Academic Council which is composed of the faculty staff and student representatives who consider student feedback and recommend steps for improvement. The Quality Assurance Committee reviews student and other course data twice per year and reviews the curriculum in the light of its findings. The senior staff team have the final say in any changes to the curriculum. At the time of the last report The College planned that the processes of curriculum review would be given formal status with the establishment of a Curriculum Committee but this approach was never fully implemented. There is a limited role for some stakeholders to influence the curriculum.

##### 4.2.9b Analysis

Many of The College's processes are informal and need to be made formal. Annual programme monitoring occurs in an informal way which considers student feedback and student data but which would be better captured formally in an annual monitoring report for each programme. The development of a team action plan arising out of the annual monitoring report would further help to formalize programme management and place it on a better footing. Two external examiners were appointed for this year only which is a good and necessary step forward but this needs to be made more consistent with a longer appointment period. Furthermore there is a need to show that the external examiner reports feed into the programme quality processes and are acted upon in an auditable way. All external examiner reports should receive a reply detailing the action taken. Stakeholder involvement could make an important contribution to changes by adding representatives from professional bodies, universities and patient groups.

#### 4.2.9c Conclusion

The College substantially complies with Standard 2.9.



#### 4.2.10 Linkage with subsequent stages of education and training, chiropractic practice and the health care system

**Operational linkage must be assured between the first qualification programme and the subsequent stage of training or practice that the student will enter after graduation. The curriculum must reflect the environment in which graduates will be expected to work and be responsive to feedback from graduates, the profession and the community.**

#### 4.2.10a Description

The clinical training portion of the curriculum is designed in a manner that prepares the students to the practice they will enter after graduation. In the first certification programme, members of the national association (AEQ) share, their experience on how they practise, the challenges in getting started and the current economic situation. Speciality modules such as the geriatrics and health aging or the outreach clinic provide training for the intern in regard to specific populations. The RCU career service office provides information on chiropractic and clinical job opportunities in Spain and worldwide and is responsible for the externship programme. Two exchange programmes allow for international mobility. The international shadowing programme was introduced in 2017 aiming to provide access to the clinic environment, practice experience as observers and to prepare students for clinical training. A new agreement with UQTR, the student research training, promotes international research training for undergraduate students to year 3 students. Humanitarian trips and AEQ presentations for graduation students are other ways to increase the contact between graduates and professionals.

#### 4.2.10b Analysis

Linkage to subsequent stages of chiropractic education and training, chiropractic practice seems to be given as appropriate in a health care system without legal basis for the chiropractic profession. There is evidence that The College has increased its network of collaborating institutions, including the student research training agreement with UQTR and the growing collaboration with the Jimenez Diaz Hospital Research Foundation. Students are very excited and motivated when participating in such activities. A “faculty-training programme” is offered with the purpose of generating a pool of professionals interested in teaching. The AEQ CPD activities available for fourth and fifth year students are used to foster collaboration with The College. The Graduate Education Programme offered by AEQ has been implemented in 2016. Graduates intending to practice in Spain have to undergo the 1-year programme before becoming a full member. AEQ membership is not mandatory. An official formal feedback mechanism from graduates and the profession has still to be put in place.

#### 4.2.10c Conclusion

The College fully complies with standard 2.10.



### 4.3 ASSESSMENT OF STUDENTS

#### 4.3.1 Assessment methods

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

#### 4.3.1a Description

The College uses a variety of assessment methods during the course of the programme including; written examinations, oral presentations poster presentations, participation in classroom activities and object structured competency examinations. Examination regulations are included in the student handbook which specifies provision for students with special needs and the appeal process. The rules for progression and appeal are understood by the students. Mitigating circumstances are also taken into account. There is no process for quality assurance of written assignments or examinations before they are presented to the students. Examinations have no consistent rubric for the breakdown of marks. There is limited quality assurance of some of the marked assignments but this is not consistent across the programme. Plagiarism detection software is not used at present but is planned to be used shortly and the faculty have been trained in its use over the summer.

#### 4.3.1b Analysis

Quality assurance needs to be applied consistently during the assessment process and the senior staff team accept that they would have difficulty in assuring themselves that the assessment is rigorous with the present processes. There is a need for all assignments and examinations to be internally checked for accuracy, level and appropriateness by an appointed team member acting as internal verifier. After internal checking they should also be externally checked by the external examiner before being issued to students. In addition the marking of assignments and examinations should be internally and externally checked by taking an appropriate sample in the same way. It is incumbent on the Quality Assurance Committee to assure itself that the methods of assessment currently in use are appropriate for the material being examined and promote learning.

