

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

**EVALUATION TEAM REPORT**

**ANGLO-EUROPEAN COLLEGE OF CHIROPRACTIC  
BOURNEMOUTH, UNITED KINGDOM  
30 JANUARY - 01 FEBRUARY 2012**

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## 1. EXECUTIVE SUMMARY

1.1 The AECC (henceforth referred to as the college) is an independent, not for profit institution founded in 1965 in Bournemouth. It awarded a Diploma in Chiropractic, DC until 1990. Between 1991 and 1997, the BSc Chiropractic, validated by the Council for National Academic Awards (CNAA) was awarded by the Open University. The University of Portsmouth became the validating university in 2001 and validated the BSc (Hons) Human Sciences (Chiropractic) and MSc Chiropractic. In 1999 the GCC initially accredited the programme. The MChiro programme, an undergraduate Masters programme, was introduced in 2004 and became the sole accredited programme of the college. In 2005 validation was transferred to the University of Bournemouth who describe the college as a “collaborative partner”. In 2005 the college became an Associate College of the University.

1.2 AECC delivers undergraduate chiropractic education and training in a BSc-MSc format that was validated by the University of Bournemouth in 2010. The college also delivers a raft of associated degree programmes including; BSc Exercise Science for Bournemouth University (50% delivered by the college) and BSc Community Health validated by the University of Central Lancashire and the following postgraduate courses, MSc APP (Advanced Professional Practice) Musculoskeletal Rehabilitation, MSc APP Clinical Sciences, MSc APP Orthopaedics, MSc APP Paediatric Musculoskeletal Health, MSc APP Sports and Rehabilitation, MSc Ultrasound, which are both part time and distance learning based

1.3 At the last evaluation visit in 2007 the ECCE team identified eleven **Strengths**;

- 1.3.1 The academic and visionary leadership provided by the Principal that has enabled the College to develop its mission as a leading chiropractic institution together with the commitment, support and direction given by the Board of Governors.
- 1.3.2 The development and refinement of the new curriculum which is perceived by students and staff to be a success.
- 1.3.3 The links between teaching and research including pedagogic research.
- 1.3.4 The rolling programme of renewal to the physical facilities which has upgraded lecture theatres and laboratories, and improved IT facilities.
- 1.3.5 The improvement of the IT facilities including the wireless network.
- 1.3.6 The informative college web site.
- 1.3.7 The opportunities provided by public funding and the links to the University of Bournemouth.
- 1.3.8 The development of the new clinic which will further enhance teaching and research facilities in the college.
- 1.3.9 The support for staff development at all levels throughout the college.
- 1.3.10 The sound long-term financial planning.
- 1.3.11 The commitment, loyalty and enthusiasm of the administrative, technical and support staff.

1.4 The following **Weaknesses** were identified;

- 1.4.1 The patient acquisition process in clinic is being placed under strain by a combination of more students and more competing chiropractors in the region.
  - 1.4.2 The time pressures placed on faculty by the new curriculum and its revisions, and the plethora of committees that has consequences for staff development.
  - 1.4.3 The inherent danger in a small body of academic staff of not being able to reward excellence at all levels.
  - 1.4.4 The selection process for students working at the University of Bournemouth clinic together with the lack of other similar clinic opportunities that are perceived to give advantage to some students.
  - 1.4.5 The limited possibilities to participate in hospital practice minimising the possibilities both for exposure to conditions not seen in an ambulatory chiropractic clinic and to interact with other health care professionals.
  - 1.4.6 The integration of the credit point system within the college procedures for progression and award of the qualification that does not always seem to do justice to the structure of AECC's curriculum.
- 1.5 The 2007 evaluation team identified no **Concerns**.
- 1.6 In 2011, the College submitted its Self-Study Report (SSR) for full accredited status with the ECCE. Following review of the SSR the Commission on Accreditation (CoA) of the ECCE deemed that the application was satisfactory and that an Evaluation Visit could and should proceed.
- 1.7 Consequently, a two and a half day Evaluation Visit took place from 30 January to 01 February 2012. The site visit provided further documentary and oral evidence to the previously submitted documents. The college was given feedback at the end of the visit and informed verbally of any strengths, weaknesses and/or concerns regarding its provision of chiropractic education and training.
- 1.8 Members of the Evaluation Team extend their thanks to the college for their openness and the collaborative way that the Evaluation Visit was managed with full access to members of staff, students and documentation. In particular, the Team thanks the college, Principal, Vice Principal, Senior Administrator (Directorate), faculty members, administrative and technical support staff, students and the staff of the University of Bournemouth who all took the time to meet with the Evaluation Team. The team are conscious of the logistical alterations that are set in train by an evaluation visit and thank the college for their acceptance of the team's presence.
- 1.9 This document is the Evaluation Report (henceforth referred to as the Report, or Evaluation Report) compiled by the Evaluation Team based on the evidence provided beforehand and during the on-site visit to the university. The Report was sent in draft format to the college for factual corrections, and the final Report was submitted to CoA on 18 May 2012.

1.10 The COA invited the college to send a representative(s) to its meeting in Amsterdam on 18 May 2012.

1.11 This Report addresses the compliance of the college with each of the ECCE Standards in the provision of chiropractic education and training through the outgoing MChiro and new BSc/MSc (currently in its first year) awards. The outcomes of the Report are as follows (the definitions used are included under 5.2 in this Report):

#### STRENGTHS:

- The link with the University of Bournemouth underpinned by the Partnership Agreement that have led to the sharing of courses, support services, research activities and supervision, and the maintenance of academic quality.
- The senior executive has led the college through difficult times and has encouraged innovation that should enable the college to remain on a sound academic and business footing.
- The establishment of a sound business model that supports the future development of the college as a private educational provider through innovative commercial and research developments.
- The collegiate, family ethos that pervades the whole college, faculty, support staff and students who contribute to the overall success of the chiropractic programme its aims and outcomes.
- The new clinic building which has given the opportunity for the clinical activity to be expanded on the new MSc.

#### WEAKNESSES:

- Off-site links with other health care providers are limited in time, scope and variety.
- External examiner management and training leads to an inconsistent approach to question approval, responding to comments on papers, monitoring instructions, time to complete the monitoring and the quality of the final reports.
- The continuous expansion of demand for IT provision has placed strains on the system both within the college and in its links to the internet that need to be met in order to provide the learning opportunities that the modern student expects.
- The present committee structure continues to be complex and in need of rationalisation.

#### CONCERNS:

There were none.

## 2. INTRODUCTION

- 2.1 AECC was initially accredited in 1992 and this report is the fifth time that the college has sought accreditation from the ECCE.
- 2.2 The Commission on Accreditation (CoA) considered the Self Study Report (SSR) submitted in 2011 by the college for continuation of its accredited status. In November 2011, the CoA approved the documentation, and approved an on-site Evaluation Visit to verify the documentation and consider other evidence available during the visit. Because this was the fifth application for accreditation CoA decided that the length of the visit would be curtailed by up to a day and that the team should total four persons. Members of the Evaluation Team were nominated by the ECCE Executive and each member received the SSR and background papers prior to the visit.
- 2.3 The members of the Evaluation Team were:

Dr Peter Bon (Switzerland) Chair,  
Dr Iben Axén (Sweden)  
Alexander Meier (Denmark), student member and  
David Burtenshaw (UK), Evaluation Secretary ECCE

Peter Bon, DC	Montreux, Switzerland Chiropractor, Former Chair of the CoA, lecturer in postgraduate education Swiss Chiropractic association.
Iben Axén, DC, PhD	Chiropractor, Sweden and researcher at the Karolinska Institutet, Stockholm, Sweden
Alexander Meier	Student member, Fifth year, Syddansk Universitet, Odense, Denmark
David Burtenshaw MA, PgCE, FRGS, FEAC, MCIE	Evaluation Secretary ECCE, formerly Executive Secretary ECCE, and Director Collaborative Programme Development, University of Portsmouth. Chair of Examiners, Welsh Joint Examinations Council, Cardiff.

Mr David Burtenshaw acted as Secretary to the Team and as a member of the Team. The members of the Team were allocated specific sections of the Report as their areas of responsibilities before arriving at the college although the final report has been agreed by the team.

- 2.4 The purpose of the Evaluation Visit was to verify the SSR and other evidence presented by the college, and to evaluate the institution in terms of its compliance with the ECCE Standards in Chiropractic Education and Training (hereafter referred to as the ECCE Standards, or Standards). Based on the SSR and its appendices, and on electronic records, verbal evidence given and observed at the on-site visit, an Evaluation Report compiled by the Team was submitted to the college for correction of any factual errors, and thereafter to the Commission on Accreditation for a decision on the accreditation of the Anglo European College of Chiropractic.

