



The Councils on Chiropractic Education International

# **The International Framework for Chiropractic Education and Accreditation**

***Programme Standards, Competencies and  
Accreditation Policies and Procedures***

June 2016

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Councils on Chiropractic Education International

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# Introduction

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

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

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

## Acknowledgements

CCEI would like to acknowledge the significant contribution from the Steering Committee and other individuals in preparing this Framework:

CCEI Steering Committee	CCEI Board at 1 July 2015	CCEI Board at 1 July 2016
C Lesley Biggs (Chair)	Michael Shobbrook (President), CCEA	Michael Shobbrook (President), CCEA
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### Other contributors:

We would like to thank the numerous individuals from the CCEI member agencies who made suggestions and provided some input to this Framework. We would also like to thank three individuals in particular for their contribution – Lenore Edmunds (Dean – Undergraduate, CMCC), Reed Phillips (former Executive Director, CCEI) and Kylie Woolcock (Executive Secretary, CCEI).

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

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

# Background to the development of this framework

CCEI was established in 2001 by the chiropractic accrediting agencies:

- Council on Chiropractic Education Australasia
- Canadian Federation of Chiropractic Licensing and Regulatory Boards
- European Council of Chiropractic Education
- Council of Chiropractic Education (United States).

## Purpose and goals of CCEI

Its purpose is to ensure the highest possible quality in chiropractic education around the world by emphasizing effective accreditation based on excellent educational standards. It is not an accrediting agency itself, rather its goals include:

- Defining International Chiropractic Accreditation Standards and ensure their adoption and maintenance by accrediting agencies worldwide;
- Defining the process of accreditation and ensure appropriate implementation and administration of the process by accrediting agencies worldwide;
- Establishing and maintaining a process for verifying equivalence of the educational standards and accreditation processes utilized by CCEI member accrediting agencies worldwide;
- Assisting and providing guidance for the development of accrediting agencies toward their full autonomy and membership in CCEI;
- Promoting continuous improvement of the International Chiropractic Accreditation Standards;
- Advocating quality education through the dissemination and promotion of information to governments, professional organizations, and others.

The CCEI purpose and goals contribute to the portability of chiropractors around the world, with these goals being pursued within broader systems where quality education, assessment/examination and licensing/registration work together to assure safe and competent practitioners and minimize risk to the public.

## Development process

Over the past three years, CCEI has undertaken a major revision of its International Chiropractic Accreditation Standards.

This process involved a line-by-line mapping of each of the (CCEI) member agencies' program standards, competencies, and accreditation policies and procedures. Using a qualitative

research program, 'NVivo', each document was coded into nine major themes (Mission, Planning and Assessment; Ethics and Integrity; Governance and Administration; Faculty; Resources; Educational Program; Students; Research and Scholarship; Service). In turn each of these themes was sub-coded. In all, over 100 codes were generated.

Once the documents were coded, a new framework for chiropractic education and accreditation was drafted based on a comparison of each of these codes. This comparison indicated that there is remarkable consistency in the accreditation standards and practices across the member agencies of CCEI.

Through 2014 and early 2015, the Steering Group, with representatives of each of the four member agencies, met to critically review the draft framework. The CCEI Board approved progress at a number of key steps throughout this process.

Through 2015 and 2016, the draft Framework went through two stages of stakeholder consultation. The first stage of consultation, from April 2015, was with the four CCEI member agencies, and the second stage, starting November 2015, was with stakeholders more broadly. At each stage, feedback was considered and incorporated by the Steering Group and CCEI Board.

The framework was finalised and approved at the meeting of the CCEI Board in June 2016.

# **Part 1. Programme Standards**

# Introduction: Outcomes-Based Education Programme Standards

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

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

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

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

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

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

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

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



# Programme Standards

## 1. Goals

The chiropractic programme must define its mission, and measurable goals and objectives that are congruent with that mission. The mission of the programme must incorporate aspects of instruction/learning, patient care, research, scholarship, and service. The mission, goals and objectives are made available to all stakeholders.

### 1.1 Participation in the Formulation of Programme Goals

The chiropractic programme must develop its mission, goals and objectives in consultation with its principal stakeholders.

### 1.2 Academic Autonomy

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

### 1.3 Educational Outcome

The programme must define the competencies that students will demonstrate on graduation. See Part 2 'Competencies' of the Framework document.

### 1.4 Ethics, Integrity, and Accountability

The chiropractic programme must demonstrate integrity and adherence to ethical standards, which must include, but are not limited to, all aspects of policies, functions, and interactions regarding stakeholders of the programme.

The chiropractic programme must demonstrate ethical values and behaviour, and integrity throughout the curriculum, and in all teaching and clinical environments.

Each programme must publish regularly an academic calendar/catalogue, bulletin or similar document in which complete and accurate public disclosure is made of items considered by the CCEI member agency to be relevant to current and potential students.

The programme must demonstrate integrity in its advertising, marketing and recruiting activities, student admission and financial aid processes.

## **2 Governance**

### **2.1 Governing Board**

If the chiropractic programme is offered by a solitary purpose chiropractic institution, legal control of the institution must be vested in a governing board, in accordance with the laws of incorporation within the jurisdiction in which the programme resides.

If the chiropractic programme is based in a university, there must be members of the governing board of the institution and/or members of the senior academic leadership who are responsible for maintaining the integrity of the chiropractic programme.

The governing body must be vested with the authority, structure, and organization necessary to ensure appropriate transparency and accountability, ensure programme viability, fulfil its responsibility for policy and resource development, and approve or delegate approval of the mission of the chiropractic programme. Sufficient autonomy, diversity<sup>7</sup> and effective conflict of interest management are required to ensure governing board effectiveness and integrity.