#### 4.3.1c Conclusion

The College is partially complies with Standard 3.1



#### 4.3.2 Relation between assessment and learning

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

#### 4.3.2a Description

Assessment is structured around the learning outcomes. Unit descriptors are provided and are available to the students which specify a detailed summary of the assessment requirements for each unit. There is an examination board, called by the College, an evaluation event, which the whole faculty attends twice per year to deliberate on the results student by student. However the absence of pedagogical expertise results in a limited consideration being given to the current appropriateness of assessments which are not checked by other members of the team.

#### 4.3.2b Analysis

In general the assessment principles, methods and practices are appropriate to the learning outcomes and the structure of assessments facilitates higher level learning. Although staff exhibit strong professional chiropractic experience they have limited pedagogical knowledge. This means that assessment principles are not as clearly

understood or embedded in the programme as they need to be. Some part time staff have a stronger pedagogical background and it would be advantageous for the teaching team to be able to draw on a their wider educational experience in the use of assessment processes.

#### 4.3.2c Conclusion

The College substantially complies with Standard 3.2



### 4.4 STUDENTS

#### 4.4.1 Admission policies and selection

**The institution/programme must have a clearly defined admission policy that is consistently applied, and that includes a clear statement on the rationale and process of selection of students.**

##### 4.4.1a Description

The admission of students onto the chiropractic programme is in accord with those laid down by the Ministry of Science and Education in Spain. There are defined policies for students (those initially applying, those transferring from other chiropractic courses with previous credits, those with previous degree level university qualifications) who come from other EU countries and for those outside of the Community. Provision is made to accommodate students with any form of disability. All applicants sit an entrance examination which includes a psychometric test and language proficiency. These outcomes feed into a formal interview with a psychologist. Information on the programme is provided both in printed and electronic formats. The College holds frequent open days for prospective students and participants in careers fairs. All these recruitment matters are managed centrally by the Department for Promotion.

##### 4.4.1b Analysis

A rigorous admissions system is in place at The College and this operated by the centre. Fair and consistent admission policies are evident that cover all different types of applicant who might enter the programme. These systems have been in place for several years and appear to be working well, even though the number of students recruited onto the programme is decreasing. There appears to be no issues over the use of the psychological tests to identify students who might be a risk whilst on the programme. Additional help is given on admission to those students who enter the programme whose first language is not Spanish.

##### 4.4.1c Conclusion

The College fully complies with Standard 4.1.



#### 4.4.2 Student intake

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

##### 4.4.2a Description

The programme is able to recruit up to 30 students per annum including up to 5 applicants with advanced-status entry and/or students from outside of Spain. Advanced-status entry can be achieved if a candidate already has a degree in health science. It also includes students transferred from other accredited chiropractic programmes,



and fulfils the requirements to study at a Spanish university. Students from non-accredited institutions have to enter the course in year 1. The majority of the students are referred from the AEQ. Admissions have dropped to 8 students this year. All marketing functions have been transferred to RCU two years ago. RCU seems to be overwhelmed and The College would prefer to have more control over its marketing.

#### 4.4.2b Analysis

The cohorts are low compared to the capacity of 30 per cohort. A challenge for the institution is to convince potential students to pay for a non-regulated education. There are no plans to increase enrolment until the current target number is consistently achieved. The use of more social media could be considered, but printed materials are still needed in this market. Intensifying the marketing through the AEQ and chiropractic conferences might increase the student cohorts.

#### 4.4.2c Conclusion

The College fully complies with Standard 4.2.



#### 4.4.3 Student support and counselling

**The institution/programme must offer appropriate student support, including induction of new students, counselling in terms of student progress and other academic matters, and personal and social needs of students.**

#### 4.4.3a Description

Each class is assigned a tutor which is part of the faculty staff who they can go to with any problems or concerns. The tutor will then seek resolution for the student which may involve reporting the matters to the Executive or Academic Council. There is also a licensed psychologist available. If the student requires professional assistance, a referral is offered. As the RCU is a religious university, the Augustinian Order also provides pastoral care should the student request it.

#### 4.4.3b Analysis

The teaching and administrative staff are very committed to the students and are prepared to take the time to assist them wherever necessary. They are willing to stay behind after classes to support the students with any additional questioning they have. Students report that the tutors are very approachable and they feel they can speak to them freely regarding their problems. No students reported the need for the psychologist but were aware of the referral route. Students in the final year praised the support of the clinic supervisors with the assistance of the workload in the final year.

#### 4.4.3c Conclusion

The College fully complies with Standard 4.3.



#### 4.4.4 Student representation

**The institution/programme must support student representation and appropriate participation in the**

**design, management and evaluation of the curriculum, and in other matters relevant to students.**

#### 4.4.4a Description

Each class has a delegate and vice delegate which communicate directly with the faculty and course director on behalf of the class. There is also The College WCCS chapter and a chapter within the Spanish Chiropractic Association (AQE). There is also a biannual meeting between the Academic Council and the Quality Assurance Committee where a student representative is invited to act as a liaison between the student body and faculty. There is no formal Students' Union.

