

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION

COMMISSION ON ACCREDITATION

EVALUATION TEAM REPORT

DIPLÔME DE CHIROPRACTIE

**INSTITUT FRANCO-EUROPÉEN DE CHIROPRACTIE - IFEC
(IVRY AND TOULOUSE)**

08-12 December 2014

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EXECUTIVE SUMMARY

- 1.1 Institut Franco-Européen de Chiropraxie (IFEC) was established in Paris, in 1984, then moved to Ivry sur Seine in 1999 (IFEC Ivry). In 2006, an additional facility was established in Toulouse (IFEC Toulouse). Both IFEC Ivry and IFEC Toulouse are under the direction of the governing body, AFEFC (Association pour la Formation et l'Enseignement en France de la Chiropraxie), sometimes referred to as the Administrative Council, which operates as a not for profit organisation.
- 1.2 Recognition of chiropractic and chiropractic education in France has long been an aim of the institute and the profession. The latest decree, published in March 2014, makes AFEFC responsible to the Ministry of Health for chiropractic education, enabling the institute to update its programme. The new legal status has put collaboration with the Université de Paris Sud Orsay and Université de Toulouse onto a firmer foundation.
- 1.3 IFEC is a non-profit making organisation under French law. Graduates are entitled to use the title "Chiropracteur" once they have registered with the regional Health Agency.
- 1.4 In January 2011, chiropractic practice was made legal in France for the first time in its 91 year history. Subsequently, in September 2011, chiropractic education and training was formally recognised by the government becoming accountable at the national level to the Ministère du Travail, de L'Emploi et de la Santé (Ministry of Work, Employment and Health). IFEC has submitted its chiropractic education and training for accreditation by the Ministry, and this accreditation was given by the Ministry in June 2013.
- 1.5 The Chair invited IFEC to send representatives to the CoA meeting in London, UK in February 2015 where the Report will be discussed and a decision made on full accreditation of IFEC.
- 1.6 This Report addresses the compliance of IFEC with each of the ECCE Standards in the provision of chiropractic education and training through the DC award. The outcomes of the Report are as follows:

Commendations:

- The dedicated leadership provided by the Direction (Senior Management), working in collaboration with AFEFC, to raise the academic standards and profile of chiropractic within France.
- The delivery of the programme by a strong, enthusiastic and committed staff.
- The supportive environment that exists between staff and students across the whole programme.
- The thorough student selection process
- The excellent clinical training and clinic facilities at both sites, including placements in hospitals and chiropractic practices, producing highly competent graduates.
- The risk management that maintains and protects the financial future of IFEC.

- The support for personal development of all faculty, particularly for postgraduate degrees and research.
- The inter-professional integration with the French healthcare system.
- The excellent IT support that underpins the teaching and learning on the programme.

Recommendations

- Improve quality assurance policies and procedures in relation to assessment and the role of external examiners.
- Include patients as stakeholders in reviewing, updating and delivering the programme.
- Enhance the linkage between teaching and application of evidence-based practice regarding patient management.
- At Ivry, upgrade the equipment in some of the technique rooms and improve the upkeep of other spaces.

Concerns

- There were no concerns.

2. INTRODUCTION

- 2.1 IFEC Ivry has been accredited by the ECCE since 1996. It was last accredited in 2009. At the same time, two of the ECCE evaluation team visited the site in Toulouse and, as a result of that visit, decided that the initial application for accreditation of the Toulouse site should be made once students had graduated from that location. It was also agreed that the initial accreditation of Toulouse should be made as a separate institution.
- 2.2 In 2012 IFEC applied for the initial accreditation of the Toulouse branch of the institute. This was granted by CoA following an evaluation team visit. Accreditation was granted for an initial period of three years as was normal for new accreditations.
- 2.3 At the last evaluation visit of IFEC Ivry in 2009, the ECCE team identified six **commendations**, six **recommendations**, and no **concerns**.

Commendations:

- The exceptional academic leadership has overseen the whole academic process and has initiated significant beneficial changes to the institute and its educational procedures.
- High quality clinical training has enabled the students to become competent clinicians who are able to run a clinic practically on a day-to-day basis.
- The thorough work of the Curriculum Revision Commission that has begun the difficult process of introducing an outcomes based education that is Bologna compliant.
- The introduction of a research culture across the institution that encourages both staff and students to enhance their critical thinking.
- The library and IT systems which provide an improved learning environment for chiropractic education.
- The marketing initiatives of the staff and students that generate increasing numbers of student applicants.

Recommendations

- IFEC needs to develop a Strategic Plan with realistic and achievable timeframes with due regard for the human and financial resources.
- Assessment policy is in need of development in the context of the revised curriculum.
- The quality assurance system is in need of development in the context of the revised curriculum.
- The strategy for academic staff from Ivry to work in Toulouse places pressure on them, their teaching and research activities and may compromise human and financial resources for teaching and research at Ivry.
- The lack of a formal French language test for foreign students applying to the institute.
- The heating and ventilation system is in need of upgrading to take account of the needs of a learning community.

Concerns

There were no concerns.

2.4 At the last evaluation visit of IFEC Toulouse in 2012, the ECCE team identified six **strengths (commendations)**, four **weaknesses (recommendations)**, and no **concerns**.

Strengths (Commendations):

- A commitment to develop and expand the institution within the higher education sector in France. The institution demonstrates clear strategic objectives, and strong and cohesive leadership.
- The establishment of a viable and distinctive educational institution benefitting from the shared resources, expertise and experience at IFEC Ivry.
- A positive academic environment facilitating high standards of teaching and learning.
- A training period that includes clinical placements in hospital and chiropractic practices.
- The promotion and support of staff development particularly in postgraduate degrees and research.
- An open-minded approach to innovations in teaching and learning, and willingness to work with government and the higher education sector.

Weaknesses (Recommendations):

- Lack of transparent quality assurance policies and procedures, including a dedicated quality assurance committee and external examiner system.
- Limited input from external stakeholders in the Administrative and Academic Councils.
- Over-reliance on summative assessment to drive learning in early years, and limited integration between domains in written assessments.
- Sharing of resources with IFEC Ivry risks the institution's ability to deliver the programme in unforeseen circumstances.

Concerns

There were no concerns.

2.5 In February 2013 the institute applied to the ECCE for fully accredited status as a single institution as it had graduated its first cohort of students from IFEC Toulouse with the Diplôme de Chiropraxie (DC) in the summer of 2012 and was due for reaccreditation of IFEC Ivry in 2014. As both sites teach an almost identical programme and share staffing, both CoA and the Executive of ECCE agreed in November 2013 that a single evaluation team event should take place in late 2014 and henceforward IFEC Ivry and Toulouse would be treated as a single institution.

2.6 Members of the Evaluation Team were nominated by the ECCE Executive and each member received the SSR, and written comments from CoA related to the documents prior to the visit. The members of the Evaluation Team were:

Maria Browning BSc, DC, MSc (Chiro. Paeds) Cert M.Ed.	Deputy Director of Clinic and Senior Clinical Tutor, AECC, UK, Chair
Beatrice Zaugg DC, MME (University of Bern)	Chiropractor in private practice and Project Manager for the Federal Examination, Switzerland
Susana Feliu Romero	5th year chiropractic student, Madrid College of Chiropractic, Spain.
David Burtenshaw MA, PgCE, FRGS, FEAC, MCIE	Evaluation Secretary ECCE, formerly 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 also 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 Institute.

- 2.7 The purpose of the Evaluation Visit was to verify the SSR and other evidence presented by the institute, 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). On the basis of the SSR and its supporting documents, and on oral and other documentary evidence given and consulted during the on-site visit, an Evaluation Report compiled by the Team was submitted to the institute for correction of any factual errors, and thereafter to the Commission on Accreditation for a decision on the full accreditation of IFEC.
- 2.8 All members of the Team were presented by name beforehand to the Institute, and no objection to any member was received. All members of the Team signed confidentiality and conflict of interest statements before the on-site visit. No conflicts of interest by any of the members were declared.
- 2.9 A draft timetable for the visit was sent to the two institutes on 01 September 2014, and the final schedule agreed with the institute on 30 November 2014. A copy of the schedule is appended to this Report (Appendix 1).
- 2.10 Members of the Team arrived in Toulouse on 07 December 2014. The Team held a preliminary meeting prior to the on-site visits which were 08 December in Toulouse and 09-12 December at Ivry (inclusive). Meetings were held with the institution over the week and time was allocated for the Team to hold private meetings as the visit proceeded. The Report was compiled on an on-going basis during the visit, and the final day (12 December) was set aside to complete the draft report and feedback orally to the institution.
- 2.11 Members of the Team were very well hosted by the two constituent parts of IFEC, afforded every courtesy and had full access to documentation and to staff, students and other stakeholders in the institution. Members of the Team and the ECCE extend their thanks and appreciation to IFEC.
- 2.12 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 institute for factual verification on December 24th, 2014. The response was received from IFEC on January 11th, 2015. The Chair and Secretary finalised the Report and this was submitted to the Chair CoA on 12th January 2015. The Chair of the Evaluation Team presented the Report to CoA members on 07 February 2015 in London, UK.

