EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION

EVALUATION TEAM MANUAL

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1 INTRODUCTION

This document describes the procedures undertaken by an Evaluation Team in the process of accreditation and re-accreditation of an institution. The accreditation process starts with an initial contact between an institution and the Commission on Accreditation, and ends with the decision by the COA on the accreditation status of the institution. This Manual focuses on the role of the Evaluation Team in this process, which begins with the appointment of an Evaluation Team by the Executive Committee and ends with the submission of the Final Evaluation Report by the Team to the COA. This part of the accreditation process forms the review by the Evaluation Team. All references are to the relevant paragraphs in the ECCE *Accreditation Procedures and Standards in Undergraduate Chiropractic Education and Training (Version 2, November 2007).* Reference to contact with the institution is normally through the Head/Principal.

Review of the institution's provision by the Evaluation Team is based on an on-site Visit by the Evaluation Team with subsequent submission of the Team's Report to the COA. The review by the Evaluation Team consists of 3 main stages:

1.1 Preparation for the review in which the Executive Committee appoints an Evaluation Team and the institution prepares a Self-Study Report. Once the COA has accepted the Report as adequate to enable an Evaluation Visit to proceed, arrangements commence for an on-site visit of the Team.

1.2 The on-site Evaluation Visit by the Team verifies the statements made in the Self-Study Report and reports on the institution's provision in meeting the *Standards*.

1.3 An Evaluation Report, based on the review, is prepared by the Evaluation Team and submitted to the COA.

2 TEAM MEMBERS

The Executive Committee operates an equal opportunities policy in selecting potential members of Teams.

The educational institutions, national associations and ECU, and the Executive Committee of the ECCE, will nominate potential members.

Specifications of Team Members:

2.1 Commitment to the principles of quality assurance in educational provision
2.2 Recognised expertise/experience in the field of chiropractic practice and/or higher education
2.3 A professionally responsible person, capable of being objective and recognizing that an institution under review may not be the same as their own place of work
2.4 An appreciation of the ethical issues involved in the review of an institution and the ability to work with confidential material
2.5 An understanding of, and willingness to work according to the *Standards*
2.6 Ability to write formal reports and to meet deadlines
2.7 Available to attend training events
2.8 No conflict of interest considered by the Executive that would compromise the objectivity and fairness of decisions, judgements and opinions made as part of the evaluation process
2.9 No association with the institution either as a member of staff, either in a permanent, visiting or temporary capacity, or as an external examiner, either currently or for the previous 5 years
2.10 Not related to a current member of staff or a current student at the institution

3 ROLE OF TEAM MEMBERS

3.1 Team members contribute to the review of institutions for accreditation/re-accreditation as part of the Evaluation Team.

3.2 The responsibilities of Team Members include:

3.2.1 Reading and familiarization with the *Standards*
3.2.2 Reading and evaluating the Self-Study Report and other documents submitted by the institution under review
3.2.3 Adhering to the review schedule determined by the Chair of the Evaluation Team
3.2.4 Participating in Evaluation Visits to gather and verify evidence
3.2.5 Making judgements on the institution with regard to its provision in meeting the *Standards*
3.2.6 Contributing to the draft Evaluation Report to agreed deadlines
3.2.7 Reading and verifying the accuracy of drafts of the Evaluation Report

4 APPOINTMENT OF EVALUATION TEAMS

4.1 Evaluation Teams are appointed by the Executive Committee (Pt. 4, 1.4.1) and will initially contain reserve persons. Evaluation Teams normally comprise up to five persons including the Chair (Pt. 4, 1.4.5).

4.2 On appointment, a member of an Evaluation Team will be required to sign a Conflict of Interest Statement to the effect that either there is or there is not a declaration to be made. Where a declaration is made, this will be reviewed by the Executive and a decision made as to whether the appointment should proceed. In the case that it does so, the written declaration will be made known to the institution before the final decision of the Executive (Pt.4, 1.4.2 and 1.4.3).

4.3 In accepting an appointment, the Team Member agrees to the role he/she will play in the review and accepts the responsibilities of Team Members.

4.4 On some occasions the CoA may request that an Observer attends the Evaluation Visit as a part of their induction training. This is at the discretion of the Executive Committee.

5 ROLE OF CHAIR OF THE EVALUATION TEAM

5.1 The Executive Committee will appoint one member of the Evaluation Team to act as Chair for the entire review period. The Chair will be an experienced evaluator of quality and standards in higher education (Pt.4, 1.4.4).

5.2 The Chair is responsible for organizing and managing the review process, and editing and submitting the Final Evaluation Report to the COA for consideration.

