

Education Committee

18 March 2010

Public session

General Chiropractic Council - Consultation on the review of the degree recognition criteria**Classification**

Public

Purpose

For Decision

Issues

This paper concerns the General Chiropractic Council's consultation on a revised version of its Degree Recognition criteria.

Financial & Resourcing Implications

None arising directly from this paper.

Equality & Diversity Implications

None arising from this paper.

Communications Implications

Our response will be sent to the General Chiropractic Council for use as they see fit. We may also publish our response or extracts of it as we embark on our own Curriculum content review in due course.

Annexes

Annex A – GCC Consultation Response form.

Annex B – GCC Recognition of Degree Criteria consultation document. Please note this is a large document and is not provided with this paper. A hard copy will be available on request from Monika Bojczuk - Obara (monikab@osteopathy.org.uk or 020 7357 6655 x235)

Summary

1. This paper concerns the General Chiropractic Council's consultation on a revised version of its Degree Recognition criteria.

Background

2. The General Chiropractic Council (GCC) has invited the General Osteopathic Council (GOsC) to take part in the consultation on the review of the Council's Degree Recognition criteria. The document comprises:

a. Detailed programme outcomes that students must meet in order to be graduated with a recognised chiropractic degree. This links to the revised Standard of Proficiency and Code of Practice published by the GCC and in force from June 2010.

b. Standards expected of chiropractic programmes or providers to be recognised by the GCC.

3. The GCC undertakes the review of Chiropractic education in-house and the consultation document forms the basis for these reviews.

4. Our draft consultation form is attached at Annex A. Annex B is the large GCC consultation document. An email with the copy of the GCC's consultation document on a revised version of its Degree Recognition criteria was sent to the Education Committee members on 26 February 2010. Please contact Monika Bojczuk-Obara (monikab@osteopathy.org.uk or 020 757 6655 x235) if you would like a hard copy of the consultation document posted to you.

Recommendation

5. The Committee are invited to discuss the draft consultation form at Annex A. The discussion will inform our response to the GCC and will also inform our own thinking as we move towards consideration of the development of our own pre-registration curriculum content.

6. The Committee are invited to agree that our finalised response will be agreed with the Chair following the meeting.

**GENERAL CHIROPRACTIC COUNCIL
CONSULTATION ON THE REVIEW OF THE DEGREE RECOGNITION
CRITERIA - RESPONSE FORM
JANUARY 2010**

We would be grateful if you would respond to the consultation using the response form below. Please respond in the relevant boxes - these should expand automatically to incorporate your response.

QUESTION	YOUR RESPONSE
SECTION A: INFORMATION ABOUT YOU	
Name	
Are you responding on behalf of an organisation?	Yes General Osteopathic Council
Address	Osteopathy House 176 Tower Bridge Road London SE1 3LU
Email address	marcusd@osteopathy.org.uk
Telephone number	020 7357 6655 ext. 240
SECTION B: SPECIFIC CONSULTATION QUESTIONS	
<i>Please identify in the relevant box your responses to these specific consultation questions</i>	
<p>1 Are you in agreement that it is appropriate to delete the requirement for students to understand the philosophy of chiropractic (in the criterion 4c) as it is not currently required in any of the other worldwide chiropractic jurisdictions? If not, please explain why the philosophy of chiropractic should be included and what exactly would be meant by reference to it.</p>	<p>When thinking about this point, we need to consider that our osteopathic practice standards and the Osteopathy Benchmark Statement both reference Osteopathic Principles:</p> <p>Osteopathic Practice Standards: pg8, Standard 2: http://www.osteopathy.org.uk/uploads/osteopathic_practice_standards_consultation.pdf</p> <p>Osteopathy Benchmark Statement: pg4, Section 2.5: Subject benchmark statement for Osteopathy</p>

