



The Councils on Chiropractic Education International

Mapping the International Framework for Chiropractic Education and Accreditation

Programme Standards, Competencies and Accreditation Policies and Procedures

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Introduction

The Councils on Chiropractic Education International (CCEI) established a framework for international chiropractic accreditation ('the Framework') that provides a reference point for assessing the eligibility of a Council on Chiropractic Education to become a member of CCEI. The Framework consists of three parts: *Programme Standards*, *Competencies*, and *Procedures* for accreditation. As a condition of membership in CCEI, all member agencies must have programme standards, competencies and procedures that are at least equivalent to or higher than those contained within this Framework.

These same documents also may be used as models from which newly established accrediting bodies may develop their accreditation standards. In addition, new chiropractic educational programmes may use the Framework documents as a guide in their development, but ultimately, a chiropractic programme must be compliant with the standards of the CCEI member agency that accredits them.

In recognizing the need for internationally accepted standards, CCEI acknowledges that education systems are part of the richly diverse and innovative cultures of a geographic jurisdiction. The accreditation process thus respects the autonomy of the educational programme, national legislation and regulations, and acknowledges that there is no single best way to produce a competent chiropractor. Specific policies, procedures and even educational requirements, may vary to a certain extent as they reflect local academic traditions and/or legislation in a jurisdiction. Notwithstanding the variations in chiropractic education across jurisdictions, there is a high degree of equivalence of accreditation *Programme Standards*, *Competencies* and *Policies and Procedures* among CCEI member agencies.^{1,2}

CCEI requires that member agencies maintain Standards, Competencies, and Policies and Procedures that are equivalent to or exceed those outlined in the International Framework of Chiropractic Education and Accreditation. The mapping exercise aims to verify this requirement and to identify any areas for changes or improvement within the Framework.

¹ This statement is based on a line-by-line comparison of the Standards, Competencies and Processes from the four member agencies of CCEI, conducted from 2012 to 2015. The documents contained within the CCEI Framework reflect consensus among the member agencies of CCEI.

² The Framework utilizes Oxford English spelling throughout which is considered to best reflect international English.

Part 1. Programme Standards

Introduction: Outcomes-Based Education Programme Standards

CCEI's *Programme Standards* are based on the model of an outcomes-based education.^{3,4,5,6} The learning outcomes determine the curriculum content and its organization, the teaching and learning methods and strategies, the assessment processes and the infrastructure of the educational environment that facilitates the process.

CCEI requires its member agencies to monitor exit outcomes in the programmes they accredit, and therefore, accreditors must require chiropractic programmes to identify and make explicit the exit outcomes, and communicate them to all concerned including students, faculty, the profession and other stakeholders.

As a result, both the learning outcomes or competencies (output) and the educational processes (input) are addressed in the *Programme Standards*. A global set of core standards relating to outcomes (competencies) in terms of knowledge, attitudes and skills is not the same as a set of specific standards in terms of content of the curriculum. The *Programme Standards*, therefore, do not prescribe detailed curriculum content. Instead, each institution's curriculum must provide the means to achieve the educational outcomes, as well as the systems for assessing whether students have achieved the required outcomes in terms of knowledge, skills and attitudes, and for evaluating and monitoring the effectiveness of the curriculum and educational environment in achieving those outcomes.

The goal of the CCEI *Programme Standards* is to assure that minimum requirements for the education and training of chiropractors are being met by the programmes accredited by a CCEI member agency.

³ Harden RM, Crosby JR, Davis MH. Outcome-based education: Part 1: an introduction to outcome-based education. *Medical Teacher* 1999; 21: 7-14.

⁴ Frank JR. Competency-based medical education: theory to practice. *Medical Teacher* 2010;32:638-645.

⁵ Gruppen LD, Mangrulkar RS, Kolars JC. The promise of competency-based education in the health professions for improving global health. *Human Resources for Health* 2012;10:43:1-7.

⁶ Morcke AM, Donan T, Eika B. Outcome (competency) based education: an exploration of its origins, theoretical basis, and empirical evidence. *Adv in Health Sci Educ* 2013;18:851-863.