2.13 The Report includes an Executive Summary, a description of IFEC and the findings of the Team regarding compliance of IFEC with the ECCE Standards. The Report ends with the Conclusions of the Team and any Commendations, Recommendations and/or Concerns the Team wishes to draw to the attention of the CoA. The Evaluation Report was based on the ENQA Guidelines for external reviews of quality assurance agencies in the European Higher Education Area (www.enqa.eu).

This report will use IFEC for the institution as a whole and Ivry or Toulouse for its constituent institutes.

3. IFEC DIPLÔME DE CHIROPRACTIE

- 3.1 IFEC Ivry and IFEC Toulouse provide first qualification chiropractic education and training, awarding a Diplôme de Chiropraxie (DC) on successful completion of a 6 year full-time programme. The first students graduated from Ivry in 1987 and from Toulouse in 2012.
- 3.2 The education and training provided by IFEC Toulouse is modelled on that delivered at IFEC Ivry. IFEC Ivry and IFEC Toulouse are governed by the same body (AFEFC), share many resources, and deliver the same six year curriculum.
- 3.3 The following section details the findings of the Evaluation Team with regard to the compliance of IFEC with ECCE Standards in the provision of chiropractic education and training through the award of DC. The findings of the Team are based on documentation presented by IFEC prior and during the on-site visit.
- 3.4 The colour coded system outlined below was used by the evaluation team to indicate the level of compliance with each standard:



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



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



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



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

4. ECCE STANDARDS COMPLIANCE

4.1 AIMS AND OBJECTIVES

4.1.1 Statement of Aims and Objectives

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

4.1.1a Description

The aims and objectives of the programme are clearly described as follows in the student recruitment brochure which is available through the IFEC website (<http://www.ifec.net>).

Educate and train chiropractors:

- To act as primary health care practitioners, competent to diagnose, manage and prevent neuromusculoskeletal disorders and their consequences.
- To manage their patients in a safe, professional and ethical manner.
- To prepare the students to satisfy the French government's requirements to practice as chiropractors and keep abreast of the development of the scientific knowledge.

Stimulate in the student body:

- The desire to pursue their education during the course of their professional lives.
- Collaboration with other health professionals.

Develop and offer:

- A chiropractic training programme fulfilling the requirements of the European Council on Chiropractic Education (ECCE)
- A continuing education programme enabling chiropractors to keep abreast of the developments in their professional field
- A research programme that participates in the development of clinical knowledge specifically related to the chiropractic field
- Partnership with universities and research facilities in France and in Europe.
- Excellence as a member of the world chiropractic education community.

The aims and objectives have been made available to the stakeholders and presented to the Academic Council (*Conseil Academique (CAc)*) in September 2013 after a review by the Administrative Council (Association pour la Formation et l'Enseignement en France de la Chiropraxie (AFEFC)), which is the governing body for IFEC. Emphasis is placed on lifelong learning throughout the programme and students are encouraged to participate in professional activities after graduation. Students from both Ivry and Toulouse, upon competitive application, have the opportunity to undertake a fully funded additional Masters' Degree programme during their 6th year of study, in conjunction with Université de Paris, Orsay. The Toulouse students are also fully compensated for additional travel and accommodation costs. Links are being forged with Université


de Toulouse such that Toulouse students may, in the near future, have the opportunity to take a Masters' degree locally.

There is a Continuing Professional Development (CPD) programme at both Ivry and Toulouse, organised by the Directeur Général Adjoint of IFEC.

4.1.1b Analysis

The aims and objectives of chiropractic education and training provided by the institute are consistent with the graduation of safe and competent chiropractors with a commitment to, and capacity for, life-long learning, for both Ivry and Toulouse as one.

4.1.1c Conclusion

IFEC fully complies with Standard 1.1 

4.1.2 Participation in formulation of aims and objectives

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

4.1.2a Description


Stakeholder participation in the aims and objectives of the programme is ensured by AFEFC, which is composed of 8-9 practicing chiropractors with links to professional chiropractic associations, the Ministry of Health, other health care professions and two students. Student evaluations are used to devise teaching modules.

In October 2012, IFEC staff engaged in brainstorming the culture, mission and values of IFEC, issues of evolution, management and decision processes, communication methods, and short, mid and long term objectives. Proposals were reviewed by AFEFC and a new mission statement was published in July 2013. It was sent to the stakeholders and presented to the CAc in September 2013.

4.1.2b Analysis

Stakeholder representation in the formulation of the programme is extensive, with the exception of patients.

4.1.2c Conclusion

IFEC substantially complies with Standard 1.2 

4.1.3 Academic autonomy

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

4.1.3a Description


AFEFC as the governing body for the institute has guaranteed the academic autonomy of the institute. AFEFC have to operate within the laws of France governing the approval of chiropractic teaching institutions as administered by the Ministry of Health. The French Chiropractic Association has an office at the Ivry site as a matter of courtesy. Now that chiropractic is recognised by law, the institute and AFEFC as the recognised educational provider will have to conform to any further decrees from the Ministry.

4.1.3b Analysis

The institute has complete control over the curriculum, its aims and objectives within the parameters set by the Ministry of Health. While developing its latest curriculum the institute did consult with a wide range of chiropractic and educational advisers, and students. However, clinical patients were not involved in curriculum developments.

The institute will have to work within the new decrees concerning the composition and duration of chiropractic education coming from the Ministry of Health. Therefore, future changes will not have complete autonomy and might involve, for instance, a reduction in the duration of the programme by one year.

4.1.3c Conclusion

IFEC fully complies with Standard 1.3. 

4.1.4 Educational outcome

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

4.1.4a Description

The IFEC programme graduate competencies for both Toulouse and Ivry were recreated "de novo" in 2011 under the guidance of an educational expert who previously worked in the Ministry of Health in France. IFEC managers, staff and students, and members of the French Chiropractic Profession participated in this process.

IFEC Programme Graduation Competencies

The new chiropractic graduate must be capable of undertaking the following activities:

1. Assessing a clinical situation, making a differential diagnosis and a working diagnosis
2. Conceiving, launching, and conducting a therapeutic project
3. Defining and delivering care and therapeutic activities appropriate for the patient
4. Conceiving and delivering therapeutic patient advice and education
5. Communicating and interacting with a patient
6. Organizing activities and cooperating with other healthcare professionals
7. Evaluating a professional practice and its setting
8. Seeking out, processing, and analysing professional and scientific data
9. Managing a professional practice
10. Educating and informing future healthcare professionals

The competencies are mapped against all of the domains (subject areas) below.

Domain 1 - Basic and biological sciences

Domain 2 - Descriptive and functional anatomy

Domain 3 - Clinical sciences- general

Domain 4 - Clinical sciences- neuromusculoskeletal system

Domain 5 - Clinical sciences - patient examination

Domain 6 - Chiropractic treatment and management

Domain 7 - Human sciences

Domain 8 - Research methodology and evidence based practice

Domain 9 - Integration of knowledge and skills in chiropractic practice

In order to obtain information about the competencies of graduates after entering practice, a survey was conducted in 2011 of the last 5 graduating classes from the Ivry site, regarding the clinical internship and how it had prepared them for practice. The response rate out of 199 graduates was 61%. This information was fed back to the Clinic Directors who have used it to improve the clinical procedures and experience. Such surveys are planned every three years for both Ivry and Toulouse graduates.

In 2014, the same survey was conducted with additional questions regarding the welfare of young practitioners. This provided information to the National Commission for Professional Certification (Commission Nationale de la Certification Professionnelle (CNCP)) in 2014. This certification is an additional step in the recognition of the chiropractic diploma delivered by IFEC, in the hope that the current diploma will be recognised to be at least a Master's level.

