
ENQA AGENCY REVIEW: EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION (ECCE)

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EXECUTIVE SUMMARY

ENQA requires all member agencies to undergo an external cyclical review, at least once every five years. Substantial compliance with the ESG is a condition for membership.

Following an ENQA external review in December 2015, The European Council on Chiropractic Education (ECCE) was awarded the status “member under review”. The agency was given two years to undergo a new review process. In 2017, ECCE informed the ENQA Secretariat that necessary enhancements had been made and the agency requested an additional partial review.

The partial review was constituted and undertaken according to ENQA Rules of Procedure (Article. 7) for members under review. The partial review covers all elements identified as causes of concern by the ENQA Board, following the 2015 review, as well as all elements identified by the panel as partially compliant and additionally any other substantial changes since 2015.

This report supplements the 2015 review report and analyses the compliance of the European College on Chiropractic Education (ECCE) with selected *Standards and Guidelines for Quality Assurance in the European Higher Education Area* (ESG).

In light of the documentary and oral evidence considered by the review panel, the review panel has the following judgements and recommendations on separate standards.

European Standards and Guidelines	Level of compliance	Recommendation(s)
ESG 3.5 RESOURCES	Substantially compliant	Ensure that the positions of quality assurance consultant and executive secretary are sustainable (financially) in the long term Systematise the work processes of the executive secretary and the quality assurance consultant for the future of ECCE. Make sure that the work plans of the employees are discussed and controlled by the executive.
ESG 3.6 INTERNAL QUALITY ASSURANCE AND PROFESSIONAL CONDUCT	Partially compliant	Further develop the internal quality assurance document to integrate all policies and procedures of ECCE including processes used by staff of ECCE and identifying responsible persons for monitoring and enhancing processes. Develop the Equal Opportunities Policy to include procedures for implementation, monitoring and responsibility for ensuring compliance. Develop a transparent and open nomination procedure by having open calls, not just within network. Develop policies and procedures for the appropriate communication with the relevant authorities of those jurisdictions where ECCE operates should be developed and implemented.
ESG 2.5 CRITERIA FOR OUTCOMES	Fully compliant	

ESG 2.7 COMPLAINTS AND APPEALS	Fully compliant	
ESG 3.4 THEMATIC ANALYSIS	Non-compliant	<p>To engage in structured analysis to describe and analyse the general findings of their quality assurance activities.</p> <p>ECCE should learn from other ENQA full members what kind of different activities could fall under this category and how analysis could be implemented utilising both internal capacities and in cooperation with HEIs and individuals.</p>
ESG 2.1 CONSIDERATION OF INTERNAL QUALITY ASSURANCE	Partially compliant	<p>The mapping of ECCE standards against the ESG part 1 has been performed, but this has not lead to a revision of ECCE standards. A partial revision of the ECCE standards in order to achieve better coherence between these and the ESG part1 standards 1.1 – 1.10 should be undertaken.</p> <p>Greater clarity is needed in how patient safety issues are balanced with student centred approaches.</p>
ESG 2.2 DESIGNING METHODOLOGIES FIT FOR PURPOSE	Substantially compliant	<p>Continue adaptation (and synergy) in time and content, with national QA procedures.</p> <p>Better involvement of stakeholder representative organisations and other HE stakeholders within ECCE.</p> <p>Consideration should be given to expanding the current criteria to include contemporary issues in Higher Education such as internationalisation, mobility and multidisciplinary working.</p>
ESG 2.4: PEER REVIEW EXPERTS	Substantially compliant	<p>Criteria for selection of non chiropractic panel members should be clear, identifying requirements for inclusion and exclusion.</p>
ESG 3.1: ACTIVITIES, POLICY, AND PROCESSES FOR QUALITY ASSURANCE	Fully Compliant	
ESG 3.3 INDEPENDENCE	Fully compliant	

In conclusion, the team noted progress towards full compliance across a range of standards. In a relatively short period of time, ECCE has addressed issues of resources and has a more robust foundation to tackle outstanding issues. However, across a range of standards, concerns continue to persist. These are in general terms focused on alignment with ESG 2.1 and issues of patient safety

versus student centred learning which balance the needs of the chiropractic profession with higher education quality assurance practice. Additionally, Thematic Analysis needs to be considered and addressed. The panel were convinced by the intentions and efforts of ECCE to meet the ESG and considered that membership of ENQA had enhanced the standards of practice within ECCE and its member organisations. However, the panel identified standards which were non-compliant and partially compliant and concluded an overall **partially compliant** judgement.

INTRODUCTION

BACKGROUND OF THE REVIEW AND OUTLINE OF THE REVIEW PROCESS

BACKGROUND OF THE REVIEW

ENQA's regulations require all member agencies to undergo an external cyclical review, at least once every five years, in order to verify that they act in substantial compliance with the ESG as adopted at the Yerevan ministerial conference of the Bologna Process in 2015. ENQA retains ownership of the present report.

Following an ENQA external review in December 2015, The European Council on Chiropractic Education (ECCE) was awarded the status "member under review" on 28 April 2016 and was informed of the decision by a letter on 12 May 2016. The agency was given two years to undergo a new review process. In May 2017, ECCE informed the ENQA Secretariat that necessary enhancements had been made and the agency requested an additional partial review.

The partial review was constituted and undertaken according to ENQA Rules of Procedure (Article. 7) for members under review, fully described in the Terms of Reference sent to ECCE in September 2017. The partial review covers all elements identified as causes of concern by the ENQA Board, following the 2015 review, as well as all elements identified by the panel as partially compliant.

ECCE were also requested to indicate in the SAR any significant changes regarding any other standards since the last full review. These elements will also be included in the partial review process.

The review is carried out to assess the eligibility of ECCE to the renewal of membership of ENQA. Should the partial review be successful, ECCE's membership would expire 5 years after the completion of the full review (i.e. in April 2021).

This partial review will also be used for EQAR application to complement the full 2015 review report.

MAIN FINDINGS OF THE 2015 REVIEW

In 2015, the panel considered that ECCE fully complied with the following ESG:

3.2 OFFICIAL STATUS - We recommend ECCE to strengthen their ambitions to become better recognised in public. To make consistent use of ECCE logo in their internal documentation and external communication.

2.3 IMPLEMENTING PROCESSES – no recommendation

The ESG where the panel found that substantial compliance had been achieved were:

3.1 ACTIVITIES, POLICY AND PROCESSES FOR QUALITY ASSURANCE –

Strategic planning has to be accelerated and clearly linked with yearly work plans. Involve students as stakeholders in the governance of ECCE.

3.3 INDEPENDENCE - Students should be fully involved in decision making bodies of ECCE in particular COA. The conflict of interest procedure should include clear definitions of what may constitute a conflict of interest. ECCE should open more to students or academics without any relation to

Chiropractic institutions, for experts and also for other positions on the council or in the standing committees.

- 3.4 THEMATIC ANALYSIS** – To engage in structured analysis on the system [of chiropractic education] and institutional /programme levels, beyond what is tied to reporting by the President and dissemination of news. ECCE should learn from other ENQA full members what kind of different activities could fall under this category and how analysis could be implemented utilising both internal capacities and in cooperation with HEIs and individuals.
- 3.7 CYCLICAL EXTERNAL REVIEW OF AGENCIES** - Carefully consider all recommendations in the external review report and take appropriate action. Maximise the potential of engagement with other ENQA members either directly (in ENQA events and on bilateral basis with relevant members) or indirectly (e.g. learning from publicly available agency review reports, ENQA Board decisions, research).
- 2.1 CONSIDERATION OF INTERNAL QUALITY ASSURANCE** - ECCE should justify the assertion that their standards and guidelines meet the requirements of Part 1 ESG by undertaking a comprehensive mapping of the standards used by agency against the ESG Part 1 standards 1.1 – 1.10. ECCE should review the terminology used throughout their standards and ensure consistency with ESG.
- 2.2 DESIGNING METHODOLOGIES FIT FOR PURPOSE** - Better adaptation (and synergy) in time and content, with national QA procedures. This is normally made easier by the fact that ECCE is a member of ENQA and on the EQAR register. A greater flexibility of the procedures is hence desired. The 36 standards of ECCE should be carefully checked against the new ESG, including as far as terminology is concerned. Consideration should be given to expanding the current criteria to include contemporary issues in Higher Education such as internationalisation, mobility and multidisciplinary working.
- 2.4 PEER-REVIEW EXPERTS** - The Evaluation Secretary should not be a member of any expert panel. Training of experts should be based on needs, outcomes and effectiveness rather than a perceived preference. ECCE should rely more on non-chiropractic experts as panel members (including students). A list of criteria that are potential causes for conflict of interest (including having had a decisional role in the agency in the past) should be established.