### **2.2 Governance Structures**

Governance structures and functions of the chiropractic programme must be defined. Each chiropractic programme must develop, publish and make available an organizational chart delineating the lines of responsibility and authority.

### **2.3 Academic Leadership**

The responsibilities of the academic leadership of the chiropractic programme must be clearly stated.

The academic leadership must establish clear lines of authority, responsibility, and communication among faculty and staff.

### **2.4 Faculty Participation**

The chiropractic programme must have policies that provide for appropriate faculty participation in policy determination.

### **2.5 Student Input**

The chiropractic programme must have policies that provide for student input into policy discussions.

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<sup>7</sup> Diversity can be achieved through gender, age, ethnicity, cultural background, educational background, professional experience and independence (e.g. the inclusion of lay people).

### **3 Administration**

The Administration must reflect, promote and facilitate the achievement of the mission and goals of the chiropractic programme, and is responsible for supporting quality learning, promoting research/scholarship and service, allocating resources adequate to maintain and improve the programme, and assessing the effectiveness of the chiropractic programme.

Administrative responsibility and authority for all educational offerings and functions of the institution must be defined.

Administrative officers must possess credentials, experience and/or demonstrated competence appropriate to their areas of responsibility. The performance of administrators must be assessed periodically.

### **4 Evaluation and Quality Improvement**

The chiropractic programme must engage in ongoing self-assessment and quality improvement. The chiropractic programme must develop data collection and analysis mechanisms to determine the extent to which it is achieving the goals and objectives associated with its mission, for driving resource allocation actions and programmatic change.

The chiropractic programme must develop processes for planning that establish priorities, allocate resources to support those priorities, and make appropriate changes to the plan based upon the analysis of evidence and assessment outcomes. The chiropractic programme planning must include timelines for the achievement of goals and objectives, desired outcomes, and relevant resource allocations.

The chiropractic programme must provide evidence of its effectiveness through a self-evaluation process that includes representatives of its constituencies.

### **5 Patient Care**

The chiropractic programme must ensure that all relevant jurisdictional and legal requirements and standards for chiropractic care are followed. In order to ensure that the rights, well-being and safety of patients are protected, the chiropractic programme must employ evidence-informed practices in the delivery of patient care.

The chiropractic programme must conduct a formal system of quality assurance for patient care.

### **6 Educational Budget and Resource Allocation**

The chiropractic programme must demonstrate that it has adequate financial resources to support the size of their student body programme at all stages of the education process from the intake of students in their first year through to attainment of their qualification(s). In the event that a programme is dissolved or discontinued, the programme must have provisions for the students to be 'taught out', transferred to a new programme within the institution, or to complete their qualifications elsewhere.

Accounting methods must comply with generally accepted standards for higher educational institutions or appropriate alternative standards established by local regulation.

## **7 Educational Programme**

### **7.1 Curriculum Model and Educational Methods**

The chiropractic programme must define a curriculum model and educational (teaching and learning) methods consistent with its mission and goals, and which prepare students for lifelong, self-directed learning.

### **7.2 Curriculum Development and Assessment**

Faculty must have a significant role in determining the design and content of the curricula offered by the programme.

A curriculum committee (or its equivalent) must be established and given the responsibility, authority, and capacity to plan, implement, and assess the curriculum to achieve the mission and goals of the chiropractic programme. Periodic assessment of the curriculum should include a variety of stakeholders.

### **7.3 Curriculum Structure and Content**

The chiropractic programme must document the content, duration, and sequencing of courses. The curriculum must be designed and delivered to enable students to achieve the programme's defined competencies<sup>8</sup>. (See Part 2 of the Framework: *Competencies for Graduating Chiropractors* for more detail.)

## **8 Faculty**

The chiropractic programme must employ sufficient faculty members who are qualified by virtue of their academic and professional training and experience, and/or credentials to develop, deliver and monitor the courses and curricula, and assess student learning and the effectiveness of the programme.

The employment and determination of the number of full-time and part-time faculty members must be based on sound pedagogical rationales for the classroom, laboratory, and patient care settings.

The faculty must be engaged in research and scholarship, service, professional development and governance activities.

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<sup>8</sup> WHO guidelines on basic training and safety in chiropractic. Geneva: World Health Organization; 2005. At [www.who.int/medicines/areas/traditional/Chiro-Guidelines.pdf](http://www.who.int/medicines/areas/traditional/Chiro-Guidelines.pdf), states '...for those without relevant prior health care education or experience, not less than 4200 student/teacher contact hours are required, or the equivalent...'

The chiropractic programme must have policies for faculty recruitment, development and regular performance evaluations/appraisal.

## **9 Students**

### **9.1 Student Admissions**

The chiropractic programme must have clearly defined admission policies and procedures that are available to the public.

### **9.2 Disclosure to Students**

The chiropractic programme must be able to direct students to sources of information about the regulation of chiropractic in the jurisdiction in which the chiropractic programme is located. The chiropractic programme must communicate to its students that it is their responsibility to meet the licensure requirements where they choose to practise. In addition, the chiropractic programme must be able to direct students to sources of information about the accrediting standards, competencies, and processes of the CCEI member agency responsible for accrediting the programme.

### **9.3 Student Support Services**

The chiropractic programme must ensure that appropriate student support services are made available to assist students in developing their full academic potential and to graduate as competent chiropractors.

### **9.4 Student Policies**

Each chiropractic programme must be able to demonstrate that the policies are followed regarding attendance, equal opportunity and non-discrimination, degree requirements, occupational health and safety, financial aid, student complaints, academic dishonesty and misconduct, and student discipline.

All policies and procedures must ensure that avenues for appeal are clearly established, and that due process occurs in an appropriate and timely fashion. Student Services should counsel students about the options available to them.