4.1.4b Analysis

The competencies are closely linked to ECCE requirements and provide a solid foundation for future work as a chiropractor. The final competency is particularly relevant because it relates to modules in the behavioural and social sciences that begin to train the student chiropractor as an educator with some, but not all, pedagogic skills. All of these competencies must be obtained before graduation and, as a consequence, the sixth year is considered to be the equivalent of the GEP (Graduate Education Programme). The exit level outcomes are clearly defined by the institute with input from a broad range of stakeholders. Specific outcomes per subject are also clearly defined and lifelong learning and professional development is encouraged throughout the programme.

4.1.4c Conclusion

IFEC fully complies with Standard 1.4



4.2 EDUCATIONAL PROGRAMME

4.2.1 Curriculum model and educational methods

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

4.2.1a Description

In redeveloping the curriculum, the institute has made a conscious decision to move away from didactic teaching towards learning in context and active learning. To achieve learning in context it was essential to integrate learning both vertically and horizontally. Self-directed learning backed up by the new Google Platform in the classroom and beyond is fostering a new learning environment.

4.2.1b Analysis

Students in all years confirmed that both vertical and horizontal integration had improved their understanding of chiropractic. They could see the relevance of the whole programme rather than waiting until later years for the relevance to become obvious.

The team witnessed interactive learning in the classroom using the Google Platform with interactive, question and answer sessions. The Self-Study Report recognised that this process is still a work in progress as it has not yet been applied to all nine domains.

4.2.1c Conclusion

IFEC substantially complies with Standard 2.1



4.2.2 The Scientific Method

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

4.2.2a Description

Research inquiry and evidence-based chiropractic practice has been integrated as a continuous thread running throughout the programme, consisting of a number of steps characterised as Dynamic Knowledge. A scientific English course helps students not only to understand the scientific literature, but also to acquire general medical terminology. In the early stages of the programme, students are instructed how to carefully and systematically examine research and to judge its value and relevance. They are exposed to the various research concepts and approaches aided by participation of faculty in university courses at Master's and PhD levels. The programme also includes the use of external lecturers presenting their research in order to expose students to the latest developments in clinically relevant research.

4.2.2b Analysis

The continuous implementation of a research culture – with the introduction to research and methodology early on – encourages students and staff to enhance their critical thinking. As there is no research project, students are considered consumers of research. During the clinic years, students produce evidence based case reports but it is unclear how this is directly applied to patient management.

4.2.2c Conclusion

IFEC substantially complies with Standard 2.2



4.2.3 Biomedical Sciences

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


4.2.3a Description

Biomedical sciences are represented in two domains: 1. Fundamental and Biological Sciences (including biophysics, chemistry, cellular and systems physiology, biochemistry, immunology, nutrition, pharmacology, embryology and genetics), and 2. Descriptive and Functional Anatomy (including biomechanics). These are taught during the first three years via a combination of teaching styles, including lectures and practical sessions at the local medical schools in Paris and, since the beginning of 2014, in Toulouse. The one-month, 210 hour human dissection course, taught under the supervision of the Head of Anatomy at the medical schools, is mandatory for all students. IFEC Toulouse has progressively recruited anatomy teachers on site whilst the Head of Domain regularly commutes between both sites to ensure continuity and equivalence of teaching at both sites.

4.2.3b Analysis

Basic biomedical sciences are taught by higher level teaching staff. In the new curriculum, the biomedical sciences seem to be better integrated with clinical elements and its relevance to clinical practice is apparent to students. Overall, there is improved collaboration between the basic science faculty and the clinicians within and between both sites.

4.2.3c Conclusion

IFEC fully complies with Standard 2.3 

4.2.4 Behavioural and Social Sciences, Ethics and Jurisprudence

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


4.2.4a Description

The Ministry of Health required that this area of the curriculum be enhanced. Emphasis has been placed on Jurisprudence and Professional Practice to ensure that graduates are best prepared for working within the healthcare system in France. The Domain on Practice Management further assists the students as they move towards practising as chiropractors. The students are also taught how to relate to other health professionals in the changing world of multidisciplinary care. Ethical practice is taught both in the context of the clinic and the research programme. There is an Ethics Committee which works in collaboration with the Université de Paris Sud, Orsay for ethical approval of theses on the Masters programme.

4.2.4b Analysis

All of the curricular changes in this area have improved the graduate's ability to communicate and interact with patients, colleagues in a practice, other healthcare professionals and a public that is still relatively unaware of the work of chiropractors. The introduction of a course on Pedagogy to comply with Competency 10, enhancing learning skills and the ability to effectively supervise in the institute clinic, could also provide the groundwork for graduates to return to teaching in the future.

4.2.4c Conclusion

IFEC fully complies with Standard 2.4 

4.2.5 Clinical Sciences and Skills

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


4.2.5a Description

Clinical sciences and practical clinical skills (competences) are integrated early on and are acquired in three areas during teaching in six domains. Important changes in the new curriculum put more emphasis on patient examination, treatment and management of pain related to the neuromusculoskeletal system. In the 3rd year, clinical cases are used to integrate knowledge and improve clinical reasoning. Part of the continuous integration of clinical sciences is applied in the hospital internships in relevant departments (neurology, orthopaedics, rheumatology, and imaging) and chiropractic internships in private practices as well as in the IFEC outpatient clinic.

4.2.5b Analysis

The new IFEC curriculum ensures that students have acquired sufficient clinical knowledge and skills. Clinical knowledge and skills are well constructed and are revisited to further develop material covered early in the programme. In the Domains 'Clinical examination' and 'Dynamic knowledge/Evidence Based Practice', material is kept up to date by encouraging students and staff to pursue further reading and stimulate critical thinking. Staff are developing increasing competency in relevant areas.

4.2.5c Conclusion

IFEC fully complies with Standard 2.5. 

4.2.6 Chiropractic

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


4.2.6a Description

The curriculum includes relevant aspects of chiropractic history and development. It appears to keep up to date with evolving knowledge of chiropractic, taking into account the evolution of scientific knowledge and current research evidence. The programme considers the evidence-base of chiropractic and the context of modern day chiropractic practice. The students are exposed to an appreciation of research evidence early on.

4.2.6b Analysis

The students are exposed to chiropractic history and current development of chiropractic in Europe.

4.2.6c Conclusion

IFEC fully complies with Standard 2.6 

4.2.7 Clinical Training

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

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

4.2.7a Description

The curriculum revision has ensured that a gradual increase in participation in clinical procedures has been set in the programme. This has resulted in , each student in Years 1 and 2 completing 75 hours of direct patient observations in the chiropractic teaching clinics and compiling a reflective logbook. In Toulouse, there is a one way mirror between two treatment rooms so that more than one student can observe at a time. In Year 3, students complete 25 hours of clinic observations and take a more active part, under supervision of the year 6 interns, taking the case history, summarising the case to the clinical tutor and discussing differential diagnoses. In Year 4, students also perform the physical examination and discuss the working diagnosis with the clinical tutor.

In Years 4-6, 75 hours of hospital internships in neurology, orthopaedics, rheumatology, imaging, paediatrics and geriatrics take place. In Year 6, 300 hours of internship in private practice takes place, giving each student a total of 2075 hours of clinical observations over the whole programme. This internship is assessed by a reflective report.

The Chiropractic Teaching Clinic Internship forms the core of the practical training and takes place in the 5th and 6th Years of the programme, where interns manage patients under the supervision of clinical tutors. There are three parts to this internship: Clinical Chiropractic 1, 2 & 3. In Clinical Chiropractic 1, interns care for patients who are students of IFEC or family members of these students during their first 16 weeks of patient care. In Clinical Chiropractic 2 & 3, interns care for patients from the general public in addition to students and their families. The number of student/student family patient visits that may be counted towards the total patient quota of 400 visits is limited to 85. There is no mandatory requirement for new patients, however 40 is recommended. In Ivry, interns do not usually experience any difficulties in meeting quotas. Over the last 12 months there were close to 30,000 patient visits at Ivry and both Ivry and Toulouse have experienced an 18-20% increase in patient numbers. Since 2012, IFEC has had computerized patients' records at both Ivry and Toulouse, enabling the Clinic Directors to assign new patients to interns to ensure a good case mix.

During the second semester of the 6th year (last semester of the studies), students are required to fulfil a private practice internship, where the intern practices under the auspices of chiropractors in private practice, in a position similar to the one they will face upon graduation. The chiropractors give feedback on the intern's performance.

In order to proceed to the Clinical Chiropractic 2, students must pass the Clinical Entrance Examination. Since February 2013 this has been an OSLER (Objective Structured Long Examination Record). This examination also has a practical part so as to assess the interns' technical skills.