The criteria where the panel found that partial compliance had been achieved were:

- 3.5 RESOURCES** – To strengthen administrative capacity, also increase capacity to reflect. With turnover of permanent staff occurring, it is of vital importance to ensure institutional memory is well preserved and passed over. Responsibilities of Evaluation Secretary should be re-defined to avoid mixture of administrative and expert roles and conflict of interests.
- 3.6 INTERNAL QUALITY ASSURANCE AND PROFESSIONAL CONDUCT** - ECCE should create a single consolidated internal quality assurance document and publish it on its website. It should include internal and external feedback mechanisms that lead to a continuous improvement within the agency; implementation of the equal opportunities policy should be monitored to guard against intolerance of any kind or discrimination. Policies and procedures for the appropriate communication with the relevant authorities of those jurisdictions where ECCE operates should be developed and implemented.
- 2.5 CRITERIA FOR OUTCOMES** - ECCE should review their standards and criteria. They should be mapped towards the new ESG and changes to include main points of the new ESG, as student-centred learning and student involvement in decision-making processes should be included. ECCE should decide whether to introduce weighting of criteria and make this decision transparent in all available documents to HE institutions. ECCE should develop standardised procedures to ensure consistency in decision-making for the time period accreditation is granted. The procedure should be transparent to HE institutions.
- ESG 2.7 COMPLAINTS AND APPEALS** - ECCE is encouraged to undertake the planned reflection on the appeals process and improve it in light of this. The complaints procedure should be revisited and

consideration should be given to the circumstances in which a complainant would benefit from undergoing the process.

REVIEW PROCESS

The 2018 partial external review of ECCE was conducted in line with the process described in ENQA Rules of Procedure (Article. 7) and in accordance with the timeline set out in the Terms of Reference.

The panel for the external review of ECCE was appointed by ENQA and composed of the following members:

- Andy Gibbs (Chair), Independent Quality Assurance Expert, United Kingdom
- Vincent Wertz, professor at the Louvain School of Engineering, Catholic University of Louvain, Belgium,
- Alexandra Raymakers, student at University of Oslo, Norway (ESU nominee)

ECCE produced a self-assessment report which provided a substantial portion of the evidence that the panel used to draw its conclusions. Additional documents were requested by the panel and provided by ECCE both prior to and during the site visit.

The panel conducted a site visit to validate fully the self-assessment and clarify points at issue. Prior to the visit each panel member was designated to lead on a specific ESG, identifying lines of enquiry, leading the interviews, collating evidence and leading discussions regarding compliance. Decisions were reached collectively by the panel led by the Chair.

The panel used a mapping grid, supplied by ENQA, to assure consistency in evidence gathering and decision making. Finally, the review panel produced the present final report on the basis of the self-assessment report, site visit, and its findings. In doing so it provided an opportunity for ECCE to comment on the factual accuracy of the draft report. The review panel confirms that it was given access to all documents and people it wished to consult throughout the review.

During the review, the panel paid special attention to the areas where the 2015 review report recommended that ECCE should take action to ensure full compliance with the ESG and where it suggested that reflection and action could contribute to the agency's further development.

Self-assessment report

Panel members were issued with the self-assessment report in November 2017. The report contained information related to the achievement of the European Standards and Guidelines in those elements identified as causes of concern by the ENQA Board, following the 2015 review, as well as all elements identified by the panel as partially compliant. These were:

ESG 3.5 Resources

ESG 3.6 Internal quality assurance and professional conduct

ESG 2.5 Criteria for outcomes

ESG 2.7 Complaints and Appeals

ESG 3.4 Thematic Analysis

Additionally, ECCE indicated in the SAR the following significant changes regarding any other standards since the last full review:

ESG 3.1 Consideration of internal quality assurance
ESG 2.2 Designing Methodologies fit for purpose
ESG 2.4 Peer review experts
ESG 3.1 Activities, policy and processes for quality assurance
ESG 3.3 Independence

The review panel requested additional information prior to and during the site visit. ECCE made all requested information available to the review team.

Site visit

The programme for the site visit was prepared in co-operation with the ECCE liaison person. The site visit took place at the Park Hotel, Heathrow, London on 15th – 17th January 2018. The review panel were able to interview all of the participants that they wished to. Participants interviewed included staff and committee and executive members of ECCE and students.

FINDINGS: EVALUATION OF THE IDENTIFIED ESG FOR ATTENTION IN THE PARTIAL REVIEW

ESG 3.5 RESOURCES

Standard:

Agencies should have adequate and appropriate resources, both human and financial, to carry out their work.

2015 review recommendation

To strengthen administrative capacity, also increase capacity to reflect. With turnover of permanent staff occurring, it is of vital importance to ensure institutional memory is well preserved and passed over.

Responsibilities of Evaluation Secretary should be re-defined to avoid mixture of administrative and expert roles and conflict of interests.

2015 Panel conclusion: Partially compliant

Evidence

A new Executive Team has been in place since January 2017. They are led by a new President who assured the review team that he is determined to ensure a sound financial structure for ECCE and develop a more professional organisation. This is reflected in a number of actions led by him since his appointment and supported by budgetary and strategic planning documents.

In terms of human resource, the appointment of a part time quality assurance consultant, appointed in August 2017 is a major innovation since 2015, intended to focus the work of ECCE and contribute to the development of the more professional approach. The task description is extensive and provides comprehensive coverage of all ECCE activity. The post is part time with unspecified hours and currently there is no detailed workplan.

The post of Evaluation Team Secretary does not exist anymore. The tasks have been reallocated. One of the panel members of review committees will undertake the tasks in the field. Logistical support is provided by the Executive Secretary. Relevant Manuals and guidance have been updated accordingly, based on material provided by ENQA. The first site visit using the new roles and procedures occurred in spring 2017 and was deemed to have worked well.

The Executive Secretary has seen her workload and hours of working increase (from 20 to 40 h/month), supported by the transfer of financial resource previously allocated to the review secretary.

In terms of financial resources, dues have been increased and in order not to be too much of a burden for institutions and programmes, accreditation duration of programmes has been extended. (First case: University of Denmark: 2018 extended to 2021).

The financial forecasts show a generated surplus from 2019 onwards.

Analysis

The decision to cancel the permanent position of review secretary has been well managed, with the executive secretary taking responsibility for logistical aspects and one of the panel members is designated as a panel secretary, with task description inspired by ENQA panel secretary task description. The review and site visit in spring 2017 with these new roles went well, but there were no specific questions around this new role of panel secretary in the evaluation of the visit. Closing the loop via such a feedback would be appropriate.

The executive secretary has been employed by ECCE for over eight years and is extremely efficient (e.g. in providing extra documents upon requests of the panel) and able to organise the day to day work of ECCE and in particular supporting the President. Nobody, except her, knows how to undertake the processes and procedures associated with her role. She has her own yearly plan that is not a document of the organisation.

The current quality assurance consultant is a retired person and former Vice President of ECCE and knows the organisation and the issues it faces well. The postholder has already made considerable impact and is working quickly to address key issues. The panel noticed some disconnect between actions undertaken by the quality assurance consultant and the awareness of, in particular, the quality assurance committee.

The positions of executive secretary and quality assurance consultant rely heavily on the personal capacities of the existing postholders. In the longer term this is not a sustainable position especially if either leaves the organisation. The succession may be difficult to manage, and considerable institutional memory would be lost.

