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Schweizerische Akademie für Chiropraktik

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betreffend

Gesuch um Akkreditierung des Weiterbildungsgangs in *Fachchiropraktik*, eingereicht am 15. Juli 2009;
Akkreditierungsentscheid

I. Sachverhalt

- A Das BAG hat im Schreiben vom 19. Juni 2009 die Schweizerische Akademie für Chiropraktik vorinformiert, dass sich die voraussichtlichen Gebühren für eine Akkreditierung auf CHF 40'000, maximal aber CHF 50'000 belaufen, und die effektiven Gebühren anschliessend zusammen mit dem Akkreditierungsentscheid verfügt und mit dem zu leistenden Gebührevorschuss verrechnet werden.
- B Mit Brief vom 15. Juli 2009 hat die Schweizerische Akademie für Chiropraktik um Akkreditierung des Weiterbildungsganges in Fachchiropraktik ersucht.
- C Mit Verfügung vom 10. November 2009 ist das Eidgenössische Departement des Innern (EDI) auf das Akkreditierungsgesuch eingetreten und hat festgehalten, dass die Schweizerische Akademie für Chiropraktik einen Gebührevorschuss von CHF 36'000 zu bezahlen hat, mit Rate 1 über CHF 18'000 innert 30 Tagen ab Eröffnung der Verfügung und Rate 2 über CHF 18'000 per 31. Mai 2010. Beide Zahlungen sind fristgerecht eingegangen.
- D Am 10. November 2010 ist das Akkreditierungsgesuch an das Organ für Akkreditierung und Qualitätssicherung der Schweizerischen Hochschulen (OAQ) zur Fremdevaluation weitergeleitet worden, welches im Januar 2010 die Expertenkommission eingesetzt hat. Die Vor-Ort-Visite hat am 25. und 26. Februar 2010 stattgefunden. Daraus resultierte der Expertenbericht vom 25. März 2010, welcher eine Akkreditierung ohne Auflagen empfiehlt.
- E Am 7. Mai 2010 ist dem OAQ die positive Antwort der MEBEKO, Ressort Weiterbildung zum Bericht der Expertenkommission mitgeteilt worden.
- F Mit Datum vom 23. August 2010 hat das OAQ beim BAG seinen Schlussbericht mit Antrag zur Akkreditierung des Weiterbildungsgangs in Fachchiropraktik ohne Auflagen eingereicht.
- G Am 26. Januar 2011 hat sich die MEBEKO, Ressort Weiterbildung mit dem Akkreditierungsantrag des OAQ einverstanden erklärt.

II. Erwägungen

A. Formelles

1. Für Weiterbildungsgänge, die zu einem eidgenössischen Weiterbildungstitel führen, besteht eine Akkreditierungspflicht gemäss Artikel 23 Absatz 2 des Medizinalberufegesetzes vom 23. Juni 2006¹. Für die Akkreditierung von Weiterbildungsgängen zuständig ist das EDI (Art. 28 i.V.m. Art. 47 Abs. 2 MedBG).
2. Ein Weiterbildungsgang, der zu einem eidgenössischen Weiterbildungstitel führen soll, wird akkreditiert, wenn er die Akkreditierungskriterien gemäss Artikel 25 MedBG erfüllt.
3. Der Bundesrat kann nach Anhörung der Medizinalberufekommission und der verantwortlichen Organisation Bestimmungen erlassen, welche das Akkreditierungskriterium gemäss Artikel 25 Absatz 1 Buchstabe b MedBG konkretisieren (Art. 25 Abs. 2 MedBG). Artikel 11 Absatz 6 der Verordnung über Diplome, Ausbildung, Weiterbildung und Berufsausübung in den universitären Medizinalberufen vom 27. Juni 2007² delegiert die Kompetenz, zur Konkretisierung des Akkreditierungskriteriums gemäss Artikel 25 Absatz 1 Buchstabe b MedBG in einer Verordnung zu erlassen ans EDI.

¹ MedBG, SR 811.11.

² Medizinalberufeverordnung, MedBV; SR 811.112.0

Mit der Verordnung über die Akkreditierung der Weiterbildungsgänge der universitären Medizinberufe vom 20. August 2007³ hat das EDI entsprechende Qualitätsstandards für die Weiterbildung bestimmt. Gemäss Anhang zur Verordnung werden diese unter der Internetadresse des BAG (www.bag.admin.ch) publiziert. Alle Weiterbildungsgänge, die akkreditiert werden sollen, werden daraufhin überprüft, ob sie diese Qualitätsstandards im Sinne von Artikel 3 dieser Verordnung erfüllen.

4. Gemäss Artikel 26 Absatz 1 MedBG reicht die für einen Weiterbildungsgang verantwortliche Organisation das Gesuch um Akkreditierung eines Weiterbildungsgangs bei der Akkreditierungsinstanz ein. Dem Gesuch muss ein Bericht über die Erfüllung der Akkreditierungskriterien gemäss Artikel 25 Absatz 1 und 2 MedBG (Selbstbeurteilungsbericht) beigelegt werden (Art. 26 Abs. 2 MedBG).
5. Die Fremdevaluation wird durch das Akkreditierungsorgan durchgeführt (Art. 27 MedBG). Das Akkreditierungsorgan ist gemäss Artikel 48 Absatz 2 MedBG i.V.m. Artikel 11 Absatz 1 MedBV das OAQ.
6. Die Fremdevaluation besteht aus der Prüfung des Weiterbildungsgangs durch eine Expertenkommission, welche dem Akkreditierungsorgan einen begründeten Antrag zur Akkreditierung unterbreitet (Art. 27 MedBG). Dieser wird der MEBEKO zur Anhörung vorgelegt. Danach kann das Akkreditierungsorgan den Antrag zur weiteren Bearbeitung an die Expertenkommission zurückweisen oder ihn selber bearbeiten und ihn, wenn erforderlich, mit einem Zusatzantrag und einem Zusatzbericht der Akkreditierungsinstanz zur Entscheidung überweisen (Art. 27 Abs. 5 MedBG). Die Akkreditierungsinstanz entscheidet nach Anhörung der MEBEKO über die Anträge und kann die Akkreditierung mit Auflagen verbinden (Art. 28 MedBG).
7. Gemäss Artikel 29 MedBG gilt die Akkreditierung höchstens sieben Jahre.
8. Die Akkreditierung der Weiterbildungsgänge wird durch Gebühren finanziert (Art. 32 Abs. 2 MedBG). Gemäss Anhang 5, Ziffer 6 MedBV betragen diese Gebühren zwischen CHF 10'000 und CHF 50'000.