<p>2 Given current practice in higher education, do you agree that it is appropriate to specify the level and length of the course with reference to its credit rating rather than using a time specification? Please explain the reason for your answer. (see criterion 11)</p>	<p>In relation to Criterion 11, the GOsC does not currently specify a minimum level for a qualification, only outcomes, i.e. graduates must meet the Standard of Proficiency.</p> <p>The course itself is referenced against the QAA Academic Infrastructure. Academic Infrastructure documents relating to the review method</p> <ul style="list-style-type: none"> • Code of practice for the assurance of academic quality and standards in higher education • The framework for higher education qualifications in England, Wales and Northern Ireland • Programme specifications • Subject benchmark statement for Osteopathy (adopted as the GOsC's educational standards) <p>In the Benchmark Statement, it is suggested that osteopathy is at Bachelors and masters level, however we have one Diploma qualification which may be offered as a fall-back award should a student not attain either a Bachelors or Masters level at the British College of Osteopathic Medicine.</p> <p>In the Benchmark Statement it is suggested that there is a minimum time specification for clinical hours of 1000 over the duration of the course and a minimum number of 50 new patients to be seen (pg13, 4.8).</p> <p>The GOsC does not set the minimum credit rating for courses, as this is seen to be the role of the validating university, although the QAA will check this against the framework for HE qualifications during review.</p> <p>Although most institutions are validated by a UK-recognised HE institution, there is the exception of the London College of Osteopathic Medicine which offers post-graduate education to medical doctors.</p> <p>This poses two questions for GOsC:</p> <ul style="list-style-type: none"> • Should we be setting a minimum level of qualification, i.e. Bachelors and Masters? • Should all OEIs be validated by an HE institution? <p>In relation to Criterion 12, the GOsC would see this as the role of the validating University rather than the regulator to set</p> <p>Overall, the current policy is that qualifications should be outcomes focused, with some qualification in relation to clinical practice, albeit specified in the QAA Osteopathy Benchmark Statement which the GOsC has adopted as its educational standard.</p>
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<p>3 Should it be a requirement that the undergraduate research project is at the same level as the final degree classification? (see criterion 15)</p>	<p>GOsC would agree with this statement, although we do not require research projects for a postgraduate accelerated learning pathway or a diploma level course.</p>
<p>4 Are you in agreement with the removal of the requirement for students to repeat the full diet of modules in a year if they fail any component or resit? If not, please explain why this requirement should be retained. (see criterion 16)</p>	<p>Again, the GOsC would see this as the role of the Validating University to provide guidance. We are concerned to ensure that at the award of the recognised qualification all the required outcomes have been achieved. The policy should be the one which will ensure that this has taken place. Is this a level of detail that is not helpful?</p>
<p>5 This consultation version of the Degree Recognition Criteria has removed the requirement for students to assess and care for a specific number of patients during the clinic period. Do you agree that rewritten criterion 19, and the programme outcomes set out in criteria 4-10, will be sufficient to ensure that students are fit to practise when they graduate?</p>	<p>Criteria 4-10 list what would be expected by the GCC Standard of Proficiency on graduation. The GCC are interested in the outcomes.</p> <p>The GOsC on the whole are interested in outcomes, i.e. graduates meet the Standard of Proficiency, and less with prescribing how this is achieved in the delivery of education. However, in relation to clinical practice we set some minimum requirements as outlined in the QAA Osteopathy Benchmark Statement (adopted by the GOsC as the educational standard) (pg13, 4.8):</p> <ul style="list-style-type: none"> • a dedicated clinic facility with appropriate provision for the discussion of patient cases, such as adequate availability of private 'breakout' rooms/areas • a clinical supervision ratio of one tutor to a maximum of five students being supervised while interacting directly with their patients at any point in time. The total number of students assigned as a group to one tutor during a clinic session would not normally exceed 10 • timetabled osteopathic clinic practice learning in the clinical environment of no less than 1,000 hours • a minimum of 50 new patients for each student during their clinic experience where the student is taking the main responsibility for the patient's

	<p>care. This includes taking the initial case history and examination, reaching diagnostic conclusions, and formulating and implementing an osteopathic care plan for the patient</p> <ul style="list-style-type: none"> • a mix of patient presentations and ensuring continuity of care so that students may follow the progress of their individual patients <p>What is the GOsC's reasoning for setting these requirements? What outcomes do we expect the student to gain as a result of seeing 50 patients? Students need to be exposed to a diverse range of patients, conditions and treatment approaches during the period of study. Is a minimum patient required to produce these outcomes? Would a similar approach to the GCC be sufficient?</p>
<p>6 Criteria 20 – 21 have been rewritten to allow for different forms of clinical opportunities to be used in the final clinic period. Are the criteria sufficiently robust to ensure that students are fit to practise when they graduate?</p>	<p>The issue of clinical tuition has been the subject of much discussion at the Education Committee previously, i.e. the use of clinical placements.</p> <p>As highlighted in the Osteopathy Benchmark Statement we currently are quite specific in relation to clinical education. Is this appropriate? Should institutions be free to be innovative with clinical delivery including the delivery through clinical placements?</p> <p>Criterion 22 goes further to suggest that students continue education during holidays, by observation, employment and attachments. Whilst it states that students must work within limits, does this suggest that chiropractic students are working prior to qualification – how would the school or the GCC QA and regulate this type of work?</p>
<p>7 Criterion 35 introduces the requirement for those involved in summative assessment of students against learning outcomes needing to be competent to assess those outcomes. Is this sufficient as a requirement, or should there be additional requirements/guidance here such as how assessor competence would be assessed?</p>	<p>We support the requirement that all assessors need to be competent in assessment.</p> <p>Prescribing requirements about how assessment takes place risks not keeping up to date with best practice in assessment and may be too cumbersome for the providers. Perhaps some form of assessment principles may achieve the robustness you are looking for without being unnecessarily prescriptive.</p>