The position regarding financial resources appears positive and the forecast of a more financially secure organisation is realistic and planned. The financial resources have been increased and the President intends to use some of these funds to employ more people in order to professionalise the organisation. This has however not yet been put into place.

Panel commendations

Human and financial resources are clearly moving towards a more robust situation.

Panel recommendations

Ensure that the positions of quality assurance consultant and executive secretary are sustainable (financially) in the long term.

Systematise the work processes of the executive secretary and the quality assurance consultant for the future of ECCE.

Make sure that the work plans of the employees are discussed and controlled by the executive.

Panel conclusion: Substantially compliant

ESG 3.6 INTERNAL QUALITY ASSURANCE AND PROFESSIONAL CONDUCT

Standard:

Agencies should have in place processes for internal quality assurance related to defining, assuring and enhancing the quality and integrity of their activities.

2015 review recommendation

ECCE should create a single consolidated internal quality assurance document and publish it on its website. It should include internal and external feedback mechanisms that lead to a continuous improvement within the agency.

Implementation of the equal opportunities policy should be monitored to guard against intolerance of any kind or discrimination.

Policies and procedures for the appropriate communication with the relevant authorities (such as Ministries, local quality assurance agencies etc) of those jurisdictions where ECCE operates should be developed and implemented.

2015 Panel conclusion: Partially compliant

Evidence

ECCE has taken a number of actions regarding the creation of a single consolidated internal quality assurance document. Since the 2015 review an internal quality assurance document has been uploaded on website. The document contains information concerning “Accreditation Evaluation Procedures” and “Evaluation of internal ECCE Meetings”, including the evaluation forms that are sent out to institutions (not panel members) and participants of internal ECCE meetings. The document does not contain all internal quality assurance procedures, for example it could be extended further to consolidate other internal quality assurance activities such as the year plan developed by the executive secretary.

During the site visit the panel were told that one of the three members of QAC is not active and there appeared to be little capacity to manage this inactivity. Furthermore, there was a lack of certainty when members of the quality assurance committee commented with regard to overseeing internal quality assurance activities. The panel concluded that day to day operational activity is managed by the Executive with the quality assurance committee taking overall responsibility. The work of the quality assurance committee takes place primarily by email with limited face to face contact, discussion and debate.

The equal opportunity policy was examined, particularly with regard to appointments and nominations. ECCE has produced an equal opportunities policy, which includes a statement of intent but lacks information regarding how to operationalise the policy. In practice, implementation of the equal opportunities policy lacks clarity. For example, there was no open call nor transparent selection process for the appointment of the quality assurance consultant. Executive Committee member explained the recruitment process, indicating that as they wanted to make an appointment quickly, there was no time to advertise. The executive acknowledged that the appointment was not made in accordance with the equal opportunities policy.

Additionally, whilst ECCE is seeking to widen the involvement of people with a non-chiropractic qualification in their work, there is no application of the equal opportunities policy in appointments and nominations for internal positions. On appointments, the panel were told that positions are not advertised widely at, for example, universities as there is a perception within ECCE that few people would be interested in contributing. With regard to nominations for student positions, ECCE sent notifications to member universities however each had differing approaches towards informing students.

A communication policy would help in ensuring that, for example, calls for nominations were managed correctly within institutions. At the moment the approach is haphazard, in some institutions all students have an opportunity to apply, in others the call may only reach one student representative.

In terms of developing policies and procedures for the appropriate communication with the relevant authorities of those jurisdictions where ECCE operates, these have not yet been developed.

Analysis

The internal quality assurance document only refers to the review processes and is not a comprehensive internal quality assurance document with all processes that (should) take place in the agency. Whilst this may lead to continuous improvement with regard to the review process, the document neglects other aspects of the work of ECCE and as such is not a consolidated document of internal quality assurance processes.

This is exemplified by the following;

- The revised secretary role in evaluation panel is not evaluated by panel members in the published evaluation form and there is no objective evaluation of this innovation.
- The evaluation loop is not closed. There is an apparent lack of clarity regarding procedures and responsibilities by people internal to ECCE. Units and individuals point to each other, while often containing overlapping people demonstrated by the uncertainty of quality assurance committee members.
- The executive secretary and quality assurance consultant have differing approaches to their work within ECCE. The Executive Secretary has developed her own year plan (not part of ECCE organisation) and the Quality Assurance consultant has list of future tasks.
- ECCE Executive informed the panel that all internal quality assurance is monitored by Executive. It is unclear how this is done and there is no policy nor procedure to ensure that follow up takes place.
- Policies and procedures which are in place have no indication of how they will be monitored, reviewed or improved, for example, complaints and appeals, equal opportunities and other internal quality assurance procedures.
- Furthermore, whilst it was explained that the quality assurance committee is ultimately responsible for monitoring and improving the complaints and appeals procedure, this is not clarified in formal documentation.

An Equal Opportunities Policy has been prepared and declares an intent with regard to not tolerating discriminatory practices. However, the policy contains no description of processes, monitoring or where responsibilities lie. The policy lacks detail in how it would be activated by an aggrieved individual and how the policy is generally implemented and underpins day to day activity. Evidence in appointments and nominations show that the policy is neither used nor implemented. Generally institutional thinking is that there is no use in public calls or asking outside those already known to ECCE, because there is an expectation of no interest. This runs contrary to the provision of equal opportunities and there is a need to be more transparent in the process of appointments and nominations. The equal opportunities policy is not monitored and there is no process in place to do this.

Policies and procedures for the appropriate communication with the relevant authorities of those jurisdictions where ECCE operates have not been developed and implemented.

Panel recommendations

Further develop the internal quality assurance document to integrate all policies and procedures of ECCE including processes used by staff of ECCE and identifying responsible persons for monitoring and enhancing processes.

Develop the Equal Opportunities Policy to include procedures for implementation, monitoring and responsibility for ensuring compliance.

Develop a transparent and open nomination procedure by having open calls, not just within network. Policies and procedures for the appropriate communication with the relevant authorities of those jurisdictions where ECCE operates should be developed and implemented.

Panel conclusion: Partially Compliant

ESG 2.5 CRITERIA FOR OUTCOMES

Standard:

Any outcomes or judgements made as the result of external quality assurance should be based on explicit and published criteria that are applied consistently, irrespective of whether the process leads to a formal decision.

2015 review recommendation

ECCE should review their standards and criteria. They should be mapped towards the new ESG and changes to include main points of the new ESG, such as student-centred learning and student involvement in decision-making processes should be included.

ECCE should decide whether to introduce weighting of criteria and make this decision transparent in all available documents to HE institutions.

ECCE should develop standardised procedures to ensure consistency in decision-making for the time period accreditation is granted. The procedure should be transparent to HE institutions.

2015 Panel conclusion: partially compliant

Evidence

Critical standards have been identified and adopted at the November 2017 ECCE meeting. Other revisions of the ECCE standards have also been adopted at this meeting.

The list of critical standards has been used for an evaluation in spring 2017, as a pilot, but unofficially.

The consistency of review processes is improved through table of criteria for levels of compliance developed jointly with Quality Assurance Agency (UK) and described in SAR (Appendix 6).

Students in review committees and on Commission of Accreditation are now accepted.

Mapping between ECCE and ESG criteria has been done.

Analysis

The revision of the standards in November 2017 meeting was essentially based on a comparison between ECCE standards and other Council of Chiropractic Education standards, as studied in a research paper cited in the SAR.

Although a mapping of ECCE standards against ESG part 1 has been performed, no revision of the ECCE standards followed from this mapping. Panel members noted that such a revision would have achieved better coherence between ECCE standards and ESG part 1. This point is considered under standard 2.1 and notwithstanding this, the panel were satisfied that greater consistency in decision making can be achieved following the revisions that have been introduced.

The list of critical standards is now public. It is of concern that it has been used informally and in a non-transparent way during the site visit in spring 2017.

The table of criteria for levels of compliance is an appropriate response to the need for improving consistency as underlined by the 2015 ECCE review.

