



# STANDARDS FOR STANDARDISATION PROGRAMS IN CHIROPRACTIC

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## **Standardisation Programs.**

A Standardisation program is a course designed to prepare chiropractic primary care practitioners for registration under ‘grandfather’ provisions in jurisdictions where legislation has yet to be, or has just been, introduced.

Standardisation programs should be clearly established as interim measures with a view to facilitating a single uniform level of undergraduate chiropractic education consistent with the role of the chiropractor as a primary contact practitioner. Hence, standardisation programs must have a limited lifetime, be consistent with legislation and/or relevant policies of the national professional association/s and should be linked to the development of accredited first professional degree programs. It should be noted that gaining accreditation under these Standards relates only to Standardisation programs, and a separate set of Standards pertains to accreditation by CCEA for First Professional Award Programs.

These Standards represent a sub-set of CCEA’s Standards for First Professional Award Programs in Chiropractic, and the focus here is on those aspects where the program context and level of expectation differs from the primary Standards. To gain a full appreciation of CCEA’s expectations in regards to the wider framework and management of Standardisation programs, reference should also be made to the Standards for First Professional Award Programs in Chiropractic, and particularly in regards to areas such as Governance, Structure and Administration, plus Program Evaluation.

**STANDARDS** are specified for each sub-area using two levels of attainment:

**Basic standard.** This means that the standard must be met by every institution and fulfillment demonstrated during evaluation of the institution. Basic standards are expressed by a “must”.

**Standard for quality development.** This means that the standard is in accordance with consensus about best practice for basic chiropractic education. Institutions should be able to demonstrate fulfillment of some or all of these or that initiatives to do so have or will be taken. Fulfillment of these standards will vary with the stage of development of the institutions, their resources and educational policy. Even the most advanced institutions might not comply with all standards. Standards for quality development are expressed by a “should”.

**NOTES** are used to clarify, amplify or exemplify expressions in the standards.

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# 1. STUDENTS

## 1.1 STUDENT ADMISSION

### Basic Standard

Students **must** be proficient in the language in which the course is taught.

It is a requirement of enrolment that candidates have completed a relevant local training program, as well as having access to and having been engaged in chiropractic practice involving the diagnosis and management of chiropractic patients.

- The local program is expected to have involved at least 2 year's part-time training;
- The access and clinical engagement should have been active for at least 2 years, and particularly over the most recent 6 months, with an average of at least 10 hours involvement per week.

Candidates **must** provide proof of satisfying the above requirements.

## 1.2 TRANSFER STUDENTS

### Basic Standard

Credit may be granted to an applicant who has undertaken appropriate and relevant training or work. Applicants **must** be able to furnish evidence to support their case, and the Institution **must** have written policy and guidelines regarding the assessment of prior learning and/or experience. Appropriate records **must** be kept on file to support the recognition granted.

## 1.3 ASSESSMENT of STUDENTS

### Basic Standard

The Institution **must** define and state the methods used for assessment of its students, including the criteria for passing examinations. Assessment practices **must** be clearly compatible with its educational objectives and **must** promote learning.

### Quality Development

The reliability and validity of assessment methods **should** be documented and evaluated and new assessment methods developed. The number and nature of examinations **should** be adjusted by integrating assessments of various curricular elements to encourage integrated learning.

Student performance **should** be used to provide feedback to the committees responsible for student selection, curriculum planning and student counselling.

### Notes

Sound assessment requires relating the assessment procedures as directly as possible to intended learning outcomes.

*Methods used for assessment* may include consideration of the balance between formative and summative assessment, the use of norm-referenced or criterion-referenced assessment, and the number of assessments.

Comprehensive assessment requires a variety of procedures. Multiple-choice and short answer assessments are useful for measuring knowledge, understanding and application outcomes, whereas essay tests and other written projects are needed to assess the ability to organise and express ideas. Projects that require students to formulate problems and collect data are needed to measure skills in formulating and solving problems. Observational techniques are required to assess performance skills and various aspects of student behaviour (particularly pertinent for clinical skills). Finally, self-report techniques are useful for assessing attitudes.

