

**EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION
QUALITY ASSURANCE AND ACCREDITATION COMMITTEE**

EVALUATION TEAM REPORT

BARCELONA COLLEGE OF CHIROPRACTIC

25-27 JANUARY 2021

TABLE OF CONTENTS

1.	Executive Summary		4
2.	Introduction		6
3.	Barcelona College of Chiropractic		7
4.	ECCE STANDARDS AND COMPLIANCE		9
4.1	AIMS AND OBJECTIVES	Statement of aims and objectives	9
		Participation in formulation of aims and objectives	9
		Academic autonomy	10
		Educational outcome	11
4.2	EDUCATIONAL PROGRAMME	Curriculum model and educational methods	11
		The scientific method	12
		Biomedical sciences	13
		Behavioural and social sciences, ethics and jurisprudence	13
		Clinical sciences and skills	14
		Chiropractic	15
		Clinical training	15
		Curriculum structure, composition and duration	16
		Programme management	17
		Linkage with subsequent stages of education, training, chiropractic practice and the health system	18
4.3	ASSESSMENT OF STUDENTS	Assessment methods	18
		Relation between assessment and learning	19
4.4	STUDENTS	Admission policies and selection	20
		Student intake	21
		Student support and counselling	21
		Student representation	22
4.5	ACADEMIC AND CLINICAL FACULTY (STAFF)	Faculty (staff) recruitment	23
		Faculty promotion and development	24
4.6	EDUCATIONAL RESOURCES	Physical facilities	24
		Clinical training resources	25
		Information technology	26
		Educational expertise	27
		Administrative and technical staff	27
4.7	RELATIONSHIP BETWEEN TEACHING AND RESEARCH		28
4.8	PROGRAMME EVALUATION	Mechanisms for programme evaluation	29
		Faculty and student feedback	30
		Student cohort performance	30
		Involvement of stakeholders	31

4.9	GOVERNANCE AND ADMINISTRATION	Governance	31
		Academic Leadership	32
		Educational budget and resource allocation	33
		Interaction with professional sector	33
4.10	CONTINUOUS RENEWAL AND IMPROVEMENT		34
5.	CONCLUSIONS	Summary	35
		Commendations, Recommendations and Concerns	35
		Commendations	36
		Recommendations	36
		Concerns	37
		Acknowledgements	37
	APPENDIX	SITE VISIT AGENDA	38

1. EXECUTIVE SUMMARY

- 1.1 Barcelona College of Chiropractic (BCC) is a new chiropractic education and training institution admitting students for the first time in October 2009. It is the first college of chiropractic to offer a bilingual chiropractic programme (English and Spanish).
- 1.2 The Asociación Española de Quiropràctica (AEQ) is the national association representing the chiropractic profession in Spain. There are around 300 chiropractors in Spain where chiropractic is not defined in law although there is *de facto* recognition. The AEQ, which was founded in 1986, was legalised the same year by the Ministry of the Interior with the approval of the Ministry of Health.
- 1.3 The development of the BCC began in 2005. Subsequently, BCC forged formal agreements with three of Spain's public universities; the Universitat Pompeu Fabra (UPF), the Universitat Autònoma de Barcelona (UAB) and the Universitat de Girona (UdG) which were endorsed by AEQ in 2007. UPF was established in 1990. UPF and UAB are presently ranked as best and second best universities in Spain, respectively. Today, BCC retains operating arrangements with both UPF and UAB.
- 1.4 The chiropractic programme is a first qualification, five-year full time programme leading to the award of Titulo Superior en Quiropràctica and after completion of the final year also leads to the Master en Quiropràctica both awarded by BCC. To clarify, there are two categories of Masters awarded in Spain, one of which is the Masters 'propio'. The Masters 'propio', in contrast to the other category of Masters, does not allow graduates to enter Doctorate level education. The Masters 'propio' is awarded to chiropractic students on successful completion of their final year.
- 1.5 In November 2010, BCC gained Candidate (for Accredited) Status with the ECCE, and after an Evaluation visit in February 2017 was given full accreditation status on 18 March 2017
- 1.6 On 27 January 2020, BCC submitted its Self-Study Report (SSR) for re-accreditation. The QAAC reviewed the SSR documents on 18 February 2020 and on this basis decided that another Evaluation Visit could and should proceed.
- 1.7 Due to the Covid pandemic the initial dates for an on-site evaluation visit had to be postponed, but in the circumstances it was agreed to proceed via online conferencing.
- 1.8 A three-day online Evaluation Visit took place between 25 and 27 January 2021. The online visit provided further documentary and oral evidence to the previously submitted documents. BCC was given feedback at the end of the visit and informed verbally of any commendations, recommendations and concerns regarding its provision of chiropractic education and training.
- 1.9 The Team extend their thanks to the Principal, senior staff, teaching and administrative staff and students at BCC, for the courtesy and hospitality shown to them during the evaluation visit and for conducting the visit in an open and transparent manner.
- 1.10 This document is the Evaluation Report (henceforth referred to as the Report or Evaluation Report) compiled by the Evaluation Team based on the evidence provided beforehand and during the online visit to BCC. The report was sent in draft format to BCC for factual verification on 20 February 2021 and the final report was submitted to QAAC on 24 March 2020.
- 1.11 The Chair QAAC invited BCC's Principal to attend via Zoom to receive the decision of the QAAC on the accreditation of BCC on 13 May 2021
- 1.12 This report addresses the compliance of BCC with each of the ECCE standards in the provision of

chiropractic education and training. The outcomes of the report are as follows:

1.12.1 COMMENDATIONS:

- The strong, committed teaching and administrative staff, who have created a quality environment to enhance the student experience;
- The enthusiastic, cohesive student body, who are ambassadors for the chiropractic profession;
- The pioneering work to establish a bilingual chiropractic programme and the commitment from all to continue to grow and develop quality education;
- The integrated, patient-centred teaching across the curriculum, including instilling professional behaviours through robust Fitness to Practise procedures across the student body as a whole and into student clinic;
- The quick and decisive actions taken to mitigate against the Covid pandemic to ensure that students' teaching, learning and assessment continued and which ensured student progression;
- The incorporation of evidence-based practice throughout the curriculum which was particularly evident in the clinical environment.

1.12.2 RECOMMENDATIONS:

- Ensure that the implementation of the electronic patient record system for new and current patients is undertaken promptly;
- Consider the creation of a patient engagement group and the value that using real patients in the teaching environment can bring to the student learning experience;
- Consider annual appraisal of staff to ensure that performance and development are regularly reviewed;
- Review the QA procedures with respect to systematic use of plagiarism software, and the scope of external examiners duties in relation to lower weighted assessments;
- Evaluate whether student qualifications on admission and current learning support mechanisms affect cohort overall attainment at graduation;
- Consider a variety of avenues to support staff in achieving recognized postgraduate qualifications, which will allow them to demonstrate their understanding of teaching, learning and assessment;
- Continue to actively explore collaboration with a higher education institution that can support the College in awarding a Master's qualification.

1.12.3 CONCERNS:

There are none.