Students are now represented in the Commission of Accreditation that takes the accreditation decisions, thanks to an extension to the definition of student to include those in approved post-graduate programmes.

Panel commendations

Progress has undoubtedly been made, in terms of student involvement in the decision-taking processes and in terms of critical standards and consistency of decision making.

Panel conclusion: Fully compliant

ESG 2.7 COMPLAINTS AND APPEALS

Standard:

Complaints and appeals processes should be clearly defined as part of the design of external quality assurance processes and communicated to the institutions.

2015 review recommendation

ECCE is encouraged to undertake the planned reflection on the appeals process and improve it in light of this. The complaints procedure should be revisited and consideration should be given to the circumstances in which a complainant would benefit from undergoing the process.

2015 Panel conclusion: Partially compliant

Evidence

Since the 2015 review ECCE have revised their Appeals and Complaints procedure. Previous experiences with the process were taken into account to improve the process (SAR p5 / appendix 7).

The Appeals and Complaints procedure is integrated in standards, available on their website (under Downloads → “Accreditation Procedures and Standards - November 2017 Version 5”) and has been communicated to institutions.

ECCE has had one Appeal since then (successful). There have been no formal complaints (SAR p.5). Processes are clearly specified, and time bound so institutions know what is expected of them and what to expect. The procedure does not specify the maximum time the Appeal and Complaints Committee may take to review a complaint.

Analysis

A thorough review of process has taken place.

The Appeals and Complaint process is transparent and available to everyone.

The Appeals and Complaint process gives institutions the possibility to appeal a decision or voice their dissatisfaction concerning the evaluation process. Experience with one appeal since revision indicates process works as intended.

There have been no complaints.

It may be useful to specify the maximum time the Committee may take to review an Appeal or Complaint.

Panel commendations

Thorough and successful review of Appeal and Complaint process

Panel Conclusion – Fully compliant

ESG 3.4 THEMATIC ANALYSIS

Standard:

Agencies should regularly publish reports that describe and analyse the general findings of their external quality assurance activities.

2015 review recommendation

To engage in structured analysis on the system [of chiropractic education] and institutional/programme levels, beyond what is tied to reporting by the President and dissemination of news.

ECCE should learn from other ENQA full members what kind of different activities could fall under this category and how analysis could be implemented utilising both internal capacities and in cooperation with HEIs and individuals.

2015 Panel conclusion: Substantially compliant

2015 ENQA Board conclusion: Partially compliant

Evidence

There was no evidence of discussion of thematic analysis in any of the formal committees of ECCE.

The SAR mentions three research publications comparing the various international CCE (Councils on Chiropractic Education) 'Standards' (USA, Canada, Europe and Australasia).

The President confirmed that work on thematic analysis had not been undertaken.

Discussion with the Quality Assurance Consultant indicated that consideration had been given to a number of topics which could be analysed thematically. An intention to publish at least one research article per year in academic journals was indicated as fulfilment of the standard.

Analysis

The research publications mentioned above do not represent a thematic analysis resulting from the review processes undertaken by the agency.

Moreover, the panel does not consider that a research publication is the most appropriate form for such a thematic analysis.

Based on information within the SAR and in conversation with ECCE personnel, the panel concluded that ECCE did not have a clear understanding of what constitutes thematic analysis.

Panel recommendations

To engage in structured analysis to describe and analyse the general findings of their quality assurance activities.

ECCE should learn from other ENQA full members what kind of different activities could fall under this category and how analysis could be implemented utilising both internal capacities and in cooperation with HEIs and individuals.

Panel conclusion: Non-compliant

OTHER CHANGES SINCE 2015 REVIEW

ESG 2.1 CONSIDERATION OF INTERNAL QUALITY ASSURANCE

Standard:

External quality assurance should address the effectiveness of the internal quality assurance processes described in Part 1 of the ESG.

2015 review recommendation

ECCE should justify the assertion that their standards and guidelines meet the requirements of Part 1 ESG by undertaking a comprehensive mapping of the standards used by agency against the ESG Part 1 standards 1.1 – 1.10.

ECCE should review the terminology used throughout their standards and ensure consistency with ESG.

2015 Panel conclusion: Substantially compliant

Evidence

As mentioned above, a mapping of ECCE standards against ESG Part 1 has been performed (Appendix 8 of SAR).

The SAR also mentions the inconsistency between the uses of “outcomes” vs. “competencies” in the ECCE standards. No change has yet been made to the standards to remove this inconsistency.

Analysis

The mapping exercise was an informal process and no deep analysis of the matching was made and/or discussed within the Quality Assurance Committee or the Commission on Accreditation. The mapping was directly brought forward to the ECCE executive and although discussed there, it did not result in any revision of the standards and greater congruity would be established by doing this (see above). As an example, while ESG 1.1 stresses the need of *involving* external stakeholders in QA of programmes, ECCE standard 8.4 only mentions the need of *communicating* the outcomes of programme evaluation to the stakeholders. Whilst a mapping has taken place, it appears that this was primarily to demonstrate some relationship between ESG and ECCE standards rather than an attempt to embed the values and intentions of ESG in ECCE standards.

The difference between outcomes and competencies is justified by the concept of “patient first, student second” in health care education. The panel cannot agree that students come second in a higher education institution, even if the safety of patients cannot be neglected. It is possible for institutions to create patient safety guidelines for students, which at the same time embrace student centred learning. Students confirmed that they do have such guidelines within their institutions and have the right of making non-critical mistakes in their curriculum, which is in line with a student-centered approach to learning. The panel believe that sending a message that the student comes second is resonant of a teacher centred approach, incompatible with contemporary practice.

The SAR mentions the *intention* to revise the standards to clarify the two terms “outcomes” and “competencies” but this has not been done in the most recent revision of the standards (Nov. 2017). To this extent, the recommended consistency in terminology has not been implemented.

Panel recommendations

The mapping of ECCE standards against the ESG part 1 has been performed, but this has not lead to a revision of ECCE standards. A partial revision of the ECCE standards in order to achieve better coherence between these and the ESG part1 standards 1.1 – 1.10 should be undertaken. Greater clarity is needed in how patient safety issues are balanced with student centred approaches.

Panel conclusion: Partially compliant

ESG 2.2 DESIGNING METHODOLOGIES FIT FOR PURPOSE

Standard:

External quality assurance should be defined and designed specifically to ensure its fitness to achieve the aims and objectives set for it, while taking into account relevant regulations. Stakeholders should be involved in its design and continuous improvement.

2015 review recommendation

Better adaptation (and synergy) in time and content, with national QA procedures. This is normally made easier by the fact that ECCE is a member of ENQA and on the EQAR list. A greater flexibility of the procedures is hence desired.

The 36 standards of ECCE should be carefully checked against the new ESG, including as far as terminology is concerned.

Consideration should be given to expanding the current criteria to include contemporary issues in Higher Education such as internationalisation, mobility and multidisciplinary working.

2015 Panel conclusion: Substantially compliant

Evidence

ECCE has undertaken work with the Swiss national agency (AAQ) and the General Chiropractic Council (GCC) in the UK to both map standards and to align accreditation times of institutions in those countries that undertake joint validations. These joint validations are foreseen to take place from 2018 onwards.

The alignment with the ESG part 1 is discussed in 2.1 above.

Students advised the panel that there is provision in their programmes for consideration of issues such as, for example, internationalisation, mobility, transversal skills and multidisciplinary working. Additionally, students report mechanisms for ensuring student centred learning within their institutions. These would seem to be either institutionally led or driven by policies of the national agencies and differ from the ECCE approach of "*patients first, students second*". There remains no provision in ECCE standards to ensure these issues are reflected in curricula content

Analysis

ECCE has begun work to engage National Agencies with and adapt their approaches in order to reduce the qa burden on institutions and provide greater synergy with the wider approaches taken in these agencies. This has already led to greater clarity in approaches to, for example, student involvement and extended timelines for reaccreditation of institutions.