SECTION C: General consultation questions	Please identify in the relevant box below any aspects of the criteria and guidance that need to be changed and the reasons for this
<p>Section 1: Introduction Includes:</p> <ul style="list-style-type: none"> • Statutory powers of the GCC • Content, structure and format of the document • Links to other quality assurance systems • Recognition process 	<p>Our process currently merges the academic and professional quality assurance and this is theoretically less burdensome than two separate QA episodes for the University.</p> <p>The GOsC separate the Visitors who undertake the visit from the decision makers on Education Committee, Council and the Privy Council. Aside from that, the GOsC process is very similar to the GCC process as described.</p>
<p>Section 2: Recognition criteria related to content Includes:</p> <ul style="list-style-type: none"> • General criteria on content (criteria 1 – 3) • Programme outcomes relating to the knowledge and skills that form the basis of chiropractic (criterion 4) • Programme outcomes relating to research and evaluation knowledge and skills (criterion 5) • Programme outcomes relating to assessment knowledge and skills (criterion 6) • Programme outcomes relating to the knowledge and skills needed for chiropractic care (criterion 7) • Programme outcomes relating to communication with patients and other healthcare professionals (criterion 8) • Programme outcomes relating to the knowledge and skills needed to be an independent primary care practitioner (criterion 9) • Programme outcomes - the knowledge and skills needed for professional accountability and the protection of patients (criterion 10) 	<p>Explicit mapping between the outcomes delivered in the course, the outcomes expected of the students completing the course and the requirements of the Standard of Proficiency should be clearly mapped. This will help to demonstrate clearly how the required outcomes are assessed and achieved by students.</p> <p>The links to the Code of Practice and Standard of Proficiency help to demonstrate how all the regulatory standards fit together and have to be helpful to the student and to the GCC in terms of being able to identify that every entrant to the Register has met the required standards.</p>

<p>Section 3 Recognition criteria related to the nature of the degree programme and programme providers Includes</p> <ul style="list-style-type: none"> • Level and length of course (criteria 11 – 12) • Teaching and learning methods (criterion 13) • Assessment methods and regulations (criteria 14 - 16) • Programme structure (criterion 17) • Clinical experience and practice (criteria 18 - 22) • Programme planning and review (criteria 23 - 26) • Institution (criteria 27 - 28) • Resources (criteria 29 - 30) • Staff (criteria 31 - 37) • Students (criteria 38 - 41) • Research (criteria 42 - 43) 	<p>We have commented above about the credit level requirements included here. Although we note there is no reference to the Scottish educational requirements. How would this apply to any chiropractic school that wished to set up in Scotland?</p> <p>Criterion 36 requires at least one faculty member to be a chiropractor at the same level as Head of School – we currently do not require this specifically, although it is assumed that osteopaths will be involved in educational delivery to the appropriate level.</p> <p>Criterion 40 requires schools to submit outcomes of FTP cases to the GCC – is this appropriate? GOSc does not require this.</p>
<p>Appendices</p> <p>A Flow chart of recognition process</p> <p>B Specimen programme for a recognition visit</p> <p>C Further information on the Quality Assurance Agency Higher Education Framework and the Scottish Credit and Qualifications Framework</p> <p>D Annual monitoring proforma for each recognised chiropractic degree programme</p> <p>E Submission documentation for recognition of a chiropractic degree programme</p>	
<p>Please add here any other comments you wish to make</p>	

Many thanks for your help with this consultation and with your response.
Please return your form electronically by Wednesday 10 March 2010 to: Lindsay Mitchell at Lindsay.m@btclick.com