#### 4.4.4b Analysis

Students reported that the institution is too small for a formal Students' Union and they do not have many opportunities to mix with the business and law students. However, they arrange informal 'get togethers' such as friendly football matches. The College supports student representation and there is some limited participation in the design, management and evaluation of the curriculum, and in other matters relevant to students.

#### 4.4.4c Conclusion

The College substantially complies with Standard 4.4



### 4.5 ACADEMIC and CLINICAL FACULTY (STAFF)

#### 4.5.1 Faculty (Staff) recruitment

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

#### 4.5.1a Description

Recruitment of all staff is handled centrally by the Administration Department. There are robust policies in place that govern the necessary academic qualifications and professional requirements of teaching staff. There is a small full-time faculty of qualified chiropractors and other allied healthcare professionals who deliver the curriculum. Much use is made of a large number of part-time staff for delivery of the non-clinical aspects of the programme and overseeing the clinical training (chiropractic, physical therapy, orthopaedics, radiology and neuroscience). Many of these tutors hold full-time positions at either Universidad Complutense de Madrid or Universidad Alcala de Henares with several possessing PhDs and Doctor of Medicine degrees. Many of the part-time complement are engaged in research at their own universities and elsewhere.

#### 4.5.1b Analysis

The number of full-time faculty staff has increased in recent years and with the continuing relatively low levels of student recruitment the teaching staff numbers are sufficient to deliver the programme successfully. There is presently a very good staff-student ratio. There is a heavy reliance on part-time staff working elsewhere to facilitate the programme. Most of these appear to be well integrated into the chiropractic programme and encouragingly have recently started to initiate research links with The College. There was limited evidence of a new staff induction programme, however, this seems to be on a semi-formal basis.

#### 4.5.1c Conclusion

The College substantially complies with Standard 5.1



#### 4.5.2 Faculty Promotion and Development

**The institution must have a faculty policy that addresses processes for development and appraisal of academic staff, and ensures recognition of meritorious academic activities with appropriate emphasis on teaching and research.**

##### 4.5.2a Description

There is no formal appraisal system in place at RCU in either the law or business administration faculties due to the provision being validated by Universidad Complutense de Madrid. However, The College has developed its own model to cover their faculty appraisals. This is based on a DOCENTIA system (covering three domains: teaching and planning, development of teaching and results and innovation) that is used widely at most other higher educational institutes in Spain. The evaluative process takes into consideration comments from students, the staff member and The College Executive Committee. The DOCENTIA system started at The College in 2017 and the first cohort of staff to be evaluated will be in 2020 which is based on a three-year cycle of comments to be garnered. Remuneration in the Spanish system is determined by academic title (e.g. Full Professor, Associate Professor, Assistant Professor). Promotion from one category to the next depends on the time employed at and the academic work produced (teaching, research and publications).

##### 4.5.2b Analysis

Much progress has been made under this competency since the last accreditation visit in 2015. It was evident that a new system of faculty staff appraisal had been set up and was starting to gather data to feed into the three year cycle of the DOCENTIA process. All staff are encouraged to undertake research within The College and elsewhere and to go on short-term study visits to other institutes. Staff can apply to RCU for internal funding to support them to attend scientific conferences and workshops.

##### 4.5.2c Conclusion

The College substantially complies with Standard 5.2.



#### 4.6 EDUCATIONAL RESOURCES

##### 4.6.1 Physical facilities

**The institution/programme must have sufficient physical facilities for the faculty, staff and the student population to ensure that the curriculum can be delivered adequately, and library facilities available to faculty, staff and students that include access to computer-based reference systems, support staff and a reference collection adequate to meet teaching and research needs.**

##### 4.6.1a Description

The College is housed in the five buildings of the RCU. All facilities remain in close proximity with the exception of the anatomy laboratories located off campus at the UCM in Madrid, and the chemistry and physiology

laboratories located in the Monastery of El Escorial. The College is well equipped. All classrooms have AV equipment and Wi-Fi access. All Offices also have Wi-Fi access. The two spacious techniques rooms contain a range of tables for practice purposes. The RCU library houses relevant texts and journals for the chiropractic programme although exchange of materials between students and staff is mainly electronic.

#### 4.6.1b Analysis:

The installations of the chiropractic programme went through a process of improvement and renewal in 2018. The buildings as well as rooms visited on site provide a pleasant academic environment for students and staff and are all well equipped to ensure an adequate delivery of the curriculum. The physical facilities conform to local health and safety standards.

#### 4.6.1c Conclusion

The College fully complies with Standard 6.1.