This work would benefit from ECCE ensuring greater alignment with ESG part 1 as discussed above.

Furthermore, greater alignment will enable students to benefit further from study in higher education institutions. For example, ECCE standards focus solely on the professional skills of the chiropractor. Students report that they benefit from some of the wider contemporary learning that focusses on issues such as internationalisation, mobility opportunities, multidisciplinary learning, transversal skills and student centred learning. However, this learning is driven by institutions and national agencies rather than ECCE. To some extent the joint or dual accreditation of national agencies and ECCE provides a safety net in that national agencies will address such issues that ECCE overlooks. In some EU member states, such as France, ECCE is the sole accrediting agency which results in students on French programmes experiencing lesser or no opportunities to engage in the issues mentioned above.

The need to engage more widely with non-chiropractic stakeholders is recommended throughout this report. The panel learned of a student chiropractic body (WCCS – World Congress of Chiropractic Students) which aims to promote mobility of chiropractic students and ECCE would benefit from engagement with such representative bodies.

Panel recommendations

Continue adaptation (and synergy) in time and content, with national QA procedures.

Better involvement of stakeholder representative organisations and other HE stakeholders within ECCE.

Consideration should be given to expanding the current criteria to include contemporary issues in Higher Education such as internationalisation, mobility and multidisciplinary working.

Panel conclusion: Substantially compliant

ESG 2.4: PEER REVIEW EXPERTS

Standard:

External quality assurance should be carried out by groups of external experts that include (a) student member(s).

2015 review recommendation

The Evaluation Secretary should not be a member of any expert panel.

Training of experts should be based on needs, outcomes and effectiveness rather than a perceived preference.

ECCE should rely more on non-chiropractic experts as panel members (including students).

A list of criteria that are potential causes for conflict of interest (including having had a decisional role in the agency in the past) should be established.

2015 Panel conclusion: Substantially compliant

Evidence

ECCE has eliminated the permanent paid position of 'Evaluation Team Secretary' who previously participated on every evaluation team. This role is now filled by one of the appointed evaluation team members for each team and a new list of the roles and responsibilities has been created (SAR Appendix 2) based on material provided by ENQA. Many of the duties of the former permanent evaluation team

secretary have been transferred to the Executive Secretary. One review has taken place under this revised system and is reported to have worked well, although there is no evidence of formal structured evaluation.

Regarding the inclusion of more non-chiropractic experts onto ECCE and evaluation team panels, two new experts in higher education have been nominated to fill upcoming vacancies in the future. Furthermore, an additional student has been nominated for ECCE as well as for membership on the Commission on Accreditation (CoA). The Executive team announced their decision that at least one member of each team will have a non-chiropractic background.

As part of the Quality Assurance Consultant's job description, face-to-face training sessions for new members of evaluation teams have been designed and implemented. A recent event took place which included 3 new evaluation team members, one of which was a student. Another training event of UK participants took place in January.

In widening participation of non-chiropractors, ECCE has included at least one such person in each review panel but expresses a reluctance to engage non-health care students in their panels as, they claim, other students would not have enough familiarity with issues of patient care and safety. ECCE outlines a stance of the patient always comes first in the educational programme and the student, although very important, is second. Additionally, the inclusion of non-health care persons, particularly students, onto site evaluation teams cannot be supported by ECCE.

ECCE has updated its Conflict of Interest Statements (SAR appendices 9 and 10) based on their own experiences and drawn from the conflict of interest policies in place in other agencies. These include lists of potential causes of conflict of interest.

Analysis

The elimination of the role of Evaluation Review Secretary is complete and is discussed at ESG 3.5 above.

The move towards involving more non-chiropractic personnel is taking place. This is welcomed however the present approach is limited, initially by not creating open, transparent calls and subsequently by limiting the involvement to those with a health-related background. In widening participation of non- chiropractors, ECCE has included at least one such person in each review panel but expresses a reluctance to engage non-health care students in their panels as, they claim, other students would not have enough familiarity with issues of patient care and safety. Whilst the panel does not agree with this view, it accepts this position as one that maintains the confidence of stakeholders at this time.

Similarly, the panel disagrees with the view that academics and other professionals without a health care related background could not understand what ECCE asserts is the concept of patient first - student second. This view is contradicted by the approach of many national agencies who involve non-health related personnel on health care related reviews. Finally, the panel agrees that the 2015 ENQA panel did not consider this concept but cannot agree that some comments and suggestions within the report may indicate a lack of awareness of the importance of patients first in primary contact medical educational programmes rather than students first, which is the case in other higher educational programmes (SAR p7). This is discussed in 2.1 above.

Whilst actions have been taken to include non-chiropractic practitioners and students, their involvement is somewhat limited both by the assertion of patients first, students second and also by

the assertion that some groups will not understand the complexities of chiropractic. The issue of balance between patient safety versus student centred learning is discussed under standard 2.1. The issue of student (and other) panel members understanding of patient safety issues is linked to this and criteria for selection should be made explicit, identifying clearly what students should understand in terms of patient safety.

Training programmes for experts have been redesigned and are now delivered face to face and are based on outcomes.

Conflict of interest statements have been comprehensively revised.

Panel recommendations

Criteria for selection of non chiropractic panel members should be clear, identifying requirements for inclusion and exclusion.

Panel conclusion: Substantially compliant

ESG 3.1: ACTIVITIES, POLICY, AND PROCESSES FOR QUALITY ASSURANCE

Standard:

Agencies should undertake external quality assurance activities as defined in Part 2 of the ESG on a regular basis. They should have clear and explicit goals and objectives that are part of their publicly available mission statement. These should translate into the daily work of the agency. Agencies should ensure the involvement of stakeholders in their governance and work.

2015 review recommendation

Strategic planning has to be accelerated and clearly linked with yearly work plans.
Involve students as stakeholders in the governance of ECCE

2015 Panel conclusion: Substantially compliant

Evidence

ECCE has created a new strategic plan (SAR. Appendix 12) which was created by a small task force dedicated to this task. The strategic plan includes indicators of success and was discussed and agreed at the last General Council meeting.

ECCE will include a chiropractic or medical student onto the Commission of Accreditation (CoA) committee and one has recently been nominated. In order to do this effectively, ECCE has broadened its definition of Student to include those in recognised chiropractic post-graduate programmes so that the student can serve out a complete term of 4 years.

Members of ECCE Management and Committees were asked by the panel who were their stakeholders. Some saw only Higher Education Institutions as stakeholders, others mentioned students and chiropractors. The possibility to include patients, as is common in many health care disciplines, has not been given consideration.

Students and Higher Education Institutions value the outcomes of ECCE reviews. They are used as a base for study choice and possibility to accept credits or diplomas from other institutions. This indicates public trust in ECCE.

Analysis

As discussed in 3.5 above, strategic planning is improved and supported by resources. The development and implementation of the strategic plan was endorsed and supported by stakeholders, including higher education institutions who agreed to pay increased membership fees to realise the plan and seek to gain ENQA membership.

Student involvement in ECCE General Council and the Commission of Education is in place.

ECCE could more clearly define their stakeholders, so they can continue to improve their goals and objectives. There is no clear organisational view of which groups constitute stakeholders.

Higher Education Institutions value ECCE's membership of ENQA (and registry in EQAR). Maintaining membership would further increase trust from stakeholders. The process of gaining and maintaining ENQA membership has facilitated ECCE to reflecting on their practices and engage with other professionals who do not hold chiropractic qualifications.

Panel conclusion: Fully compliant

ESG 3.3 INDEPENDENCE

Standard:

Agencies should be independent and act autonomously. They should have full responsibility for their operations and the outcomes of those operations without third party influence.

2015 review recommendation

Students should be fully involved in decision making bodies of ECCE, in particular CoA.

The conflict of interest procedure should include clear definitions of what may constitute a conflict of interest.

ECCE should open more to students or academics without any relation to Chiropractic institutions, for experts and also for other positions on the Council or in the standing committees.

2015 Panel conclusion: Substantially compliant

Evidence

As mentioned under point 2.4, two new non-chiropractic primary health care experts have been appointed to ECCE Council following the General Council meeting in November 2017.