5.3 The Chair is responsible in the planning and preparation stage to reach agreement with Team Members on the pattern of review activities in such a way as to ensure effective use of the time available for review, and to ensure that the Final Evaluation Report is submitted according to agreed deadlines.

5.4 The Chair is responsible for allocating specific areas of responsibilities to individual Team Members as part of their responsibilities in the Evaluation Visit and in contributing to the Evaluation Report.

5.5 The Chair is responsible for co-ordinating activities during the Evaluation Visit and ensuring that Team Members develop robust evidence bases on which to make their judgements.

5.6 The Chair is responsible for giving oral feedback to the institution at the end of the Evaluation Visit.

6 ROLE OF SECRETARY TO THE TEAM

6.1 The Executive Secretary of the ECCE will normally act as Secretary to the Evaluation Team (Pt.4, 1.4.4).

6.2 The Secretary is responsible for all formal communication between the institution (normally the Head/Principal) and the Evaluation Team (Pt. 4, 1.4.4).

6.3 The Secretary will liaise with the institution (normally the Head/Principal of the institution) on all matters in the organisation of the Evaluation Visit. In the first instance, the Executive Secretary will inform the institution of the membership of the Evaluation Team along with any declared conflicts of interest. Any requests by the institution to change any of the members must be made in writing to the Executive Secretary. The final decision of the membership of the Evaluation Team remains with the Executive Committee (Pt. 4, 1.4.3).

6.4 The Secretary may act both as a Team Member and as Secretary to the Team (Pt. 4, 1.4.4) as requested by the Executive Committee.

6.5 The Secretary will liaise with the institution to agree a timetable for the review period including submission of all necessary documents in the preparation stages, the Evaluation Visit itself, and the likely dates of reporting/decisions on accreditation/re-accreditation.

6.6 The Secretary will agree a timetable for the Evaluation Visit at least 3 weeks prior to the Visit. The timetable should have a degree of flexibility to allow for additional meeting should they be needed (Pt 4, 3.1.3.1), and to minimise disruption to the institution as far as possible.

6.7 In consultation with the institution, the Chair of the Evaluation Team (or his/her representative) may make a preliminary visit to the institution to prepare for the Visit (Pt. 4, 3.1.3.1)

6.8 The Secretary in liaising with the institution will request the documentation, opportunities for review of facilities and resources, meetings with staff and students of the institution that are necessary for the Evaluation Team at the time of the Visit to gather evidence on which to base its Evaluation Report.

6.9 The Secretary will assist the Chair of the Evaluation Team at all stages of the review process including the planning and preparation for a Team Visit, the organization and management of the Evaluation Visit and in preparing drafts and the Final Evaluation Report.

6.10 The Secretary will make the necessary accommodation arrangements for the Team Members. Travel arrangements are made by the individual Team Members and reimbursed according to the agreed Financial Policy of the ECCE.

7 THE REVIEW PROCESS

7.1. The review process, as distinct from the (entire) accreditation process, is that part of the accreditation process involving review of the institution by the Evaluation Team.

7.2. The review process is based on self-evaluation by the institution. The task for the Evaluation Team is to test, by means of observation at the on-site Visit and analysis of the documentation provided by the institution, the statements made in the Self-Study Report. Teams will triangulate evidence (i.e. evidence from more than one source) to reach conclusions regarding the institution's provision in meeting the *Standards.*

7.3. The review process undertaken by the Evaluation Team is divided into three stages:

7.3.1. Preparation for Review
7.3.2. Evaluation Visit
7.3.3. Reporting Stage

7.4. The (entire) accreditation process begins with the initial contact between the institution and the Chair of the COA.

7.4.1. For initial accreditation, this is in the form of a written application from the institution to the Chair of the COA, including written evidence of compliance with the eligibility criteria. The COA makes a decision (normally within 30 days of receipt), based on the eligibility criteria, whether or not the institution can be invited to submit a Self-Study Report. (Pt. 4, 3.1.1).

7.4.2. For re-accreditation, this is in the form of contact by the Chair of the COA with the institution (Pt. 4, 3.2.1).

7.5. The (entire) accreditation process ends with the decision by the COA based on the Final Evaluation Report submitted by the Chair of the Evaluation Team.

7.6. An outline of the accreditation process for institutions seeking initial accreditation is given in Figure 1.

7.7. An outline of the accreditation process for institutions seeking re-accreditation is given in Figure 2.

7.8. A time schedule for the accreditation process is given in Appendix 1.

8 PREPARATION FOR REVIEW

8.1 Following initial contact, a date is agreed between the institution and the Chair of the COA for submission of the Self-Study Report, and a provisional schedule for the Evaluation Visit (Pt. 4, 3.2.1). This is normally within 6 months of the initial contact for accreditation (Pt. 4, 3.1.2).