2.5 In addition to the SSR the team received the following papers as Appendices to the SSR:

1. BSc (Hons) Human Sciences MSc Chiropractic Programme Specification.
2. BSc (Hons) Human Sciences MSc Chiropractic Unit Specification.
3. New Curriculum Mapping
4. Research Handbook
5. Academic Board Structure
6. Programme Management Structure.
7. Research Report 2009-2011
8. Postgraduate Research projects considered by the AECC Research Ethics Sub-Committee
9. AECC School Quality Report 2009-2010
10. External Examiners' Responsibilities.
11. Cohort data for Academic years 2008-9, 2009-10 and 2010-2011
12. Partnership Board – Terms of Reference.
13. Governance Management Handbook.
14. CVs of Academic Staff.

Electronic copies of all the relevant college documents and minutes were available in the Base Room. These had been assembled in a logical format together with a site map that enabled the team to trace and read all that they needed within the time constraints of the visit.

2.6 All members of the Team were presented by name beforehand to the college, 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 were declared.

2.7 A draft timetable for the visit was sent to the college, and the final schedule is appended to this Report.

2.8 Members of the Team arrived in Bournemouth on 29 January 2012 and held a preliminary meeting to confirm final arrangements for the visit. The on-site visit was from 30 January to 01 February (inclusive). Meetings were held with staff and students of the institution. The shortened timescale dictated that private meetings were generally confined to the evenings as the visit proceeded. The Team were able to reflect on the (written and oral) evidence it had been presented with. A Base Room was provided for the Team to hold their meetings, and where the Team had ready access to all relevant files and documentation that had been requested. The Draft Report was compiled on an on-going basis and 6 hours were set aside to complete the draft and feedback orally to the institution.

2.9 Members of the Team were very well hosted by the college, afforded every courtesy and had full access to extensive electronic documentation and to staff and students of the college. Members of the Team and the ECCE extend their thanks and appreciation to the college.

- 2.10 The Draft Report was finalised by the Chair of the Team, and sent to Team members for comments. Based on these, the final draft Report was sent to the college for factual correction and verification. The Chair and Evaluation Secretary finalised the Report and this was submitted to the Vice Chair COA. The Evaluation Secretary presented the Report to COA on 18 May 2012 and representatives from the college attended to receive the decision of the COA on behalf of the college.
- 2.11 This Report includes an Executive Summary, a description of the college and the findings of the Team regarding compliance of the college with the ECCE Standards (Version 3, November 2009). The Report ends with the Conclusions of the Team and any Strengths, Weaknesses and/or Concerns the Team wishes to draw to the attention of the COA. The format of the Evaluation Report is based on the ENQA Guidelines for External Reviews of Quality Assurance Agencies in the European Higher Education Area.

### **3 The Anglo European College of Chiropractic (AECC)**

- 3.1 The college is one of three institutions in the UK recognised by the GCC (General Chiropractic Council). The college was founded in 1965 and moved to its present site in 1982. It has been accredited by ECCE since 1992. It received renewed GCC accreditation for the BSc/MSc in 2011.
- 3.2 The college is an Associate College (Partner Institution) of the University of Bournemouth which is the recognised awarder of two of the undergraduate degrees at the college. It renewed its contractual association with the University following a Partner Institution Review (PIR) for a further five years in 2010. The courses at AECC have been validated by the University since 2005. It is recognised by the Department for Business, Innovation and Skills (the government department responsible for Higher Education) as an “institution which, for the time being, delivers courses that lead to degrees awarded by Recognised Bodies”. In 2002 it was recognised by the Quality Assurance Agency for Higher Education (QAA) as an “institution fit and proper for the receipt of public funds”. It is in receipt of funding through its contract with the University of Bournemouth for student funding. Because the college is an independent organisation it is able to manage its resources in the best interests of the college and its students.
- 3.3 The MChiro award was recognised without conditions by the GCC in 2007 for the period 2013 -2017 commencing with the intake of 2009. The college was commended for its high standard of the documentation produced for the visit, the patient centred curriculum, the evidence of team working in the development of the curriculum, the commitment of academic, administrative and support staff, and the extent and quality of the learning resources and plans for the new clinic. The GCC panel made the following recommendations: the College should continue its work in developing a strategy for ensuring students’ fitness to practise and the requirements for GCC registration should be made clear in the College’s information provided to applicants prior to entry to the programme and also that these requirements should be reinforced at registration for the start of each academic year.
- 3.4 Besides training in Chiropractic, the college offers two further programmes in association with the University of Bournemouth; BSc (Hons) Exercise Science (Health and Rehabilitation) and BSc (Hons) Community Health and Rehabilitation. It also offers a series of programmes at Masters and Doctorate levels. The MSc Advanced Professional Practice includes a set of awards; MSc APP Clinical Sciences, MSc APP Paediatric Musculoskeletal Health, MSc APP Sports and Rehabilitation, MSc APP Musculoskeletal Rehabilitation, and MSc APP Orthopaedics. All of the Masters programmes provide the opportunity to achieve a PgCert and PgDip as the student progresses towards the MSc. The college also delivers CPD events.
- 3.5 The following section gives the findings of the Evaluation Team with regard to the compliance of AECC with ECCE Standards (2009) in the provision of chiropractic education and training through the awards of MChiro, the current award, BSc Human Sciences at the end of three years study, and MSc Chiropractic after a further two

years of study. At the time of the visit only the first cohort were on the BSc/MSc programme; all other years were enrolled on the MChiro programme. All the degrees are awards of the University of Bournemouth. The findings of the Team are based on documentation presented by the college prior and during the on-site visit as well as from face-to-face meetings arranged as part of the on-site visit.

## 4. ECCE STANDARDS COMPLIANCE

### 4.1 AIMS AND OBJECTIVES

#### 4.1.1 Statement of Aims and Objectives

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

##### 4.1.1a *Description*

The AECC states that the prime objective of any vocational healthcare programme is to prepare graduates for the demand of their chosen profession. It adds that at the point of graduation, students must be equipped for and capable of independent practice. Amongst many other competencies, the AECC expects from their graduates abilities in integrating knowledge from a variety of sources, critical appraising relevant information and effectively applying conclusions, where appropriate, to the management of individual patients within a framework of a modern, regulated healthcare profession.

The College is committed to excellence in educating quality chiropractors who are safe and competent to practice as primary contact clinicians. There is a clear and documented vision and mission to prepare graduates for the demands of today's healthcare environment as autonomous, integer, innovative, collaborative and ethical practitioners striving through continuous improvement at excellence (in everything they undertake).

The patient centred educational process provides scientific and clinical knowledge with the skills and approach that enable the integration of critically evaluated research evidence, clinical expertise and patient choice.

The aims and objectives of the new programme are stated as follows:

- “To prepare graduates to act as safe and competent primary contact clinicians
- To produce graduates who can deliver the highest standards of care in the context of and responding to their community needs and the wider healthcare environment
- To produce graduates capable of practicing within a patient centred model with the skills and approach that enable the integration of critically evaluated research evidence, clinical expertise and patient choice
- To produce graduates with attitudes and skills that engender lifelong learning and continuing professional development with a view to achieving the highest professional standards

- To provide graduates with an understanding of the scientific method in the context of modern healthcare and the knowledge and skills that underpin this paradigm both at foundation and advanced level
- To produce graduates with effective skills of listening, interpreting and communicating within the healthcare arena with emphasis on the psychosocial issues inherent in this activity.”

The statement of the aims is made known electronically through the institution’s internal S-Drive to:

All members of the faculty, administrative staff, management and academic executive

- The staff of the Educational Development and Quality Department of Bournemouth University,
- The External Examiners,
- The UK GCC,
- The students through the Student Handbook with detailed aims and objectives for each unit and subject area available through the VLE and the College’s intranet.

#### *4.1.1b Analysis*

The statement of aims and objectives of the BSc (Hons) Human sciences and MSc Chiropractic programmes provided by the AECC encompass the knowledge, skills and attitudes necessary to educate safe and competent primary contact practitioners.

#### *4.1.1c Conclusion*

The college fully complies with Standard 1.2.

### **4.1.2 Participation in Formulation of Aims and Objectives**

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

#### *4.1.2a Description*

The principal stakeholders include the public and patients, the General Chiropractic Council, the validating university, students, staff and the chiropractic profession.

#### *4.1.2b Analysis*

There is good evidence that the validating university, staff and GCC are fully aware and involved in the definition of aims and objectives of the programme. The chiropractic profession is significantly represented at the Board of Governors, providing another route of input into the formulation of aims and objectives.

#### *4.1.2c Conclusion*

The college fully complies with Standard 1.3.