Also, a student member for the Commission on Accreditation was appointed following the General Council meeting.

The Conflict of Interest procedure has been revised as discussed above.

The executive team expressed a willingness to further involve non-chiropractors in the work of ECCE.

As discussed above the procedure for nominations could be more transparent and open.

Analysis

ECCE have taken steps to widen membership of the Council to include non-chiropractors. Additionally, students are now involved in the key committees of ECCE.

It is clear that steps have been taken to widen the involvement of non-chiropractors. The procedures for nominating such persons often takes the form of approaching those with an interest in chiropractic. Ensuring that calls for nominations are open and transparent will not only assist in compliance with Equal Opportunities policy but may also have the effect of further widening the circle of participation.

The revised conflict of interest policy will ensure that decisions are made in an impartial and independent way.

Whilst no deliberate steps have been taken to limit the transference of members from one committee to another, the appointment of the President, who had previously not held any formal office within ECCE demonstrates that positions are not filled in rotation by a small number of personnel.

In reviewing comments from the previous report, the panel is satisfied that ECCE Council is independent (as asserted in previous reports) and that steps have been taken to both involve non-chiropractors and fully involve students in the work of ECCE

The panel suggest to continue with actions that engage people without any relation to chiropractic institutions through open calls for nominations.

Panel conclusion: Fully compliant

CONCLUSION

SUMMARY OF COMMENDATIONS

Human and financial resources are clearly moving towards a more robust situation.

Thorough and successful review of Appeal and Complaint process.

OVERALL FINDINGS AND RECOMMENDATIONS

European Standards and Guidelines	Level of compliance	Recommendation(s)
ESG 3.5 RESOURCES	Substantially compliant	<p>Ensure that the positions of quality assurance consultant and executive secretary are sustainable (financially) in the long term</p> <p>Systematise the work processes of the executive secretary and the quality assurance consultant for the future of ECCE.</p> <p>Make sure that the work plans of the employees are discussed and controlled by the executive.</p>
ESG 3.6 INTERNAL QUALITY ASSURANCE AND PROFESSIONAL CONDUCT	Partially compliant	<p>Further develop the internal quality assurance document to integrate all policies and procedures of ECCE including processes used by staff of ECCE and identifying responsible persons for monitoring and enhancing processes.</p> <p>Develop the Equal Opportunities Policy to include procedures for implementation, monitoring and responsibility for ensuring compliance.</p> <p>Develop a transparent and open nomination procedure by having open calls, not just within network.</p> <p>Develop policies and procedures for the appropriate communication with the relevant authorities of those jurisdictions where ECCE operates should be developed and implemented.</p>
ESG 2.5 CRITERIA FOR OUTCOMES	Fully compliant	
ESG 2.7 COMPLAINTS AND APPEALS	Fully compliant	

ESG 3.4 THEMATIC ANALYSIS	Non-compliant	<p>To engage in structured analysis to describe and analyse the general findings of their quality assurance activities.</p> <p>ECCE should learn from other ENQA full members what kind of different activities could fall under this category and how analysis could be implemented utilising both internal capacities and in cooperation with HEIs and individuals.</p>
ESG 2.1 CONSIDERATION OF INTERNAL QUALITY ASSURANCE	Partially compliant	<p>The mapping of ECCE standards against the ESG part 1 has been performed, but this has not lead to a revision of ECCE standards. A partial revision of the ECCE standards in order to achieve better coherence between these and the ESG part1 standards 1.1 – 1.10 should be undertaken.</p> <p>Greater clarity is needed in how patient safety issues are balanced with student centred approaches.</p>
ESG 2.2 DESIGNING METHODOLOGIES FIT FOR PURPOSE	Substantially compliant	<p>Continue adaptation (and synergy) in time and content, with national QA procedures.</p> <p>Better involvement of stakeholder representative organisations and other HE stakeholders within ECCE.</p> <p>Consideration should be given to expanding the current criteria to include contemporary issues in Higher Education such as internationalisation, mobility and multidisciplinary working.</p>
ESG 2.4: PEER REVIEW EXPERTS	Substantially compliant	<p>Criteria for selection of non-chiropractic panel members should be clear, identifying requirements for inclusion and exclusion.</p>
ESG 3.1: ACTIVITIES, POLICY, AND PROCESSES FOR QUALITY ASSURANCE	Fully compliant	
ESG 3.3 INDEPENDENCE	Fully compliant	

ANNEXES

ANNEX 1: 2015 AND 2018 EXTERNAL REVIEWS: A COMPARATIVE OVERVIEW OF THE FINDINGS

ESG	2015 review		2018 review	
	Level of compliance	Recommendation(s)	Level of compliance	Recommendation(s)
ESG 3.5 RESOURCES	Partially compliant	<p>To strengthen administrative capacity, also increase capacity to reflect. With turnover of permanent staff occurring, it is of vital importance to ensure institutional memory is well preserved and passed over.</p> <p>Responsibilities of Evaluation Secretary should be re-defined to avoid mixture of administrative and expert roles and conflict of interests.</p>	Substantially compliant	<p>Ensure that the positions of quality assurance consultant and executive secretary are sustainable (financially) in the long term</p> <p>Systematise the work processes of the executive secretary and the quality assurance consultant for the future of ECCE.</p> <p>Make sure that the work plans of the employees are discussed and controlled by the executive.</p>
ESG 3.6 INTERNAL QUALITY ASSURANCE AND PROFESSIONAL CONDUCT	Partially compliant	<p>ECCE should create a single consolidated internal quality assurance document and publish it on its website. It should include internal and external feedback mechanisms that lead to a continuous improvement within the agency.</p>	Partially compliant	<p>Further develop the internal quality assurance document to integrate all policies and procedures of ECCE including processes used by staff of ECCE and identifying responsible persons for monitoring and enhancing processes.</p> <p>Develop the Equal Opportunities Policy to include procedures for</p>

		<p>Implementation of the equal opportunities policy should be monitored to guard against intolerance of any kind or discrimination.</p> <p>Policies and procedures for the appropriate communication with the relevant authorities (such as Ministries, local quality assurance agencies etc) of those jurisdictions where ECCE operates should be developed and implemented.</p>		<p>implementation, monitoring and responsibility for ensuring compliance.</p> <p>Develop a transparent and open nomination procedure by having open calls, not just within network.</p> <p>Develop policies and procedures for the appropriate communication with the relevant authorities of those jurisdictions where ECCE operates should be developed and implemented.</p>
ESG 2.5 CRITERIA FOR OUTCOMES	Fully compliant	<p>ECCE should review their standards and criteria. They should be mapped towards the new ESG and changes to include main points of the new ESG, such as student-centred learning and student involvement in decision-making processes should be included.</p> <p>ECCE should decide whether to introduce weighting of criteria and make this decision transparent in all available documents to HE institutions.</p> <p>ECCE should develop standardised procedures to ensure consistency in decision-making for the time period accreditation is granted. The procedure should be transparent to HE institutions.</p>	Fully compliant	

ESG 2.7 COMPLAINTS AND APPEALS	Partially compliant	ECCE is encouraged to undertake the planned reflection on the appeals process and improve it in light of this. The complaints procedure should be revisited and consideration should be given to the circumstances in which a complainant would benefit from undergoing the process.	Fully compliant	
ESG 3.4 THEMATIC ANALYSIS	Partially compliant	<p>To engage in structured analysis on the system [of chiropractic education] and institutional/programme levels, beyond what is tied to reporting by the President and dissemination of news.</p> <p>ECCE should learn from other ENQA full members what kind of different activities could fall under this category and how analysis could be implemented utilising both internal capacities and in cooperation with HEIs and individuals.</p>	Non-compliant	<p>To engage in structured analysis to describe and analyse the general findings of their quality assurance activities.</p> <p>ECCE should learn from other ENQA full members what kind of different activities could fall under this category and how analysis could be implemented utilising both internal capacities and in cooperation with HEIs and individuals.</p>
ESG 2.1 CONSIDERATION OF INTERNAL QUALITY ASSURANCE	Substantially compliant	<p>ECCE should justify the assertion that their standards and guidelines meet the requirements of Part 1 ESG by undertaking a comprehensive mapping of the standards used by agency against the ESG Part 1 standards 1.1 – 1.10.</p> <p>ECCE should review the terminology used throughout their standards and ensure consistency with ESG.</p>	Partially compliant	The mapping of ECCE standards against the ESG part 1 has been performed, but this has not lead to a revision of ECCE standards. A partial revision of the ECCE standards in order to achieve better coherence between these and the ESG part1 standards 1.1 – 1.10 should be undertaken.