#### 4.6.2 Clinical training resources

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

#### 4.6.2a Description

The College has three separate units for clinical training consisting of; a student clinic for year 4, a primary outpatient clinic and a chiropractic outreach (offsite) unit. The outpatient clinic has 13 new treatment rooms. There is one wide room for the physiotherapy unit. The clinic has a licence from the Health Department of Madrid enabling the teaching of rehabilitation and employment of other healthcare providers including physiotherapists. This enables the clinic to have a firm legal foundation within Spain. The outreach unit operates within a Roman Catholic Church Charity in Madrid and cares for underprivileged people including HIV-positive individuals. Students are also able to participate in outreach abroad.

#### 4.6.2b Analysis

The student clinic has been moved closer to the main clinic which allows optimizing human resources (reception and supervisors) and promoting better integration between the year 4 students and the interns. The introduction of a rehabilitation clinic has been a positive addition. Legal issues around physiotherapy in Spain have meant that students can only assist and/or observe a physiotherapist. Nevertheless, this situation promotes a more active approach to patient management. More out-site input from other health professions is available. Patient numbers are increasing, particularly the number of new patients, with the help of the AEQ and the introduction of a rehabilitation unit which has also led to a greater case mix. The College ensures adequate clinical experience and resources, and has demonstrated sufficient clinical training facilities with sufficient equipment and treatment rooms.

#### 4.6.2c Conclusion

The College fully complies with Standard 6.2.



#### 4.6.3 Information Technology

**The institution/programme must have sufficient IT facilities for faculty, staff and students to ensure the curriculum can be delivered adequately, and that IT is effectively used in the curriculum. Students must be able to use IT for self-learning, accessing information and managing patients.**

##### 4.6.3a Description

The use of information technology and e-learning resources are embedded within the delivery of the programme allowing for ease of access to learning resources and enhanced self-directed study. The IT resources available are not used as frequently as it has become common practice for students to bring their own laptops or tablets. There is a Wi-Fi connection available throughout the campus so the student can access the internet at any point.

##### 4.6.3b Analysis

Students report that the resources are more than sufficient for the delivery of the curriculum. Journal access has significantly improved. Within the research programme students are taught to search PubMed for relevant articles. The software programme used within the student clinic is slow and time consuming. Patient records are also stored on a cloud drive to which The College currently do not have access which impact on data protection and data integrity. It is recommended that The College upgrade the software used in the clinic to a more efficient software programme.

##### 4.6.3c Conclusion

The College substantially complies with Standard 6.3.



#### 4.6.4 Educational expertise

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

##### 4.6.4a Description

Although staff exhibit strong professional chiropractic experience they have limited pedagogical knowledge. This means that educational principles are not as clearly understood or embedded in the programme as they need to be. Staff from other universities teaching on the programme have higher degrees and wider pedagogical training and enrich the College with their expertise and best practice which they can transfer from other higher education institutions.

##### 4.3.2b Analysis

It is clear that pedagogical improvements have been considered but this is still early days and there is much to be done. Members of the core staff are without strong pedagogical qualifications or background and as a consequence there is limited understanding of standard education procedures and quality processes. Educational expertise is not formally recognised but there is substantial evidence that some staff are paying greater attention to pedagogical approaches. It would be advantageous for the teaching team to be able to draw on a wider range of educational experience and to develop their pedagogical expertise. Opportunities for staff pedagogical development need to be made more widely available.

#### 4.6.4c Conclusion:

The College substantially complies with Standard 6.4.



#### 4.6.5 Administrative and technical staff and management

**The administrative and technical staff of the institution/programme must be appropriate to support the implementation of the institution's undergraduate programme and other activities, and to ensure good management and deployment of its resources. The management must include a programme of quality assurance, and the management itself should submit itself to regular review.**

#### 4.6.5a Description

The RCU is overseen by the Augustinian Order which provides the context of strong educational values, financial security, and supports the academic and clinical facilities. Many of the academic structures at RCU are common for the three faculties (Business Administration, Chiropractic and Law). The Rector, a priest in the Augustinian Order, leads the Directive Council along with the Directors of these three faculties. An Executive Team administrates The College and comprises: Director/Principal, Course Co-ordinator, Co-ordinator for Clinical Training and CQU Co-ordinator. The Director/Principal is responsible for all aspects of academic management, the Course Co-ordinator takes care of the organisation of the academic programme, the Co-ordinator from Clinical Training oversees the clinical training and CQU Co-ordinator oversees all operations in the clinical training programme. The College has its own an Academic Council to oversee all their operational sub-committees including quality assurance together with the Quality Assurance Committee, and is presided over by the Director/Principal. The Office of International and Professional Relations is connected to the RCU, organising exchanges and internships. Further duties such as the finance officer, administrator, secretary/registrar, librarian, IT office and maintenance are provided by RCU.