8.2 The COA agrees a provisional schedule for the review, and may also make recommendations to the Executive Committee on suitable members of the Evaluation Team.

8.3 The institution submits its Self-Study Report together with any supplementary documents as agreed between the institution and the Secretary (Pt.4, 3.1.2 and 3.2.2). Annexe A gives examples of supplementary documentation.

8.4 The outline for completion of the Self-Study Report by the institution can be found in Pt.3 of the *Standards*.

8.5 The COA makes a decision, within 60 days of receipt of the Self-Study Report, whether or not to accept the Report as an adequate basis on which to conduct an Evaluation Visit. If necessary, further information may be requested and/or a representative(s) of the COA may make a preliminary visit to the institution to verify the accuracy of the Report (Pt. 4, 3.1.2 and 3.2.2).

8.6 Where a Self-Study Report is deemed acceptable to continue with the review process, a copy of the Report together with any accompanying documentation will be sent to all members of the Evaluation Team.

8.7 The Secretary in liaison with the COA and/or Chair of the Evaluation Team may request further documentation from the institution at this stage as well as preparing the institution for the Evaluation Visit.

8.8 The Evaluation Visit will normally take place within 90 days of acceptance of the Self-Study Report by the COA (Pt. 4, 3.2.1).

8.9 At this stage, there will be discussions (email and other) between the Chair, Secretary and Team Members in managing the review process, organising the Evaluation Visit and assigning areas of the review to individual Team Members.

8.10 Members of the Team will be sent all documentation in advance of the Visit by the Secretary, including the Self-Study Report and accompanying documentation, the agreed timetable for the Visit, and details of accommodation.

8.11 It is expected that Team Members will read and familiarise themselves with all documentation submitted by the institution, the *Standards*, the Evaluation Team Manual, and any recommendations arising from the COA in reviewing the Self-Study Report.

9 EVALUATION VISIT

9.1 The Team has a collective responsibility for gathering, verifying and sharing evidence so that it is able to:

9.1.1 Test and verify statements made in the Self-Study Report
9.1.2 Develop conclusions, to include the strengths, weaknesses and concerns, about the institution's provision of chiropractic education in meeting the Standards.

9.2 A preliminary private meeting of the Evaluation Team and Secretary will be held late afternoon/ early evening prior to Day 1 of the Visit to discuss early perceptions of the provision of education as demonstrated in the Self-Study Report and accompanying documentation, as well as identifying key areas for the discussion with the institution and agreeing the timetable for the review.

9.3 The Evaluation Visit normally begins on Day 1 with an initial meeting with the Team and a small team representing the institution (normally to include the Head/Principal) to outline the purpose and scope of the Evaluation Visit, the agenda and timetable for the Visit, the schedule of meetings with staff and students, opportunities for review of the facilities and resources, the availability of documentation and students' work and other practical arrangements for the review. An aide-mémoire for the initial meeting with the institution is given in Annexe B.

9.4 The Team Members will proceed to meet with students and staff, review documentation and inspect facilities and resources. There is no fixed pattern of meetings during the Visit as the Team will need to agree a plan to enable it to gain the evidence it needs to arrive at its conclusions with minimal disruption to the institution. The institution shall afford unhampered opportunity to the Team to access the evidence it requires to test the accuracy of the Self-Study Report and come to valid conclusions regarding the institution's provision (3.1.3.2). An aide-mémoire for the Evaluation Visit is given in Annexe C.

9.5 Normally, the following meetings will always be held:

9.5.1 Preliminary meeting of the Evaluation Team
9.5.2 Initial meeting with the institution
9.5.3 Meetings with staff
9.5.4 Meetings with students

9.5.5 Private meetings of the Team
9.5.6 Oral feedback to the institution at the end of the Visit

9.6 Meetings with students are strictly confidential between the Team Members and the students. No staff from the institution may attend the meeting and no comments should be attributable to individual students. An aide-mémoire for meetings with students is given in Annexe D.

9.7 Documents, including patient files, are also important sources of evidence in verifying the Self-Study Report and in arriving at conclusions based on the institution's provision in meeting the *Standards*. The range of documents that the Team may expect to access at the Visit is given in Annexe E.

9.8 Reviewing students' work is another important source of evidence and the Team should expect to see a representative sample of student work that demonstrates use of the full range of assessment methods used in both summative and formative assessments. An aide-mémoire for reviewing student work is given in Annexe F.