2 INTRODUCTION

- 2.1 Following review by the QAAC (18 February 2020) of the SSR submitted by BCC for re-accreditation of the MChiro degree, an evaluation visit was instructed to proceed in March 2020. Due to the Covid pandemic, the original dates for the on-site visit were delayed, and it was agreed to proceed through a virtual visit via online conferencing.
- 2.2 Members of the evaluation Team were nominated by ECCE Executive and agreed by BCC. Members of the Team were:
- Professor Graham Mills MA PhD, Professor of Environmental Analytical Chemistry, University of Portsmouth, UK (Chair)
 - Professor Christina Cunliffe DC PhD, Principal McTimoney College of Chiropractic, BPP University, UK (Secretary)
 - Benito Oliva DC, Chiropractor in private practice, Italy
 - Daniel Steiner, Final year student at Madrid College of Chiropractic, Spain
- 2.3 The purpose of the visit was to verify the SSR and other evidence presented by BCC, and to evaluate the programme in terms of its compliance with the ECCE Standards in Chiropractic Education and Training (November 2019, Version 5.3) (hereafter referred to as the ECCE Standards, or Standards). On the basis of the SSR and its supporting documents, and on oral and other documentary evidence given and consulted during the virtual visit, an evaluation Report compiled by the Team was submitted to BCC for correction of any factual errors, and thereafter to the QAAC for a decision on re-accreditation of the chiropractic programme.
- 2.4 All members of the Team were presented by name beforehand to BCC, and no objection to any member was received. All members of the Team signed confidentiality and conflict of interest statements before the on-site visit. No conflicts of interest by any of the members were declared.
- 2.5 A draft timetable for the visit was sent to BCC before the visit, and the final schedule agreed with BCC. A copy of the schedule is appended to this Report (Appendix 1).
- 2.6 Members of the Team conducted all their meetings through online conferencing. The Team held a preliminary online meeting prior to the virtual visit on 24 January 2021, including viewing video presentations of the facilities previously provided by BCC. On Monday 25 January 2021, the Team began the virtual visit.
- 2.7 Throughout the virtual visit meetings were scheduled and time was allocated for the Team to hold private meetings as the visit proceeded. This allowed the Team to reflect on the (written and oral) evidence it had been presented with, and enable the Team to request further evidence where clarification was necessary. The Report was compiled on an on-going basis during the visit, and on the final day (27 January 2021) feedback on the draft commendations, recommendations and concerns was given orally to BCC before the virtual visit ended.

- 2.8 The draft report was finalised by the Chair of the Team, and sent to Team members for comment. Based on these, the final draft report was sent to BCC for factual verification on 20 February. The response was received from BCC on 18 March. The Chair and Secretary finalised the Report and this was submitted to the Chair of QAAC on 24 March 2020. The Chair of the Evaluation Team presented the Report to QAAC members on 13 May 2021.
- 2.9 The Report includes an Executive Summary and the findings of the Team regarding compliance of BCC with ECCE standards. The Report ends with the conclusions of the Team and the Commendations, Recommendations and Concerns the Team wish to draw to the attention of the QAAC. The Evaluation Report was based on the ENQA guidelines for external reviews of quality assurance agencies in the European Higher Education Area.

3 BARCELONA COLLEGE OF CHIROPRACTIC (BCC)

- 3.1 BCC has been offering a first qualification in chiropractic education and training in Barcelona, Spain since 2009. BCC is a private institution owned by a non-profit government registered Foundation (Fundacio Privado Quiropractica) which has formal agreements with prestigious universities in Spain.
- 3.2 BCC delivers lectures in Year 1 at the *Instituto de Education Continua (idEC-BSM)*, which is UPF's Institute for continuing postgraduate education with a strong professional focus particularly in business. The agreement with UPF also allows BCC students to access the student services, facilities and resources of the UPF at idEC, including provision of translation facilities. The BCC programme is bilingual, taught in English, with simultaneous translation into Spanish and vice versa in the first year of the programme.
- 3.3 Clinical training facilities, including lecture rooms, technique rooms, radiology facilities and an outpatient clinic are provided at the Barcelona Chiropractic Clinic at a separate site in a suburb of the city. This facility is leased by BCC, and is where most of the clinical teaching in years four and five takes place.
- 3.4 The Chiropractic programme is a five-year, full-time first qualification in Chiropractic leading to a dual award. The Titulo Superior en Quiropractica and Master en Quiropractica are both now awarded by BCC (previously the Master's title was awarded by UPF). The Master's degree is characterised as a Masters 'propio', which limits access to further doctoral level education.
- 3.5 The following section details the findings of the Evaluation Team with regard to the compliance of BCC with ECCE standards in the provision of chiropractic education and training. The findings of the team are based in both written and oral evidence presented by BCC.
- 3.6 The colour coded system outlined below was used by the evaluation Team to indicate the level of compliance with each standard:



Dark Green = Fully compliant/no risk. (This is on track).



Light Green = Substantially compliant/low risk.
(Broadly on track with some areas which could be addressed).



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



Red = does not comply/high risk.
(Serious concerns threaten this area; high risk in the organisation's overall performance).

4 ECCE STANDARDS AND 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

BCC aims to graduate chiropractors who are safe and competent to practice as independent, primary contact health care practitioners, in collaboration with other care providers, within a modern health care setting. Graduates are expected to adhere to proficiency standards and the code of ethics of professional bodies such as the Asociación Espanola de Quiropractica (AEQ – Spanish Chiropractic Association) in Spain. The aim of the education process is to provide scientific and clinical knowledge and methodology to allow graduates to enter practice and post-graduate education through a critical, analytical and reflective approach needed for life-long learning. The aims and objectives of the programme are made known to a wide range of stakeholders through a variety of means. These aims and objectives are also further developed with participation and feedback from key stakeholders.

4.1.1b Analysis

The mission, aims and objectives are clear and well defined and updated as needed. The College takes great steps to ensure that all their bilingual graduates are able to enter practice as competent and safe practitioners. There was evidence that most key stakeholders holders are engaged with the programme and are cognisant of the of the College’s aims and objectives. The introduction of the graduate education year by the AEQ helps to support the College’s mission for post-graduate education and training and also to promote life-long learning activities.

4.1.1c Conclusion

BCC 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 aims and objectives of the chiropractic programme are defined by a range of key stakeholders. These include governmental authorities, the AEQ, two public universities in Barcelona, the Board of Governors, academic staff, students and patients. Student feedback is continuous across the programme and garnered through the virtual learning environment, questionnaires and through representation on College boards and committees. Patients have an input via a suggestion box in the clinic and a semi-structured questionnaire, available in Spanish, Catalan and English.

4.1.2b Analysis

There are strong links with the number of stakeholders that have an input into the formulation of the College's aims and objectives. The College has good communication channels for monitoring, discussing and reviewing the main aims and objectives of the chiropractic programme. There is a strong student input across the programme via a range of committees where students are board members. There is some limited consultation of patients in the clinic as key stakeholders, however, it is not fully transparent what impact this has on the formulation of overall aims and objectives of the chiropractic programme. In the future better information on the opinion of practising chiropractors who employ the College's graduates should be obtained and acted upon.

4.1.2c Conclusion

BCC substantially 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

BCC has in place clear structures which evidence how it manages the design and development of the curriculum and the allocation of its resources, via its boards and committees. These structures also have oversight over the design and development of those parts of the programme that are co-delivered with other institutions. BCC has policies and procedures in place, including collaborative agreements with two leading universities in Spain.