### 4.1.3 Academic Autonomy

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

#### 4.1.3a *Description*

The college has always had the autonomy to develop its curriculum, have its curriculum subject to validation and periodic review, and have its programme accredited. Within the college the committee structures evaluate and support curriculum change. Changes are taken to the University's Educational Development and Quality Committee for approval. As Partner Institution, proposals for changes affecting the Unit or Programme Specifications or Assessment Schedule have to be approved by Educational Development and Quality at Bournemouth University and, depending on the issue, can be considered at the level of the Academic Standards Committee of the university. It has to be noted that there is a regular representation from AECC at this committee

The Year Steering Groups review the content and delivery of subject disciplines within a year taking into consideration the student feedback. This group reports to the Programme Steering Group. Matters that cannot be treated at the level of the Year Steering Group are managed by the Programme Steering Group either directly or by submitting proposals to the AECC Academic Standards and Quality Committee or Planning, Policy and Resources Committee. These two academic committees report to the AECC Academic Board for final approval.

#### 4.1.3b *Analysis*

AECC has complete autonomy with respect to the content and delivery of the curriculum. There is no evidence of any undue influences as to compromise the operations and activities related to the provision of chiropractic education and training.

#### 4.1.3c *Conclusions*

The college fully complies with Standard 1.3.

### 4.1.4 Educational Outcome

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

#### 4.1.4a *Description*

As detailed in the Programme Specification Document, the AECC prepares its graduates to achieve a broad range of exit outcomes encompassing key competencies such as the development and application of knowledge and skills related to research evaluation, the abilities necessary for assessing health of patients, effective communication skills and understanding the nature of professional accountability. The

contemporary primary chiropractic clinician is defined under three main themes: the chiropractor as a scholar and scientist, as a practitioner and as a professional

*4.1.4b Analysis*

The exit outcomes are precisely stated. The Programme Specification document provides the detail on the match between intended learning outcomes and competencies expected from the graduates.

*4.1.4c Conclusion*

The college fully complies with Standard 1.4.

## **4.2 EDUCATIONAL PROGRAMME**

### **4.2.1 Curriculum Model and Educational Methods**

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

*4.2.1a Description*

The SSR provides an excellent rationale for the curriculum model which has been drawn from research into modern undergraduate health education. The model places emphasis on blended learning, the integration of traditional and modern learning enhanced by E-learning, interactive learning based on new technologies, self-directed group work and mentoring by senior students. The key features are defined as follows: Outcome-driven, Blended learning and Evidence Informed Practice. The SSR also looks at the model and applies it to the BSc and MSc programmes justifying the importance of evidence informed (based) practice. The BSc Key features are categorised into Portfolio-Based learning and Assessment, Clinical Observation Programme, Case-Based learning and into a rationalisation of Learning Outcomes, diminishing the delivery of the new undergraduate programme to not more than six units per academic year with the advantage of reaching a much more acceptable total number of independent learning outcomes per academic year with the consequence of a reduction in assessment load. The MSc Key features encompass the Professional Development Portfolio (PDP) referring to the repository of observation, critical reflections, learning needs, self-evaluation and external feedback; the Peer Assisted Learning aiming at developing the role of the student as a mentor and facilitator of learning others, as an interpersonal skill-set fundamental for successful patient consultations; Assessments methods, including cased-based MCQ, OSCEs and OSLERs recently introduced for clinical assessment; Mini-Cex evaluation exercise; Case-Based Discussion as a structured interview with a student, based around clinical entries he has made within a patient's record; Direct Observation of Procedural Skills (DOPs), evaluating the technical competence of clinicians in performing therapeutic or patient assessment procedures; Multi-Source Feedback collecting feedback from multiple sources, including colleagues and

patients in order to provide a general appraisal of the students' abilities and aptitudes within the clinical setting.

The key curriculum change at the MSc level is the two year clinical internship which provides a range of mentoring opportunities between MSc years, opportunities to present case-week studies to the BSc cohorts and, above all, gives a more thorough introduction to research and practice.

#### *4.2.1b Analysis*

Discussion of the relationship between education methods and the AECC curriculum model is the largest section of the SSR (8% of the total document). The model does expect graduates to be committed to this way of thinking and practicing their profession. The new curriculum structure, composed of an undergraduate BSc (Hons) in Human Sciences programme and a postgraduate MSc Chiropractic programme, has been introduced in September 2011.

The curriculum model is broad based and developed on modern medical educational methods. It integrates perfectly the categories of a contemporary primary chiropractic clinician, namely the chiropractor as a "Scholar and Scientist, as a practitioner and as a professional".

The University of Bournemouth validation has resulted in a rationalisation of the number of units per year (12 to 6) and the total number of Intended Learning Outcomes. These changes bring the college into line with accepted practice in the UK. The use of students as mentors extends throughout the programme and aims to enhance learning in between the cohorts. The two year clinic internship has built upon the experience of the college with the one year internship on the MSc. Much of the detail is still to be finely tuned but the expectations outlined in the SSR together with the programme and unit specifications point to the continued achievement of the aims and objectives from the programme.

The evaluation team and the students identified curriculum issues during the transitional period that started in September 2011 as the MChiro and the BSc/MSc Chiropractic programmes are run in parallel through to July 2015 when students on the last cohort of the MChiro programme will graduate. Students were concerned that during this transitional period, a MChiro student failing one year will see his/her studies lengthened by 2 years, since (s)he has to resit the year in the BSc/MSc programme. Another problem can arise in year 4 for the students of the MChiro programme, since they will accomplish their clinical training at the same time as the 1<sup>st</sup> year students of the Master programme which will put strain on them with regard to the fulfilment of the required achievement of patient treatment and new patient examination numbers. In case this should happen, the AECC foresees that recommendations will be put forward on a case to case basis by the Undergraduate Student Progress Committee.

#### *4.2.1c Conclusion*

The college fully complies with Standard 2.1

## 4.2.2 Theory of Chiropractic and the Scientific Method

**The chiropractic institution must teach the theory and principles of chiropractic practice, the scientific method, other forms of research inquiry and evidence-based practice, including analytical and critical thinking.**

**The curriculum must include elements for training students in scientific thinking and research methods.**

### 4.2.2a *Description*

The concepts and principles of chiropractic practice are covered throughout the programme and tutors are expected to utilize or refer to research evidence to support their teaching. Unit 101 intends to develop an ability to interpret and critically appraise published clinical research evidence with a view toward evidence based healthcare practise. An outcome of Unit 306 is to develop an evidence informed approach to clinical practice. The student research handbook reinforces this aim by stating “to provide an opportunity to carry out the planning and implementation of a research enquiry designed to answer a research question”. The assessment of the BSc will be partly based on a small group presentation concerning the evidence base of a clinical case.

The Masters programme embeds the critical thinking, reflection and practice underpinning the use of evidence informed practice. The student research handbook states that “the focus is on maintaining and using evidence searching and appraising skills”.

### 4.2.2b *Analysis*

The team learned that research evidence is supplemented with the tutors’ clinical experience, which may, however, also be a necessary element in the process of critical thinking and reflective learning. The balance of the two is, however, not clear. The use of references in the interns’ portfolios demonstrates the importance of research inquiry and reflective learning. The students expressed satisfaction with this learning model.

The MSc awarded is not the “usual” academic MSc, but a professional degree. An academic MSc would entail a thesis with a scientific contribution to the research evidence as the basis for the degree. It was accepted that the MSc was validated as a professional degree.

### 4.2.2c *Conclusion*

The college fully complies with Standard 2.3

## 4.2.3 Basic Biomedical Sciences

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

#### 4.2.3a *Description*

The basic biomedical sciences are taught in years 1 and 2. Year 1 comprises the unit “Human Function and Dysfunction I and II”, encompassing basic physiology, biochemistry and pathology. The unit “Human Structure I and II” teaches normal functional and clinical gross anatomy of the human spine and viscera and of the head, neck and central nervous system. Content is arranged by topic, both regional and systems-based.

In year 2, the unit “Human function and Dysfunction III” aims to develop knowledge in physiology, biochemistry, pathology and pharmacology of the immune system and the normal and abnormal responses to damage and infectious agents. In unit “Human Structure III” the student uses the acquired anatomical knowledge to describe pathological states using imaging studies.

#### 4.2.3b *Analysis*

There is evidence that the basic medical sciences are taught in a relevant way with respect to the overall objectives of the curriculum. Equally, its relevance is apparent to the students and its integration into the clinical elements of the programme assured.