Evaluation of whether graduates have acquired the competencies required for safe and competent practice is done by portfolio and the Clinical Competency Exit Exam. The latter is an OSLER with two patients' clinical cases, based on real patient situations in a chiropractic office.

Clinical Tutors were trained to administer the mini-CEX's (mini Clinical Evaluation Exercise) in March 2012. However, this was judged not to be fully adapted to the needs of IFEC, so it has been changed to Clinical Work Sampling as the tool to assess interns' clinical performance and progression during their clinical placement with formative face to face feedback. Implementation of this tool is to be completed by 2015.

The Clinical Internship Portfolio consists of the collection of the following items:

1. Summary
2. Research reports
3. Developed cases reports
4. Long cases reports
5. Imaging reports
6. Photocopy of agreement between hospital and IFEC for hospital internship
7. Hospital internship reports
8. Photocopy of agreement between chiropractor and IFEC for private practice internship
9. Copy of private practice internship report

In line with the curriculum revision, the portfolio content and format are in the process of being updated. The aim is to link the acquiring of a competency with a specific stage that is reached during the internship. This work is still in progress.

Reflective practice is involved during the entire clinical internship. In the clinical observation and application stages, interns keep logbooks and reflect upon the acquired data. During Clinical Chiropractic 1, 2, and 3, research based case reports are required to be submitted to the clinical tutors. In addition, in the imaging component of the clinical internship, 4 long and 5 short radiology reports are submitted. There is also teaching of case presentations in various teaching units in the 5th and 6th Years, when the students are in their clinical internship, during which both students and clinicians present and discuss cases they have seen in practice.

4.2.7b Analysis

There is a robust clinical observation programme in place throughout all years of the curriculum. The quality and range of the hospital placement experience has improved since the recognition of chiropractic in France over the past 2 years and IFEC is building good inter-professional links with local medical facilities at both sites. However, it is difficult to standardise these placements as they are also dependent on the patient mix and medical staff at the time. Similarly it is difficult to standardise private chiropractic practice experiences for quality and appropriate practice styles. To facilitate this, interns may observe a variety of private practitioners as long as they fulfil a minimum total of 300 hours.

Interns are easily meeting the minimum patient quotas in both Ivry and Toulouse. Considerable efforts are made to ensure that, as far as possible, interns will have exposure to an optimum case mix. However, this depends on the type of patient that presents to the clinic and is a challenge for all chiropractic institutions. Interns are closely supervised and consult a clinician for every patient visit and individual patients are managed by the same clinical tutor as far as is practical.

Clinical training, including new patient assessments, treatment visits and the case mix of patients, is sufficient to achieve the specific learning outcomes of the curriculum, as evaluated by the relevant assessments, and prepares interns for safe and competent practice as primary contact practitioners.

4.2.7c Conclusion

IFEC fully complies with Standard 2.7



4.2.8 Curriculum Structure, Composition and Duration

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

4.2.8a Description


A new curriculum has been introduced in the last two years which complies with the national requirements for graduates to practice. Delivery of the curriculum is on a semester basis over the course of six years. The supplementary information provided by the institute details the composition and duration of every module by lecture hours, self-directed learning hours, ECTS credits and study time. Small group work has been introduced in several domains. The learning outcomes of all of the modules have been mapped against the ten IFEC competencies. Integration between the basic sciences and the clinical sciences was appreciated by the students who understood the relevance of the basic and social sciences to the clinical sciences and clinical training. The institute caters for diverse entry points in its admissions system.

4.2.8b Analysis

The introduction of more self-directed learning, supported by the provision of a range of e-learning facilities such as the Google Platform, has enhanced the students' ability to relate their learning to

chiropractic practice. The IFEC competencies have been mapped against those of the ECCE and against the learning outcomes of the teaching units.

4.2.8c Conclusion

IFEC fully complies with Standard 2.8 

4.2.9 Programme management

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

4.2.9a Description

The Principal is in charge of the programme management, relying on the Heads of Domains and the coordination team as executive arms, and on the Curriculum Committee and the Academic Council (CAc) to be guided in this task. The Executive President is the chairman of the Curriculum Committee, which is also composed of the following permanent members: General Manager, Deputy General Manager, Directors of the Clinics and Heads of Domains. Additional members, permanently or occasionally invited by the Chairman depending on need: Pedagogic Directors and one student representative (one of the CAc student representatives). If the student has to travel from another campus then expenses are paid and/or Skype is used.


The roles and objectives of this committee are to look at the suitability of the existing curriculum, national official requirements, quality assurance, competencies of the chiropractors, and human and technical resources; to review choices regarding strategic decisions in the areas of curriculum development, course planning, education methods, and training; to review and assess the curriculum, teaching units, study course modifications, teaching methods, methods of assessment, and provide recommendations to the Principal and Heads of Domains; and to review, evaluate and develop academic rules in accordance with the general mission of the Institute.

The work of the Commission is presented to the CAc. The last curriculum revision took place in January 2014 and was implemented in October 2014.

4.2.9b Analysis

There seems to be adequate representation of all the stakeholders (with the exception of patients) by means of the annual meeting of the Curriculum Committee to ensure the achievement of the aims and objectives of the chiropractic programme.

4.2.9c Conclusion

IFEC fully complies with Standard 2.9. 

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

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

4.2.10a Description


The curriculum reflects the environment in which graduates are expected to work and IFEC is responsive to feedback from graduates, the profession and the community. The final year, year 6, ensures a smooth transition into professional practice. The curriculum complies with the requirements of the French laws, addressing both scope of practice and educational requirements. It also complies with the rules implemented by ECU, concerning the right to practice in European countries as a chiropractor. Therefore IFEC has integrated the Graduate Education Programme (GEP) into the final (6th) year of study. Several mechanisms are put in place to link education and training to chiropractic practice and to the French health care system. The latter, accomplished with the new curriculum, includes hospital training in the final year. Students undertake a “compagnonnage” (internship in private practice) with a maximum of three days spent in the same office. There are some difficulties to overcome such as finding sufficient field doctors.

IFEC organises diverse continuing professional development seminars at both sites. As far as continuing education, graduates have the opportunity to study for two conjoint University Diplomas at the Université Paris Sud: a) Prévention des douleurs de l'appareil musculo-squelettique: Thérapie manuelle et activité physique adaptée (Prevention of pain of the musculoskeletal apparatus: manual therapy and adaptation of Physical Activity), and b) Prise en charge préventive du sportif (Preventive management care of the athlete).

4.2.10b Analysis

The legal environment regarding the chiropractic profession is now stabilized. The changes implemented in the new curriculum aim to comply with the recent relevant legislation in France. The hospital placements provide students with the opportunity to see a variety of pathological processes and most importantly to interact with other health professionals, hopefully fostering an inter-professional relationship. Regarding the internship, the French Chiropractic Association is helping to find field chiropractors willing to serve as principals. Additional time and human resources will be necessary to put this in place.

4.2.10c Conclusion

IFEC fully complies with Standard 2.10. 

4.3 ASSESSMENT OF STUDENTS

4.3.1 Assessment methods

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

4.3.1a Description

There has been a major revision of assessment in line with the major revision of the curriculum. The Self-Study Report documents the assessment methods used which demonstrate that the institute has introduced a wider variety of assessments. The team noted that the reliability of assessments in the first three years of the programme was in doubt because of the approach being adopted by some staff especially where there were different teachers of the same module in Ivry and Toulouse. Assessment methods are reviewed and any changes must be approved by the CAC. There is opportunity for students contesting an assessment result to request a second opinion from an external expert.

4.3.1b Analysis

There is reduced reliance on “quizzes” in the early years. The wider variety of assessments is evidence of a well thought out revision of the assessment styles in relation to the objectives of the programme. In discussions with some of the staff, there did seem to be deficiencies in the setting and marking of examinations. Tutors admitted that the questions set at each site, particularly in Years 1-3, can and do vary yet at the same time it was claimed that the examinations had parity. There was no cross marking of these examinations. Therefore, there is no evidence of equality in standards between students at either site when the examination is subject to such variations. The external observers/examiners are not used in the assessment process for the first four years. The minutes of the “Jurys” for 2014 indicate that there was no external involvement. There is a formal Appeals procedure through the Examination Commission and the criteria for progression are clearly communicated to students.

4.3.1c Conclusion

IFEC partially complies with Standard 3.1. 