4.1.3b Analysis

BCC has full control over the development of its own curriculum with clear input from stakeholders. It makes its own decisions on the design, development and modification of the curriculum through the Academic Strategy and Review Committee and has evidence of clearly stated policies and procedures.

4.1.3c Conclusion

BCC 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

BCC has developed graduate competencies based on the CanMEDS 2005 framework and other similar frameworks for outcome based education. These graduate competencies have been mapped against the ECCE's graduate competencies and also against the BCC curriculum learning outcomes. Moreover, in order to facilitate the transition into practice, BCC has in place a Clinical Transition Programme which allows final year students to work in a private clinical setting under supervision.

4.1.4b Analysis

Despite some limitations linked to the status of chiropractic within Spain which is outside BCC's control, the College defines the competencies that students will require on graduation and which will allow them to take their place in the profession and the wider healthcare system.

4.1.4c Conclusion

BCC 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 as well as preparing them for interdisciplinary practice.

4.2.1a Description

The curriculum is based on a modular framework which is defined in the programme specifications and in the module descriptors. The curriculum model is traditional, and well-defined with basic sciences in the early years upon which pre-clinical and clinical training is built. As the programme develops, students are encouraged towards higher levels of active participation and intellectual development as they proceed through the academic levels of the programme.

There is a clear mix of teaching methods including didactical lectures, small group learning and practical classes as well as clinical training in dedicated facilities. Students have access to a VLE which includes the information they need to support their learning, as well as policies and regulations and access to library resources.


Good progress has been made with regard to the inclusion of interdisciplinary learning, although this is restricted by the political situation in Spain.

Students are encouraged to take responsibility for their own learning, and that the importance of reflective practice and self-directed learning skills is inculcated throughout the programme of study.

4.2.1b Analysis

There is clear evidence of a structured and defined curriculum and also of a variety of teaching and learning methods supported by a VLE. There is also evidence supporting the good practice of students being encouraged in reflective and self-directed learning which will support them in their future practice life.

4.2.1c Conclusion

BCC 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.

4.2.2a Description

Students of BCC are taught to use an evidence-based approach from the first year and to integrate this information in planning the treatment of patients. The incorporation of the scientific method is revised on an annual basis to ensure the quality of the information provided. Students are introduced to research articles in year one and learn to differentiate the quality of the papers by comparing them with scientific standards. The step-by-step approach to scientific literature creates a solid basis for the research project in the final years.

4.2.2b Analysis

BCC maintains an evidence-based approach to teaching and learning throughout the whole of the educational process and students are introduced to case analysis and critical thinking from the early years of the programme. BCC has seen this evidenced in an increased quality of the research projects in Year 5.

4.2.2c Conclusion

BCC 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

The basic human biosciences are included in the curriculum of BCC and are first taught in theoretical modules, which later on are integrated into clinical cases and practical classes. The interdisciplinary teaching of biomedical sciences creates an environment in which students can look at the learning material from different perspectives relevant to the practice of chiropractic.

4.2.3b Analysis

Biomedical sciences are fully included in the BCC curriculum. The teaching is based on an integrated model in which the students are encouraged with case studies and in some modules by presenting a given topic. Students are also introduced to critical thinking and the relevant biomedical sciences are integrated with clinical perspectives whenever possible.

4.2.3c Conclusion

BCC fully complies with Standard 2.3 

4.2.3 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, ethics and jurisprudence are introduced in a stepwise manner, spread across the 5 years and are distributed across different modules throughout the programme. Students are taught aspects of the patient-centred care models, oral and written communication skills and reflective practice skills across different modules. Specifically, the modules 'Chiropractic in Society I – V' and 'Personal Development, Research and Reflective Practice I and II' have teaching and learning materials directly focused on engaging students in effective communication, clinical decision-making and ethical practices. This material is also a focus within the clinical integration and clinic practicum modules. The teaching of professionalism is a recurring theme across the curriculum. To overcome the theory-practice gap, two module teachers of SOC4 (ethics and professional practice), have been added to the clinic supervisor team in order to further enhance the link between content related to ethics, professionalism and scope of practice covered in the classroom and the

clinical environment. Patient records have undergone significant modification to better support and document practice reflecting the EBP, biopsychosocial and patient centred models. BCC has in house access to specialty consultants (a physiotherapist, a nutritionist and a psychologist).

4.2.4b Analysis

There is strong evidence that the curriculum has addressed all relevant topics concerning behavioural, social sciences as well as ethics and jurisprudence. Integration of evidence based patient care (care plan) within patient files are engrained in the student clinic. The introduction of specialty consultants is enriching the student experience and has been a positive addition to student clinic. Again the lack of chiropractic regulation has hindered broader multidisciplinary healthcare collaboration but BCC has been continuing to explore all possibilities available.

4.2.4c Conclusion

BCC 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

BCC provides a baseline of necessary clinical sciences and skills in the first three years of the programme and no student is allowed to enter clinic until all modules have been passed, including the clinic entrance examination. Clinical skills are introduced in year one, through observation of clinical students and a reflective assessment. Clinic students have weekly meetings in which difficult cases can be discussed to assure an evidence-based approach, and supervisors are responsible for determining whether the students' research reviews have scientific validity. Students have access to other healthcare providers in clinic, which gives them an early insight into the importance of collaboration with other practitioners.

4.2.5b Analysis

Clinical skills are inculcated throughout the whole curriculum. In preparation for the clinical years, an evidence-based research for the appropriate treatment is applied in early years training. In the clinical years (4 and 5) students choose which treatment to apply using evidence-based protocols. Students have access to clinical supervisors and interact with other students in pre-clinical meetings, so that individual cases can be discussed. An evidence-based approach was seen in the patient files viewed.

4.2.5c Conclusion

BCC substantially 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

BCC's programme of study in chiropractic aims to enable students to participate in the scientific development of chiropractic by providing knowledge and training in the scientific method, other forms of research enquiry and evidence-based practice, including analytical and critical thinking. From year 1 to 3 students are taught the steps in the evidence-based approach. During year 3 and 4, integrated in the modules Clinic Practicum I and II, students start applying critical appraisal skills in assessing research and the evidence-based approach in patient management, which is further enhanced in year 5.

4.2.6b Analysis

The critical appraisal of scientific evidence and scientific method exposure occur early in the programme sets the stage for students to apply and explore the scientific development of chiropractic. There is good evidence that staff development is proceeding, and advanced staff development on teaching evidence-based practice is ongoing. Given the expected growth of the next cohort BCC has shown its awareness of the need to further the evidence-based practice method in all aspects of teaching.

4.2.6c Conclusion

BCC substantially 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

Students begin clinical observation in the 2nd semester of year 1 and continue in year 2 through the Personal Development, Research and Reflective Practice II modules. Students in year 3 Clinical Practicum module observe their senior colleagues before they start clinical practice in the BCC Chiropractic Centre. Students start clinical practice in the 2nd semester of year 3 providing care to fellow students, BCC staff, family and friends. Students at this stage are supervised at each visit and are expected to perform a minimum of 2 new patients and 10 treatment visits. At the end of year 3, before access to patients from the local community, students must complete a clinic entrance OSCE. In years 4 and 5, students must complete 350 treatment visits and assess 35

new patients. Students at this level are continually assessed using a summative assessment tool called an Intern Qualitative Assessment (IQA) and formatively using a mini-clinical evaluation exercise (miniCEX). In addition to these clinical requirements, students learn a clinical audit process. At the end of year 5, students sit the clinic exit OSCE, comprising 10 stations. The College has also developed a preceptorship programme for final year students who have met their clinical requirements in which they can spend part of the final semester working outside the institutional setting in approved chiropractic clinical placements.