#### 4.6.5b Analysis

A robust system of administration and management exists within the RCU. The College is allowed to operate freely and design and implement its own chiropractic programme under the Patronate of the Augustinian Order. Within The College the overarching Academic Council ensures the operation and management of the chiropractic programme. The actions of the Council are auditable. There are good support services (including admissions and placements, library, and IT) in the RCU that fulfil all other aspects of the provision.

#### 4.6.5c Conclusion

The College fully complies with Standard 6.5



#### 4.7 RELATIONSHIP BETWEEN TEACHING AND RESEARCH.

**The chiropractic institution/programme must facilitate the relationship between teaching and research, and must describe the research facilities to support this relationship as well as the research priorities at the institution/programme.**

#### 4.7.1a Description

Research is a central pillar of the chiropractic programme. Research is embedded in the provision across all years and this culminates in the student research project in year 5. Since 2014, The College has operated an annual Research Week where student's present their work via a poster to their peers. Guest speakers and external agencies are also involved in the Research Week. Students can also participate in short term research projects at other universities via various international exchange schemes. Many staff are engaged with research at The College or at other academic institutions in Spain and elsewhere. This covers both basic biomedical research as well as chiropractic and medical disciplines. New laboratory facilities are being set-up to allow staff to undertake research in-house. There have been several publications in scientific journals and papers submitted to congresses and symposia in the past two years as well as some grant income. There is an operational Ethics Committee that looks at all student projects. Staff research projects are submitted for ethical review to outside agencies.

#### 4.7.1b Analysis

A strong and vibrant research culture and ethos is starting to be created at The College. This pervades across all staff and student cohorts. The spiral curriculum helps to increase this facet in the student body by incorporating an understanding of research into the programme from an early stage. There are also other encouraging developments such as the student Research Week, the establishment of new research laboratory facilities and an operational Ethics Committee. Good research links are starting to be created with other chiropractic schools internationally for exchanges of staff and students. All bodes well for the further strengthening of links between teaching and research at The College.

#### 4.7.1c Conclusion

The College fully complies with Standard 7.1



### 4.8 PROGRAMME EVALUATION

#### 4.8.1 Mechanisms for programme evaluation

**The institution/programme must establish a mechanism for programme evaluation that monitors the curriculum, quality of teaching, student progress and student outcomes, and ensures that concerns are identified and addressed.**

##### 4.8.1a Description

The College has established a Quality Assurance Committee (Comite de Calidad) which meets twice a year and is chaired by a full time staff member and produces minutes which are submitted to the senior staff team. The committee receives feedback from students at the end of each unit together with any external examiner reports at the end of the academic year. Staff are appraised every five years and there is no promotion between those appraisals. Two external examiners have been appointed this year and have produced written reports that have been submitted to the Quality Assurance Committee. External examiners have only been appointed for one year at present and have, in essence, played the role of external consultants and there has only been one set of reports.

##### 4.8.1b Analysis

Annual programme monitoring is still in its early stages but there are signs of progress. There needs to be a clearly structured annual monitoring process for both programmes with input from all stakeholders; reviewing data together with student and staff feedback. This should result in an annual monitoring report for each

programme together with an annual improvement action plan for each programme owned by the teaching team with oversight by the Quality Assurance Committee. This committee should also receive the annual reports from the external examiners and ensure that any action points find their way into the team action plan for the following year. The external examiner system is not fully embedded at this point. External examiners should be appointed for 3-5 years. External examiner reports should receive a formal written response from the team. The small scale of the institution often results in the use of informal mechanisms for monitoring and evaluating the curriculum but these should be formalised and all decision making bodies should be minuted and auditable.

#### 4.8.1c Conclusion

The College partially complies with the Standard 8.1



#### 4.8.2 Staff and student feedback

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

##### 4.8.2a Description

The programme is evaluated via a questionnaire that is sent out to the students via the online e-learning platform, Moodle. This occurs at the end of each unit. Staff feedback is more informal and takes place in the team meetings of the Academic Council. Capturing feedback is improving but is not fully auditable in all cases.

##### 4.8.2b Analysis

The staff encourage the students to complete the questionnaires for each module/faculty member. The students seem satisfied with this method of feedback and report instances where their feedback has been adhered to and changes have been made within the chiropractic programme. The students' feedback is implemented via the Quality Assurance Committee, which is in its infancy. Development of the Quality Assurance Committee will allow a more formal feedback system.

#### 4.8.2c Conclusion

The College substantially complies with Standard 8.2



#### 4.8.3 Student cohort performance

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

##### 4.8.3a Description

Two evaluation meetings take place a year without students being present. Student performance is evaluated on an individual basis only. Statistical data is reviewed student by student (to determine support needs), but there is no process to analyse data unit by unit. Cohort performance is not analysed separately so unit results are not compared with other units nor are one year's results compared with another year. There is no analysis of average scores or pass and failure rates. Student destination data is not analysed in any formal way. External examiners reports have now started to be received but there is no clear mechanism in place for the issues raised to feed into the quality system. Clinical records are paper based and this does not lend itself to an easy



statistical analysis of student performance.