4.3.2 Relation between assessment and learning

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

4.3.2a Description


Assessment methods and assessment criteria are known to students at the outset of the course components, and reflect the course’s learning outcomes. The types of assessments chosen seem to encourage an integrated approach to learning, and encourage knowledge delivered early in the programme to be revisited at later stages. For courses with knowledge transfer outcomes, e.g. biomedical sciences, the traditional MCQ/SAQ-formats were kept. For skills/competences, e.g. chiropractic technique and communication, traditional practical exams as well as OSCE/OSLER are implemented. Formative assessment in the clinics is facilitated with a special clinical observation room in Toulouse and a treatment room with camera and microphone in Ivry and the use of an e-logbook in the clinical years. There has been an attempt to use mini-CEX in the clinic, however there are time constraints.

The number of assessments, i.e. quizzes in years 1 to 2, has been reduced to one quiz every 3 weeks, allowing for reflection and assimilation of the material. The regularity of the quizzes and written exams seem to drive student learning and is welcomed by the students. The institution has set up several mechanisms for further self-directed learning.

4.3.2b Analysis

With the most recent curriculum revision, the institution has taken the opportunity to address most of the recommended points. Integrated assessments are being implemented in several domains and self-directed learning has been taken a step further.

4.3.2c Conclusion

IFEC fully complies with Standard 3.2. 

4.4 STUDENTS

4.4.1 Admission policies and selection

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


4.4.1a Description

Admissions to both sites are managed by the former Directeur of the institute in collaboration with teams at both sites. Students are recruited from a variety of sources, not least recruitment fairs. The policy has been consistently applied and the requirements are made known to applicants. Applicants from outside of France are expected to be able to pass a French language examination and have reached a satisfactory standard in the TOEIC English test. APEL is available for those who come from other degree level disciplines. Interviews are mandatory and last one hour. At present applicants exceed places.

4.4.1b Analysis

The application and interview process has necessitated the involvement of three additional staff members. It is an onerous process and, once the institute expands further and the current admissions officer retires, might need to be modified. At present there are more female applicants than male applicants, reversing the pattern of a decade ago. This reflects applications to all health professions in France. Direct entry into year 2 is carefully managed and has generally been under 10% of entry in any year until 2013-2014 when it rose to 16%. Much of this change seems to reflect student disillusionment with some medical professions and the relatively small, family scale of IFEC.

4.4.1c Conclusion

IFEC fully complies with Standard 4.1. 

4.4.2 Student intake

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


4.4.2a Description

The size of student intake is regulated by the French Law up to a maximum of 110 students per year. IFEC has the staff and physical resources to provide accommodation for this number of students at both sites except that the current clinic at Toulouse may be too small if a full cohort enrolls. However, there are advanced plans for a new clinic either on the premises or on adjacent premises. For students who have already studied another health related degree it may be possible to start in the second year of the programme.

4.4.2b Analysis

IFEC programme and facilities are adequate for the total amount of current students. However, the clinic at Toulouse may not be adequate for 110 interns.

4.4.2c Conclusion

IFEC fully complies with Standard 4.2. 

4.4.3 Student support and counselling

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

4.4.3a Description

Students report that teachers are easy to contact, available by e-mail and/or telephone and that they respond within a maximum period of two days. IFEC has a specific policy for international and dyslexic students. An extra 30 minutes time is given in written assessments and they can also use a language dictionary for each exam. IFEC provides a supportive programme for students in difficulty and acts appropriately in a timely fashion either within the staff team or with other professional sectors.

4.4.3b Analysis

IFEC has a counselling programme and specific policies to deal with student difficulties.

4.4.3c Conclusion

IFEC fully complies with Standard 4.3. 

4.4.4 Student representation

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

4.4.4a Description


Students elect representatives to a Student Committee which directly nominates members to AFEFC (2 members), CAC (2 members) and Comité Curriculum (1 member). Each year group has a student representative elected by their class.

Outside the IFEC institution students are encouraged to participate in WCCS (World Congress of Chiropractic Students).

4.4.4b Analysis

Students are represented at committees so the communication between students and the Administration and Head of Studies is established.

4.4.4c Conclusion

IFEC fully complies with Standard 4.4. 

4.5 ACADEMIC and CLINICAL FACULTY (STAFF)

4.5.1 Faculty (Staff) recruitment

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

4.5.1a Description

The institute has a core of full time staff, who have worked at IFEC for many years and have led its development. There are 81 academic staff who teach at the institute, 18 of whom teach on both sites and 32 teach solely at Toulouse. In order that the second site at Toulouse could develop the institute was actively engaged in recruiting academic and support staff. The stated aim of recruitment is “to recruit the staff who will lead IFEC to excellency and satisfy all students’ needs”. To this end the institution aims to recruit only staff who have a Master’s degree. Clinicians have been drawn mainly from former graduates who are able to deliver the course in French. Other nationalities are employed provided their linguistic ability enables them to deliver courses in French.

The staff student ratios are slightly higher at Ivry. The induction procedures for new staff are informal yet comprehensive and praised by staff who have recently been appointed. The institution produces a welcome guide comprising a range of documents, guidelines, handbooks and organisational information for the new recruit.

4.5.1b Analysis

Recruitment has not been a problem to date. The institution has already looked to the future by providing a pedagogic course within the Diploma which is designed to encourage graduates to consider teaching chiropractic. Staff are encouraged to develop their teaching and research so that they contribute to the overall scientific development of the programme. At present there is a slight difficulty when new staff for a subject area are appointed at both sites. The institute might need to consider how to address the coordination of induction for new staff.

4.5.1c Conclusion

IFEC substantially complies with Standard 5.1. 

4.5.2 Faculty Promotion and Development

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

4.5.2a Description

Recognition of teaching, research and service contributions is done via salary increments, benefits such as support for ongoing education and staff promotions. Employment of teachers and educational employees in the field of private higher education in France is regulated by a nationally agreed convention, the “Convention Collective de l’Éducation Privée Supérieure”. Salaries, duties, holidays, and promotion at IFEC are all in accordance with this agreement.


Faculty development is encouraged in three ways, conference attendance, pursuing further formal tertiary degrees and ongoing training. This training is provided either by IFEC academic staff members who have completed formal courses or certification or outside experts from Europe and the USA. Faculty performance is appraised by student feedback on individual courses. In addition, faculty members discuss development areas with their Heads of Domain, which may include content update, teaching methods, communication skills, and English language skills. Staff receive an annual appraisal with their Head of Domain where salary, promotion and future development is discussed.

Three staff members are presently pursuing Master's Degrees, and two are in the process of completing their PhD degrees. In 2011, two IFEC Toulouse staff obtained DU degrees, one in Biomechanics and the other in Anatomy.

4.5.2b Analysis

There is a robust system of staff appraisal in place. Under French law there is no national system of promotional levels in education and therefore opportunities for promotion may be hampered by this and the small size of the Institute.

4.5.2c Conclusion

IFEC fully complies with Standard 5.2. 

4.6 EDUCATIONAL RESOURCES

4.6.1 Physical facilities

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

4.6.1a Description

The physical facilities on the two sites do provide the environment for the same academic programme but within totally different structures; Ivry is a converted office block (4,000 m²) whereas Toulouse is in a purpose-built building. The site at Ivry has expanded over the years into the adjoining building. 95% of the site is owned by IFEC and the remaining 5% is rented until 2016 when the institute takes up its right to buy the space. The site is sufficient for the teaching of 110 students per year, the maximum approved by the Ministry of Health. A similar restriction has been placed on student numbers in Toulouse.

Toulouse is a purpose built building of 3,000 m² opened in 2010. It has its own car parking in the basement and the institute grounds. There is a full range of teaching rooms and support facilities to support the current student numbers. As the numbers enrolled at Toulouse rise, a third lecture theatre within the building will be fitted out. The clinic area is large enough for current numbers but it is planned to enlarge it to cope with larger cohorts in the coming years. Both sites have small libraries with expanding book stocks. There is Wi-Fi throughout both sites enabling staff and students to access the various on line journal agencies subscribed to by the college.

Dissection facilities are provided by the Université de Paris 5 Descartes and Université Paul Sabatier, Toulouse 3.


4.6.1b Analysis

The Ivry site has been upgraded within its shell to provide staff work rooms, a greatly expanded clinic, lecture theatres and techniques rooms. At the time of the visit the former science laboratory was in the process of a €60,000 conversion to provide a computer assisted learning space. There are plans in place to expand the facilities in Toulouse. A new clinic is planned and the institute is actively discussing three options; building on the car park, buying an adjacent building and converting it and building on open space nearby. These plans have all been costed and risk assessed although a final decision has yet to be made by AFEFC.