Policies must ensure that student records accurately reflect work accomplished and are maintained in a secure and confidential manner. The chiropractic programme must provide assurance that these policies comply with all applicable legal requirements.

The chiropractic programme must have processes in place to verify the identity of a student entering the programme as being the student assessed throughout the programme.

## 9.5 Student Competencies

The chiropractic programme must define and publish the competencies that students must exhibit upon graduation. The competencies must be focused on educational outcomes. (See Part 2 of the Framework: *Competencies for Graduating Chiropractors*.)

## 9.6 Assessment of Student Performance

Student performance must be assessed in relation to the competencies and the educational outcomes of the chiropractic programme.

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

The chiropractic programme must define and document the methods used for assessment of its students.

Assessment methods must be regularly evaluated, and new assessment methods developed as appropriate.

# 10 Research and Scholarship

Each chiropractic programme must:

- establish research programme goals and objectives that support its mission, develop a plan for achieving its research priorities, and facilitate the relationship between teaching and research.
- facilitate research.
- have written policies that protect human and/or animal subjects when the faculty are participating in research.
- provide evidence about the faculty's contributions to the body of research and scholarship for the chiropractic profession.

## 11 Resources

The chiropractic programme must have the financial, learning, and physical resources that support its teaching and research goals.

### 11.1 Physical Facilities

Each chiropractic programme must have sufficient physical facilities for the faculty, staff and student population to ensure that the chiropractic programme can meet its teaching and research goals. The chiropractic programme must be able to provide evidence that these facilities comply

with all applicable legal requirements. There must be clear and identifiable policies regarding maintenance, access, and use of such facilities.

## **11.2 Clinic Resources**

The chiropractic programme must provide adequate classroom, clinic equipment, clinic resources and clinical experience necessary for training students.

The chiropractic programme must ensure clinic equipment and facilities comply with all applicable legal requirements.

## **11.3 Learning Resources**

Each chiropractic programme must have a Learning Resource Centre/Library that meets the teaching and research needs of the chiropractic programme.

Learning Resources must be up-to-date and comprehensive.

## **11.4 Information and Communication Technology (ICT)**

The chiropractic programme must have sufficient ICT facilities for faculty, staff, and students to ensure that the programme can be administered and the curriculum can be delivered adequately.

## **12. Service**

Each chiropractic programme must establish service programme objectives that support its mission and goals. Each programme must provide evidence about the nature and extent of its service programmes.

## **Part 2. Competencies for Graduating Chiropractors**



# Overview

There are numerous definitions of chiropractic that reflect the different context and/or environment in which the term is being used.

The World Federation of Chiropractic (WFC) defines a chiropractor as: 'A health profession concerned with the diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system, and the effects of these disorders on the function of the nervous system and general health. There is an emphasis on manual treatments including spinal adjustment and other joint and soft-tissue manipulation.'<sup>9</sup>

The competence of an individual practitioner is critical for safe and effective care. Competencies are component parts of competence. They refer to 'specific capabilities in applying particular knowledge, skills, decision-making attributes and values to perform tasks safely and effectively in a specific health workforce role.'<sup>10,11</sup>

Chiropractic programmes must be designed and delivered so that students are able to achieve the competencies required to practise safely, effectively and ethically in the profession in their jurisdiction. Characteristics of Educational Competencies are that they:<sup>12</sup>

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

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<sup>9</sup> WFC Dictionary Definition. World Federation of Chiropractic; 2001. At [https://www.wfc.org/website/index.php?option=com\\_content&view=article&id=90&Itemid=110](https://www.wfc.org/website/index.php?option=com_content&view=article&id=90&Itemid=110)

<sup>10</sup> Tilley S. Competency in nursing: a concept analysis. *Journal of Continuing Education in Nursing* 2008;39(2):58-64.

<sup>11</sup> Verma S, et al. Core competencies: the next generation comparison of a common framework for multiple professions. *Journal of Allied Health* 2009;38(1):47-53.

<sup>12</sup> Albanese M, et al. Defining characteristics of educational competencies. *Medical Education* 2008;42(3):248-55.

# Definition of Professional Competence

Professional competence has been defined as ‘the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and the community being served. Competence builds on the foundation of basic clinical skills, scientific knowledge and moral development. It includes cognitive function—acquiring and using knowledge to solve real-life problems; an integrative function using biomedical and psychosocial data in clinical reasoning; a relational function; communicating effectively with patients and colleagues; and affective/moral function; the willingness, patience, and emotional awareness to use these skills judiciously and humanely. Competence depends on habits of mind, including attentiveness, critical curiosity, self-awareness, and presence...’’<sup>13</sup>

The Councils on Chiropractic Education International (CCEI) has grouped competencies into seven areas, which are described and discussed in this document:

1. **Foundational Knowledge**
2. **Clinical Skills**
3. **Professionalism**
4. **Communication Skills**
5. **The Chiropractor-Patient Relationship**
6. **Inter-professional Collaboration**
7. **Health Promotion and Disease Prevention**

## Competencies

### 1. Foundational Knowledge

The purpose of chiropractic professional education is to provide the graduating chiropractic candidate with a core of knowledge and skills in the basic and clinical sciences and related health topics required for the chiropractor to perform the professional obligations of a primary contact health care professional.

As a primary healthcare practitioner, the chiropractor's responsibilities include health assessment, diagnosis, and the management and coordination of the patient's health care needs. When appropriate, the chiropractor coordinates, consults, co-manages, or refers to other members of the health care team.

Chiropractors must demonstrate foundational knowledge acquired through formal education that will prepare them for chiropractic practice upon graduation. This training positions chiropractors as part of the health care team through which they make a unique contribution to improving the health of patients, their families, and their communities.

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<sup>13</sup> Epstein R, Hundert E. Defining and assessing professional competence. JAMA 2002;287(2):226-35.