#### 4.2.3c *Conclusion*

The college fully complies with Standard 2.3

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

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

#### 4.2.4a *Description*

The Programme Specification Document for the BSc/MSc states the outcomes for each level of the programme. The intended learning outcomes, learning and teaching strategies and methods include the contribution of the behavioural and social sciences to the practice of chiropractic. The social sciences are embedded within the integrated curriculum. For instance, psychosocial knowledge is used within Year 3 Clinical Management II to assist the management of disorders and chronic pain. This is followed up in Clinical Management III by a focus on patient management. Integrated Patient Management develops the student’s understanding of the principles of patient management within the context of the out-patient clinic and the GCC’s Code of Practice. Ethical practice underpins all of the teaching and learning. In the case of undergraduate projects (dissertations) the emphasis is on vetting the feasibility of proposals within the resource and time constraints of the college. Where appropriate, dissertation proposals will be taken to the AECC Ethics Sub-Committee and then reported to Research and Staff development Sub-committee and the Academic Board.

#### 4.2.4b *Analysis*

The SSR refers to the assessment of professional attitudes, patient centred care and maintaining health and safety in the clinical setting in line with the GCC Code of Practice in Unit 402. The MSc unit descriptors had been rewritten to comply with the condition imposed by the University's validation committee. Ethics and jurisprudence are taught within the context of the UK. While it would be ideal to enable students to study the legal aspects of chiropractic in their home country, the reality is that the various Graduate Education Programmes will provide the necessary framework.

#### 4.2.4c *Conclusion*

The college fully complies with Standard 2.4.

### 4.2.5 Clinical Sciences and Skills

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

#### 4.2.5a *Description*

Units 102, 201, 203, 301, 302, 303, 304 and 403 have been designed to enable the student to acquire the clinical examination, diagnostic and management skills necessary to become a proficient chiropractor.

#### 4.2.5b *Analysis*

The team learned that the intent is to support an extensive evaluation of the clinical skills of a student. These are designed to assess the integrative abilities of the student, and are to be compared to the performance on the topic evaluations of each student. The external examiners get some training, are encouraged to debate answers among them before grading and are supposed to receive feedback from students. Further, the team also learned that senior students are helping juniors with mock exams to facilitate learning.

#### 4.2.5c *Conclusion*

The college fully complies with Standard 2.5

### 4.2.6 Clinical Training

**The chiropractic institution must identify and include a period of supervised clinical training to ensure the clinical knowledge and skills, communication skills and ethical appreciation accrued by the student can be applied in practice, and so enable the student to assume appropriate clinical responsibility upon graduation.  
Every student must have early patient contact leading to participation in patient care.**

#### 4.2.6a *Description*

The Clinic has been awarded the *Patient Partnership Quality Mark (PPQM)*. In order to receive the award practices are required to demonstrate that they meet patient expectations in a wide range of areas. Students are expected to engage in the Clinical Observation Programme at all levels commencing at the outset of their studies. The programme intensifies as the course progresses. The programme of clinical training is interdisciplinary so that students interact and co-manage patients with a number of health care professionals who attend the teaching clinic. Clinical rounds at Bournemouth Hospital provide the opportunity for integration with other health professionals on the clinical rounds.

The Community Outreach Programme (COP) and the Sports Performance Rehabilitation Injury Team (SPRINT) provide structures for students to engage in public forums. The student portfolio is a continuous record of an individual student's clinical training.

#### 4.2.6b *Analysis*

The teaching clinic has very good, modern examination and treatment facilities. The Rehabilitation Unit focuses on basic training and is utilising highly sophisticated equipment as well. All students are taught to use the basic rehabilitation facilities in patient management. A few have special interests in sports rehabilitation and exercise physiology and are able to make use of the advanced equipment available.

The satellite clinic located on the Bournemouth University campus was the first step in an effort to secure patient inflow for the raising student numbers with the advent of the MSc two year clinical period. Further, this is providing a different case-mix and an opportunity to learn the business and commercial aspects of running a chiropractic practice. A further clinic has been established in Southampton, currently run by two recent graduates where students will be able to experience a commercial clinic in the future. There are plans for further outreach clinics in the pipeline.

Visits to other health care providers are not very extensive despite the intentions expressed in the SSR. Both students and staff expressed the desire to expand this programme, in content (to include orthopaedics, neurology and rheumatology) and extent but the nature of health care in the UK is a brake on progress. The COP was identified as being appreciated by students and staff alike. The SPRINT programme is a voluntary programme that engages about 50 % of the clinic interns. The students and staff expressed satisfaction with the clinic programme and the staff believed that there would be an increased sense of continuation with the MSc programme, as the 4<sup>th</sup> years interns will have time to observe the 5<sup>th</sup> year interns before taking over.

The evaluation team became aware that the new two year clinic training programme might create a perceived divide between the BSc and MSc years. The college was aware of the issue and will be monitoring progress to ensure that the programme remains a single programme in its intent.

#### 4.2.6c *Conclusion*

The college fully complies with Standard 2.6

#### 4.2.7 Curriculum Structure, Composition and Duration

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

##### 4.2.7a *Description*

The Programme Specification Document and the Unit Specification Document provide extensive detail of the content, intended learning outcomes (ILOs), and assessment of the programmes. The BSc programme is 3 years and the MSc 2 years and it is expected that this will fulfil the requirements of the GCC who were satisfied that the current MChiro fulfilled UK requirements. The college have a long history of developing integrated approaches to the discipline since the development of the MChiro in 2002. The new programme contains comprehensive ILOs that support progress through the five years towards independent primary care practice. ILOs detail knowledge, understanding, intellectual, practical and transferable skills and how these together relate to teaching, learning and assessment, and the outcomes for each year of the programme.

##### 4.2.7b *Analysis*

The college in collaboration with the University of Bournemouth, whose validation template has been used throughout, have developed and enhanced the structure of the curriculum. The route to the final definitive documents is well documented and available in the extensive digitised records of all of the decision-making committees and sub-committees of the college, and the University's Validation Committee.

##### 4.2.7c *Conclusion*

The college fully complies with Standard 2.7.

#### 4.2.8 Programme Management

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

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

##### 4.2.8a *Description*

The Programme Steering Group (BSc/MSc) is responsible for all matters associated with the content, delivery and assessment of the Programme. Several sources report academic matters to the PSG, such as the Year Steering Groups, the Student Focus Groups, Learning Resources and the Clinical Examinations Group. The PSG, in its meetings which take place at least twice per term, will take advice as necessary and make recommendations to the Standing Committees of the Academic Board for

approval. Another task of the PSG is to produce an Annual Report on Programme Monitoring (ARPM), in accordance with BU policy and procedures, enclosing annual evaluative reports from the Student Union, the Student Perception of Course Survey (SPoC), the Head of Learning Resources, the Prosection Laboratory, the Clinical Examinations Steering Group and the External Examiners.

#### *4.2.8b Analysis*

The PSG is a well-established and mature structure, gaining the necessary input from all important stakeholders. However the Evaluation Team is of the opinion that there is a definite potential for rationalisation of the committee structure. At present the input from the External Examiners into programme management is somewhat patchy partly due to difficulties of recruiting appropriately qualified persons. There is a need to take steps in order to improve their performances.

#### *4.2.8c Conclusion*

The college substantially complies with Standard 2.8.

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

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

#### *4.2.9a Description*

The COP and SPRINT programmes are two attempts to facilitate the linkage between student and professional life. Another is the exchange programme with the osteopathic and midwifery schools. The students attend a mandatory hospital round in geriatric and pain clinics for the total of one day during their clinic year.

Through the Graduate Education and CPD provisions the college provides new graduates with the opportunity to enrol on a Post-Graduate Certificate Professional Development. The college also makes students aware of post-graduate opportunities with the British Chiropractic Association and the College of Chiropractors.

#### *4.2.9b Analysis*

Students and clinic staff expressed that they would like to widen the opportunity for hospital rounds in time and variety. Although it initially appeared that there was no effort being placed on widening opportunities to link with the health care system, it was clear that progress is slow. This is not because of a lack of effort from the college but rather from entrenched interests in the health care system in the UK which resist progress. The University's School of Health and Social Care has assisted the college in its endeavours. The exchange of up to 48 students with an osteopathy college was instigated, managed and financed by the college but not accessible to all. The students expressed a wish to expand this programme.

4.2.9c *Conclusion*

The college partially complies with Standard 2.9

### 4.3 ASSESSMENT OF STUDENTS

#### 4.3.1 Assessment Methods

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

4.3.1a *Description*

Assessment methods consist of both formative and summative assessments, the written exams in accordance with the Bournemouth University's regulations. In the BSc multiple choice and subsequently case based multiple choice and extended matching questions will be utilised. Examination questions will be set using Ebel's process for integrated knowledge exams. Formative assessment will feature in case weeks that become a part of the student's portfolio. The student portfolio is used to encourage reflective learning. The clinic entrance examination is a stand-alone component and will not be a part of the BSc credits. The MSc assessment programme is a departure from the MChiro because it is assessing a two year predominantly clinical training programme. The SSR outlines a range of formative and summative assessment methods which constitute the components of the Professional Development Portfolio. The appeals procedures are documented in the Programme Specification.