It was noticeable that the standard of upkeep in Toulouse was higher than Ivry; on the whole people treat new buildings with greater respect. The students at Ivry complained that the standard of upkeep of certain areas in the building was unsatisfactory and suggested that the administration

needed to enforce regulations, for instance on where food could be taken and on the treatment of chiropractic tables in the techniques rooms.

4.6.1c Conclusion

IFEC fully complies with Standard 6.1. 

4.6.2 Clinical training resources

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

4.6.2a Description

Ivry Clinic

The Ivry Clinic premises are situated on two floors of the building next to the IFEC building in Ivry and consist of a surface area of 650 m². The ground floor area was bought by IFEC in 2006. IFEC has also been renting the area on the third floor since 2013 and plans to purchase these premises after 5 years. The clinic is well equipped, including 23 treatment/examination rooms with modern chiropractic tables, including vertilift/hylo/flexion distraction/drop piece, a rehabilitation room which is also used for diagnostic ultrasound, and two large intern work rooms, equipped with PC's and X-ray view boxes. In addition to these facilities, an area of 90 m² on the ground floor has been converted into a student clinic, with 5 treatment rooms and a clinician room. These rooms may also be used for the outpatient clinic when deemed necessary, as they have direct access from the street. Interns also have access to Activator instruments, Graston tools, deep tissue massagers, SOT blocks and boards, velocimetric doppler apparatus and therapeutic ultrasound machines. The clinic is directed by a full time Clinic Director, and there are 22 clinicians, most of whom are IFEC graduates, with at least six working together at one time.

The present number of students in the clinic is close to the maximum that IFEC is allowed by French Law to accept (110 new students per year and per site) and the student and patient load is well suited to the existing facilities.

Toulouse Clinic

The Toulouse Clinic is located in the same purpose-built building as the rest of the institution and consists of 250 m². Clinic facilities include 14 treatment rooms, similarly equipped to Ivry, with the same type of chiropractic table, except for flexion distraction, and two intern workrooms. There is a one-way observational mirror between two of the treatment rooms to enable observations by clinical tutors and/or students from the lower years. Interns also have access to a similar range of ancillary equipment as at Ivry. The clinic is directed by a full-time Clinic Director, with the treatments supervised by at least 2 clinicians and one clinician assistant at all times, all of whom are IFEC graduates.

The current requirement for a class of 80 interns could still be fulfilled without an increase in capacity. There are advanced plans to build a new clinic to allow larger numbers of students and patients.

Students are encouraged to recruit at least 15 new patients during their internship by presenting educational talks to local companies and sports clubs, whose employees/players receive treatment at a reduced rate.


Conditions of practice of chiropractic in France in general prevent the operation of both an x-ray diagnostic unit and a biochemistry laboratory. When complementary investigations are deemed necessary, for example imaging (including CAT scans, MRIs, etc.) and biochemistry, patients are referred to their general practitioner, as prescribed by the French healthcare rules. IFEC has begun to train the students in the use of ultrasound as a diagnostic tool. In both clinics, Ivry and Toulouse, an ultrasound machine is available for use by a medical doctor who visits once or twice a month and assists in the training of some clinicians.

With the new legal situation, it is felt that relationships with practitioners in other health disciplines tends to be easier. Furthermore, the hospital placement of some students has created good relationships with some hospital services, allowing for an extended cooperation between IFEC clinics and hospitals, for the benefit of the patients.

4.6.2b Analysis

Facilities have improved at both sites and further enhancement is possible if needed. The clinical training resources appear to be adequate for the current needs at both sites. Students at both sites are exposed to a range of clinical problems, both in quantity and case mix.

4.6.2c Conclusion

IFEC fully complies with Standard 6.2. 

4.6.3 Information Technology

The institution/programme must have sufficient IT facilities for faculty, staff and students to ensure the curriculum can be delivered adequately, and that IT is effectively used in the curriculum.

Students must be able to use IT for self-learning, accessing information and managing patients.

4.6.3a Description

The IT system consists of two facilities: the library and on-line research service (the institute subscribes to Elsevier's Worldwide Science Direct assessing over 900 journals for €11.000 per annum) and the Google Platform (since 2013), where documents such as videos or lectures are uploaded by members of staff so that students can access them with a password. Notification of updates is sent directly to each student's email account and text messaging is used to alert students to any changes of lectures.

4.6.3b Analysis

Excellent user friendly web-site tool to ensure good communication among all students and teaching staff. The library book stock in both Ivry and Toulouse is not enough for high amount of students, but the on-line research system fulfils student research necessities. However, this service is only available on-site.

4.6.3c Conclusion

IFEC fully complies with Standard 6.3. 

4.6.4 Educational expertise

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

4.6.4a Description


The institution is aware that some staff lack pedagogic training for teaching in a higher education environment. The institution has employed people with educational expertise and utilised consultants who have all pointed out the need to develop educational expertise. Therefore IFEC has started an on-going programme of pedagogic development to improve practice for non-university staff/clinicians.

Staff members attend educational conferences (AMEE) and medical education journals are available in the library. An internal continuing professional development programme is set up and staff are encouraged to look into possible re-orientations or development of new competencies in regard to educational expertise.

4.6.4b Analysis

It is well recognized that educational research and staff development programmes are of utmost importance to improve educational practice. The institution is addressing this step by step and keeps on optimising educational expertise. The Academic Council (CAc) has put mechanisms in place to improve individual technique staff training as needed in relation to the aims and objectives of IFEC. Time and financial support for this is in place.

4.6.4c Conclusion

IFEC substantially complies with Standard 6.4. 

4.6.5 Administrative and technical staff and management

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


4.6.5a Description

The institution has accumulated a broad range of support staff at its Ivry site and some of these transferred to Toulouse to help establish a carbon copy of the support at Ivry. This has been successful and the students spoke highly of the service that they received. The effectiveness of the support is because senior managers have used their skills to develop the IT system. There is a librarian on each site. Staff have been employed to be able to recognise academic, social and psychological problems in the student population. Students said that they provided some assistance with cleaning on the Ivry site. All support staff are subject to annual appraisal.

4.6.5b Analysis

Most of the support staff have assisted the institution as it has grown over the decades. Senior managers have also assisted in the establishment and maintenance of the range of support functions which now match those of any HE institution. Student housing is a more difficult area for the administration to support but the institution provides the addresses of agencies that can provide housing. The students found this support satisfactory. The institution's senior management also take on administrative tasks in keeping with the "family" atmosphere and it was evident during the visit that senior managers have an open door policy to all in the administration.

4.6.5c Conclusion

IFEC fully complies with Standard 6.5. 

4.7 RELATIONSHIP BETWEEN TEACHING AND RESEARCH

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

4.7.1a Description

IFEC demonstrates a clear commitment to research activity, particularly in its supportive mechanisms e.g. time allocation to research-active faculty/staff as well as financial support. A growing number of teaching staff (chiropractic and non-chiropractic) are pursuing Master's, PhD or post doctorate degrees to further a research ethos within the institution. With this endeavour IFEC has enlarged its collaborative network with universities and interactions within the healthcare sector.

Interaction between research and teaching is reflected in the curriculum and is increasingly influencing current teaching. Clinical staff are encouraged to take an evidence-based approach to their teaching by including scientific references as appropriate. The Department of Research is helping with the training of clinical staff. The educational programme in research at IFEC is given the name "dynamic knowledge". It consists of a number of various steps to produce chiropractors who are research consumers with a good understanding of research literature, being able to critically appraise its scientific quality, interpret findings and eventually use it for the best of their patients. Modern research concepts in musculoskeletal epidemiology, clinical trials, etc. have been introduced in different subjects.

4.7.1b Analysis

IFEC is investing heavily in postgraduate education meaning a progressively larger proportion of staff will have postgraduate degrees. Teaching and clinical supervision will increasingly be based on scientific evidence. Therefore the link between research and teaching will in the future be strengthened as more teaching staff is involved in research activities (i.e. Master, PhD programmes at the University of Orsay).

4.7.1c Conclusion

IFEC substantially complies with Standard 7.1.