*Evaluation of assessment methods* may include an evaluation of how they promote learning.

*New assessment methods* may include the use of external examiners.

*Adjustment of number and nature of examinations* would include consideration of avoiding negative effects on learning.

## 2. EDUCATIONAL RESOURCES

### 2.1 STAFF

#### Basic Standard

Institutions **must** demonstrate the adequacy and ability of all staff. The staff volume, variety and qualifications **must** be appropriate to the institutional mission, goals and program objectives for a standardisation program.

### 2.2 ACADEMIC STAFF

#### Basic Standard

All academic staff **must** have a relevant Bachelor's degree or first professional award from an accredited institution.

Staff without prior teaching experience shall be supervised by an experienced staff member for at least one semester.

#### Quality Development

Instructors in the basic and clinical sciences should possess a relevant advanced degree.

#### Note

It is expected that the cohort of academic staff would have relevant qualifications from more than one source.

### 2.3 PATIENTS of CANDIDATES

#### Basic Standard

Candidates **must** show that their patient volume and variety is appropriate to the objectives of the particular program. Appropriate records of such evidence **must** be kept on the student's file.

### 2.4 PHYSICAL FACILITIES

#### Basic Standard

Each institution **must** have, own, or have adequate use of buildings/facilities to support the program objectives of its mission and goals. The institution **must** be able to provide evidence that these facilities comply with all applicable legal requirements.

#### Notes

*Physical facilities* include lecture halls, tutorial rooms, laboratories, learning resource centres, information technology facilities, clinical facilities, recreational facilities etc

### 2.5 CLINICAL FACILITIES

#### Basic Standard

Each institution **must** ensure that candidates have use of clinical facilities adequate to support the program objectives of its mission and goals. The institution **must** be able to provide evidence that candidates have confirmed that such facilities are well equipped and managed, and have attested that these facilities comply with all applicable legal requirements.

### 2.6 LEARNING RESOURCE CENTRE

#### Basic Standard

Each institution **must** ensure the availability of a Learning Resource Centre/Library with staff, facilities, and collections/resources adequate to the program objectives of the mission and goals of the institution for this type of program.

### 2.7 FINANCIAL RESOURCES

#### Basic Standard

Institutions **must** demonstrate adequacy and stability of financial resources to support the program objectives and its missions and goals. In demonstrating adequacy and stability of resources, an institution **must** show that it has adequate budgetary controls, and the ability to graduate its most recent entering class.

## 3. CURRICULUM

### 3.1 CURRICULUM STRUCTURE

#### Basic Standard

The Institution **must** document the content, extent and sequencing of courses (including the balance between the core and optional content), and how they are integrated into a coherent program.

The total curriculum **must** comprise a minimum of six (6) semesters (the equivalent of three years full time study at the tertiary level), or equivalent, for which varying degrees of recognition for prior learning will apply on an individual basis through reduction of study time for work previously mastered.

#### Quality development

Institutions are expected to maintain academic integrity by structuring the curriculum so that the average student load requirements are reasonable even though the curriculum may be self-paced in certain cases.

#### Notes

The curriculum must be designed and implemented in a manner that

- Is supportive of the mission, goals and distinctiveness of the institution and of the achievement of the intended course outcomes.
- Will provide appropriate opportunities for the student to become proficient in the cognitive, affective and psychomotor skills related to competency-based professional standards for chiropractors commensurate with the level of the course.

It must be designed with reference to a structured “needs assessment” which takes account of the knowledge, skills and attitudes of incoming students, the resources necessary to the program and the desired outcomes of the program.

### 3.2 PROGRAM CONTENT

#### Basic Standard

Courses offered in the curriculum must be taught in sufficient depth and with sufficient interpretation to fulfill the concept of a primary contact health care practitioner.

#### Notes

It is expected that students will be given a general appreciation of the philosophical concepts and principles of chiropractic, and the historical development of chiropractic practice, to create an understanding of the positioning and function of the chiropractic profession in health care.