4.3.1b *Analysis*

The programme specification and unit specification document all of the assessment methods in detail. The Research Handbook provides copious guidance both on the research process at undergraduate and Masters levels and details the procedural protocols that all must follow. The guidelines include detailed generic assessment criteria for Masters level work developed by the University of Bournemouth.

The verification of assessments using external examiners was under strain because of university regulations requiring a 5 year period before any external examiner from a university may be used again. Examiners for Basic Sciences is not a problem but there is a limited pool of suitably qualified, academically based chiropractors partly because there are only two sources in the UK. The search for these external examiners may have to be extended to include European based academic chiropractors.

4.3.1c *Conclusion*

The college substantially complies with Standard 3.1.

### 4.3.2 Relation between Assessment and Learning

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

#### 4.3.2a *Description*

The Specification Document provides considerable guidance on the links between assessment and learning outcomes. As a general principle, the learning outcomes will guide the development of the assessments. The criteria for progression and assessment schedule are published in the Student Handbook.

#### 4.3.2b *Analysis*

It is too early to judge how the relationship between assessment and learning will develop on the BSc/MSc programme but students did comment about the relationship on the current MSc. The students commented on the assessment load on the MChiro leading to minimal participation in the observational programme in clinic as well as in CPD courses in the current pre-clinic years. The assessment load has been reduced and considerably modified in the BSc/MSc programme.

#### 4.3.2c *Conclusion*

The college fully complies with Standard 3.2.

## 4.4 STUDENTS

### 4.4.1 Admission Policies and Selection

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

#### 4.4.1a *Description*

Admissions policies are continuously reviewed in the light of national changes both in the UK and elsewhere. Applications for 2012 were down 12% compared with 2011 which has inevitably raised issues regarding recruitment of future students. Acceptable academic qualifications for entry to the programme have been consistently applied and are clearly stated in various documents. Entry standards remain high for all entry points. There is provision for students with disabilities and for those holding other qualifications including relevant first degrees. The college continues to recruit from a wide range of countries. Nationals of all countries except Norway and the UK require a letter of recommendation from a chiropractor or a national association. All suitable applicants from Norway and the UK are interviewed prior to an offer being made (via UCAS in the case of the UK). The recruitment of students from disadvantaged backgrounds as a part of broadening participation strategy is within the remit of the University of Bournemouth's Office for Fair Access. The college has relied on the University to meet targets for widening participation rather than establishing its own targets. The commencement of an Access to Higher Education route for recruitment in

September 2012 is to be commended as it will broaden the pool of potential students. The college monitors the effectiveness of its admissions policies throughout the year.

**4.4.1b**            *Analysis*

Due to the changes from MChiro to the BSc/MSc there have been no APEL admissions in 2011 although this route will be possible in 2012. The students were aware of the opinions being expressed in Norway about an oversupply of chiropractors. Although there is no defined quota in Norway, the college has already adopted a strategy to recruit from other countries should the position in Norway become more challenging. The college is applying for “Highly Trusted Sponsor Status” from the QAA/UKBA so that a quota of 22 students may be recruited from beyond the EEA (European Economic Area). The college might be unable to avoid recruiting students from disadvantaged backgrounds in the future and should devise a strategy to recruit from relevant post code areas. The Access programme will demand a new set of pedagogic skill among those who deliver the programme to students who enter with few formal qualifications.

**4.4.1c**            *Conclusion*

The college substantially complies with Standard 4.1.

**4.4.2 Student Intake**

<p><b>The size of student intake must be defined and related to the capacity of the chiropractic institution to provide adequate resources at all stages of the programme.</b></p>
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**4.4.2a**            *Description*

Between 2009 and 2011 the average intake was 140. The total student population on the programme was 596 with a slight majority of females (51.8%). The student body is made up of 36.9% from Great Britain, 22.4% Norwegian, 7.5% German and 7.2% Dutch (71% are EU based students). There is no quota system of any form used in selection. However, it might be that UK immigration regulations impact on the ability of the college to select overseas students. The college has a sophisticated system for matching applications to available places which is linked to the UCAS system and monitored by the Admissions Office. The college has been in receipt of funding for the MChiro from the University of Bournemouth’s numbers together with loans for the student contribution to the fees. The change to the new BSc/MSc will lead to loans being available for fees on the BSc only and self-funding (£11,000) for the duration of the MSc.

**4.4.2b**            *Analysis*

The intake numbers are very strong and are expected to be between 100 and 120 in the coming years. However, should a new course be developed in Norway, this could provide a threat to the current intake numbers. This eventuality is still some way off. The team was also made aware that there is concern in Norway over the current number of qualified chiropractors returning to practice and its effects on employability. In this case there are possibilities to focus on new markets such as

Germany and Italy. In the long term the focus might shift towards recruitment of English and non EEA/EU-students. Additionally there might be possibilities of recruiting students with a BSc in other appropriate health care qualifications for the MSc.

The College has been in contact with the banks concerning different options for student loans. Some students expressed concern about having to pay approximately £11,000 per year fees for the MSc. This might be a transitional issue while the new fee structure becomes more widely accepted.

#### 4.4.2c *Conclusion*

The college fully complies with Standard 4.2.

### 4.4.3 Student Support and Counselling

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

#### 4.4.3a *Description*

Prior to enrolment students are given a Student Information Pack, which includes different materials important for the start at the College. Furthermore the students are given a tour on campus on open days, on interview and during induction. At induction the students are appointed a Personal Tutor, who is their contact person among staff throughout the course of the programme. The students are advised to meet with their Personal Tutor regularly. Personal Tutors and Year Tutors are normally able to identifying unexpected and/or weak examination performance and to intervene at an early stage. The partnership with the University of Bournemouth offers the opportunity for students to use BU's student counselling services. All students with declared specific learning difficulties such as dyslexia are also registered at the University. The students have a full range of extra-curricular activities either within the college or with the University of Bournemouth.

#### 4.4.3b *Analysis*

The services provided by the College itself and through the partnership with Bournemouth University are effective and in line with other HEI's. Students were satisfied with the service. Although it was pointed out that a more proactive "safety net" for students with difficult life situations would be much appreciated. The team is aware that this might not be possible because it requires consent of the specific person.

The tutor system seems to work quite well although students reported that they usually switch to another tutor after some time due to personal preferences.

#### 4.4.3c *Conclusion*

The college fully complies with Standard 4.3.

#### 4.4.4 Student Representation

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

##### 4.4.4a *Description*

The SSR lists the representation of students on the various management groups in the college. The President of the Students' Union (SU) is a full voting member of the Board of Governors. There are no sabbatical officers at present. Elected student members and members of the SU are on all the major decision making bodies. The SSR does not state whether they have voting rights. The student representatives on the various committees demonstrated their enthusiasm for their roles and how they conveyed and gathered ideas from the student body as a whole.

##### 4.4.4b *Analysis*

The formal meetings are but one level of student representation. The termly breakfast or lunch meetings with the Principal or Vice Principal and each cohort are a commendable activity. Students were satisfied with the level of representation and felt that their voice was heard.

Student input into the programme changes was collected through a student survey. A draft of the documentation was given to the Student Union for comments and SU had two students look at it. Other year representatives also mentioned that they had read the drafts before representations were made to the college.

##### 4.4.4c *Conclusion*

The college fully complies with Standard 4.4.

#### 4.5 ACADEMIC and CLINICAL STAFF

##### 4.5.1 Staff Recruitment

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

##### 4.5.1a *Description*

The college is characterised by its high quality of its 51 permanent faculty members whose CVs were made available to the Evaluation Team. All staff are familiar with the comprehensive academic job descriptors for each level of faculty developed in 2008. There are no promotion criteria because the college does not operate an incremental salary system. The college developed its strategic plan for the growth of the college to attract a student body of 600 and to maintain a staff/student ratio of 1:13. The UK

Border Agency (UKBA) regulations prevent the college from recruiting staff from outside the EEA.

*4.5.1b Analysis*

The team learned that the college has applied for chiropractors to be put on the UKBA skills shortage list, but was turned down on a technical problem. With two clinic appointments in the pipeline, this is a problem beyond the control of the college who will consider appealing if the issue becomes more serious. The college is aware of the issue of an aging faculty population and the need for future recruitment. The current SSRs are within the bounds recommended by ECCE.

*4.5.1c Conclusion*

The college fully complies with Standard 5.1.