4.2.7b Analysis

There is early exposure to clinical activities, particularly through mentorship, and students are continually assessed during training (e.g. mini-Cex). Interaction with other health care professionals has increased with the introduction of a nutritionist, clinical psychologist and physiotherapist which is working well. The lack of appropriate interaction with the medical profession can be explained by the absence of legislation for the chiropractic profession in Spain. BCC has introduced procedures to ensure an appropriate student patient case mix exposure which is enhancing the clinical experience. The onus on students to find sufficient patients to fulfil their requirement is perhaps too much and the college needs to further support this worthwhile initiative.

Information from patient files suggests that evidence-based practice is now well embedded in the programme with students having to document research papers to support their clinical impressions and treatment procedures. Staff showed evidence that only chiropractic procedures actually taught in the programme are utilised on patients. The addition of a DACBR has been beneficial to students. The digitisation of patient records has been on the agenda for some time now, and BCC is urged to move forward with this initiative in the near future.

4.2.7c Conclusion

BCC 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


The curriculum is a five year, full time programme of study based on a modular framework, and is defined in the Programme Specification document. There are two semesters a year, with assessments at the end of each semester and coursework throughout the year. All the module descriptors are included in the Module Catalogue, including intended learning outcomes, teaching methods, and the teaching and assessment schedules. There is also a Graduate Competencies document that articulates the exit learning outcomes of the graduate chiropractor, mapped against the ECCE Standards and BCC module descriptors. The curriculum is broadly based on a traditional model with the basic sciences and informing disciplines in the early years,

followed by the clinical sciences and clinical training in years 4 and 5. Students are introduced to chiropractic technique from year 1, and also engage in a clinic observation programme in the early years. Evidence based practice is introduced through curriculum and integrated within different contexts. The role of chiropractic in society is woven throughout programme allowing students to grasp historical, contemporaneous, professional and ethical practice. Reflective and professional practice are taught in the 'Personal Development, Research and Reflective Practice' modules in Years 1 and 2, replaced by the 'Clinical Practicum' modules in Years 3, 4 and 5.

4.2.8b Analysis

There is clear documentation detailing the curriculum, and module descriptors. There is a coherent structure detailing the basic sciences, chiropractic subjects and clinical training. The learning outcomes expected at each stage of the programme are clear, and there is a good level of integration between the basic sciences and clinical sciences. Slight modifications to the curriculum are ongoing and suggest growth and maturation.

4.2.8c Conclusion

BCC 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

BCC has a new management and governance structure and Academic Strategy and Review Committee (ASRC) which is the equivalent of the curriculum committee under the Standards. The ASRC has responsibility for the design and implementation of the curriculum, and the planning implementing and reviewing of the curriculum. It also receives minutes of the Student and Staff Liaison Committee, and reviews student feedback and modular appraisals from module leaders. It has the responsibility for reviewing educational resources, and the Chair of ASRC draws any resource implications to the attention of the Executive Board (where they are an equal member), which can allocate financial resources to support educational development.

4.2.9b Analysis

BCC has a well-defined academic management structure, and through ASRC has a high level, rigorously managed curriculum committee that has full authority to plan, implement and review the curriculum to ensure that the chiropractic programme meets the highest standards of educational delivery.

4.2.9c Conclusion

BCC fully 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 BCC preceptorship programme, called the Clinical Transition Programme, has been running for the last four years and this allows final year students to provide care in the community under the close supervision of approved supervisors in private clinics in and around Barcelona. The College sends questionnaires to new graduates to evaluate their perceptions of the adequacy of their undergraduate chiropractic training in preparing them for clinical practice. BCC also maintains a good ongoing relationship with the Spanish Chiropractic Association (the AEQ) which now requires a formal, year-long prerequisite programme for AEQ membership.

4.2.10b Analysis

The lack of regulation and the absence of a formal Graduate Education Programme in Spain is somewhat of a barrier, meaning that there are no formal linkages at this point. However, it should be noted that to become a member of AEQ, a graduating chiropractor must follow a working Chiropractor for a period of 1 year. BCC demonstrates a clear understanding of the actions required in this regard and has been exploring them further, though hindered by the Covid pandemic. There was evidence that students in clinic have, and are taking advantage of, preceptorship with local chiropractors once they have completed their clinic requirements.

4.2.10c Conclusion

BCC substantially complies with Standard 2.10 

4.3 ASSESSMENT OF STUDENTS

4.3.1 Assessment methods

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

4.3.1a Description

BCC utilises a range of assessment methods across all levels of learning including written examinations, oral

examinations, practical examinations, clinical examinations, course-work and portfolio assessment at the end of each semester and the end of each year. Formative as well as summative assessment is undertaken. Assessments are moderated and standards set, and marked anonymously wherever possible. The ASRC reviews assessments and progression criteria on a regular basis and the transparency, reliability and validity of all assessments is carefully monitored. Criteria for progression are clear and there is an appeals system in place, of which students are aware.

BCC does not systematically use plagiarism software on submission of coursework, though students were aware of the importance of not plagiarising work.

BCC has adopted the good practice of using external examiners, and work is approved by them prior to assessment being undertaken by students. External examiners also scrutinise a proportion of assessed material. External examiner reports are reviewed by ASRC, although students did not seem aware that these could be viewed and where to find them. External examiners also do not review lower weighted assessments.

4.3.1b Analysis

BCC clearly defines and documents assessments methods which is accessible to staff and students by the VLE. There is clear review and analysis of assessments through the relevant committees. The use of External Examiners demonstrates good practice, though the practice of excluding lower weighted assessments could usefully be reviewed. The systematic use of plagiarism software would be an enhancement and should be considered.

4.3.1c Conclusion

BCC substantially complies with Standard 4.3. 

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


Learning, teaching and assessment is based on the learning outcomes specified in the module descriptors. All assessment criteria are given to the students in advance, module descriptors provide all relevant information relating to the module, including clear outlines of the intended learning outcomes, and an assessment calendar is given to the students at the beginning of the year. Academic critical friends work together discuss assessments planned for the academic year. Assessments are monitored to reduce curriculum overload and encourage integrated learning.

4.3.2b Analysis

Assessments progressively facilitate higher-level learning throughout the programme of study, and clear information is provided to students in a timely manner. The assessment matrix and calendar encourage an

integrated approach to learning, and assessment is linked directly to the relevant learning outcomes. BCC's use of external examiners provides assurance that assessments are appropriate for the level of learning, and the critical friend groups provide a locus for standard-setting.

4.3.2c Conclusion

BCC fully 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


BCC has a published admissions policy that outlines the regulations and the procedures for admission. All applicants are interviewed at the College prior to admission by the Principal or other members of the senior team. In certain cases where applicants cannot come to Barcelona they may be interviewed via video link. The College prospectus is available in both Spanish and English and applications can be made in either Spanish or English. Applicants need to be fluent in either Spanish or English and have a good working knowledge of both languages. They must be computer literate. The College has an AP(E)L policy in place from direct entry into years 2 and 3 of the course. APEL is not permitted into the clinical years 4 and 5. There are also policies for applicants with disabilities and a policy for the disclosure of a criminal record. The College undertakes an annual review of the admissions process.