The course content would normally, and is expected to, include the following discipline areas in relation to the practice of chiropractic: anatomy; biomechanics; physiology; musculo-skeletal pathology; clinical diagnosis; orthopedics; pediatrics; geriatrics; diagnostic imaging procedures; spinal analysis; principles and practice of chiropractic manual techniques; health promotion and disease prevention; professional practice ethics; public health; first aid; research methods and other appropriate subjects. Variations to this course content should reflect the specific needs of the community, and legal and socio-economic constraints of the country in which the program is being presented.

Practical clinical training and practice must be based on structured protocols and approved practices to assure quality patient care. The tasks necessary to be competent in the practice of the discipline, at the level of a primary contact health care provider, commensurate with this course include requirements in the cognitive (knowledge and understanding), affective (attitudes and habits) and psychomotor (skills) domains. Conduct of the clinical training and practice should reflect any legal or cultural constraints.

## 4. PROGRAM EVALUATION

### 4.1 MECHANISMS FOR PROGRAM EVALUATION

#### Basic Standard

The chiropractic program **must** establish a mechanism for course evaluation that monitors the curriculum and student progress, and ensures that concerns are identified and addressed.

## Quality Development

Program evaluation **should** address the context of the educational process, the specific components of the curriculum and the general outcome.

### Notes

*Mechanisms for program evaluation* would imply the use of valid and reliable methods and require that basic data about the curriculum are available. Involvement of experts in chiropractic education would further broaden the base of evidence for the quality of chiropractic education at the institution.

*Identified concerns* would include problems presented to the Course Advisory Committee or equivalent.

*The context of the educational process* would include the organisation and resources as well as the learning environment and culture of the chiropractic program.

*Specific components for program evaluation* would include course description and student performance.

## 4.2 INSTITUTIONAL OUTCOMES

### Basic Standard

As a condition of accreditation each institution **must** provide evidence of its institutional effectiveness in achieving the Mission, Goals and Objectives it has established for itself.

### Quality Development

The objective of the program **should** be to ensure that the graduate effectively obtains the basic competencies required by a chiropractor as detailed in the Competency-Based Standards for Entry Level Chiropractors (Appendix A).

## 4.3 STUDENT COMPETENCIES

### Basic Standard

The Institution **must** define and state the competencies that students should exhibit on graduation in relation to their future roles in the health care system. The competencies **must** be focused on educational outcomes. Competencies **must** incorporate the requirements listed in the Competency-Based Standards for Entry Level Chiropractors. (Appendix A)

### Quality Development

Measures of, and information about, competencies of the graduates should be used as feedback to program development.

### Notes

*Competencies* within chiropractic at the level of a primary contact practitioner include knowledge and understanding of the basic, clinical, behavioural and social sciences, including public health, and ethics relevant to the practice of chiropractic; attitudes and clinical skills (with respect to establishment of diagnoses, practical procedures, communication skills, health promotion and disease prevention, patient care, rehabilitation, referral to other health care providers, clinical reasoning and problem solving); and the ability to undertake lifelong learning and professional development.

## 4.4 STUDENT PERFORMANCE

### Basic Standard

Student performance **must** be analysed in relation to the curriculum and the mission and objectives of the chiropractic program.

Each Institution **must** provide evidence that participants, as a condition of graduation, have:

- performed at least one hundred (100) new patient consultations with case history for the purpose of developing a clinical impression of the neuromusculoskeletal health status/problems of the patient, relative to appropriate care, and
- performed at least five hundred (500) treatments directed at the alleviation of an identifiable neuromusculoskeletal ailment,

The above services may not be administered to a student's immediate family, and no more than 10% to students within chiropractic programs.

These quantitative requirements will not be the sole criteria used to assess the institution's success in standardising practitioners who practise the discipline. Each program must evaluate the students' proficiency in the competencies relevant to the course.

#### **Quality Development**

Student performance **should** be analysed in relation to student background, conditions and entrance qualifications, and **should** be used to provide feedback to the committees responsible for student selection, curriculum planning and student counselling.

#### **Notes**

Measures of *student performance* would include information about average study duration, scores, pass and failure rates at examinations, success and attrition rates, student reports about conditions in their courses, as well as time spent by the students on areas of special interest.

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