9.9 As part of the standards on Governance and Administration in the *Standards* (Pt.2, 9), for private institutions the Team will have access to financial and corporate records (Pt.4, 3.1.3.2). The Team must be assured that the institution's governance and management, including financial and risk management, is indicative of continued confidence and stability over an extended period of time to provide chiropractic education and training in compliance with the *Standards*. Moreover, the Team must be assured that the governance and administration of an institution is sufficient to manage existing operations and respond to change and development in the future.

9.10 As far as possible, meetings and observations will involve at least two Team Members so that there are always two interpretations or impressions of any discussion or observation.

9.11 If concerns emerge at any point during the Visit, the institution will be given an opportunity to supply alternative and current evidence to address such concerns.

9.12 As the Evaluation Visit progresses, the Team will develop a collective evidence base on which the Evaluation Report will be based. Teams should make time for reflection so that ideas can be drafted when they are fresh in the memory. Teams should expect to spend time during breaks and in the evenings discussing their findings with each other so that the on-sit Visit is an iterative and evolving process.

9.13 As the Visit continues, each members of the Team will be formulating their contributions to the draft Evaluation Report, which will inform the collective findings of the Team. Each member of the Team will be evaluating how the accumulating evidence compares with that in the Self-Study Report and testing the institution's provision against the *Standards.*

9.14 At the end of the visit, the Team will meet to arrive at their collective view on the provision. The Team will share and consider all forms of evidence gained during the review in order to enable it to arrive at an accurate and rigorous view. This view will be expressed in an Evaluation Report to include the findings of the Team and an overview of the institution's provision in terms of Strengths, Weaknesses and Concerns (see Glossary, *Standards*).

9.15 An the end of the Visit a meeting will be held with the institution at which the Chair of the Evaluation Team will give oral feedback on the draft of the Evaluation Report including any identified strengths, weaknesses and concerns (Pt. 4, 3.1.3.3). It is important to inform the institution that the Report is in its draft form and that the feedback is preliminary at this stage. No indication of any decision regarding the accreditation of an institution may be delivered at this time. The institution will have an opportunity to comment on errors of fact in the oral report at this stage.

9.16 An Evaluation Visit normally lasts for two days with the third day spent drafting the Evaluation Report (Pt.4, 3.1.3.2).

10 REPORTING STAGE

10.1 A first draft of the Evaluation Report will normally be prepared at the end of the Evaluation Visit. The Team Members will prepare drafts for those sections of the Report for which they are responsible and submit these to the Chair who is responsible for collating and editing the draft Report. Details on the structure of the Report are given in Annexe G.

10.2 The Chair is responsible for editing and finalising the draft Report. The Chair will normally be responsible for writing the Introduction and Summary, and the Strengths, Weaknesses and Concerns. All Strengths, Weaknesses and Concerns must be cross-referenced to the relevant paragraphs in the Report.

10.3 The Evaluation Report will:

- Analyse, interpret and provide an objective view of the institution's provision
- Be fair and accurate. Unverified information should not be included and no point should be made without citing the supporting evidence. Assumptions and unsupported generalizations should be avoided
- Not refer to individuals by name but may refer to posts where deemed essential to assist understanding
- Recognise strengths as well as weaknesses. The temporary and trivia should be avoided.

- Be succinct and coherent giving the reader who has not visited the institution a clear picture of the institution's provision in complying with the *Standards*
- Avoid the use of the first person
- Recognise diversity of approaches to chiropractic education
- Pay particular attention to any weaknesses/concerns highlighted in the institution's previous Evaluation Reports, and any progress made as a result

Section headings should follow the Report Structure in Annexe G and points should be numbered in sequence for easy reference.

10.4 A final draft of the Evaluation Report prepared by the Chair with the assistance of the Secretary will be sent to the Team Members for approval before being sent to the institution for correction of error of fact only. Draft Evaluation Reports will normally be sent to the institution within 30 days of the Evaluation Visit (Pt. 4, 3.1.3.4).

10.5 Institutions are expected to respond on errors of fact within 30 days of receipt of the draft Report.

10.6 Once the Chair has made any necessary corrections to the Report, the Final Evaluation Report is sent to members of the COA and to the institution. No changes are possible at this stage. The institution is invited to make a formal written response to the Report by a date before the meeting of the COA to consider the Report (pt.4, 3.1.4.1).

10.7 A representative of the institution will be invited to attend the meeting of the COA to consider the Evaluation Report. At this meeting, the COA will make a decision on accreditation based on the Final Evaluation Report (pt. 4, 3.1.4.1).