				Greater clarity is needed in how patient safety issues are balanced with student centred approaches.
ESG 2.2 DESIGNING METHODOLOGIES FIT FOR PURPOSE	Substantially compliant	<p>Better adaptation (and synergy) in time and content, with national QA procedures. This is normally made easier by the fact that ECCE is a member of ENQA and on the EQAR list. A greater flexibility of the procedures is hence desired.</p> <p>The 36 standards of ECCE should be carefully checked against the new ESG, including as far as terminology is concerned.</p> <p>Consideration should be given to expanding the current criteria to include contemporary issues in Higher Education such as internationalisation, mobility and multidisciplinary working.</p>	Substantially compliant	<p>Continue adaptation (and synergy) in time and content, with national QA procedures.</p> <p>Better involvement of stakeholder representative organisations and other HE stakeholders within ECCE.</p> <p>Consideration should be given to expanding the current criteria to include contemporary issues in Higher Education such as internationalisation, mobility and multidisciplinary working.</p>
ESG 2.4: PEER REVIEW EXPERTS	Substantially compliant	<p>The Evaluation Secretary should not be a member of any expert panel. Training of experts should be based on needs, outcomes and effectiveness rather than a perceived preference.</p> <p>ECCE should rely more on non-chiropractic experts as panel members (including students).</p>	Substantially compliant	Criteria for selection of non chiropractic panel members should be clear, identifying requirements for inclusion and exclusion.

		A list of criteria that are potential causes for conflict of interest (including having had a decisional role in the agency in the past) should be established.		
ESG 3.1: ACTIVITIES, POLICY, AND PROCESSES FOR QUALITY ASSURANCE	Substantially compliant	Strategic planning has to be accelerated and clearly linked with yearly work plans. Involve students as stakeholders in the governance of ECCE	Fully compliant	
ESG 3.3 INDEPENDENCE	Substantially compliant	Students should be fully involved in decision making bodies of ECCE, in particular CoA. The conflict of interest procedure should include clear definitions of what may constitute a conflict of interest. ECCE should open more to students or academics without any relation to Chiropractic institutions, for experts and also for other positions on the Council or in the standing committees.	Fully compliant	

ANNEX 2: PROGRAMME OF THE SITE VISIT

January 15, 2018		
17.00 -19.00	Review panel's kick-off meeting and preparations for Day 1	
tbc	Panel dinner	
JANUARY 16, 2018		
TIMING	TOPIC	PERSONS FOR INTERVIEW
9.30-9.45	Review panel's private meeting	
9.45 – 10.45	Meeting with President	Ken Vall
10.45-11.00	Break	
11.00-12.00	Meeting with QA Consultant	Cindy Peterson
12.00-12.15	Break	
12.15-13.15	Meeting with Members of QAC	Maria Browning, Christophe Sem(via Skype)
13.15-14.00	Lunch (panel only)	
14.00-14.30	Meeting with Admin staff of ECCE	Mandy Stagg
14.30 – 15.15	Meeting with Executive Team	On site - Ken Vall(President), Benito Oliva(Chair CoA), Maria Browning(Chair QAC) Via Skype – Chris Yelverton(Vice President), Inga Gossow(Treasurer)

15.15-15.30	Break	
15.30-16.30	Meeting with Students	AECC University College – Daniel Sullivan McTimoney College of Chiropractic (BPP) – Aoife Cooper, Danielle Webster University of South Wales (WIOC) - Jonathan Shurr, Tharsan Sellathurai
16.30-17.30	Panel Debrief	
tbc	Panel dinner	
January 17, 2018		
TIMING	TOPIC	PERSONS FOR INTERVIEW
9:30-10:30	Meeting with President to explore any remaining questions (if any).	Ken Vall
10:30-11:00	Review panel's final wrap up session to agree on the final issues to clarify. Preparation for the final feedback and debriefing meeting.	
11:00 – 11:45	Final de-briefing meeting to inform about preliminary findings.	
12.00 – 15.00	Panel lunch and report preparation	

ANNEX 3: TERMS OF REFERENCE OF THE REVIEW

External partial review of the European Council on Chiropractic Education (ECCE) by the European Association for Quality Assurance in Higher Education (ENQA)

Annex I: TERMS OF REFERENCE

September 2017

1. Background and Context

The European Council on Chiropractic Education (ECCE) was awarded the status “member under review” on 28 April 2016 and was informed of the decision by a letter on 12 May 2016. The agency was given two years to undergo a new review process. ECCE has now informed the ENQA Secretariat that necessary enhancements have been already made and the agency is ready to undergo an additional partial review.

Regarding the status of “member under review” the ENQA rules of procedure state the following:

“(2) A further, partial review shall be carried out by the Board, or its nominated reviewers, at the end of the two-year period (or sooner, if the member agency so requests) and shall focus on the deficiencies mentioned in the report of the first review. The details of the partial review process are detailed in the ENQA procedure for partial reviews.

(3) The Board will take a decision regarding the renewal of membership based on the outcomes of the partial review. Should the outcome of the partial review be positive, membership shall be valid for five years from the date of the Board’s decision in which the status of member under review was granted.

(4) An agency that, in the opinion of the Board, following the further review, still does not comply with the ESG and thus ENQA’s criteria for membership shall, by confirmation of the General Assembly, be debarred from ENQA.”

(ENQA Rules of Procedure, Article 7)

The review is carried out to assess the eligibility of ECCE to the renewal of membership of ENQA. Should the partial review be successful, **ECCE’s membership would expire 5 years after the completion of the full review (i.e. in April 2021).**

This partial review will also be used for EQAR application to complement the full review report.

2. Purpose and Scope of the Evaluation

All elements identified as causes of concern by the ENQA Board as well as all elements identified by the panel as partially or non-compliant will be covered by the partial review. The Board decided in April 2016 to award ECCE the status of “member under review” expressing its concerns for the elements in which the agency had demonstrated non-compliance or partial compliance with the following specific mentions:

ESG 3.4 THEMATIC ANALYSIS

- When considering this item, the Board could not identify visible progress compared to the previous review.

ESG 3.5 RESOURCES

- Strengthen administrative capacity, also increase capacity to reflect.
- With turnover of permanent staff occurring, it is of vital importance to ensure institutional memory is well preserved and passed over.
- Responsibilities of Evaluation Secretary should be re-defined to avoid mixture of administrative and expert roles and conflict of interests.

ESG 3.6 INTERNAL QUALITY ASSURANCE AND PROFESSIONAL CONDUCT

- ECCE should create a single consolidated internal quality assurance document and publish it on its website. It should include internal and external feedback mechanisms that lead to a continuous improvement within the agency; implementation of the equal opportunities policy should be monitored to guard against intolerance of any kind or discrimination.
- Policies and procedures for the appropriate communication with the relevant authorities of those jurisdictions where ECCE operates should be developed and implemented.

ESG 2.5 CRITERIA FOR OUTCOMES

- ECCE should review their standards and criteria. These should be mapped against the new ESG and changed to include the main points of the new ESG, and student-centred learning and student involvement in decision-making processes should be included.
- ECCE should decide whether to introduce weighting of criteria and make this decision transparent in all available documents to HE institutions.
- ECCE should develop standardised procedures to ensure consistency in decision-making for the time period where accreditation is granted. The procedure should be transparent to HE institutions.