Comparisons of the Programme Standards

CCEI STANDARDS	CCEC	CCEA	ECCE
1. Goals	✓	✓	✓
1.1 Participation in formation goals	✓	✓	✓
1.2 Academic Autonomy	✓	✓	✓
1.3 Educational outcomes	✓	✓	✓
1.4 Ethics, Integrity and Accountability	✓	✓	✓
2. Governance	✓	✓	✓
2.1 Governing Board	✓	✓	✓
2.2 Governance Structure	✓	✓	✓
2.3 Academic Leadership	✓	✓	✓
2.4 Faculty Participation	✓	✓	✓
2.5 Student Input	✓	✓	✓
3. Administration	✓	✓	✓
4. Evaluation and Quality Improvement	✓	✓	✓
5. Patient Care	✓	✓	✓
6. Educational Budget and Resource Allocation	✓	✓	✓
7. Educational Programme	✓	✓	✓
7.1 Curriculum Model	✓	✓	✓
7.2 Curriculum Development	✓	✓	✓
7.3 Curriculum Structure	✓	✓	✓
8.0 Faculty	✓	✓	✓
9. Students	✓	✓	✓
9.1 Admissions	✓	✓	✓
9.2 Disclosure	✓	✓	✓
9.3 Student Support Services	✓	✓	✓
9.4 Student Policies	✓	✓	✓
9.5 Student Competencies	✓	✓	✓

Outcomes

The Programme Standards of all member agencies met the minimum or went above those outlined in the Framework.

Part 2. Competencies for Graduating Chiropractors

Overview

There are numerous definitions of chiropractic that reflect the different contexts and/or environments in which the term is being used. The World Federation of Chiropractic (WFC) defines 'Chiropractic' as: "A health profession concerned with the diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system, and the effects of these disorders on the function of the nervous system and general health. There is an emphasis on manual treatments including spinal adjustment and other joint and soft-tissue manipulation."⁷ The competence of an individual practitioner is critical for safe and effective care. Competencies are component parts of competence. They refer to specific capabilities in applying particular knowledge, skills, decision-making attributes and values to perform tasks safely and effectively in a specific health workforce role.^{8,9} Chiropractic programmes must be designed and delivered so that students are able to achieve the competencies required to practise safely, effectively and ethically in the profession in their jurisdiction. Characteristics of Educational Competencies are that they:¹⁰

1. Focus on the performance of the end-product or goal-state of instruction.
2. Are an application of what is learned in the programme.
3. Are measurable.
4. Use a standard for judging competence that is not dependent upon the performance of other learners.
5. Inform learners, as well as other stakeholders, about what is expected of them.

⁷ WFC Dictionary Definition. World Federation of Chiropractic; 2001. At https://www.wfc.org/website/index.php?option=com_content&view=article&id=90&Itemid=110

⁸ Tilley S. Competency in nursing: a concept analysis. *Journal of Continuing Education in Nursing* 2008;39(2):58-64.

⁹ Verma S, et al. Core competencies: the next generation comparison of a common framework for multiple professions. *Journal of Allied Health* 2009;38(1):47-53.

¹⁰ Albanese M, et al. Defining characteristics of educational competencies. *Medical Education* 2008;42(3):248-55.

Comparisons of the Competencies

CCEI COMPETENCIES	CCEC	CCEA	ECCE
1. Foundational knowledge	✓	✓	✓
2. Clinical Skills	✓	✓	✓
2.1 Formulate a Differential Diagnosis	✓	✓	✓
2.2 Develop and Evolve a Management Plan	✓	✓	✓
2.3 Implement and Monitor Treatment	✓	✓	✓
2.4 Evaluation of Progress	✓	✓	✓
3. Professionalism	✓	✓	✓
3.1 Ethics and Jurisprudence	✓	✓	✓
3.2 Record Keeping	✓	✓	✓
4. Communication Skills	✓	✓	✓
5. The Chiropractor Patient Relationship	✓	✓	✓
6. Inter-professional collaboration	✓	✓	✓
7. Health promotion and disease prevention	✓	✓	✓

Outcomes

The competencies outlined by all member agencies met or exceeded the minimum competencies outlined in the Framework. There were a few key items identified during the mapping exercise process that CCEI may consider during the next revision of the Framework:

- Moving away from the terminology 'evidence-informed' to 'evidence-based' and further defining what 'evidence-based' may include (i.e. the best available scientific studies combined with clinical experience of the practitioner, and patient preference);
- Inclusion of evidence-based, life-long learning under 'clinical skills';
- Including a reference to 'patient involvement' in the Framework under 2.2: 'Develop and Evolve a Management Plan';
- Including the recognition of limitations in the Framework under 2.3: 'Implement and Monitor Treatment';
- Including patient-centered under 2.4: 'Evaluation of Progress';
- Including ethical business practices under 3.1: 'Ethics and Jurisprudence';
- Including reflective practice under 6.0: 'Inter-professional collaboration'.

The current Framework uses the term 'evidenced-informed' rather than 'evidenced-based'. At the time of creating and originally establishing the 'Framework' there was significant discussion within health care and at the CCEI table of the most appropriate term to use, and the board decided at that time that 'evidence-informed' was more appropriate. With the changes that have occurred in the intervening years and increased numbers and quality of chiropractic research publications, it may be appropriate for the board to reconsider this decision.