4.8 PROGRAMME EVALUATION

4.8.1 Mechanisms for programme evaluation

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

4.8.1a Description

The Self-Study Report provides a comprehensive review schedule for all aspects of the institution's activities. The institution surveys student opinion on courses every semester. Staff also provide feedback to the Head of Domain. Alterations to the teaching programme and unit contents that result from the student and staff surveys are identified by the audit trail reports. This informs potential curriculum modifications in a domain.

Curriculum revision and a review of clinical procedures identified the need for a Quality Management organisation.

The annual Jury system monitors student progress and outcomes that inform curriculum revision. External scrutiny is undertaken by two external academics/chiropractors.

4.8.1b Analysis

The quality assurance procedures are capable of identifying and responding to any concerns that arise. The potential actions that result from the concerns are unclear. Some actions are noted but there is no evidence that these changes are either approved by the domain managers or reported back to the student body.

The external assessor/ observer role needs attention. External accountability of all of the units especially in the early years of the programme is necessary in order to demonstrate fairness, equity and consistency of marking. The role of external assessors needs to be enhanced to include an oversight of tests and examinations prior to them being set and a sampling of the completed tests and examinations once they have been marked internally. This would require the appointment of external examiner(s) to oversee the first four years of the programme. The two specialist assessors could then continue to be employed to perform duties associated with the units in Years 5 and 6 such as question and task setting, observing and marking,. The Self -Study report states that there is an external person at all Jury meetings but this is not evidenced in the Minutes of the 2014 Juries.

4.8.1c Conclusion

IFEC partially complies with Standard 8.1. 

4.8.2 Faculty and student feedback

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

4.8.2a Description

At the end of each semester students are asked to complete an anonymous questionnaire evaluating different aspects of the education programme. Results are archived by the Administration and distributed to the teaching staff.

Students agreed that changes have taken place as a direct result of their feed-back, although there is no formalised procedure for reporting back to the students. Other ways that allow students to give feedback and so improve their education is through the class representatives and the Student Committee.

4.8.2b Analysis

IFEC provides different ways to receive feedback from students at the end of each semester (changed from only once at the end of the year) and this directly results in changes to the programme. However changes are not transparent to students.

Students have to ask for examination papers and cannot always see tutors with their paper at same time.

4.8.2c Conclusion

IFEC substantially complies with Standard 8.2 

4.8.3 Student cohort performance

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


4.8.3a Description

Faculty staff inform the Head of Students' Affairs of any difficulties affecting a student. The rate between passed/failed exams is evaluated by the Head of Domain and so are the number of students that pass to the next year, repeat a year or leave the programme. Students are aware of their own academic progress.

4.8.3b Analysis

Student cohort performance is adequately analysed to support student guidance.

4.8.3c Conclusion

IFEC fully complies with Standard 8.3. 

4.8.4 Involvement of stakeholders

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

4.8.4a Description

The Ministry of Health must assess all Chiropractic training programmes, evaluating not only the programme itself, but also the resources the Institute possesses to deliver the programme. This approval is mandatory to practice chiropractic in France. The Executive President and the Directors of IFEC have worked with the Ministry to develop these accreditation criteria and to define the education programme required in the law for chiropractic. In June 2013, IFEC received its official certification from the Ministry of Health. IFEC continues to maintain excellent relations with the Ministry of Health, who have also agreed to work on a new decree, which should increase the requirements for the certification of chiropractic schools, bringing the total number of credit hours from 3,520 to 5,000. IFEC regularly consults the chiropractic profession in France (AFC), as seen in their participation in the curriculum revision process. This collaboration has allowed IFEC to prepare a new curriculum corresponding to the knowledge, skills and attitudes expected of a new graduate by the representatives of the chiropractic profession in France. It has also allowed IFEC to gain valuable information on any difficulties encountered by its graduates. It has recently been formalised that a member of AFC has a permanent seat in the CAC. There are three agreements between IFEC and Université de Paris Sud Orsay. The first is the agreement to have IFEC 5th- or 6th-year students complete a Master's of Science at the University. The second is that 2nd-year university students may enter the IFEC programme at 2nd year level. The third agreement deals with the collaboration of IFEC in the creation of University Diplomas and Master of Science degrees. Three Master's programmes are available to IFEC students.

The level of clinical knowledge of IFEC students and communication with other health care professionals is assessed during hospital placements in real life clinical situations. Students are involved in planning and decision making at all levels of the IFEC programme management: Administrative Council (AFEFC), Academic Council (CAC) and the Curriculum Committee. They are also consulted periodically by means of electronic surveys. A survey of clinic patients was conducted in 2013.

4.8.4b Analysis

A range of stakeholders are involved in all aspects of programme evaluation with the notable exception of patients.

4.8.4c Conclusion

IFEC substantially complies with Standard 8.4. 

4.9 GOVERNANCE AND ADMINISTRATION

4.9.1 Governance

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

4.9.1a Description

AFEFC is the governing body for IFEC and is the body recognised by the Ministry of Health for chiropractic education in France. IFEC is an agency of AFEFC, (described as a “brand name” in the meetings) in the eyes of the Ministry. Nevertheless AFEFC permits IFEC to establish its own internal management and committee structures. IFEC has redefined its identity for the coming years in a strategic document that looks to the future and embeds strategic vision and risk management into all of its actions. Curriculum revisions are overseen by the Academic Council (CAC).


4.9.1b Analysis

AFEFC have changed its structures so that the President of its Administrative Council is now the Executive President of IFEC responsible for the strategic management, curriculum reform and continuous renewal of the education function of IFEC.

The Executive president nominates the Directeur Général (Principal), who is responsible for the day-to-day management of the school.

The institution now has a threefold organisation that divides the activities between the Directeur Général (Principal) , Directeur Général Adjoint (Vice Principal) and Directeur Administratif et Financier.

4.9.1c Conclusion

IFEC fully complies with Standard 9.1. 

4.9.2 Academic leadership

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


4.9.2a Description

IFEC has very comprehensive job descriptions for all of its staff. The documents make it clear that those running the academic programme have authority within the constraints of French law to manage the chiropractic programme. The Heads of Domaine are responsible for the academic management of teaching in their area. All staff undergo annual appraisal by their managers. The Directeur Général Adjoint (Vice Principal) is appraised by the Directeur Général (Principal).

4.9.2b Analysis

Academic leadership is vested in the Directeur Général and quality assurance is vested in the Directeur Général Adjoint which is a commendable division between the educational and academic monitoring functions. The President is appraised by AFEFC but it is unclear who is the appraiser appointed by AFEFC.

4.9.2c Conclusion

IFEC fully complies with Standard 9.2. 

4.9.3 Educational budget and resource allocation

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

4.9.3a Description

The Directeur Administratif et Financier is responsible to the Directeur Général (Principal) for the budget and financing of the institution. Annual budget details were shown to the team and these demonstrated that the financial position of IFEC was healthy with a small surplus each year being transferred to reserves. The finances are audited and certified by Price Waterhouse Cooper (PWC).

4.9.3b Analysis

IFEC has developed a vision for the future which links the academic ambitions of the institution with a strategy to attain financial and academic security of the institution. All of the future plans, such as those for expansion on the Toulouse site and the future acquisition of currently rented space on the Ivry site have been subjected to a very thorough risk analysis. Risk analysis of all the proposed developments has enabled the institute to make financially sound decisions when needed. The institution has already assessed the risks of the Ministry of Health, redefining chiropractic as a five rather than a six year programme and developed plans for implementing programme changes to deliver the programme within a shorter time span.

4.9.3c Conclusion

IFEC fully complies with Standard 9.3. 

4.9.4 Interaction with professional sector

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

4.9.4a Description

There is a close relationship between IFEC and the AFC. There are various areas of collaboration such as the link to the Ministry of Health, the participation in the formation of outcomes and the new curriculum, financial support for students, support for research and the creation of a professorship at the Université de Paris Sud Orsay, and the implementation of the GEP programme. The hospital placements in Year 6 foster communication and collaboration with other health professionals. Local interactions with medical radiologists and teaching in many clinical subjects from other health care professionals encourages students to reflect on the different health care professions and the importance of interprofessional management of patients. Continuing Education programmes, in

particular with the conjoint University Diploma (Université Paris Sud), allow for further interprofessional relationships and strengthen networks.


Individual chiropractors in practice are involved with IFEC as visiting speakers on campus, part-time chiropractic teaching staff and chiropractors participating in the assistantship programme for sixth year students.

Greater efforts are made to participate in international forums. IFEC has developed scientific and pedagogic collaborations abroad with universities such as the University of Southern Denmark, Odense, and the University of Quebec at Trois-Rivières, Canada.