#### 4.8.3b Analysis

There is still some way to go in the systematic and regular analysis of the student performance data. The College should analyse cohort performance unit by unit and year by year to enable issues to be picked up which might otherwise not be seen. Average scores, pass and failure rates should also be analysed year on year to determine trends. Student destination data should be reviewed as a way of informing changes in the curriculum. This would enable the curriculum to be reviewed alongside student cohort performance data more effectively. The team concluded that student cohort performance is not appropriately analysed in relation to the curriculum and the aims and objectives of the programme.

#### 4.8.3c Conclusion

The College partially complies with Standard 8.3



#### 4.8.4 Involvement of stakeholders

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

##### 4.8.4a Description

The College is a department of the RCU and the chiropractic programme is fully integrated into RCU and its associated governance structures. The evaluation of the programme includes academic staff. This is principally via staff meetings and the Quality Assurance Committee. The student body has representation in the committees and in the Academic Council of The College. A student delegate is elected by the student body and attends the meetings of the Academic Council. Given the small cohort of students their needs are well met by the informal and semi-formal procedures. Two senior patients have been included as stakeholders in the programme. Patients are asked for feedback through data collection instruments such as satisfaction questionnaires. The AEQ has unplanned representation because up until now its president is a member of the teaching staff. Its board of directors and the membership are informed about the chiropractic programme at their biannual meetings and are given the opportunity to ask questions and provide advice on the programme. Since 2012 there are no chiropractors, external to the programme, on any governance or programme level committees.

##### 4.8.4b Analysis:

There is student representation who acts as an appointed delegate in the Academic Council. Feedback from the stakeholders is through written quality questionnaire and direct interaction by those attending the meetings. Including patients as stakeholders is a novelty in Spain. The two senior patients have to be replaced after two years. The participation of the AEQ has changed in the last 2 years with much less involvement in programme development, but AEQ remains a useful resource when called upon. Professionals involved with externship programme are encouraged to write reports on student clinician performance. The director of the CQU has initiated an evaluation system for which patients can provide feedback on the services and care provided in the clinics. The Quality Assurance Committee also considers these evaluations. This process is still in development.

##### 4.8.4c Conclusion

The College substantially complies with Standard 8.4.



## 4.9 GOVERNANCE AND ADMINISTRATION

### 4.9.1 Governance

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

#### 4.9.1a Description

The RCU is a private higher education institution under overall management by the Augustinian Order (Madrid Province). RCU is affiliated with the state university, Universidad Complutense de Madrid who accredit both the Business Administration and Law departments. The chiropractic programme is not accredited by this body, but rather by RCU itself which it has the autonomy to do. The Augustinian Province appoints the Rector who chairs the Patronate, the governing body of the RCU, and the Executive Council. The Executive Council that includes the Director/Principal of the chiropractic programme at The College, meets once a month to approve budgets and other administrative issues of the institution. The chiropractic department at RCU was created in 2007 and renamed the Madrid College of Chiropractic (MCC) in 2014. The College has its own executive team charged with the day-to-day operation and management of the chiropractic programme. An Academic Council formed by all faculty members, a representative from the RCU administration and a student delegate reports to the executive team. All major decision on the chiropractic programme are taken by the Senior Staff Team. A Quality Assurance Committee, an Internal Ethics Committee and a Curriculum Committee all report to the Academic Council, though the Curriculum Committee has not met this year.

#### 4.9.1b Analysis

The governance of the RCU is unique within the higher education setting as it involves governance by the Augustinian Order. RCU (and The College within this organisation) is allowed to operate on a day-to-day basis with minimal imposition by The Order. The Rector, who has been in post since 2014, heads up the institution and is supportive of the chiropractic programme. Use of external stakeholders such as the local community, patients, students and representatives of staff are not included in the governance structure, but this appears to be the norm in Spain. The three operational sub-committees (Curriculum Committee, Ethics Committee and Quality Assurance Committee) operate within The College. These appear to be working satisfactorily, except for the Curriculum Committee which no longer meets, but their actions need to be better formalised and auditable.

#### 4.9.1c Conclusion

The College substantially complies with Standard 9.1.