FIGURE 1 ACCREDITATION PROCESS FOR INITIAL ACCREDITATION

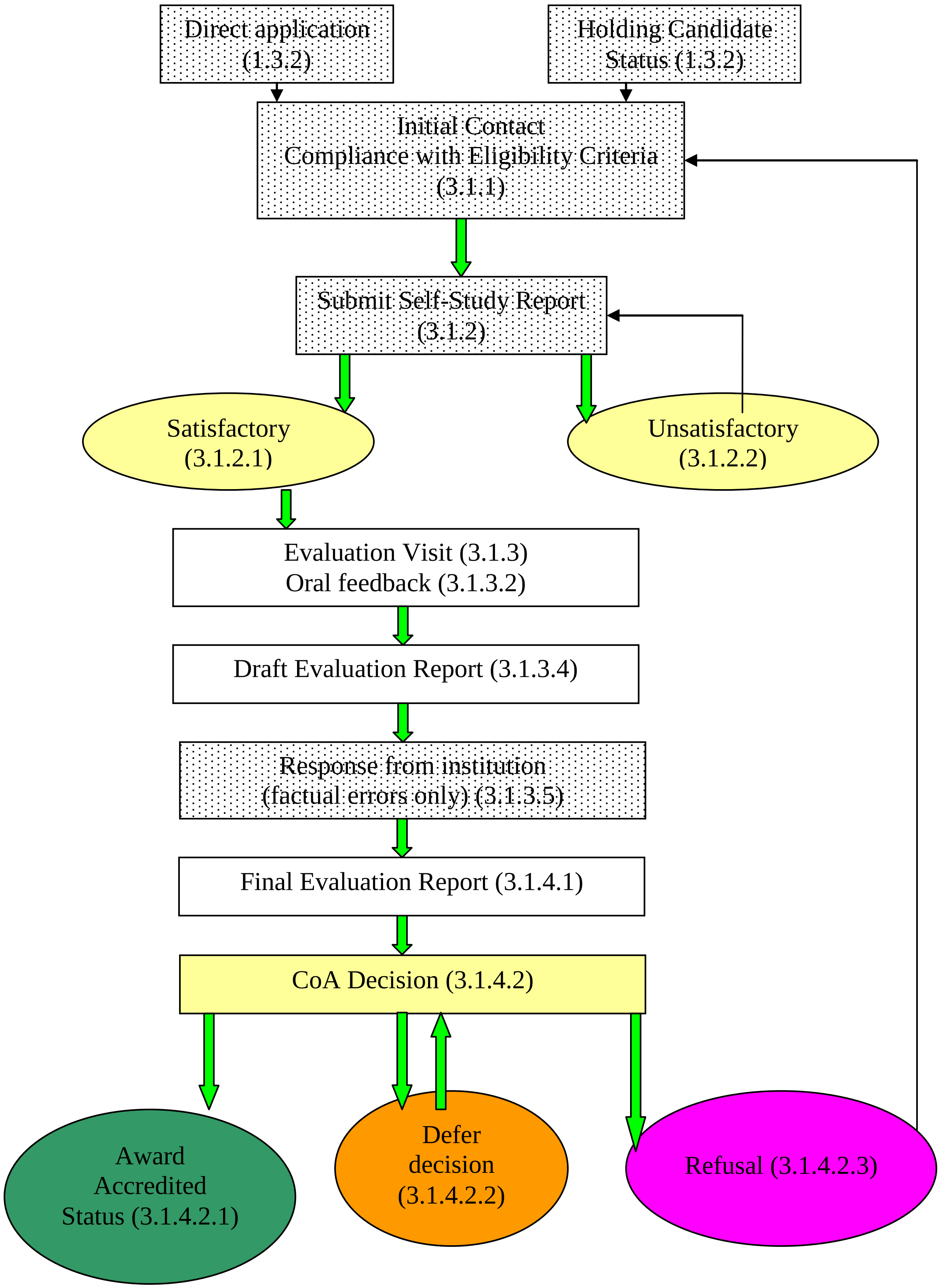
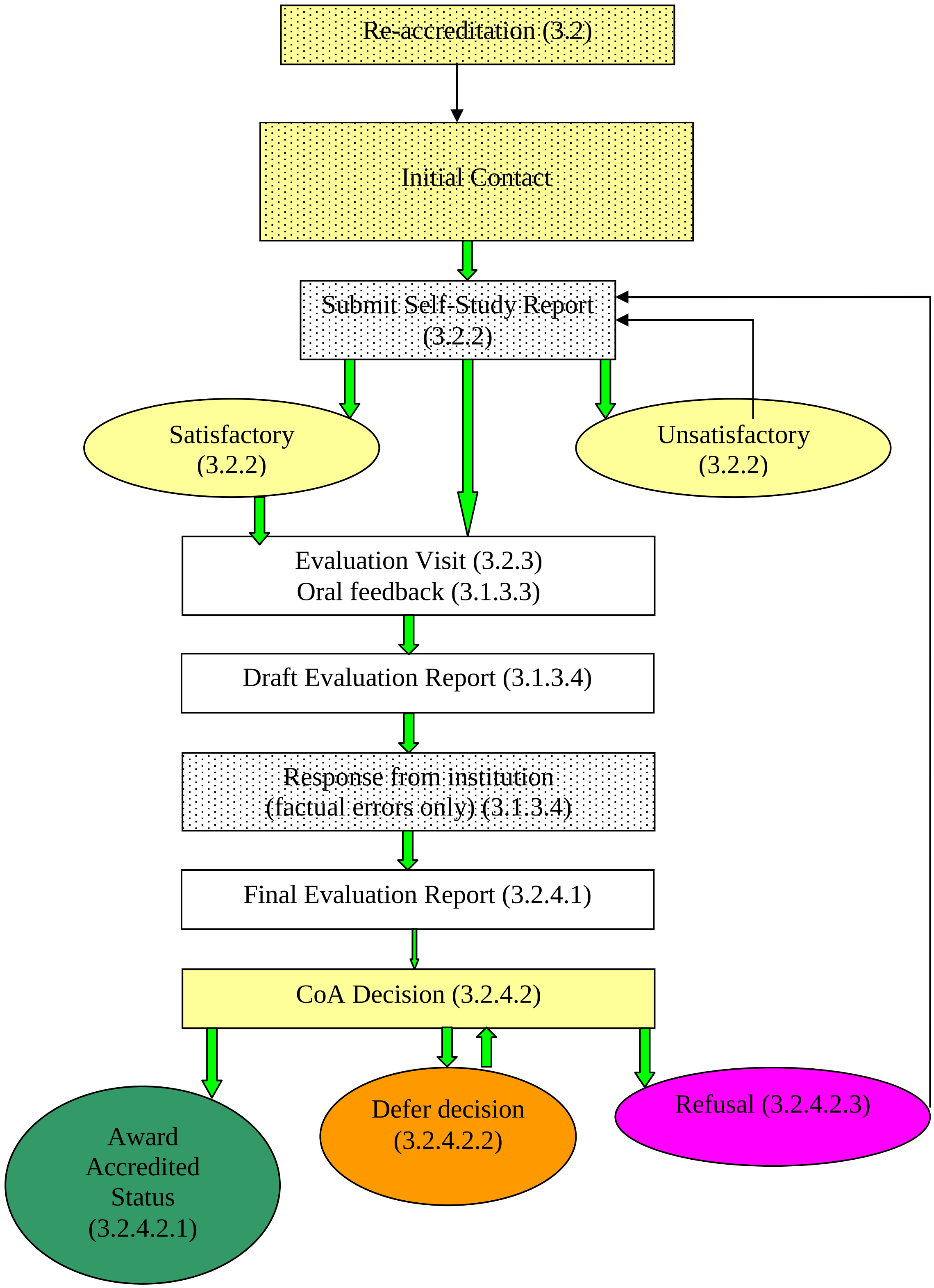