All students need to meet the minimum standard for entry into the Spanish higher education system and have studied science, preferably biology and chemistry. Applicants from other countries have their qualifications checked for equivalence. A 50-hour intensive refresher/upgrading course in the basic sciences and languages is available to applicants prior to starting their main chiropractic programme.

4.4.1b Analysis

The College has a clear and robust admission policy and procedure that is continuously reviewed. These policies are explicit and consistently applied. The College recruits students from a wide range of countries and backgrounds including a high percentage of mature students. This includes those who have studied for a different first degree and have embarked on a new career. Approximately 30 % of applicants are accepted by the College onto the chiropractic programme. AP(E)L procedures are rigorously and transparently applied and there is a good provision for students with learning or physical disabilities.

4.4.1c Conclusion

BCC 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


BCC recruits students through standard, non-standard and advanced entry and the types of admission are clearly defined. Since it began, the College has recruited between 25 and 45 students each year. There are plans to increase the yearly intake by 5-10% per annum, and the next cohort recruited is expected to reach 50-60 students.

The College has recruited across 23 different nationalities, and five continents. Only 12% of students were born in Spain and 81.5% are recruited from Europe. There are roughly equal numbers of male and female students, with students over 25 years of age accounting for 31% of the student population.

4.4.2b Analysis

At present BCC has the physical capacity to deliver the programme. Should the College recruit 60 (as intimated) to each cohort some of the classroom space will not be able to house the groups. BCC suggested that a large cohort would be split and taught in two groups which would increase the overall cost of delivering the programme. Although idEC-BSM has capacity for both larger groups and repeat teaching, a larger cohort size would be a challenge in the clinic however, especially finding further well-qualified clinicians and more patients. The senior team indicated that there is some student growth already, and that they are looking for new premises for expansion. Given the pandemic situation, they felt that prices have dropped locally thus increasing potential availability. Although current resourcing levels have met the needs of students to date through utilising free rooms due to online teaching, when the Covid pandemic is over, students indicated that more space will be needed to satisfy student and staff requirements, particularly for study space.

4.4.2c Conclusion

BCC 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


All students are given a personal tutor as soon as they begin their studies, which offers help in both academic

and personal matters. Each semester during years 1 to 3, the tutor contacts their assigned students to discuss their individual academic development. Students can change their personal tutor if they wish. BCC utilises a trained psychologist who students can access if they need assistance on a personal matter. Students of BCC also have their own internal support system, in which higher year students offer their help to the lower years to assist them with their academic studies. In cases where students may have financial difficulties, BCC supports students through collaboration with other institutions which may be able to offer them support. Students with special needs are encouraged to disclose this through the application process and BCC makes adjustments, if possible, to help overcome the difficulties. BCC has an open-door policy, which gives the students the opportunity to contact staff directly.

4.4.3b Analysis

Students' needs are assessed and they are supported using a variety of tools to access the appropriate support for their individual circumstances from the start of the programme. As BCC grows in numbers, it is considering a Student Union which may further improve the support to students.

4.4.3c Conclusion

BCC 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

BCC has implemented a new organisational structure which gives the students the opportunity to be represented at multiple levels within the institution. Two students per class are elected as student representatives, and these students attend the Student and Staff Liaison Committee. Students also can apply for positions in the Academic Strategy and Review Committee, the Research and Ethics Committee, the BCC Chiropractic Centre, the Student Support and Resources Committee, the Marketing Committee, the Professional Standards and Disciplinary Committee and the Board of Governors. With exception of the Board of Governors, the student in each Committee has a right to vote over the decisions made in the meetings. Students have access to the minutes of the different Committees on the VLE, to identify if raised matters have been discussed. Students are given training before attending as representatives at any meeting, have access to a handbook with further information and advice from the management team if needed.

4.4.4b Analysis

The new management and governance structure at BCC provides an opportunity for enhanced student

representation, interaction and information flow. Students were enthusiastic about their inclusion, and felt well integrated and represented.

4.4.4c Conclusion

BCC fully 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

The College has a staff recruitment policy and procedure in place. Staff need to be educated to degree level in the field which they teach. There are formalized new staff recruitment procedures including an interview with senior staff and an induction process. A staff handbook is available. The College employs both chiropractic and non-chiropractic staff. Most of the staff are bilingual (Spanish and English) and teach in their preferred language. Most of the part-time staff teach on the basic science and chiropractic parts of the curriculum. There is a range of staff development opportunities available. The staff-student ratio for chiropractic practical skills for 2019/20 is 12:1 full time equivalent.

4.5.1b Analysis

The College has a dedicated and happy staff body. There is a clear staff recruitment policy in place and new staff have a well thought out induction process. The number of chiropractic staff with training and expertise in higher education and research is still small and needs to be improved. There is a high percentage of part-time teaching staff, but these are well managed. Staff from both the basic sciences and chiropractic areas are strongly motivated and committed to the ethos of the College. New and existing staff should be encouraged to attend further training in teaching and learning in higher education and attain recognized postgraduate qualifications in this area.

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

The College has a staff promotion and staff development policy in place. All academic staff are appraised by either the Principal or the senior team, which is undertaken using a set form. This appraisal process provides staff with feedback on their performance as well as identifying areas for further development. Peer review of teaching is included as part of the appraisal process. There is a set system in place where academic staff can apply for promotion to a higher grade and pay banding. Staff development sessions take place over the year and cover topics related to teaching and learning, the tutoring system and evidence based practice. Two members of the full-time staff are completing postgraduate Masters in Medical Education in the UK, with others expected to enrol later this year. One chiropractic staff member is enrolled on a PhD programme.

4.5.2b Analysis

The College has sound procedures in place for staff promotion and staff development. All staff are appraised, however the timing of this appears to have no set pattern. Some staff have not been appraised for up to three years. It would be normal for staff to be appraised on an annual basis. Budgetary limitations are making it hard for the College to appropriately reward staff for outstanding performance and this needs to be addressed. However, the College does have a strategic faculty development plan with a focus towards developing educational expertise, good pedagogic practice and research skills. It is encouraging that several staff are undertaking postgraduate qualifications in the UK and elsewhere. It is recommended that all staff should be encouraged to attain recognized postgraduate qualifications in teaching and learning in higher education. This could be undertaken in the UK as a part-time PGCertEd award or a similar programme of study in Spain.

4.5.2c Conclusion

BCC 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

BCC rents a space of 120 sqm in the idEC-BSM (UPF Balmes campus) building from UPF. The space includes shared teaching rooms, one of which has simultaneous translation facilities, some study space and tutorial rooms, office space for the full time teaching and administrative staff, and cafeteria facilities. For specific events, BCC can use the lecture theatre on the ground floor of the building. BCC Chiropractic Centre is the College's training clinic, which is leased by BCC. It is a 1000 sqm customised space including a library, teaching and technique rooms, and space that can be used for written examinations. The Covid pandemic has resulted in BCC redesignating of some of its teaching areas which allows students to use them for study. Although 10 km away from campus all students can make use of the impressive main UPF library although it does not stock chiropractic texts and journals. These are held on Sarria (BCC Chiropractic Centre) site libraries. Dissection (prosection) takes place at the Dissection Laboratory of the Medical Faculty of Universitat Autònoma de Barcelona which was observed through a well-made video prepared by BCC given the pandemic. The Institution is aware of the growing space limitation of College and is actively searching for new premises given the suggested increment in student population.