### 4.9.2 Academic leadership

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

#### 4.9.2a Description

The academic management structure of the chiropractic programme at RCU is clearly defined. Academic leadership is provided by the Principal/Director of Chiropractic Studies who is responsible to RCU and is a full member of the Consejo de Dirección (Board of Governors) of RCU. The Principal/Director is supported by the,

Clinical Training Coordinator and the Clinical Unit Coordinator and the Course Coordinator and Practicum Course Leader who form the senior staff team who formally meets once per week and is the final decision making body in The College. The Academic Council consists of the entire faculty and all the student representatives and meets twice per semester to gather information about the running of the programme and to recommend actions to the senior staff team. A Curriculum Committee was set up to provide a review of the curriculum every 5 years. However, the chair of the Curriculum Committee stepped down in 2017 and has not been replaced and the committee has not functioned. This function is likely to be adopted by the Quality Assurance Committee in future.

#### 4.9.2b Analysis

Academic leadership has been improved with a separation of some roles and the structure after some false starts has settled down. More consideration might be given to streamlining the committee structures to fit the needs of a small college so that workloads are commensurate with staff available.

#### 4.9.2c Conclusion

The College fully complies with the Standard 9.2.



#### 4.9.3 Educational budget and resource allocation

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

#### 4.9.3a Description

The income to operate the RCU is obtained from the Treasurer of The Provincial Council. Requests as sent to this body are made on a monthly basis via the Rector. The Rector then allocates the appropriate resource to The College. Requests for additional resources have to be approved by the Office of the Rector, but there is departmental freedom and any exceptional needs are freely considered. There is a strong cross-college financial support for all three faculties present on campus and this continues to function effectively at present.

#### 4.9.3b Analysis

There is a clear line of financial responsibility and authority throughout RCU/The College. There appears to be sufficient funds to maintain the RCU at its present size or increase it as indicated in the current 5-year plan for The College. There is no sign of any perceived financial insecurity which could place students at risk from completing the programme.

#### 4.9.3c Conclusion

The College fully complies with Standard 9.3.



#### 4.9.4 Interaction with professional sector

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

#### 4.9.4a Description

The strongest professional relationship is with the Spanish Chiropractic Association (AEQ). The AEQ holds a general assembly twice a year. The College presents its report and takes questions from the attendees and also receives feedback. Among the activities of the PGE Programme organized by the AEQ, there are campus visits to audit classes and presentations to students. Internationally, The College is also a member of the World Federation of Chiropractic and participates in the events promoted by this organization. The RCU is a full member of the International Federation of the Catholic Universities (FIUC/IFCU) and this increases the institutional relations. The Office of Labour and International Relations (International Office) of the RCU offers students the opportunity to participate in the externship programme and to work under the supervision of a professional in the field. The Chiro-Global Exchange Programme enables students to go to international institutions with which the RCU and The College has formal agreements. With the extension of the services provided by the CQU, students can gain from interaction with the physiotherapist health professional. Additionally, the research collaboration agreement between the RCU and the Jimenez Diaz Research Foundation Hospital has increased contact and interaction with other professionals and specialists in the areas of orthopaedic surgery and rheumatology. An orthopaedic surgeon comes as a monthly guest lecturer and evaluates clinical case presentations. The agreement with UQTR allows internship in the research department of that university.

#### 4.9.4b Analysis

The lack of recognition of chiropractic education and of the profession is a limiting factor in fostering interaction between the healthcare community and local and national government but there is evidence that this interaction is improving. Since the last visit, the partnership with research foundations (e.g. UQTR, Jimenez Diaz Research Foundation Hospital), universities, and organizations have been consolidated and grown in the number of participants. Through the PGE programme of the AEQ, there is a greater contact between the students, the recent graduates and the field chiropractor. There are campus visits to audit classes and give presentations to the students especially in year 5.

#### 4.9.4c Conclusion

The College substantially complies with Standard 9.4.



### 4.10 CONTINUOUS RENEWAL AND IMPROVEMENT

**The chiropractic institution/programme must have procedures for regular reviewing and updating of its structure and functions to rectify deficiencies and meet changing needs. (See 8.1 of standards)**

#### 4.10.1a Description

There are some signs of continual enhancement of the provision and it is clear that deliberate steps are being taken to enhance the programme. Staff are committed to improving their programmes and are finding opportunities to advance their units year on year. However, this is not formalized into an action plan and that means that some of the improvement may not be systematically followed through. Two external examiners have been employed to evaluate the programme both clinically and academically which has fed into the enhancement process. Continuous feedback from students and patients is also monitored to enhance the provision.

#### 4.10.1b Analysis

It is good to see that staff are committed to improving their units and driving the programme forward. But this is

done in a non-systematic way. This could be improved by a more deliberate approach to the embedding of enhancement and by making it a formal part of an annual monitoring process connected to a team action plan so that there is a culture of expectation being build up around enhancement that is planned and auditable. First steps in this direction have already lead to an improvement in facilities and an enhanced research ethos.

#### 4.10.1c *Conclusion*

The College substantially complies with Standard 10.0.