## **2. Clinical Skills**

A chiropractor is able to apply appropriate clinical skills in the treatment of a patient, and to provide information and advice for a healthy lifestyle and continued health. A chiropractor, therefore, must establish and maintain clinical knowledge, skills and attitudes appropriate to chiropractic practice.

### **2.1 Formulate a Differential Diagnosis**

A chiropractor is able to formulate a differential diagnosis(es) that identifies the nature and cause of a patient's complaint and/or abnormal finding through:

- Obtaining an in-depth patient history by utilizing knowledge of pathophysiology and the basic and clinical sciences.
- Performing case appropriate physical, neuromusculoskeletal, and psychological/psychosocial assessments.
- Ordering and interpreting specialized testing procedures, such as diagnostic imaging and clinical laboratory tests, as indicated by the clinical status of the patient.

### **2.2 Develop and Evolve a Management Plan**

A chiropractor is able to establish a management plan that is appropriate for the diagnosis and the patient's health status by:

- Developing specific therapeutic goals and prognoses
- Determining the need for emergency care, referral and/or collaborative care.
- Recognizing indicators of patient psychosocial and health behavioural factors that may be comorbid with neuromusculoskeletal conditions or associated with risk of developing other physical and/or psychological conditions.

### **2.3 Implement and Monitor Treatment**

A chiropractor is able to provide appropriate and timely treatment to the patient.

- Identify an emergency or life threatening situation and apply the appropriate care or procedures.
- Explain the diagnosis and plan of management to the patient (family or carer(s) as appropriate) and provide information about the risks, benefits, natural history and alternative treatment options.
- Obtain informed consent.
- Perform effective adjustive, manual and/or manipulative procedures with appropriate modification of treatment parameters to accommodate the particular needs of the patient and their health status.

- Employ or refer for effective procedures and modalities, other than the adjustment and manipulation, for the purposes of case management.
- Counsel the patient, (family or carer(s) as appropriate) on preventive, supportive, concurrent and referral care.

## **2.4 Evaluation of Progress**

A chiropractor monitors the clinical status of the patient and modifies the diagnosis(es) and care plan as new clinical information becomes available.

## **3. Professionalism**

A chiropractor exhibits ethical values and behaviours in their interactions with patients, office staff, peers, health care providers and others.

### **3.1 Ethics and Jurisprudence**

A chiropractor demonstrates awareness of and complies with the relevant laws and professional codes of conduct of their jurisdiction(s) and exhibit ethical behaviour. A chiropractor complies with:

- Professional and ethical boundaries expected of the chiropractor-patient relationship.
- Principles of risk management, safe practice, and duty of care.

### **3.2 Record-Keeping**

A chiropractor complies with professional standards and legal requirements for the creation, maintenance, storage and dissolution of patient and business records.

## **4. Communication Skills**

A chiropractor communicates in a timely manner with diverse audiences, both verbally and in writing, with clear, accurate and appropriate information. A chiropractor :

- Listens respectfully to patients and their families/carers.
- Accurately conveys to patients and their families/carers, colleagues and other professionals relevant information and explanations about chiropractic care and wellness strategies.
- Recognizes and interprets non-verbal communication.
- Utilizes information and communication technologies.

## **5. The Chiropractor-Patient Relationship**

In order to provide people-centred care, a chiropractor:

- Establishes rapport, trust, empathy, and ethical therapeutic relationships with patients and their families/carers.
- Identifies their own beliefs/practices and their potential impact on the chiropractor-patient relationship.
- Respects the diversity of patients' cultural and religious values and belief systems.
- Respects individual preferences and expressed needs.
- Facilitates shared responsibility with their patients in the plan of care.
- Involves family and friends in care-giving and support when appropriate.

## 6. Inter-professional Collaboration

Chiropractors are integral participants in a variety of healthcare organizations. Involvement may take place at different levels and include a wide variety of contributions. Chiropractors are committed to organizational effectiveness and collective responsibility for the processes and outcomes of care, and for making decisions about allocating resources. A chiropractor:

- Describes the organization and delivery of health care in the chiropractor's jurisdiction (including national and/or state, regional, or provincial).
- Contributes to the effectiveness of healthcare organizations and systems where appropriate.
- Allocates finite healthcare resources appropriately.

Chiropractors work in partnership with other health care professionals or as part of a health care team in order to provide optimal care to their patients. A chiropractor:

- Understands and respect the scope of practice of other health care professionals.
- Recognizes the limits of a chiropractor's individual or professional knowledge and competence.
- Shares resources and knowledge to facilitate improvements and innovations in team practice and service.
- Works effectively in a team, including multidisciplinary and collaborative environments.
- Seeks to resolve potential or actual conflicts among members of a health care team in productive ways.
- Recognizes the need for referral and/or collaboration with another chiropractor or health care provider.
- Effectively deals with patients referred by another health care provider or an agency.

## 7. Health Promotion and Disease Prevention

Chiropractors have a shared responsibility for the health and well-being of their communities. Chiropractors are committed to the wellness of their patients by promoting healthy societies and disease prevention. Health promotion and disease prevention requires an understanding and application of public health principles regarding the nature and identification of health issues in diverse populations. A chiropractor:

- Recognizes the patterns of mortality and morbidity in regional, national and global contexts.
- Identifies the determinants of health within the populations that chiropractors serve.
- Engages in health promotion and disease prevention strategies in the populations that chiropractors serve.
- Explains the epidemiology of neuromusculoskeletal diseases and the factors that might prevent or delay their onset.
- Recognizes the diversity of cultural values and belief systems both within communities and between communities, and the possibility of competing interests between the communities served and other populations.
- Interprets these sociocultural relations and assess their impact on disease prevention and health promotion.