4.6.1b Analysis

There are good physical facilities available to students and staff, and while this includes albeit a small on campus library, they do have access to the impressive UPF library that is around 10 km away. E-learning is available and is evolving also due to the pandemic. BCC indicated that they are searching for new premises as to accommodate growing demands. Although the UPF library is relatively nearby, space for students on the BCC campus should grow to accommodate future cohort growth.

4.6.1c Conclusion

BCC 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 BCC Chiropractic Centre is located in the Barcelona city suburb of Sarria. There is a direct Metro connection. It is a leased property and is at street level with disability access. It is approved and registered as a health care centre by the local government. The Chiropractic Centre is 1000 square metres in size and includes a reception area, 11 treatment rooms, 2 technique teaching rooms, 3 lecture rooms, a radiology training laboratory, library and student facilities. The Chiropractic Centre has a physiotherapist, nutritionist and psychologist assisting in patient care. The acting Head of the Clinical Unit has changed due to personal reasons and a trio of clinical supervisors are dividing the responsibility as a unit. There are 5 part-time Chiropractic Centre supervisors who work in organised shifts. All treatment rooms have video cameras installed for student supervision and

feedback (live streaming for patient visits and video recording for OSCE's). The BCC Chiropractic Centre Committee meets at least twice a month to review student clinical performance, the number and case-mix of patients, and the adequacy of facilities

4.6.2b Analysis

The current facilities are of a high standard with adequate space and good treatment room sizes. The plans for expansion include transforming one of the technique classrooms into treatment rooms, which would increase the number of treatment rooms to 20. The video technology is an excellent tool for supervising and teaching clinical students and always done with patient consent. Again moving to electronic patient files would improve efficiency and opportunities for research. Although the patient numbers are increasing it remains a challenge to supply enough patients with an adequate and appropriate case-mix. This needs to be further developed. Observation of the videos of the premises sent by BCC were very informative and very well made showing the dissection lab and treatment rooms.

4.6.2c Conclusion

BCC substantially complies with standard 6.2 

4.6.2 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

Students have internet access in all buildings and also a VLE that provides students with all the information on modules and other necessary documentation. Students and teaching staff receive training in the use of the VLE and electronic databases. BCC has a video monitoring system in place in clinic to enhance clinical supervision. Clinic supervisors are trained in using the video monitoring system as part of their induction. Teaching staff and supervisors are trained in evidence-based practice by INPECS, to include the information in the curriculum.

4.6.3b Analysis

Because of the global pandemic, BCC has accelerated a stronger integration of the virtual learning environment into the curriculum and students can now access all necessary materials on the VLE. As students currently do not have access to a physical library, students have full access to PROQUEST, so that they can still access all the resources they need in the virtual world. Guaranteed standards of physical technologies and implementation of sufficient IT materials are defined.

4.6.3c Conclusion

BCC fully 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

BCC has a strong, cohesive faculty developed systematically over the past few years and has made good use of in-house educational expertise in terms of the development and quality assurance processes of the curriculum. As well as in-house continuing professional development currently, and planned for the future, a number of faculty have been enrolled on postgraduate medical education programmes.

4.6.4b Analysis

Although substantial progress has been made in this area, BCC could consider shorter, focused educational programmes for faculty, that might provide more relevant educational benefit on teaching, learning and assessment sooner than Masters level programmes and which might not be appropriate for all levels of teaching staff. BCC might consider, for example, encouraging staff to attain Fellowship of the Higher Education Academy through a portfolio route which would be directly applicable to their teaching duties.

4.6.4c Conclusion

BCC 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 to ensure best employment of its resources.**


4.6.5a Description

The College Executive Board oversees all administrative, educational and technical support by contracting facilities, purchasing equipment and overseeing agreements with other institutions. Twelve BCC staff provide technical support including the VLE, security, backing up of data, user management, induction of staff and students to the system and on-going training. The College also outsources some services related to learning and teaching resources to a number of external companies. The Executive Board receives staff and student feedback through the various committees on the adequacy of the administrative and technical support available each year. This Board also reviews the budgetary projections for these support activities.

4.6.5b Analysis

BCC has a strong and diverse team of staff involved in coordinating or giving support to students and teachers on the use of learning resources. As a result administrative and technical staff are sufficient to support the College's activities and to ensure good management and use of its educational resources. Strategic planning guides the budgetary projections for these activities.

4.6.5c Conclusion

BCC 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.

4.7a Description

The College is committed to developing a strong research culture and ethos and aspires towards providing its students with a research-led programme of study. The relationship between research and teaching is embedded across all years of the curriculum. Many staff are involved in the development and facilitation of health care related research projects. The College is now directing more resources towards encouraging and supporting staff to pursue further research-related training such as Master's qualifications. Staff appraisal is used to encourage staff to pursue and advance in research matters. The College established a Research Committee in 2011 and has recently set-up an Ethics Committee. The College has good access to a wide range of electronic databases in order to undertake research and conduct literature reviews. It also has the statistical package, SPSS available to all staff and students. BCC has started to take part in small externally funded research studies and publish articles in peer-reviewed journals and present work at international meetings. A small amount of money is available each year for staff to attend scientific meetings so as to increase their research knowledge and better inform their teaching practice.

4.7b Analysis

It is evident that the College is making significant strides in creating a research within the institution. Research is embedded across the curriculum culminating in the final year 6000 word individual student research project. The recently formed Ethics Committee appears to be working well and is capable of handling the number of student research projects generated each year. The library resources are adequate for both staff and students to undertake their research studies. All staff have an induction process into the role of a project supervisor.

The College does, however, have difficulties in recruiting chiropractors with both teaching and research experience and hence who can act as final year research project supervisors. The amount of research equipment available is small and there are budgetary constraints that do not allow the College to improve this situation. There is a need for further staff development in the area of research and evidence-based practice. There is evidence that staff are publishing some of the research investigations and/or presenting this work at scientific meetings. The College should encourage more staff to enrol on Masters and PhD programmes so as to

increase the research capacity available, particularly if the institution grows in future years.

4.7c Conclusion

BCC substantially complies with Standard 4.7. 

4.8 PROGRAMME EVALUATION

4.8.1 Mechanisms for programme evaluation

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

4.8.1a Description

BCC has a policy and procedures handbook which outlines the robust mechanisms it has in place for programme monitoring and evaluation. Through its ASRC it has a mechanism through which data is collected, analysed and reviewed and changes put in place as a result. Students have representation on various committees and are involved in the evaluation processes, as appropriate. There is also a clear system for students to raise any concerns, and an appeals process in place if necessary.

External examiners are in place but do not review lower weighted coursework, and have not reviewed research projects or portfolios for the last three years.

4.8.1b Analysis

BCC's mechanisms for programme evaluation are generally robust, and there is clear evidence that the curriculum in all aspects is reviewed internally on a regular basis. Student progress and student outcomes are also reviewed, and there are clear mechanisms for supporting students and addressing any concerns.