FIGURE 2   ACCREDITATION PROCESS FOR RE-ACCREDITATION



KEY TO FIGURES 1 AND 2

(dotted box)	Institutional responsibility
(yellow box)	Commission on Accreditation responsibility
(white box)	Evaluation Team responsibility

APPENDIX 1 TIME SCHEDULE FOR ACCREDITATION PROCESS

Times are indicative and may vary to accommodate specific circumstances.

A) Initial Accreditation

- Initial Contact by institution and submission of compliance with eligibility criteria
  - Plus 30 days — Request from COA for Self-Study Report
  - Plus 6 months — Submission of Self-Study Report
  - Plus 8 months — Decision by COA to proceed with Visit

  Preparation for Review by Evaluation Team
  Agreed timetable for Visit (3 weeks prior to Visit)

  - Plus 11 months — Evaluation Visit
  - Plus 12 months — Draft Report to Institution for correction of factual errors only
  - Plus 14 months — Response from Institution

    Final Report to COA

    Decision of COA on accreditation of institution

B) Re-accreditation

- Request from COA for Self-Study Report
- Submission of Self-Study Report
  - Plus 2 months — Decision by COA to proceed with Visit

  Preparation for Review by Evaluation Team
  Agreed timetable for Visit (3 weeks prior to Visit)

  - Plus 5 months — Evaluation Visit
  - Plus 6 months — Draft Report to Institution for correction of factual errors only
  - Plus 8 months — Response from Institution

    Final Report to COA

    Decision of COA on accreditation of institution

APPENDIX 2 AGREEMENT TO SERVE AND MAINTAIN CONFIDENTIALITY FOR TEAM MEMBERS AND OBSERVERS ON ECCE EVALUATION VISITS

Team members
I agree to be a member of the Evaluation Team to visit …….. ……….. between

……………………………………. and …………………
I understand that all information I collect before and during the visit is strictly confidential and is only to be used in connection with the evaluation process and should be revealed only to Evaluation Team Members. Furthermore, I understand that the documentation submitted by the Institution is the property of the Institution and only to be used with the permission of the Institution.

Name……………………………….Date……………………………….

Signature…………………………………….

Conflict of Interest Statement

I declare that there is no conflict of interest for me as a member of the Evaluation

Team visiting ………………………………….

Name……………………………….Date……………………………….

Signature…………………………………….

I wish to declare the following that may influence my role and constitute a conflict of interest on the Evaluation Visit.*

………………………………………………………………………………………

………………………………………………………………………………………

Name……………………………….Date……………………………….

Signature…………………………………….

Conflict noted by Executive and not deemed sufficient to prevent member performing duties satisfactorily.

Signed... President

* Conflicts of interest declared on this form will be made known to the ECCE Executive and to the Institution being evaluated.

ANNEXE A DOCUMENTATION SUPPLEMENTARY TO SELF-STUDY REPORT

Apart from the Self-Study Report, the Team will not normally expect institutions to prepare documents especially for the review. The Team will normally require the following supplementary documents in advance of the review:

- Definitive Course Document including unit specifications
- Relevant prospectuses
- Clinic handbook/manual
- Student handbooks

ANNEXE B AIDE-MÉMOIRE FOR INITIAL MEETING OF THE TEAM WITH THE INSTITUTION

This meeting is intended to clarify with the institution the purpose of Visit and outline the processes involved in the accreditation or re-accreditation of institutions. Normally the Head/Principal will be present as well as members of the senior management team.

- Introductions
- Purpose of the initial meeting
- Clarification of the accreditation process and the process of review by the Evaluation Team
- Clarification of the provision by the institution
- Clarification of the person representing the institution and contact details throughout the Visit
- Questions arising from initial analysis of the Self-Study Report
- Request for up-dates of information supplied in the Self-Study Report
- Confirming the agenda for the Visit
- Clarification on the availability of documents
- Clarification on regular contact between the Team and the institution
- Questions from the institution
- Housekeeping arrangements including arrangements for a base room, security and computing facilities, and meals and refreshments.

ANNEXE C AIDE-MÉMOIRE FOR EVALUATION VISIT

There is no set pattern to the Visit, and Chairs in consultation with Team Members will agree a schedule beforehand. This should be flexible to respond to changes necessitated by findings as the Visit proceeds.

Normally the Visit will begin by the institution arranging a conducted tour for the entire Team. Teams may wish to split up to inspect different areas or tour as the entire Team at this stage. It is useful if the institution arranges for a number of key staff and students to conduct these tours as much useful information is obtained from this type of informal contact.

Normally, the following meetings will always be held:

- Initial meeting with the institution
- Meeting(s) with staff (including teaching, administrative, support and governors)
- Meeting(s) with students
- Private meetings of the Team
- Inspection of facilities including the library, teaching and clinic facilities
- Inspection of documentation

Time should be built into the schedule for Team Members to start writing their commentaries for the Report.

The above activities normally take place over a period of two full days. During this time, the Team will split, normally into pairs, to focus on specific areas, while at other times the Team will function as a whole.

The third day of the Visit is normally set aside to complete the first draft of the Report and feedback verbally to the institution on the preliminary findings of the Team.

ANNEXE D AIDE-MÉMOIRE FOR MEETINGS WITH STUDENTS

Meetings with students enable the Team to elicit student views of the quality of the learning experience.

The Team Member responsible for chairing the meeting introduces the Team, and a brief summary of the review Visit. The Chair should emphasise the importance of transparency in the review process and the confidentiality of student comments. There should be no member of staff from the institution present at the meeting. The first question should ask how students were selected to attend the meeting.