## **Part 3. Accreditation Policies and Procedures**



# Introduction

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

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

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

## Confidentiality

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

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

# 1. Application for Initial Accreditation

## 1.1 Letter of Intent

The governing body of a chiropractic programme seeking initial accreditation must send a letter of intent to the CCEI member agency stating its intention to pursue accredited status, and provide written evidence that it meets the Eligibility Criteria.

## 1.2 Eligibility Criteria

To be eligible for initial accreditation, a chiropractic programme must have:

- A mission, goals, and objectives that are consistent with the CCEI member agency's *Standards* within its jurisdiction.
- A written multi-year plan and a description of the process for planning and evaluation that identifies and integrates future educational, physical and financial development, and incorporates procedures for review and improvement.
- A curriculum whose content, scope, and organization are in accordance with the CCEI member agency *Standards*.
- Facilities, equipment and staff sufficient for teaching and training the student body in accordance with its educational objectives.
- Published policies and procedures that document the chiropractic programme's/institution's commitment to ethics and integrity.
- A plan and process for the assessment of student outcomes.
- A declaration by the Chief Executive Officer, President, Principal or equivalent that the chiropractic programme will comply with the CCEI member agency requirements for accreditation.

When the chiropractic programme is a stand-alone institution, it also must have:

- Legal authority to operate in its jurisdiction of residence.
- A governing board with sufficient autonomy and diversity<sup>14</sup>.
- The internal organization and financial base or funding commitments adequate to carry on current and projected operations and to ensure graduation of the entering class.
- A full-time Chief Executive Officer, President, Principal or equivalent.

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<sup>14</sup> Diversity can be achieved through gender, age, ethnicity, cultural background, educational background, professional experience and independence (e.g. the inclusion of lay people).

## 1.3 CCEI Member Agency Decision Regarding Sufficient Evidence of Eligibility

The CCEI member agency shall determine if the chiropractic programme's eligibility documents provide sufficient evidence to support a CCEI member agency decision that the chiropractic programme is eligible to apply for accreditation. If the documents do not contain sufficient evidence, the CCEI member agency shall advise the chiropractic programme of the requirements. If the evidence is sufficient, the CCEI member agency shall request a self-evaluation report.

## 1.4 Self-Evaluation Report

The chiropractic programme will evaluate itself and provide evidence to the CCEI member agency that its operation is consistent with the CCEI member agency's *Standards and Competencies*.

## 1.5 CCEI Member Agency Decision Regarding the Self-Evaluation Report

The CCEI member agency will make ONE of the following decisions.

### ***Satisfactory***

The Self-Evaluation Report must provide sufficient evidence and rationale to demonstrate that the chiropractic programme is in compliance with the CCEI member agency's *Standards and Competencies*. Having provided this information, the chiropractic programme is determined to be ready to undergo a full on-site evaluation visit by a Site Team.

**OR**

### ***Unsatisfactory***

The Self-Evaluation Report has not provided sufficient evidence and rationale to demonstrate that the chiropractic programme is in compliance with the CCEI member agency's *Standards and Competencies*, and thus it is not ready to undergo a full on-site evaluation visit by a Site Team. The CCEI member agency will provide feedback and a timetable to the chiropractic programme, enabling it to revise and resubmit a Self-Evaluation Report.

## 1.6 Site Team Visit

Following receipt of the Self-Evaluation Report that is deemed satisfactory, the CCEI member agency will appoint a Site Team, consisting of qualified peer reviewers, to visit the chiropractic programme at a mutually acceptable time during the active school year.

If the chiropractic programme objects to any member of the proposed site team based on actual or perceived conflict of interest, the chiropractic programme must respond in a timely manner stating this objection in writing, identifying the team member in question, and detailing the nature

and basis for the objection. In the case of a conflict of interest, verified by the CCEI member agency, the assigned site team member would be replaced.

The site team will review the evidence provided in the eligibility documents and the Self-Evaluation Report, and assess any and all aspects of the facilities and records. Based on its analysis of the evidence, the site team will make recommendations to the CCEI member agency responsible for determining if the chiropractic programme is in compliance with the CCEI member agency *Standards and Competencies*.

The chiropractic programme must provide the site team with full opportunity to evaluate its facilities, to interview all persons relevant to the programme, and to examine all relevant records maintained by or for the chiropractic programme.

The site team will conduct an exit interview, inviting the appropriate participants as determined by the programme.

### **1.6.1 Joint Activities in the Accreditation Process**

Joint activities in the accreditation process, such as a joint site team visits and/or sharing of relevant documentation and findings may be considered by the respective parties where mutually agreeable, provided that the timing, documentation and accreditation procedures are equivalent to, and do not compromise, the requirements of the CCEI member agency.

## **1.7 The Site Team Report**

The site team shall prepare a draft report based on an analysis of the strengths, challenges, and distinctive features of the chiropractic programme, as well as identifying any concerns. The CCEI member agency shall then send the report to the appropriate leadership as determined by the chiropractic programme, for correction of factual errors only.

Following the receipt of the correction of factual errors from the chiropractic programme, the CCEI member agency will develop a final site team report, which is sent to the appropriate leadership, as determined by the programme. The chiropractic programme must submit a written response if the report identifies areas of concern; otherwise a written response to the site team report is optional.

## 1.8 Final Decision on the Award of Accredited Status

Upon receipt of the Final Report and the written response (where applicable) by the chiropractic programme, the CCEI member agency may conduct an interview with the appropriate leadership as determined by the programme. Based on a deliberation of the report, any subsequent response and the interview, the CCEI member agency will make ONE of the following decisions:

- To award accreditation.
- To defer the decision
- To deny accreditation.

### 1.8.1 Award of Accredited Status:

A decision to accredit a chiropractic programme may be made for a specified or unspecified period:

- Without concerns or conditions.
- With concerns or conditions, and with a timetable for implementation, and if required, special reports in addition to routine reports.