BCC should consider inviting external examiners to consider reviewing their role in approving all coursework, and also in verifying the marking of important higher level student work including projects and portfolios.

4.8.1c Conclusion

BCC substantially complies with Standard 8.1 

4.8.2 Faculty and student feedback

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

4.8.2a Description

The BCC has robust procedures for collecting and analysing feedback. Student and staff feedback is reviewed through the corresponding committees, whilst module leaders provide academic feedback to the heads of units as part of module and programme review. All feedback is analysed by the Academic Strategy and Review Committee and can lead to changes in the programme of study. Additional feedback is delivered by external evaluators. Students receive evaluation forms each semester, which gives an opportunity for them to review the quality of the College, the programme and individual modules. All feedback is colour coded to provide easy navigation around matters which are still pending or which have been completed.

4.8.2b Analysis

Students and staff have multiple mechanisms tools to provide feedback. Students are encouraged to talk directly to staff as a first line of communication, but there are other formal channels which can be used if necessary. Students and staff reported that communication channels were open and that their feedback was actively considered.

4.8.2c Conclusion

BCC fully complies with Standard 8.2 

4.8.3 Student cohort performance

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

4.8.3a Description

BCC monitors and analyses student cohort performance, including academic performance, progression, withdrawal and dismissal, the need for remedial work and total student attrition through the ASRC. This work is focused on the individual student and also on overall cohort performance. Monitoring of individual student performance also covers language development, professionalism, engagement in the programme and personal development planning.

4.8.3b Analysis

BCC has a robust system in place for monitoring and analysing student cohort performance at both the individual and cohort level and mechanisms for detecting individual student issues and dealing with them promptly.

It would, however, benefit from reviewing the performance of each cohort from admission to graduation to see whether lessons could be learned in terms of admissions criteria, student support needs and overall performance.

4.8.3c Conclusion

BCC substantially complies with Standard 8.3 

4.8.4 Involvement of stakeholders

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

4.8.4a Description

The principal stakeholders within the College are involved in the evaluation of the programme. Staff and students are involved via their representation on Boards and Committees. Additionally students provide feedback via evaluation forms that are administered twice a year and staff provide feedback via staff-appraisal. Patients of the BCC Chiropractic Centre provide feedback via a patient questionnaire. The Academic Strategy and Review Committee and Research Committee which includes administrative staff, part-time and full-time teachers and student representatives post the agendas and action lists on the VLE for access to all principal stakeholders. The Board of Governors has ultimate responsibility for the programme and meets 3 times a year and holds monthly teleconferences for evaluation and monitoring of the programme. UPF had a former Vice Rector co-directing the Masters component of the programme but given changes in Spanish politics UPF is no longer involved with the Masters and thus has become the responsibility of BCC. The BCC Principal and Head of Clinical Unit attend, and present a BCC update to the AEQ Executive, at an AEQ General Assembly once per year.

4.8.4b Analysis

BCC communicates with principal stakeholders regarding the educational and training provision. Although changes in Spanish politics have affected the award by the public university, it remains a very positive stakeholder.

4.8.4c Conclusion

BCC 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 College was founded as non-profit organisation. The institution has a well-defined committee structure.

The College is overseen by a small Board of Governors with an appointed chair who meet four times a year. The day-to-day running of the College is overseen by the Principal who has been in post for 10 years. At the institutional level the highest academic committee is the small Executive Board (three members) who meet at least every month and prepare educational business and budgetary plans for approval by the Board of Governors. Other key committees that feed into the Executive Board include the Academic Strategy and Review Committee, Student and Staff Liaison, Exam Board, Research and Ethics Committee, BCC Chiropractic Centre Committee, Staff Plenary Consultative Committee, Administration (Admissions, Learning Support and Resources) and Professional Standards and Disciplinary Committee. Students are represented across all the committees including the Board of Governors. As this is small institution some individuals are members of several committees.

The College has signed educational agreements with several other public higher educational establishments in Barcelona including UPF and Universitat Autònoma de Barcelona. Students have access to the excellent anatomy and library facilities at these universities.

4.9.1b Analysis

The governance and committee structures within the College are well defined in terms of remit and relationships. Recently the committee structure has undergone some revision and simplification with the creation of the Executive Board to oversee the day-to-day running of the institution. This, however, will require some bedding into the institution. The Board of Governors have increased their membership to include lay members and those with educational expertise. There is good student inclusion across the committee structure including a representative on the Board of Governors.

4.9.1c Conclusion

BCC 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

BCC has a new academic and management structure which allows it to be more agile and responsive to the evolving needs of a small independent institution. The Principal of the institution is a chiropractor and the role is clearly defined. The Principal is appraised by the Board of Governors on an annual basis.

4.9.2b Analysis

There are clear academic management structures in place, and strong leadership by the Principal supported by the senior team.

4.9.2c Conclusion

BCC fully complies with Standard 9.2 

4.9.2 Educational budget and resource allocation

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

4.9.3a Description

The College operates in accordance with its third strategic plan covering the period 2020-2024. The plan covers the medium- and longer-term educational budgetary projections. The operational educational budget is reviewed on a monthly basis by a small team including the College Manager and Principal. An update of this budget is given to the members of the Board of Governors once every quarter. The Board of Governors has a finance sub-committee. Resource allocation is reviewed annually taking into account student numbers and feedback from the various quality assurance committees.

Financial analysis has shown that the College has experienced some growth in the past three years but at a much slower rate than projected. The College is working hard to diversify its source of income and to increase the marketing budget so as to increase student numbers in the future.

4.9.3b Analysis

There is good evidence of sound financial planning and resource allocation to ensure the viability of the College and the chiropractic programme. It is clear how financial information is handled and transmitted to the Board of Governors. The day-to-day monitoring of expenses enable good targeting of the allocation of financial resources and limits the risk to the College. However, the College operates on narrow financial margins. This factor would need to be addressed if the College wishes to grow in the future. The effect of COVID on the finances will also need to be addressed and how this impacts upon the five year strategic plan.

4.9.3c Conclusion

BCC substantially 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

Ever since its inception, BCC has been challenged with the lack of regulation of the chiropractic profession in Spain. Unfortunately, this situation hinders the development of agreements with the other members of the healthcare sector in Spain. Nevertheless, BCC has managed to secure some important collaborative agreements with a local laboratory analysis centre, a close relationship with a local special imaging centre, and a new agreement with a local medical centre with a variety of professionals that have begun to interact functionally with BCC. Another advancement was made with the employment of an in-house nutritionist, a physiotherapist and a psychologist who work as collaborative specialists in the BCC Chiropractic Centre as care providers for patients and consultants/collaborators with students. BCC has good relations with two other public universities in Barcelona other than the UPF. It is important to note that UPF no longer can grant the Master's degree given the changes in Spanish politics and that this is now granted by BCC. There is an ongoing good relationship with the Spanish Chiropractic Association (AEQ). The BCC Principal informs the Association of ongoing development by way of providing an annual update at the AEQ Annual General Assembly. The AEQ has donated funds for the purchase of chiropractic teaching materials. Students are student members of the AEQ and have an active involvement with the World Council of Chiropractic Students (WCCS). In order to conform to regulations, BCC maintains appropriate relationships with local government bodies.