Indicative agenda

- Are students made aware of course outlines and learning outcomes by student handbooks/manuals/other means?
- Are workloads and timetables planned and manageable?
- Is there an assessment schedule that is communicated clearly?
- Are the assessment criteria transparent?
- What is the quality of formative feedback?

- How do students perceive the quality of teaching?
- How are the clinical requirements handled?
- What is the level of academic and personal support?
- Are counselling facilities available?

- How good are the library and IT facilities?
- Are the access arrangements appropriate?
- Are the lecture theatres/small group facilities, technique, radiology and clinical skills facilities appropriate?

- How are student views sought?
- Are students represented on committees?
- How is student feedback on teaching and learning sought?
- Are student views influential? Are student views fed back to students and changes made as appropriate?

ANNEXE E AIDE-MÉMOIRE OF DOCUMENTS FOR REVIEW

The Team will normally not expect providers to produce documents especially for the review, apart from the Self-Study Report and compilation of student statistics.

Typically, the following documents will be relevant to the review:

- Programme Handbooks, Clinic Manual, Unit Specifications
- Annual Programme Monitoring Reports including reports from external validating and accreditation reviews
- Summaries of student feedback questionnaires and follow-up actions
- External Examiner Reports for the previous 3 years
- Students intake and progression data for the previous 3 years
- Qualifications of students on entry for the previous 3 years
- Patient data for final year interns for the previous 3 years (if possible showing case mix for new and returning patients)
- Strategic planning documents and risk assessments
- Financial documents such as audited accounts, cash flow projections, asset registers
- Insurance documents
- Minutes of relevant meetings including Academic Board meetings
- List of teaching equipment and resources
- Library resources
- Staffing including CVs for full and part-time teaching staff

ANNEXE F AIDE-MÉMOIRE OF STUDENT WORK FOR REVIEW

The Team will need to see a representative sample of student work that demonstrates the full range of assessment methods. Samples of student work include:

- Patient files
- Projects
- Coursework
- Laboratory reports
- Examination scripts

ANNEXE G EVALUATION REPORT STRUCTURE

The Evaluation Report is the main document on which the COA will reach a decision on the accreditation or re-accreditation of an institution. It is therefore essential that it is an unbiased and accurate account of the review process carried out by the Evaluation Team. The institution will have an opportunity to make corrections of any factual inaccuracies in the Report and also an opportunity to give a considered response to the Report.

The Report should follow the sections described in the *Standards*. The Report documents the evidence that the institution's provision meets or fails to meet each of the sections described in the *Standards*. This evidence is based on the on-site Evaluation Visit and the Team's findings in either verifying the statements made in the Self-Study Report and/or the observations made during the Visit.

The Report is divided into the following sections:

A. Introduction (to include a brief synopsis of the review process and the institution's provision).

B. Commentary (on the provision in meeting the following standards):

1. AIMS AND OBJECTIVES
    - Statement of Aims and objectives
    - Participation in formulation of aims and objectives
    - Academic autonomy
    - Educational outcome

2. EDUCATIONAL PROGRAMME
    - Curriculum model and educational methods
    - Theory of Chiropractic and the scientific method
    - Basic biomedical sciences
    - Behavioural and Social Sciences, Ethics and Jurisprudence
    - Clinical Sciences and Skills
    - Clinical Training
    - Curriculum structure, composition and duration
    - Programme management
    - Linkage with subsequent stages of education and training, Chiropractic practice and the health care system

3. ASSESSMENT OF STUDENTS
    - Assessment methods
    - Relation between assessment and learning

4. STUDENTS
    - Admission policies and selection
    - Student intake

- Student support and counseling
- Student representation

5. ACADEMIC AND CLINICAL STAFF
    - Staff recruitment
    - Staff promotion and development

6. EDUCATIONAL RESOURCES
    - Physical facilities
    - Clinical training resources
    - Information Technology
    - Educational expertise

7. THE RELATIONSHIP BETWEEN TEACHING AND RESEARCH

8. PROGRAMME EVALUATION
    - Mechanisms for programme evaluation
    - Staff and student feedback
    - Student cohort performance
    - Involvement of stakeholders

9. GOVERNANCE AND ADMINISTRATION
    - Governance
    - Academic leadership
    - Educational budget and resource allocation
    - Administrative and technical staff and management
    - Interaction with professional sector

10. CONTINUOUS RENEWAL AND IMPROVEMENT

C. Summary (of the main conclusions of the commentary section of the Report)

D. Conclusions (listed as):

- Strengths
- Weaknesses
- Concerns