### 1.8.2 Deferral of Accreditation

The CCEI member agency may choose to defer a final decision. The CCEI member agency may require the chiropractic programme to:

- submit a report
- host an additional site visit
- make an appearance before the CCEI member agency to provide the required information.

Notice of deferral is confidential unless part of agreed processes of accreditation and is sent to the chiropractic programme's chair of the governing body, the Chief Executive Officer, President, Principal or equivalent (as deemed appropriate by the governing board) and the chairperson directly responsible for the chiropractic programme. A deferral is a non-public action, and may be continued for a period up to twelve (12) months. A deferral is not a final decision and is not subject to appeal.

### 1.8.3 Denial of Accreditation

A decision by a CCEI member agency (or the final body to which it reports) that a chiropractic programme not be accredited must include identification of *Standards and Competencies* that are not being met, and may include recommendations to assist the chiropractic programme in meeting the accreditation *Standards and Competencies*.

The CCEI member agency shall make a public notice of a final decision to deny accreditation.

### **1.8.4 Notification of Decision**

The decision of the CCEI member agency will be provided in writing to the chiropractic programme, normally within 30 days of the meeting of the CCEI member agency with the programme.

It is recommended that other CCEI member agencies also be notified of the decision.

## 2. Reaffirmation of Accreditation

### 2.1 Letter of Intent

The governing body of a chiropractic programme seeking reaffirmation of accreditation must send a letter of intent to the CCEI member agency stating its intention to continue to maintain accredited status.

### 2.2 Eligibility Criteria

The chiropractic programme need not submit evidence of eligibility documents that were required for initial accreditation unless the *Eligibility Criteria* have changed from the last reaffirmation visit. However, the chiropractic programme must maintain documentation demonstrating that it complies with the eligibility requirements. This information must be available for review by appropriate representatives of the CCEI member agency.

### 2.3 Self-Evaluation Report

The chiropractic programme must evaluate itself and provide evidence to the CCEI member agency that the programme is in compliance with the CCEI member agency's *Standards* and *Competencies*.

### 2.4 CCEI Member Agency Decision on the Self-Evaluation Report

The CCEI member agency will make ONE of the following decisions.

#### ***Satisfactory***

Self-Evaluation Report provides sufficient evidence and rationale to demonstrate that the chiropractic programme is in compliance with the CCEI member agency's *Standards* and *Competencies*. Having provided this information, the chiropractic programme is deemed to be ready to undergo an on-site evaluation.

OR

#### ***Unsatisfactory***

The Self-Evaluation Report has not provided sufficient evidence and rationale to demonstrate that the chiropractic programme is in compliance with the CCEI member agency's *Standards* and *Competencies*, and thus it is not ready to undergo a full on-site evaluation visit by a Site Team. The CCEI member agency will provide feedback and a timetable to the chiropractic programme, enabling it to revise and resubmit a Self-Evaluation Report.

## 2.5 Site Team Visit

Following receipt of the Self-Evaluation Report that is deemed satisfactory, the CCEI member agency will appoint a site team, consisting of qualified peer reviewers, to visit the chiropractic programme at a mutually acceptable time during the active school year.

If the chiropractic programme objects to any member of the proposed site team based on actual or perceived conflict of interest, it must respond in a timely manner stating this objection in writing, identifying the team member in question, and detailing the nature and basis for the objection. In the case of a conflict of interest, verified by the CCEI member agency, the assigned site team member shall be replaced.

The site team will review the evidence provided in the eligibility documents and the Self-Evaluation Review, and assess any and all aspects of the facilities and records. Based on its analysis of the evidence, the site team will make recommendations to the CCEI member agency responsible for determining if the chiropractic programme is in compliance with the CCEI member agency *Standards* and *Competencies*.

The chiropractic programme must provide the site team with full opportunity to evaluate its facilities, to interview all persons relevant to the programme, and to examine all relevant records maintained by or for the chiropractic programme.

The site team will conduct an exit interview with the appropriate participants as determined by the programme.

### 2.5.1 Joint Activities in the Accreditation Process

Joint activities in the accreditation process, such as a joint site team visits and/or sharing of relevant documentation and findings may be considered by the respective parties where mutually agreeable, provided that the timing, documentation and accreditation procedures are equivalent to, and do not compromise, the requirements of the CCEI member agency.

## 2.6 The Site Team Report

The site team shall prepare a draft report based on an analysis of the strengths, challenges, and distinctive features of the chiropractic programme, as well as identifying any concerns. The CCEI member agency shall then send the report to the appropriate leadership, as determined by the programme, for correction of factual errors only.

Following the receipt of the correction of factual errors from the chiropractic programme, the CCEI member agency will develop a final site team report, which is sent to the appropriate leadership, as determined by the programme.

The chiropractic programme must submit a written response if the report identifies areas of concern; otherwise a written response to the site team report is optional.



## 2.7 Decision on the Award of Accredited Status

Upon receipt of the Final Report and the written response (where applicable) by the chiropractic programme, the CCEI member agency may conduct an interview, to which at least one representative of the chiropractic programme's leadership, as determined by the programme, will be invited. Based on a deliberation of the report, any subsequent response and the interview, the CCEI member agency will make ONE of the following decisions:

- To reaffirm accreditation.
- To defer the decision
- To impose a sanction
- To revoke accreditation.

### 2.7.1 Reaffirmation of Accreditation

A decision to reaffirm accreditation of a chiropractic programme may be based on one of the following:

The programme is accredited for a specified period of time, subject to satisfactory routine reports.

OR

The programme is accredited for a specified period, subject to satisfactory routine reports and specified conditions being addressed within a specified period of time.