4.9.4b Analysis

There appears to be constructive relationships with the chiropractic profession, the health professions in general, other universities and the government. Good interaction with the profession has developed over recent years.

4.9.4c Conclusion

IFEC fully complies with Standard 9.4. 

4.10 CONTINUOUS RENEWAL AND IMPROVEMENT

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

4.10.1a Description

IFEC is adapting to the situation of having two institutes, and under the direction of the new Principal, has instituted an annual convention for all its employees to discuss values, governance, organisation, procedures, and to reinforce the links between them. This has resulted in the production of a document called *Eléments structurants de l'IFEC*, summarizing the values and organization of IFEC. Legal recognition of chiropractic in France has been a decisive step, allowing for acceptance of chiropractors and the institution by the medical profession. The new curriculum that IFEC finalized with the Ministry of Health is now the gold standard for chiropractic education and training in France. IFEC undertakes periodic reviews of its systems, aims, curriculum, and clinic procedures. This internal scrutiny is supplemented by the presence of external stakeholders. IFEC has created workgroups with members of the Administrative Council, IFEC Heads of Domains and teachers, and other healthcare professions, such as medical specialists and chiropractic educationalists abroad.

IFEC has adapted its educational resources to present needs, for example with the buying and renting of additional space in Ivry, the increase in the number of treatment rooms in the Ivry clinic and completion of a computer assisted learning space at Ivry. It will continue to improve the Toulouse site with the completion of the third lecture theatre, and the building of a new clinic, when needed. The adjacent building is for sale and an architect has produced plans for adapting the building into a new clinic.

IFEC has considerably improved the Research Domain and teaching of evidence-based practice. In addition, a number of external international researchers have been appointed for assistance. IFEC encourages its students to undertake further studies, in various sponsored Master's programmes. PhD fellowships have been established in order to develop specific areas of expertise within the Institute creating a healthy research environment. Over the past year, the Research Domain and

other members of staff have published a number of scientific articles. There is collaboration with other universities, such as the University of Southern Denmark, Université Trois-Rivières in Québec and Murdoch University in Australia. New developments in the Research Domain encompass the modernisation of educational material, in collaboration with the IT services, to produce self-study e-learning material and the integration of research activities within the student clinics.

The recognition of the school and the clinics in the community has progressed. The improved organisation of the clinics has resulted in an increase in income. The relationships with hospitals for the placement of students in internships has been facilitated by the legal status of the profession and the institute.

4.10.1b Analysis

IFEC has a thorough process for continuous renewal of the programme and facilities at both sites.

IFEC has addressed all of the weaknesses identified in the evaluation of Ivry in 2009 and Toulouse in 2012 with the exception of some aspects of quality assurance, as reported in Standard 8.1.

4.10.1c Conclusion

IFEC fully complies with Standard 10.1



5. CONCLUSIONS

5.1 Summary

The Evaluation Team was impressed by the overall quality of the chiropractic education and training provided by the institute. It was clear that IFEC Ivry and IFEC Toulouse work effectively as one institute. The following commendations and recommendations are highlighted:

5.2 Commendations, recommendations and concerns

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

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

5.2.1 Commendations

- 5.2.1.1 The dedicated leadership provided by the Direction (Senior Management), working in collaboration with AFEFC, to raise the academic standards and profile of chiropractic within France.
- 5.2.1.2 The delivery of the programme by a strong, enthusiastic and committed staff.
- 5.2.1.3 The supportive environment that exists between staff and students across the whole programme.
- 5.2.1.4 The thorough student selection process
- 5.2.1.5 The excellent clinical training and clinic facilities at both sites, including placements in hospitals and chiropractic practices, producing highly competent graduates.
- 5.2.1.6 The risk management that maintains and protects the financial future of IFEC.
- 5.2.1.7 Support for personal development of all faculty, particularly for postgraduate degrees and research.
- 5.2.1.8 Inter-professional integration with the French Healthcare system.

5.2.1.9 The excellent IT support that underpins the teaching and learning on the programme.

5.2.2. Recommendations

5.2.2.1 Improve quality assurance policies and procedures in relation to assessment and the role of external examiners.

5.2.2.2. Include patients as stakeholders in reviewing, updating and delivering the programme.

5.2.2.3. Enhance the linkage between teaching and application of evidence--based practice regarding patient management.

5.2.2.4 At Ivry, upgrade the equipment in some of the technique rooms and improve the upkeep of other spaces.

5.2.3 Concerns

There were no concerns.

5.3 Acknowledgements

The Team wishes to extend its thanks to the institute for the hospitality and courtesy afforded to it during the on-site visit.

APPENDIX 1 Timetable

SUNDAY 07 December	Meeting with	Personnel	Team members	Standards
18.00 approx. in hotel	Preliminary team meeting in Novotel hotel	Novotel Toulouse Airport,	All	

MONDAY 08 December	Meeting with	Personnel	Team members	Standards
09.00	Arrival		All	
09.00-09.10	Private meeting of the Team	None	All	
9.10-10.30	Tour of campus facilities to include teaching facilities and library		All	
10.30-11.30	Meeting with students	Up to 4 students from each year (apart from clinic year students)	All	4.1, 4.2, 4.3, 4.4, 6.1, 6.3, 8.2, 8.4
11.30-11.45	Coffee break			
11.45-13.00	Meeting with clinic year students	Up to 6 students	All	4.2, 4.3, 4.4, 8.2, 6.1, 6.3 and 6.2
13.00-14.00	Lunch with Teaching Staff		All	
14.00-15.30	Meeting with Teaching Faculty who only teach in Toulouse (non-chiropractic)	FT & PT teaching faculty to cover all areas of basic science teaching, a member of staff who is research active, module leader(s).	All	1, 2 (with exception of 2.6), 3, 5.2, 6.1, 6.3, 6.5
15.30-16.45	Visit to clinic and meeting with Clinic Faculty (chiropractic)	(NOT to include anyone seen before) FT & PT Teaching faculty to cover all areas of clinical science teaching including a module leader(s), Full-time, Part-time	All	1, 2 (with exception of 2.6), 3, 5.2, 6.1, 6.3, 6.5
16.45-17.15	Admissions	Admissions Officer and personnel	All	4.1, 4.2
17.15-18.00	Private meeting	None	All	

TUESDAY 09 NOVEMBER	Meeting with	Personnel	Team members	Standards
08.30	Travel to Airport		All	
10.15	Flight no. EZ4022 Ref EN35x8P		All	
11.40	Arrive Orly – taxi to Mercure Hotel,		All	
14.00-15.00	Private meeting in Hotel		All	
15.00	Arrive at institute		All	
15.30-17.00	Tour of campus facilities to include teaching facilities,		All	

	library and clinic			
17.00-18.00	Private meeting of team in base room		All	

WEDNESDAY 10 December	Meeting with	Personnel	Team members	Standards
09.00-10.00	Meeting with students	Up to 4 students from each year (apart from clinic year students)	All	4.1, 4.2, 4.3, 4.4, 6.1, 6.3, 8.2, 8.4
10.00-10.45	Coffee			
10.45-11.45	Meet with students in the clinic year.	8 students from all clinic years		
11.45-13.00	Quality Assurance	Responsible staff	All	3.1, 3.2, 8.1, 8.2, 8.3, 8.4, 10
13.00-14.00	Lunch with students across all years	2 from each year	All	
14.00-16.30	Formal meeting with clinic teaching faculty		MB/BZ/SR	2.6, 6.2
14.00-15.15	Subsequent stages and professional sector	CPD manager.	DB	2.7, 9.4
15.15-15.45	Governance and Finance	Finance officer, AFEFC	DB	9.1, 9.3, 9.5
16.30-17.30	Programme Management	Senior managers	All	4.3, 4.4, 5.1, 5.2, 6.4, 6.5, 9.2, 9.4
17.30-18.00	Learning Resources including IT support	Librarian, IT	DB/SR	6.1, 6.3

THURSDAY 11 December	Meeting with	Personnel	Team members	Standards
09.00-10.00	Research	Member of staff who is research active and teaches research, research supervisor(s),	BZ/MB	7
10-12.30	Private meeting of team			
12.30-13.30	Lunch with teaching staff	4 not in senior management positions	All	
13.30-18.00	Private meeting of team			

FRIDAY 12 December	Meeting with	Personnel	Team members	Standards
09.00-11.00	Private meeting of team		All	
11.00-11.30	Feedback to senior management	AFEFC and Principals of both institutes	All	
12.30	DEPART			