## **4.5.2 Staff Promotion and Development**

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

*4.5.2a Description*

The college has a comprehensive appraisal system for all staff which identifies the development needs of the individuals. The college ensures that all academic staff members are actively engaged in a programme of CPD and, wherever possible, time for research. There is a broad range of meeting personal, professional and college needs that are embedded in the staff development procedures. The Vice Principal chairs a panel for salary review and job evaluation.

*4.5.2b Analysis*

The remuneration package without increments but including cost of living adjustments is accepted by staff as a part of their contract. Should the college be granted separate degree awarding powers the team was unsure whether this arrangement might have to change. Postgraduate research is encouraged. The team learned that the staff development is one of encouraging postgraduate (CPD) studies for staff, but on-going higher education university style research among faculty staff is still not the priority for all.

*4.5.2c Conclusion*

The college substantially complies with Standard 5.2.

## 4.6 EDUCATIONAL RESOURCES

### 4.6.1 Physical Facilities

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

#### 4.6.1a *Description*

The college comprises five buildings on its 1.75 ha site. The new teaching clinic has provided the opportunity for the refurbishment of Cavendish House to provide extra space for IT provision, techniques and ultrasound examination and seminar rooms, student private study areas and a research laboratory. Some of those interviewed commented on the ageing nature of both Cavendish House and the Sports Hall that have been modified for modern teaching and learning within the constraints of buildings whose fabric is constantly in need of attention. A new workshop was also built in 2009. The main college building is a listed building which has presented more challenges to equip for twenty first century education. The site has car parking facilities for clinic patients, staff and students which unusually in the current financial climate, remain free.

The library is adequate for normal usage and surveys carried out by the management confirm this. However, students were concerned that the pressures placed on its facilities in peak times in the academic calendar have increased as new courses have been developed. The library resources are administered by the head of learning Resources.

#### 4.6.1b *Analysis*

It is to the college's credit that it has been able to make all the administrative and teaching rooms wired for IT and Wi-Fi enabled. Although there are pressures on the system caused by the sheer number of Wi-Fi enabled equipment in use among staff and students. The library and its pattern of activities are monitored. However, current financial constraints and the inflation of journal prices have forced the college to reassess its library acquisition policy. The team noted that patient files were not yet digitised and that X-ray images have been fully digitised for several years. The X-ray teaching films in the library have all been digitised and are available to students. There are also hard copies available. In this age of energy conservation the older buildings on the site are not energy efficient. It is regrettable that the conserved status of the main building inhibits energy efficiency.

#### 4.6.1c *Conclusion*

The college fully complies with Standard 6.1.

## 4.6.2 Clinical Training Resources

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

### 4.6.2a *Description*

In 2009, the College opened a state of the art, 1,500sq m teaching clinic with 34 consultation and treatment rooms, a high-tech functional exercise and rehabilitation centre, diagnostic ultrasound, a plain film digital x-ray unit, a C-arm and further specialised equipment for sophisticated spinal motion analysis (fluoroscopy). The clinic is registered with the Care Quality Commission.

An electronic office management system indicates to the students the appointments of patients on a large screen in the student lounge. The reception, equipped with 5 computers, is gradually replacing the old paper-based patient record system with an electronic medical record system. The clinic offers extensive student practical and skill-based teaching facilities, clinical practice and study rooms and 2 IT teaching and learning suites, an equipped laboratory and several offices for faculty and x-ray administration. There are technique practice rooms for 35 students each equipped with modern chiropractic tables permitting different treatment procedures.

The clinic treats 35,000 people each year. Besides a significant patient pool, important for the clinical education with a large variety of cases, the interns attend rounds on a rota basis with consultant physicians (GP, geriatrics) at the Royal Bournemouth Hospital and its pain clinic. These rounds which imply all clinical students, are however limited to half a day per student.

For close to ten years, a satellite clinic has been located on the Bournemouth University's Talbot campus and is attended by approximately 8 students on a rota basis under the direct supervision of a Senior Clinical Tutor. There is a satellite clinic in Southampton staffed by two graduate chiropractors.

### 4.6.2b *Analysis*

The diversity and quality of the equipment in the whole clinic building enables students to be trained in a high quality environment. The variety of complementary diagnostic tools and therapeutic equipment gives students a broad specialised knowledge in diagnostic and therapeutic procedures.

The team learned that there was no representation of the clinical management staff on the learning resources sub-committee. The college explained that other lines of communication are open to the Clinic Department with respect to their learning resources' needs. As mentioned earlier, a review of the committee structures and communication flow may answer this issue.

### 4.6.2c *Conclusion*

The college fully complies with Standard 6.2

### 4.6.3 Information Technology

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

#### 4.6.3a *Description*

The IT Policy Group is in charge of all IT development and makes recommendations to the Principal. The College is connected to the web by JANET (Joint Academic Network) hosted by Bournemouth University. This link is under some pressure. The College owns their own storage servers with backup options in different locations on campus. The plan for the WIFI system is to increase the number of routers to secure a more stable internet connection.

The computer to student ratio is 1:7 counting all computers including those in the clinic. The plan is to lower the ratio to 1:5 as that is the standard aspired to at other HEIs in the UK. Students have access to a variety of library and journal resources via the on-site library and Bournemouth University. Through co-operation with University the system Blackboard has been used since 2008, which offers a wide range of e-learning functions.

There is a plan to digitise all paperwork in the clinic including patient files and medical images as well as student diaries and portfolios. It is not quite clear when it will be implemented for security reasons and piloting rounds. A so-called techno-booth, equipped with an interactive Smartboard, has been introduced in the Cavendish House where groups of 4-5 students have the opportunity to use it as a working station with encouraging collaborative group learning activities.

#### 4.6.3b *Analysis*

The plan to digitise all clinic records is a commendable move towards creating a modern clinic and will be appreciated by both staff and students. There are different risks with the future use and demand for technology required to support the studies and life styles of the modern student. The College is aware of these pressures but it was not quite clear how resources were going to be used in the future to meet developments.

#### 4.6.3c *Conclusion*

The college fully complies with Standard 6.3.

### 4.6.4 Educational Expertise

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

#### 4.6.4a *Description*

The college has built up its educational expertise over a number of years both in house and in collaboration with neighbouring universities. There has been a strong educational input at the termly staff development days and in unit development meetings into the BSc/MSc programme's development which is manifest in the extensive development of ILOs. Faculty also have the opportunity to attend University of Bournemouth staff development events.

#### 4.6.4b *Analysis*

Membership of ILT and fellowships of HEA among the staff are evidence of a continuing appreciation of the role of educational expertise in the development of student learning. It was obvious throughout the evaluation that all members of faculty were highly capable educationalists who thought about the best ways to engender student learning through a variety of teaching and assessment strategies.

#### 4.6.4c *Conclusion*

The college fully complies with Standard 6.4.

### 4.7 RELATIONSHIP BETWEEN TEACHING AND RESEARCH

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

#### 4.7.1a *Description*

AECC has always maintained a strong research ethos which is catalogued in the research reports. Faculty are expected to undertake research either for a postgraduate degree or as an integral part of their own development. There is no formal release of time or sabbatical provision for research although informal arrangements may be made. The college does pay the fees for Postgraduate Courses and for teaching qualifications. Understanding of the research environment enables all academic staff to be able to supervise and examine student research work. The research track provides the pathway along which students develop their own research expertise. This track is backed up by the Research Handbook which provides all students with a comprehensive introduction to the theory and skills underpinning the use of evidence and the process of implementation of a research enquiry.

#### 4.7.1b *Analysis*

The SSR summarises the excellent work of IMRCI which is beyond the remit of this evaluation except where it leads to developments in the fundamental knowledge and understanding required of the graduating chiropractor. The key link is that between the research expertise of faculty and the use made of that research in teaching. The research track has been designed to foster an understanding of the research process in advance of the students' own research study. The college's recent redundancy exercise (2010) impacted strongly upon certain research personnel. Redundancies were part of an agreed strategy which was designed to retain the focus of the college on teaching and those aspects of research that were academically and commercially most valuable such as the focus on Ortho-kinematics. Faculty do make extensive use

of research, whether by themselves or other researchers in their teaching, but the team considered that some faculty are not involved on a formalised basis in on-going research. The partnership with the University of Bournemouth has enabled the development of joint staff research, joint supervision of research students and using faculty as external examiners on research degrees.

*4.7.1c Conclusion*

The college fully complies with Standard 7.

## **4.8 PROGRAMME EVALUATION**

### **4.8.1 Mechanisms for Programme Evaluation**

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

*4.8.1a Description*

There are recognised audit trails for the identification of concerns for academic quality and subsequent action. The college produces an annual School Quality Report for both internal consumption and for the University of Bournemouth which is written by the Vice Principal and the Quality Assurance Advisor. This report is a distillation of the Undergraduate Programme Manager's Report. These reports are the end products of a pyramidal process from Unit Monitoring reports, Year Tutor Reports and Student Perception of Course together with evaluations from the Students' Union, Clinical Examinations Steering group and the External Examiner Reports. The internal quality assurance mechanisms are rigorous and of the highest quality but the external systems are in need of attention.