## 2.7.2 Deferral of Reaffirmation of Accreditation

In cases where additional information is needed in order to make a final decision to reaffirm accreditation, the CCEI member agency may choose to defer a final decision until the chiropractic programme has achieved ONE or MORE of the following:

- Met specified conditions set out by the CCEI member agency within a specified period of time.
- Achieved a satisfactory report from/by a representative(s) appointed by the CCEI member agency.
- Held meeting(s) between the representative(s) of the CCEI member agency and the chiropractic programme.

Deferral of a decision to reaffirm (award Accredited status) will apply for no longer than a period of twelve (12) months, and during the deferral period, the chiropractic programme will retain its accredited status.

Deferral is not a final decision and is not subject to appeal.

Notice of deferral is confidential unless part of agreed processes of accreditation and is sent to the chiropractic programme's leadership, as determined by the programme.

Deferral is a non-public action.

## 2.7.3 Impose Sanctions

The CCEI member agency may have a system of sanctions that can impose on a CCEI member agency accredited programme. The system should be risk based, with sanctions of increasing severity imposed in a manner consistent with the increasing seriousness of the deficiencies and/or the length of time these deficiencies have existed without correction by the chiropractic programme after their initial identification by the CCEI member agency.

## 2.7.4 Refusal to Reaffirm (award Accredited status)

Refusal to reaffirm accreditation (award Accredited status) will result in the revocation of accreditation status. Normally, the refusal to reaffirm will follow a one-year probationary period after which the chiropractic programme is deemed not to be in compliance with the CCE's *Standards* and *Competencies*. The decision may include recommendation(s) to assist the programme in meeting the CCE's *Standards* and *Competencies*.

In the event that a chiropractic programme's accreditation is not reaffirmed, the chiropractic programme must have a teach-out plan (or teach-out agreement between institutions) that enables students to complete their requirements to graduate.

The CCEI member agency must make public notice of a final decision to not reaffirm accreditation.

## 2.7.6 Notification of Decision

The decision of the CCEI member agency will be provided in writing to the chiropractic programme, normally within 30 days of the meeting of the CCEI member agency with the programme.

It is recommended that other CCEI member agencies also be notified of the decision.

## 2.7.7 Reaccreditation: Reinstatement following refusal of reaffirmation

The chiropractic programme may apply to reinstate its accredited status after the decision to refuse to reaffirm accreditation once it has demonstrated that it complies with the CCE's *Standards and Competencies*.

## 2.7.8 Status Description

A CCEI member agency shall publish and maintain an up-to-date list of accredited programmes and institutions. The information posted on a CCEI member agency's website shall include:

- The month and year of initial accreditation status awarded by the CCEI member agency.
- The length of time for which accreditation has been awarded.
- The year that the next comprehensive site visit review for reaffirmation of accreditation will take place.

A chiropractic programme accredited by a CCEI member agency may use the following, or similar, statement when describing its status publicly:

- "The [title of the credential], [name of the programme] is accredited by the CCEI member agency [region], for a period of [the length of the accreditation period]", with the address and contact information of the CCEI member agency.

## 3. Monitoring

### 3.1 Reports

In order to demonstrate that a chiropractic programme is in compliance with a CCEI member agency's *Standards* and *Competencies*, the CCEI member agency should have key indicators for routine reports.

These reports must be submitted to the CCEI member agency by dates specified by the CCEI member agency. A representative of the programme may be invited to present these reports to a meeting of the CCEI member agency, and discuss any relevant issues.

Any action points arising from these reports will be notified in writing to the chiropractic programme..

At any time where there is evidence of substantial non-compliance with its *Standards* and *Competencies*, a CCEI member agency may require special reports and subsequent meetings, and decide on ONE or BOTH of the following:

- Impose new or additional conditions on an existing accreditation.
- Impose a sanction as described under Section 2.7.4

Routine and special reports will be made available to the site team(s) at reaffirmation of accreditation visits.

### 3.2 Special Actions

At its discretion and under extraordinary circumstances, the CCEI member agency may direct a programme to appear at a special or regularly scheduled meeting of the CCEI member agency, and/or provide special reports, and/or host special site visits.

Extraordinary circumstances are those in which:

- there has been a substantive change within the programme (e.g. a new facility or a major change in the curriculum); or
- the chiropractic programme is in non-compliance with a CCEI member agency's *Standards and Competencies*, and there appears to be a substantial risk of injury to the interests of the various stakeholders that rely upon the CCEI member agency's accreditation decision.

## **4. Quality Assurance**

At the end of the accreditation process, chiropractic programmes will be given the opportunity to provide feedback to the CCEI member agency for its continued improvement.

## **5. Complaints and Appeals**

The CCEI member agency must have policies and procedures for managing complaints and appeals. The policies and procedures shall be transparent, fair, rigorous and responsive.

## **6. The Role and Governance Structure of the CCEI member agency**

The CCEI member agency must have by-laws describing its role and governance structure. These are made available to all stakeholders.