#### 4.10.1 **Summary**

The College has clearly progressed since 2015 despite the political situation of chiropractic in Spain being unresolved and the further development of The College programmes is clearly continuing and enhancing the offering students but the challenges are still there and progress may continue to be difficult in the current national setting.

## 5 CONCLUSIONS

### 5.1 COMMENDATIONS, RECOMMENDATIONS AND CONCERNS

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

- Commendations (formerly Strengths) – Areas that meet or exceed the *Standards* and are worthy of specific recognition.
- Recommendations (formerly 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*.

#### 5.1.1 Commendations

- Students are appreciative of the quality and high professional standing of the teaching staff.
- The recent introduction of the physiotherapy clinic and its integration into the programme enhances patient care.
- The annual research week incorporating an international poster competition engages students at all levels and promotes critical enquiry.
- The developing research ethos within the College embeds a scientific approach within the programme.
- The participation in outreach clinics for homeless people in Madrid broadens student experience.
- The opportunity for students to participate in exchange visits with other universities worldwide provides them with excellent opportunities to widen their experience.
- The integration of interdisciplinary healthcare professionals within the clinic prepares students for professional practice.

#### 5.1.2 Recommendations

- The College should appoint external examiners for a period of 3-5 years for continuity and ensure that their reports have a formal mechanism for action and reply.
- The College should adopt a more robust system for the verification of assessments to ensure that all assignments and examinations and all marked work is sampled and checked by internal verifiers.
- The College should increase the educational expertise available to the faculty.
- The College improves quality systems by ensuring that all decision making meetings are minuted and auditable.
- Students need to be more aware of the graduate education programme of the AEQ to ensure that they are provided with sufficient preparation for professional practice.
- A robust electronic system for maintaining student records needs to be established.
- The software for patient records used in the clinic needs to be replaced to improve operational efficiency.

#### 5.1.3 Concerns

- There were no concerns

## Appendix 1

<b>SUNDAY 14 October</b>				
18.00 in hotel	Preliminary team meeting in hotel		All	
<b>MONDAY 15 October</b>	Meeting with	Personnel	Team members	Standards
09.30	Arrival	Rector, Vice Rector, Director Chiropractic programme	All	
09.30-10.30	Preliminary meeting with RCU Executive	Dean, Director and Course Coordinator	All	1.1, 1.2, 1.3, 1.4, 2.1,9.1
10.30-11.30	Tour of campus facilities to include teaching facilities and library		All	6.1, 6.3
11.30- 12.45	Meeting with students from all years	Up to 4 students from each year (apart from clinic year students) The years will be divided into smaller groups	All	4.1, 4.2, 4.3, 4.4, 6.1, 6.3, 8.2, 8.4
12.45-14.00	Meeting with clinic year students	6-8 students	All	4.1, 4.2, 4.3, 4.4, 6.1, 6.2, 6.3, 8.2, 8.4
14.00-15.00	Lunch with Teaching Staff		All	
15.00-16.30	Meeting with Teaching Faculty	FT & PT teaching faculty to cover all areas of basic science teaching	All	1, 2 (with exception of 2.6), 3, 5.2, 6.1, 6.3, 6.5
16.30-17.30	Quality Assurance	Key personnel	All	8.1, 8.2, 8.3, 8.4, 10
17.30-19.00	Private Meeting	None	All	

<b>TUESDAY 16 October</b>	Meeting with	Personnel	Team members	Standards
9.00-10.00	Research	Research active staff	All	3.1, 7
10.00-10.30	Finance and Budget	Financial official	All	9.3
10.30-11.00	Admissions	Key personnel	All	4.1, 4.2 4.3,
11.00-13.00	Visit to clinic and meeting with Clinic Faculty (chiropractic)	FT & PT Teaching faculty to cover all areas of clinical science teaching including a module leader(s), Full-time, Part-time	All	1, 2 (with exception of 2.6), 3, 5.2, 6.1, 6.3, 6.5
13.00-14.00	Learning resources	Librarian/computing experts	All	6.
14.00-15.00	Lunch with students to include any with broader responsibilities in the University		All	
15.00-16.00	Subsequent stages and links to professional association	AEQ representative	All	2.10, 8.4, 9.4
16.00-17.00	Programme Management	Senior programme management including Director	All	2.1, 2.9, 8, 9.1, 9.2 10

17.00-18.00	Assessment and progression	Senior programme management including Director	All	3.1, 3.2, 8.3
18.00-19.00	Private Meeting	None	All	
<b>WEDNESDAY 17 October</b>	Meeting with	Personnel	Team members	Standards
9.00-11.30	Private meeting of Panel and report writing		All	
11.30-12.00	Report back to senior staff	Senior management	All	
12.30	Depart for airport			

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