ESG 2.7 COMPLAINTS AND APPEALS

- ECCE is encouraged to undertake the planned reflection on the appeals process and improve it in light of this.
- The complaints procedure should be revisited and consideration should be given to the circumstances in which a complainant would benefit from undergoing the process.

The focus of the review shall be therefore the following:

1. ESG 3.4 Thematic analysis
2. ESG 3.5 Resources
3. ESG 3.6 Internal quality assurance and professional conduct
4. ESG 2.5 Criteria for outcomes
5. ESG 2.7 Complaints and appeals

The Agency shall also indicate in the SAR should there have been significant changes regarding any other standards since the last full review, and also these elements will be included in the partial review process.

3. The Review Process

The process is designed in the light of the *Guidelines for ENQA Agency Reviews*, the evaluation procedure consists of the following steps:

- Formulation of the Terms of Reference and protocol for the partial review;
- Nomination and appointment of the review panel;
- Self-assessment by ECCE including the preparation of a self-assessment report (focusing only on the criteria and sub-criteria indicated in the article 2);
- A site visit by the review panel to ECCE;
- Preparation and completion of the final evaluation report by the review panel;
- Scrutiny of the final evaluation report by the ENQA Review Committee;
- Analysis of the scrutiny by the ENQA Board and their decision regarding ENQA membership;
- Follow-up of the panel's and/or ENQA Board's recommendations.

3.1 Nomination and appointment of the review team members

A review panel of three people will be employed for the task. The panel will include at least one academic, one student, and a representative of a QA agency. Wherever possible, one or more of the panel members will have participated in the previous full review, in order to facilitate the acquisition of a comprehensive picture of ECCE. Reviewers will come from the ENQA pool of trained reviewers. In addition to the three members, the panel will be supported by the ENQA Secretariat review coordinator who will monitor the integrity of the process and ensure that ENQA expectations are met throughout the process. The ENQA staff member will not be the Secretary of the review and will not participate in the discussions during the site visit interviews.

ENQA will provide ECCE with the names of the nominated reviewers with their respective curriculum vitae to establish that there are no known conflicts of interest. The experts will have to sign a non-conflict of interest statement as regards the ECCE review.

3.2 Self-assessment by ECCE, including the preparation of a self-assessment report

ECCE is expected to produce a self-assessment report focused on the criteria and sub-criteria listed in the article 2, indicating in particular the changes that have taken place since the last full review (in 2016), and addressing specifically to concerns raised in the letter of the ENQA Board of 12 May 2016. In addition, the agency will indicate any eventual changes and developments beyond those listed under the criteria under scrutiny.

The report by the reviewers will concentrate on the same criteria and assess how the compliance has evolved since the last full review (in 2016). It will also assess any eventual changes that have been brought to the attention of the panel in the self-assessment report.

3.3 A Site Visit by the Review Panel

The duration and the programme of the site visit will depend on the number of elements to be looked at by the review panel. In practice this is likely to mean a visit of 1-2 days. The approved schedule shall

be given to ECCE at least one month before the site visit, in order to properly organise the requested interviews.

The review panel will be assisted by ECCE in arriving in London, UK.

The site visit will close with an oral presentation and discussion of the major issues of the evaluation between the review panel and ECCE.

3.4 Preparation and completion of the final evaluation report

On the basis of the review panel's findings, the chair will draft the report in consultation with the review panel. The report will take into account the purpose and scope of the evaluation as defined under article 2. A draft will be first submitted to the ENQA review coordinator who will check the report for consistency, clarity and language and it will be then submitted to ECCE for comment on factual accuracy. If ECCE chooses to provide a statement in reference to the draft report it will be submitted to the chair of the review panel within two weeks after the receipt of the draft report. Thereafter the review panel will take into account the statement by ECCE, finalise the document and submit it to ECCE and ENQA.

4. Publication of the Report

ECCE will consider the expert panel's report and will publish it on its website once the ENQA Board has made its decision. The report will also be published on the ENQA website, regardless of the review outcome and decision by the ENQA Board. This review report will be annexed to the latest full review report.

5. Use of the report

ENQA shall retain ownership of the report. The intellectual property of all works created by the expert panel in connection with the review contract, including specifically any written reports, shall be vested in ENQA.

The review report is used by the Board of ENQA for the purpose of reaching a conclusion on whether ECCE can be reconfirmed as a member of ENQA. However, the review report is to be considered final only after being approved by the ENQA Board. Once submitted to ECCE and ENQA and until it is approved by the Board the report may not be used or relied upon by ECCE, the panel and any third party and may not be disclosed without the prior written consent of ENQA. ECCE may use the report at its discretion only after the Board has approved of the report. The approval of the report is independent of the decision on membership.

The Chair of the panel shall remain available to respond to questions of clarification or further information from the EQAR Register Committee provided that the ENQA Secretariat is copied in all such requests.

6. Budget

ECCE shall pay the following partial review related fees:

Fee of the Chair	2,000 EUR
Fee of the 2 other panel members	3,000 EUR (1,500 EUR each)
Administrative overhead for ENQA Secretariat	1,500 EUR

Approximate travel and subsistence expenses ¹	2,500 EUR
TOTAL	9,000 EUR

This gives a total indicative cost of 9,000.00 EUR VAT excl. for a review team of three members. In the case that the allowance for travel and subsistence expenses is exceeded, ECCE will cover any additional costs after the completion of the review. However, the ENQA Secretariat will endeavour to keep the travel and subsistence expenses in the limits of the planned budget, and will refund the difference to ECCE if the travel and subsistence expenses go under budget.

7. Indicative Schedule of the Review

Terms of Reference and agreement with ECCE	September 2017
Appointment of partial review panel members and agreement on reviewer contracts, setting date for the site visit	September-October 2017
Completion of partial review SAR	November 2017
Site visit	Mid-January 2018
Draft of report to ECCE	Late February 2018
Completion of report and submission to ENQA	March 2018
Consideration of the report by ENQA Board and decision	April 2018

¹ Calculation is based on four European return flights, and two nights in a hotel for each expert and ENQA coordinator.

ANNEX 4. DOCUMENTS TO SUPPORT THE REVIEW

Documents provided by ECCE

- Documents related to appointment of QA expert
- CV Quality Assurance Consultant
- Quality Assurance Consultant' Job Description
- Current organisational structure diagram
- Documents related to evaluation of visits made under new procedure
- Report of analysis of questionnaires for meetings as mentioned on page3
- Report of General Council Meeting of ECCE in November 2017
- Documents related to complaints made since 2015
- Feedback report from the February 2017 ECCE site evaluation team visit to BCC
- ECCE evaluation team survey monkey questionnaire
- Executive Secretary Yearly work plan
- Budget/Financial forecast 2019
- Budget 2017
- Budget 2018
- Proposed changes/additions to standards stemming from the comparison of “missing” competency domains from the ECCE compared to the CCE’s of Australia, Canada and the USA. (from Innes SI, Leboeuf-Yde C, Walker BF, 2016)
- Proposed changes to standards stemming from Executive decisions.
- Samples of ECCE Communication with the General Chiropractic Council regarding joint evaluations
- Feedback report from the April 2016 ECCE site evaluation team visit to the AECC
- Feedback from the february 2015 ECCE site evaluation team visit to the chiropractic programme at WIOC
- Feedback report from the May 2017 ECCE Executive meeting in Limassol
- Feedback from the december 2015 ECCE site evaluation team visit to the chiropractic programme at RCU Maria Christina
- Log of vote to extend the accredited period for University of Denmark from 5 years to 8 years.
- Presidents Annual Report 2017
- EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION Annual Council Meeting Agenda Saturday 25 November 2017
- EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION Minutes of Annual Council Meeting Saturday 25 November 2017

Other reference sources used by the review panel

- Letter 3/12/16 Deferral of the Application by the European Council on Chiropractic Education (ECCE) for Renewal of inclusion on the Register.



THIS REPORT presents findings of the ENQA Agency Review of the European Council on Chiropractic Education (ECCE), undertaken in 2018.



2018 ENQA AGENCY REVIEW