# Glossary

Term	Definition
CCEI member agency	<p>A CCEI member agency is organized to accredit chiropractic education and meets all the requirements of CCEI membership as stated in the CCEI Articles and Bylaws.</p> <p>CCEI member agencies are responsible for making primary accreditation services available to the chiropractic educational programmes or institutions within their designated geographic areas. They include:</p> <ul style="list-style-type: none"> <li>Council on Chiropractic Education Australasia – 2001 to current</li> <li>Council on Chiropractic Education (United States) – 2001 to January 2016</li> <li>The Federation – Canada – 2001 to current</li> <li>European Council on Chiropractic Education– Europe – 2001 to current</li> </ul>
Competencies	Competencies are component parts of competence. They refer to ‘specific capabilities in applying particular knowledge, skills, decision-making attributes and values to perform tasks safely and effectively in a specific health workforce role.’ <sup>15,16</sup>
Concerns	Areas identified by the CCEI member agency that do not meet the Standards and require corrective actions and improvement to obtain or maintain accreditation.
Continuing education	In this context, continuing education refers to post-graduate education necessary to maintain licensure/registration.
Evidence-informed practice	An approach to practice that utilizes knowledge of the best available research evidence, clinical state and circumstances, health care resources and patient preferences, together with clinical expertise, to inform practice decisions. <sup>17,18</sup>
Jurisdiction	Chiropractic education programmes must have primary accreditation at all times by the CCEI member agency responsible for that designated geographic area (or jurisdiction). <sup>19</sup>
Key indicators	Indicators that can be used as part of the monitoring and evaluation of chiropractic programmes by CCEI member agencies, as well as to establish a comparative perspective on key factors that impact on chiropractic programme development and delivery. They may be used to support an awareness and understanding of emerging policy and practice issues associated with chiropractic education within individual programmes or more broadly across region(s).

<sup>15</sup> Tilley S. Competency in nursing: a concept analysis. *Journal of Continuing Education in Nursing* 2008;39(2):58-64.

<sup>16</sup> Verma S, et al. Core competencies: the next generation comparison of a common framework for multiple professions. *Journal of Allied Health* 2009;38(1):47-53.

<sup>17</sup> Evidence-informed practice – Resource package. Winnipeg Regional Health Authority; 2010. At <http://www.wrha.mb.ca/osd/files/EIPResourcePkg.pdf>

<sup>18</sup> Evidence-informed practice is largely synonymous with Evidence-based practice. However, in some professions, the term informed has replaced based in part as an attempt to emphasise the importance of other factors which may play a role in, and the complexity of, providing care to an individual. Views of what constitutes evidence for evidence-based practice have become more inclusive and sophisticated. ‘*Evidence tends to be contextually bound and individually interpreted and particularized within that context. As such, evidence use is beginning to be recognized more widely as a contingent process, which varies across setting and time.*’ ‘*Evidence-informed practice should be understood as excluding non-scientific prejudices and superstitions, but also as leaving ample room for clinical experience as well as the constructive and imaginative judgements of practitioners and clients who are in constant interaction and dialogue with one another. Under the EIP model, there is no need for the five-steps procedure of the EBP model, but only that practitioners will become knowledgeable of a wide range of sources—empirical studies, case studies and clinical insights—and use them in creative ways throughout the intervention process.*’ Source: Rycroft-Malone J. Evidence-informed practice: from individual to context. *J Nurs Manag* 2008;16(4):404-8.

<sup>19</sup> CCEI Policy 12 – Cooperative responsibilities among CCEI member agencies; 2010. At [http://www.cceintl.org/uploads/Policy\\_12\\_Assigned\\_Regions\\_of\\_Responsibility\\_\\_Rev\\_2010\\_.pdf](http://www.cceintl.org/uploads/Policy_12_Assigned_Regions_of_Responsibility__Rev_2010_.pdf)

Mission, goals and objectives	<p>For the purpose of this document;</p> <ul style="list-style-type: none"> <li>• A mission is a brief description of an entity's overarching purpose providing clear direction and focus about what that entity does and why they do it.'</li> <li>• Goals describe the results to be achieved at some unidentified future time, consistent with and related directly to the mission.</li> <li>• Objectives focus on specific activities to achieve goals. They are measurable and time-sensitive and may be changed when necessary for progress towards goals.</li> </ul>
Outcome (competency) based education	An approach to preparing practitioners for practice that is fundamentally oriented to graduate outcome abilities and organized around competencies derived from an analysis of societal and patient needs. It de-emphasizes time-based training and promises greater accountability, flexibility, and learner-centredness. <sup>20</sup>
Research	For the purposes of this document, a broad notion of research and experimental development (R&D) is used 'as comprising of creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of humanity, culture and society, and the use of this stock of knowledge to devise new applications.' <sup>21</sup>
People-centred care	The World Health Organization (WHO) defines people-centred care as 'care that is focused and organized around the health needs and expectations of people and communities rather than on diseases. People-centred care extends the concept of patient-centred care to individuals, families, communities and society. Whereas patient-centred care is commonly understood as focusing on the individual seeking care – the patient – people-centred care encompasses these clinical encounters and also includes attention to the health of people in their communities and their crucial role in shaping health policy and health services.' <sup>22</sup>
Programme	Programme refers to a programme of study delivered by an education provider. The education provider may be either an independent, stand-alone institution, or a university or post-secondary multi-purpose institution. The structure of the organization(s) delivering a programme will vary and this will influence where the responsibility for different aspects of the programme will lie, e.g. financial management, facilities. Accreditation processes will need to take this into consideration.
Routine report	Routine reports are cyclical (annual or biannual) updates on key measures of data.
Special report	Special reports must provide evidence of improvements in areas identified by the CCEI member agency as Concerns and/or when a chiropractic programme is not in compliance with the CCEI member agency's standards and/or when there has been a substantial change.

<sup>20</sup> Frank JR, et al. Toward a definition of competency-based education in medicine: a systematic review of published definitions. *Medical Teacher* 2010;32:631-637.

<sup>21</sup> Higher Education Research Data Collection 2016. Australian Commonwealth Department of Education. At: <https://docs.education.gov.au/system/files/doc/other/final2016herdc specifications.pdf>

<sup>22</sup> People-centred care. In: *Health Systems Strengthening Glossary*. World Health Organization. At [http://www.who.int/healthsystems/hss\\_glossary/en/index8.html](http://www.who.int/healthsystems/hss_glossary/en/index8.html)



The Councils on Chiropractic Education International

## **Councils on Chiropractic Education International**

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Councils on Chiropractic Education International

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European CCE  
[www.cce-europe.org](http://www.cce-europe.org)