*4.8.1b Analysis*

This extensive system of reporting by the component groups of the college leads to the production of an Action Plan for the following year, presumably two years after the reports which are tabled in the autumn following the academic year in question. In its current form the weak link in the quality of programme evaluation is the role of external examiners. The team noted that the discussion of proposed papers was inconsistent with the externals not knowing whether their advice had been accepted or in some cases even discussed. The reports from the external examiners noted the lack of time available to perform their duties and a lack of effective direction regarding their duties. In addition there was a stark variability between the reports ranging from constructive to unhelpful with no comments of any substance. The University of Bournemouth representatives who attended the meetings were not aware of any issues in this area.

*4.8.1c Conclusion*

The college substantially complies with Standard 8.1

## 4.8.2 Staff and Student Feedback

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

### 4.8.2a *Description*

Staff feedback is available through a unit monitoring reports and participation in different groups and committees. Students feedback on teaching units is anonymously gathered through the annual Student Perception of Course survey (SPoC). Further, students have the possibility to give feedback at focus group meetings, which are held once per term, and through representatives and the Student Union.

### 4.8.2b *Analysis*

The students were satisfied with the willingness of the faculty to listen to their opinions. Likewise, staff and especially the executive, responded to student concerns always explaining why a particular decision or policy had been adopted. The students were generally satisfied with responses no matter whether they were in their favour or not. The students felt that there was the same level of response whether the issue was being taken through the formal channels or not.

### 4.8.2c *Conclusion*

The college fully complies with Standard 8.2

## 4.8.3 Student Cohort Performance

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

### 4.8.3a *Description*

The Undergraduate Student Progress Steering Group meets once per term to monitor students' academic performance. Furthermore the Exam Board looks at overall and student performance to be able to report to Programme Steering Group and Assessment Group.

The College has a proactive approach and has strategies in place to help failing students to improve their academic performance.

### 4.8.3b *Analysis*

The College monitors student performance very effectively and uses tried and tested strategies to identify and help students who have particular academic problems. The analysis is furthermore used to identify weaknesses in curriculum and exams. Some concern was expressed by students in the final cohorts of the MChiro that if they failed their clinical year, they would be set back by two years because of the nature of the changes to the curriculum on the new MSc. The college was aware of the issue.

### 4.8.3c *Conclusion*

The college fully complies with Standard 8.3

#### 4.8.4 Involvement of Stakeholders

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

##### 4.8.4a *Description*

Academic staff and students are involved in programme evaluation through their contribution to the Annual Report of Programme Monitoring (ARPM). Both groups are represented on the standing committees of Academic Board and on the Board of Governors. The entire student body provides annual feedback through the SPoC survey and the National Student Survey.

Bournemouth University is involved through quinquennial validation of the chiropractic programme, the profession indirectly through the accreditation processes conducted by national (GCC) and international (ECCE) professional bodies. In the clinic, patients can provide feedback on issues related to their care via a patient questionnaire. The volunteer group of the “Friends of the Clinic” is represented on the Clinic Advisory Group and its members have regular meetings with the Director of the Clinic or Clinic Practice Manager. The outcomes of annual evaluation are communicated to stakeholders through the ARPM or equivalent documentation desired by the stakeholder.

##### 4.8.4b *Analysis*

There is sufficient and relevant involvement of the governance, administrative and academic staff of the institution in programme evaluation. The reporting of the outcomes to the principal stakeholders is equally assured.

##### 4.8.4c *Conclusion*

The college fully complies with Standard 8.4

### 4.9 GOVERNANCE AND ADMINISTRATION

#### 4.9.1 Governance

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

##### 4.9.1a *Description*

The college is an independent Higher Education Institution and an Associate College of Bournemouth University. Since the last review of its partnership with the University, a Partnership Board was established as a forum for the future strategic development of the college and its activities. The Partnership Board reports to the Academic Standards Committee. The Principal has executive responsibility for the college and “proposes” the strategic plan which is operationalised on an annual basis by the Senior Executive. The college is managed as a charity by its Board of Governors which has been slimmed down in size. A new Council has been

established to take over some of the routine work of the Governors especially some of the liaison activities with the profession overseas. The committee structures are defined and the reporting lines between sub-committees and parent committees are clearly defined. Some faculty sit on several committees that progress the same decisions and policies up the administrative hierarchy.

**4.9.1b**            *Analysis*

The previous evaluation report drew attention to the number of committees and sub-committees in the college. With a slightly reduced staff complement there is still a need for the college to consider merging and rationalising the activities of its committees. Rationalisation would give more time for the prime functions of the college, teaching and research.

**4.9.1c**            *Conclusion*

The college fully complies with Standard 9.1

## **4.9.2 Academic Leadership**

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

**4.9.2a**            *Description*

At the time of the evaluation the college was seeking a new Principal following the announcement that the current Principal at the end of the current academic year. The Vice Principal as a member of the Executive Group is responsible for undergraduate programmes and the clinic among other responsibilities. The Director of Undergraduate Studies is responsible to the Vice Principal for the day-to-day operation of the programme. Academic leadership is appraised against the strategic plan.

The academic leadership is provided by the Principal of the institution who chairs the Academic Board, composed of the Academic Registrar, the VP, Director of Clinic, Director of Research and Graduate Studies, Director of IMRCI, Director of Administration, Programme Directors for award bearing Programmes, Head of Learning Resources, one independent representative of university sector, one representative from each validating university, five elected staff members, one student elected representative from each award-bearing Programme and three elected student representatives from at least two different years of the full time undergraduate chiropractic programme.

The Academic Board reports directly to the Board of Governors which will note resolutions or approve or reject recommendations proposed by the Academic Board. It meets normally at least once a term. The Academic Board includes different Standing Committees of which the Academic Planning, Policy and Resources Committee's terms of reference are, amongst others, to maintain a strategic overview of the planning and development of Programmes, curricula, teaching and learning methods and to advise the Academic Board of planning and development of the new Programmes. Furthermore it has the oversight of the effective implementation of curriculum change and new Programmes.

All parties involved are aware of the line of reporting.

#### 4.9.2b *Analysis*

The academic responsibilities of the academic management structures are well defined and articulated. They are outlined within the AECC Governance and Management Handbook. The academic management has complete authority to administer the educational programme.

As mentioned earlier, the Institution may care to reflect on how to rationalise the committee structures in order to avoid the duplication of effort of senior managers which may diminish their work loads and result in efficiency gains.

#### 4.9.2c *Conclusion*

The college fully complies with Standard 9.2

### 4.9.3 Educational Budget and Resource Allocation

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

#### 4.9.3a *Description*

The annual budget is drafted by the Vice Principal who has devolved responsibility, and Head of Accounting and Finance to meet the needs of the operational plan. Once agreed with department heads, the budget is presented to F&GP and the Board of Governors for final approval. Within departments there are more detailed discussions of spending needs some of which impinge on other departments. For instance the budget for Learning Resources involves spending on IT which has an impact on the potential activities of the clinic. Some faculty seemed unclear about the process of budget formulation in departments. The remuneration of staff is based on the description of grades developed in 2008. Incremental salary awards do not exist and any change of remuneration is based on performance and appraisal based upon the grade descriptors.

#### 4.9.3b *Analysis*

The budgeting process is very carefully managed and has benefited recently from a 15% increase in government funding for a 10% increase in student numbers. Allocations for the past 3 years indicate that on a per student basis, several key areas had received less funding. However, the 10% rise in student numbers compensated for the apparent loss of funds. The increased per student allocation to the Principal's Department was to cover the increased charges from the University of Bournemouth. Decisions about some capital budget proposals seemed to be reactive to a bid being made rather than developmental and strategic, encouraging faculty to submit bids for consideration within the strategic development of a department. Given the financial constraints placed on Higher Education in the UK, the management of the budget is thorough.

#### 4.9.3c *Conclusion*

The college fully complies with Standard 9.3

#### 4.9.4 Administrative and Technical Staff and Management

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

##### 4.9.4a *Description*

The SSR includes a table of technical, administrative staff in both the clinic and college, the extent of their employment and their job titles. Many of these appointments are part-time. Line management responsibilities are known by all of the support staff.

##### 4.9.4b *Analysis*

The college has a range of appropriately qualified persons to provide administrative and technical support. It has mechanisms for increasing or changing that complement as it did when 22 members of staff (not all from this category) were made redundant last year in order to meet budget demands. The college has identified needs especially in the field of IT support where further staff were being recruited to cope with the increasing demands for IT support from both the clinic and learning resources.