Part 3. Accreditation Policies and Procedures

Introduction

There are two types of accreditation processes performed by a CCEI member agency:

- **Initial Accreditation** is the process by which a new chiropractic programme establishes that it meets the *Eligibility Criteria* for accreditation and is in compliance with a CCEI member agency's *Standards*.
- **Reaffirmation of Accreditation** is the process that ensures a chiropractic programme remains in compliance with a CCEI member agency's *Standards* through periodic self-evaluation reports, site visits and annual Monitoring Reports.

CCEI recognizes that accreditation policies and procedures are developed and applied with an understanding of the jurisdiction and context in which the programme is operating. Therefore, policies and procedures may vary to some extent across jurisdictions. If it can be demonstrated that these achieve equivalent outcomes, CCEI would deem these to be acceptable.

Confidentiality

The process of accreditation should be transparent; that is, the CCEI member agency and the chiropractic programme should communicate directly and openly with one another. All other aspects of the chiropractic programme shall remain confidential. Other than the reporting of the procedures and decisions in accordance with a CCEI member agency's *Standards and Procedures*, the CCEI member agency's agents shall not divulge any aspect of the chiropractic programme to any source unless part of agreed processes of accreditation or it receives permission from the institution to do so.

Accreditation materials (such as, but not limited to, the Self Evaluation Report) that are produced by the chiropractic programme shall be considered the property of the chiropractic programme. It may distribute, as it chooses, these materials in whole or in part, provided they are accurately and fairly reported. If a chiropractic programme publishes any part of its accreditation materials, then it shall be deemed to have waived its right of confidentiality of the said materials by implied consent.

Comparisons of the Policies and Procedures

CCEI Policies and Procedures	CCEC	CCEA	ECCE
1. Application for Initial accreditation	✓	✓	✓
1.1 Letter of Intent	✓	✓	✓
1.2 Eligibility Criteria	✓	✓	✓
1.3 Eligibility decision	✓	✓	✓
1.4 Self-evaluation report	✓	✓	✓
1.5 Self-Evaluation Report Decision	✓	✓	✓
1.6 Site Visit	✓	✓	✓
1.6.1 Joint Activities in Accreditation	✓	✓	✓
1.7 Site Team Report	✓	✓	✓
1.8 Final Decision	✓	✓	✓
1.8.1 Award Accreditation	✓	✓	✓
1.8.2 Deferral Accreditation	✓	✓	✓
1.8.3 Denial Accreditation	✓	✓	✓
1.8.4 Notification of Decision	✓	✓	✓
2. Reaffirmation of Accreditation	✓	✓	✓
2.1 Letter of Intent	✓	✓	✓
2.2 Eligibility Criteria	✓	✓	✓
2.3 Self Study Report	✓	✓	✓
2.4 Decision on Self Study	✓	✓	✓
2.5 Site Visit	✓	✓	✓
2.5.1 Joint Activities in the Accreditation Process	✓	✓	✓
2.6 Site Team Report	✓	✓	✓
2.7 Decision	✓	✓	✓
2.7.1 Reaffirmation of accreditation	✓	✓	✓
2.7.2 Deferral Reaccreditation	✓	✓	✓
2.7.3 Impose Sanctions	✓	✓	✓
2.7.4 Refusal to reaffirm	✓	✓	✓
2.7.5 Notification of Decision	✓	✓	✓

2.7.6 Reinstatement following refusal	✓	✓	✓
2.7.7 Status Description	✓	✓	✓
3. Monitoring	✓	✓	✓
3.1 Reports	✓	✓	✓
3.1 Special Actions	✓	✓	✓
4. Quality Assurance	✓	✓	✓
5. Complaints and Appeals	✓	✓	✓
6. The Role and Governance Structure of the CCEI member agency.	✓	✓	✓

Outcomes

The policies and procedures outlined by all member agencies met the minimum or exceeded those outlined in the Framework. Further discussions noted that CCEs should explore developing measures to monitor their own performance. Based on the exercise and the reviews of each member agency’s Policies and Procedures, some points emerged that may be worthwhile to include in future variations of the Framework. A key point was including students on councils, accreditation, and evaluation teams; while also developing a training programme for students involved in these processes. It was also suggested that for the accreditation process, accreditation procedures should start at the beginning of the programme and continue throughout the course of the programme.

Summary

The mapping exercise identified that the Programme Standards, Competencies, and Policies and Procedures of all CCEs met the minimum criteria as outlined in the Framework. There were a few areas identified that CCEs may choose to address in future iterations of their documents. Furthermore, there were outcomes from the mapping exercise that CCEs may incorporate into future versions of the Framework. When revising the Framework in the future, it may be useful to identify stakeholders, receive input from external sources, and document transparency throughout the process.