4.9.4b Analysis

There is evidence of good relations and communication between BCC and the professional sector including the professional association, other chiropractic colleges in Europe and individual chiropractors. There are also good relationships with local higher education institutions in Spain, and there has been progress made with a local medical centre. That the difficult chiropractic legal situation complicates developing collaborative agreements is understandable, however further collaborative efforts should continue with higher learning institutions given that a Master's degree assigned by such an institution would undoubtedly be of benefit.

4.9.4c Conclusion

BCC 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) The outcomes of these procedures should be made public (i.e. institutional websites) and should lead to continuous improvement of the programme. Institutions should publish information about their activities, including programmes, which is clear, accurate, objective, up- to-date and readily accessible.

4.10a Description

BCC is a relatively new higher educational institution that has successfully implemented a chiropractic programme in a setting in which chiropractic is still not recognised under Spanish law. There is a new Executive Board who collect and monitor key quality performance indicators across the institution. BCC has been

proactive and responsive to continuous renewal. This has included the recent appointment of new full- and part-time chiropractors, use of a DACBR in the teaching of radiology and several key staff are engaged in post-graduate education in the UK. Other areas include the setting up of the new Academic Strategy and Review Committee and expansion of the clinical transition programme.

4.10b Analysis

BCC has robust mechanisms in place for continuous renewal and improvement and has the commitment to do so. The institution has good procedures in place for identifying strengths and weaknesses such the annual and strategic reviews and plans. Students and staff have a range of channels available for providing feedback about the operation of the institution and the chiropractic programme. There is a robust external examiner system in place. BCC has started to make use of the views of the patients in the clinic and chiropractors who employ their graduates. However, there is more work needed in these two areas.

4.10c Conclusion

BCC substantially complies with Standard 10. 

5 CONCLUSIONS

5.1 Summary

The BCC chiropractic programme is becoming well established in Spain. The 5-year course is soundly delivered, robustly assessed and serves the needs of its key stakeholders. The outcome is well qualified bilingual graduates, who are able to enter into professional practice throughout the world. All the staff show a strong commitment to teaching and have created a quality environment to enhance the student experience. They have also risen to the challenges of the COVID 19 pandemic in a flexible and dedicated way which is appreciated by the students. There are opportunities to enhance the chiropractic programme further. Future developments will be exciting yet challenging and secure the growth and relevance of the chiropractic programme.

The following commendations and recommendations were made during the evaluation visit:

5.2 COMMENDATIONS, RECOMMENDATIONS AND CONCERNS

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

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

5.3 COMMENDATIONS:

- The strong, committed teaching and administrative staff, who have created a quality environment to enhance the student experience;
- The enthusiastic, cohesive student body, who are ambassadors for the chiropractic profession;
- The pioneering work to establish a bilingual chiropractic programme and the commitment from all to continue to grow and develop quality education;
- The integrated, patient-centred teaching across the curriculum, including instilling professional behaviours through robust Fitness to Practise procedures across the student body as a whole and into student clinic;
- The quick and decisive actions taken to mitigate against the Covid pandemic to ensure that students' teaching, learning and assessment continued and which ensured student progression;
- The incorporation of evidence-based practice throughout the curriculum which was particularly evident in the clinical environment.

RECOMMENDATIONS:

- Ensure that the implementation of the electronic patient record system for new and current patients is undertaken promptly;
- Consider the creation of a patient engagement group and the value that using real patients in the teaching environment can bring to the student learning experience;
- Consider annual appraisal of staff to ensure that performance and development are regularly reviewed;
- Review the QA procedures with respect to systematic use of plagiarism software, and the scope of external examiners duties in relation to lower weighted assessments;
- Evaluate whether student qualifications on admission and current learning support mechanisms affect cohort overall attainment at graduation;
- Consider a variety of avenues to support staff in achieving recognized postgraduate qualifications, which will allow them to demonstrate their understanding of teaching, learning and assessment;
- Continue to actively explore collaboration with a higher education institution that can support the College in awarding a Master's qualification.

CONCERNS:

There are none.

5.4 Acknowledgements

The Team wishes to extend its thanks to the staff and students at BCC for their professionalism, hospitality and courtesy afforded to it during the three-day virtual visit.

APPENDIX 1 – SITE VISIT TIMETABLE

Sunday 24th January	Meeting with	Personnel	Team members	Standards
Evening	Preparatory meeting of team		All	
Monday 25th January	Meeting with	Personnel	Team members	Standards
9:00-9:15	Welcome & Private meeting of team		All	
09.15-10.00	Course management team	Principal and Senior Course Managers	All	2.1,2.8,2.9,3.1,,2,4.3,4.4,,5.2,6.4,6.5 8.1, 8.2, 8.3, 8.4, 10
10.05-10:50	Programme Management to include Quality Assurance	Unit Leaders and those involved in quality assurance issues	All	3.2,4.1, 4.2, 4.3, 4.4, 6.1, , 6.2 6.3, 8.2, 8.4
10:50-11:20	Break			
11:20-12:25	Assessment and Learning	Assessment officer and staff responsible for collating assessments.	All	3.1, 3.2,8.3
12:30-13:15	Meetings with pre-clinical students	Up to 4 students from each of the pre-clinical years – NOT to include class reps	All	1.2,1.3,2.1,2.8,5.1,5.2,9.1,9.2,9.3, 10
13:15-14:00	Lunch			
14:00-14.45	Students in Clinic Year	6 students – NOT to include class reps	All	2.7,6.2,7,10
14:50-15:35	Human Resources (HR) representatives	HR manager, admissions officer and relevant personnel	All	5.1, 5.2, 6.5
15:35-16:00	Break			
16:00-16:45	Meet part-time staff working less than 0.8 FTE	Administrative and teaching	All	2.1,2.2,2.3,2.4,6.4, 6.5

Tuesday 26th January	Meeting with	Personnel	Team members	Standards
09.00-9:45	Staff delivering basic sciences and social sciences	Lecturers from areas such as: anatomy, physiology, chemistry, physics, biology, psychology	All	2.3,2.4
9:50-10:35	Clinic Faculty (chiropractic)	FT & PT Teaching faculty to cover all areas of clinical science teaching and practical technique	All	1, 2 (with exception of 2.6), 3, 5.2, 6.2, 6.3, 6.
10:35-11:05	Break			
11:05-11:50	Subsequent stages & links to profession and patient involvement	Rep from external bodies and patient panel reps (where possible)	All	1.4,2.7,2.10,8.4,9.4,2.10
11:50- 12.50	Lunch			
12:55-13:40	Research and teaching	Staff responsible for managing under-graduate research teaching (and post-graduate research teaching if applicable)	All	2.2,2.6, 7
13:45-14.30	Student support and representation	Student societies members and year class reps	All	4.3,4.4
14.35-15.10	Marketing/ Learning Resources/ Library/IT	Head of Learning Services, IT Manager, Marketing	All	6.1,6.3,6.4
15.10-15.45	Finance and budget	Financial official (s)	All	9.3
15.45-16.15	Final meeting with the Principal (if needed)	Principal	All	

16.15-17.30	Private meeting of team		All	
Wednesday 27th January	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 of BCC	Principal and Senior Management team	All	