##### 4.9.4c *Conclusion*

The college fully complies with Standard 9.4

#### 4.9.5 Interaction with Professional Sector

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

##### 4.9.5a *Description*

The college enjoys a great number of relationships with the professional sector covering a wide variety of areas relevant to the development and improvement of the educational programme and the health sector in general. The college has representation in the relevant professional bodies, the British Chiropractic Association, the General Chiropractic Council, the European Council on Chiropractic Education, the European Academy of Chiropractic and the College of Chiropractors.

##### 4.9.5b *Analysis*

The student observation programme with the Bournemouth Hospital is administered by the college and mandatory. There is a wish to extend this part of the programme into other types of care, such as rheumatology, neurology and orthopaedics, as well as

to extend the extent of this part of the programme. Also the potential is there to extend the programme to Poole Hospital given the successful research and commercial links with the hospital. The exchange observation programme with a college of osteopathy has been instigated and administered by the students themselves. Currently it is not mandatory or possible for all to participate.

*4.9.5c Conclusion*

The college substantially complies with Standard 9.5

## 4.10 CONTINUOUS RENEWAL AND IMPROVEMENT

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

*4.10a Description*

There are rigorous procedures in place to permit annual review, evaluation and updating of the programme content, the programme delivery, its assessment and quality assurance. Both staff and students are involved in this process at all levels from Year Steering Groups and Student Focus groups to Academic Board. The BU has representation at a number of these committees. External input is provided through the external examiners, by annual reporting to the profession and regulatory bodies and by regular validation and accreditation events. In the past five years an appreciation of financial constraints and the business model have also guided adaptations to the curriculum. The Programme Specification Document and the Unit Specifications are the product of the dynamism that drives the college forward.

*4.10b Analysis*

In all aspects of the Evaluation Team's meetings it was very obvious that reflection, research and gathering of evidence have underpinned the adaptations to the programme. The efforts to engage other healthcare providers are moving forward slowly. The competencies to be acquired by graduates have been refined. and the curriculum model together with the elements of the curriculum, have been made more appropriate for the twenty first century chiropractor. Assessment has been rationalised and linked more specifically to the learning model of the BSc and MSc. There is evidence of efficient procedures in place to permit adaptation of the curriculum to modern educational concepts and methods. As an example one can site the design, development and implementation of the new BSc/MSc Chiropractic Curriculum, allowing the Institution to expand clinical education, to advance teaching, learning and assessment in accordance with current pedagogic developments.

Recruitment is strong yet the college is cognisant of the changing educational market and the issues surrounding the recruitment of students from beyond the UK. The possibility of new chiropractic education programmes in Europe could threaten recruitment. However, the college is developing a marketing strategy to attract more students from other countries thus demonstrating its proactive attitude to the impacts of change. AECC believes strongly in the Institution's qualitative potential to attract as

many students as in the past. The team recognises the efforts undertaken by the Institution to face the economic rigor imposed on HEIs by the national policies, putting a financial strain on the institutions as well as on the students since there will be no funding available for the students during the Master programme (years 4 and 5). Resources are constantly being updated although in a few cases progress is inhibited by lengthy decision-making processes through the committee structures and by available finance. Nevertheless, the college has maintained its focus on teaching and research. As mentioned previously, the management and training of the External Examiner should be reviewed in order to improve their input qualitatively.

*4.10c Conclusion*

The college substantially complies with Standard 10.

## 5. CONCLUSIONS

### 5.1 Summary

In conclusion, the Evaluation Team was impressed by the overall quality of the chiropractic education and training provided by the college in collaboration with the University of Bournemouth. It is hoped that the report will be read as a developmental document in line with current accreditation practices. The following strengths, weaknesses and concerns are highlighted:

### 5.2 Strengths, Weaknesses and Concerns

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

- **Strengths** – Areas that meet or exceed the *Standards* and are worthy of specific recognition.
- **Weaknesses** – Areas requiring specific attention and action by an institution.
- **Concerns** – Areas of substantial weakness/concern as to jeopardise the accreditation of an institution that require specific attention and action by the Institution as a matter of urgency.

#### 5.2.1 Strengths

5.2.1.1 The link with the University of Bournemouth underpinned by the Partnership Agreement that have led to the sharing of courses, support services, research activities and supervision, and the maintenance of academic quality.

5.2.1.2 The senior executive has led the college through difficult times and has encouraged innovation that should enable the college to remain on a sound academic and business footing.

5.2.1.3 The establishment of a sound business model that supports the future development of the college as a private educational provider through innovative commercial and research developments.

5.2.1.4 The collegiate, family ethos that pervades the whole college, faculty, support staff and students who contribute to the overall success of the chiropractic programme its aims and outcomes.

5.2.1.5 The new clinic building which has given the opportunity for the clinical activity to be expanded on the new MSc.

### 5.2.2. Weaknesses

- Off-site links with other health care providers are limited in time, scope and variety.

5.2.2.2 External examiner management and training leads to an inconsistent approach to question approval, responding to comments on papers, monitoring instructions, time to complete the monitoring and the quality of the final reports.

5.2.2.3 The continuous expansion of demand for IT provision has placed strains on the system both within the college and in its links to the internet that need to be met in order to provide the learning opportunities that the modern student expects.

5.2.2.4 The present committee structure continues to be complex and in need of rationalisation.

### 5.2.2 Concerns

There were none.

### 5.3 Acknowledgements

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

## APPENDIX

AGENDA					
Time	Meeting with		AECC members		ECCE team
<b>Monday 30 January</b>					
08:30	Arrival & welcome	Principal	K Vall		All
08:45	Academic Planning and Resources Committee	Chair, 2 teaching staff nominees, Head of Learning resources	J Bolton P Dewhurst I Brown D O'Neill		All
09:30	Programme Steering Group (excluding postgrad programme Steering Group)	Chair and representative from each Year Steering group	A Thorkeldsen A Jones-Harris R Foreman A Selby P Miller E Rothman		All
10:30	Undergraduate Student Progress Committee	2 members excluding Chair	A Jones-Harris R Foreman		DB/PB
10:30	Clinic examinations group	2 members	M Kondracki P Miller		IA/AM
11:15	IT Policy Group	Chair, Learning Technologist & 1 member not met elsewhere	A Tyler A Worth C Cooke		AM/PB
11:15	Human Resources Group		J Lewis S Burnett		IA/DB
12:00	Students	from each year 3. 1-3		Yrs 4-5	DB/PB,  IA/AM
13:15	Private meeting				
13:30	Lunch with Technical & Administrative Staff	2 Technical and 2 Administrative not met elsewhere, 1 Library assistant	S Goode D Mitchell L Andrews A Dore Jo Barnes		All
14:15	Marketing Group & Admissions Sub-Committee/Panel	Head of Registry, Admissions Officer and admissions Tutor)	A Tyler S Whitlock L King		DB/AM

14:15	Budget & Resource Allocation	VP, Head of Finance	H Thiel K vall I Giles		PB/IA
15:00	Academic. Stands & Quality Committee	VP, Director of Clinic, QA Adviser and Coordinator, 1 teaching staff member,	H Thiel E Rothman A Tyler A Thorkeldsen		All
16:00	Private meeting				
16:15	University of Bournemouth	Staff responsible for managing link and quality management of link, Representative on academic board	Reza Sahandi N Finnes Prof Khattab J Mack		All
17:00	Private meeting				
17:15	Leave campus				

Tuesday 31 January					
09.00-11.00	Clinic Advisory Group. Clinic visit	Clinic teaching and Admin staff	N Osborne A Wood Z Haynes		IA/PB/AM
11.15	Interdisciplinary outreach, CoP and SPRINT	College managers of programmes, 2 members of interdisciplinary teams	M Browning A Coode		AM/IA
10.00-10.45	Research & Staff Development Sub-Committee & Ethics Committee	Director IMRCI, 2 members, one of whom on Research Ethics,	J Bolton F Mellor G Rix		DB
11.15	Learning resources Sub-Committee	Director administration, Head LR, Academic Registrar	J Lewis D O'Neill A Tyler		DB/PB
12:00	Private meeting				
12:30	Lunch with students	2 from each year not met before			All
13.30-14.30	Members of College Executive	Principal, VP, Director Research, Head Admin., Head Finance of Governors	K Vall H Thiel J Lewis I Giles J Bolton		All
14:30	Writing up				
18:00	Leave campus				

Wednesday 1 February					
09:00	Writing up				
12:00	Delivery of strengths & weaknesses	College Executive			All
12:30	Lunch with staff		K Vall H Thiel A Thorkeldsen A Tyler J Lewis A Breen J Bolton E Rothman I Giles		
14:00	Depart				