B. Materielles

1. Die Stiftung Schweizerische Akademie für Chiropraktik (oder Swiss Academy for Chiropractic) ist gemäss Statuten vom 20. April 2009 von der Schweizerischen Chiropraktoren-Gesellschaft (SCG) mit der Weiter- und Fortbildung von Chiropraktorinnen und Chiropraktoren in der Schweiz beauftragt und hat ihren Sitz in Bern.
2. Mit Schreiben vom 15. Juli 2009 hat die Schweizerische Akademie für Chiropraktik das Gesuch um Akkreditierung des Weiterbildungsgangs in Fachchiropraktik, welcher zu einem eidgenössischen Weiterbildungstitel führt, beim EDI eingereicht. Dem Gesuch wurde ein Selbstbeurteilungsbericht mit Anhängen beigelegt.
3. Die Fremdevaluation wurde vom OAQ im Dezember 2009 aufgenommen und führte nach der Vor-Ort-Visite vom 25. und 26. Februar 2010 zum Expertenbericht vom 25. März 2010, in welchem die Expertenkommission den Antrag auf Akkreditierung des Weiterbildungsgangs in Fachchiropraktik ohne Auflagen und mit folgenden Empfehlungen stellt:
 - Das Leitbild ist weder klar noch weit verbreitet in der Öffentlichkeit.
 - Die Kompetenzen, welche am Ende des Programms erreicht sein müssen, sind nicht transparent dargelegt.

³ SR 811.112.03

- Die Richtlinien und Verfahren der Qualitätssicherung sind insbesondere (aber nicht ausschliesslich) in der klinischen Weiterbildung nicht robust.
 - Die Akademie wird angehalten, die Verfahren der Qualitätssicherung in allen Bereichen des Programms zu systematisieren und zu formalisieren sowie eine breitere Auswahl an Stakeholdern miteinzubeziehen.
 - Die Akademie sollte die Schaffung einer e-Plattform (virtual learning environment) in Erwägung ziehen, um den Lernenden einen Fernzugang zu Lernmöglichkeiten, elektronischen Datenbanken sowie Publikationen zu erleichtern.
 - Die Akademie wird aufgefordert, die Anzahl Weiterbildnerinnen und Weiterbildnern im akademischen und klinischen Bereich zu erhöhen, damit der Weiterbildungsgang nicht von einigen wenigen Personen abhängig ist.
 - Die Akademie wird ermuntert, schon jetzt die notwendigen Änderungen für die angemessene Aufnahme und Weiterbildung der neuen Generation von Chiropraktorerinnen und Chiropraktoren mit universitärem Masterabschluss zu planen.
4. Am 1. April 2010 hat das OAQ die Stellungnahme der Schweizerischen Akademie für Chiropraktik zur allfälligen Korrektur von Fakten und Zahlen im Bericht der Expertenkommission erhalten. Es sind keine grundlegenden Mängel festgestellt worden. Nachdem auch die erste Anhörung der MEBEKO, Ressort Weiterbildung am 7. Mai 2010 keine Mängel ergeben hat, hat das OAQ am 23. August 2010 dem BAG in seinem Schlussbericht sein Einverständnis zum Antrag der Expertenkommission mitgeteilt.
5. Am 26. Januar 2011 hat die MEBEKO, Ressort Weiterbildung im Rahmen der zweiten Anhörung dem Antrag der Expertenkommission zur Akkreditierung ohne Auflagen ebenfalls zugestimmt und folgende Empfehlungen eingebracht:
- Die Akademie wird ermuntert das Leitbild in der Öffentlichkeit bekannt zu machen
 - Die Akademie wird ermuntert, die zu erreichenden Kompetenzen in einer konziseren Art zu verfassen
 - Die Akademie wird aufgefordert, die Qualitätskontrolle in der klinischen Weiterbildung zu verbessern
 - Die Akademie wird angehalten, transparente Kriterien zur Selektion der Weiterbildungsstellen einzuführen
 - Der Weiterbildungsgang sollte so gestaltet werden, dass mindestens sechs Monate der supervisierten Tätigkeit an einer zweiten Weiterbildungsstelle durchgeführt werden müssen

III. Entscheid

Gestützt auf die vorstehenden Ausführungen wird

verfügt:

1. Der Weiterbildungsgang in Fachchiropraktik wird ohne Auflage akkreditiert.
2. Die Akkreditierung gilt für die Dauer von 7 Jahren ab Rechtskraft der Verfügung.
3. Die Verfügung hat aufschiebende Wirkung.
4. Gestützt auf Artikel 32 Absatz 2 MedBG sowie Artikel 15 und Anhang 5, Ziffer 6 MedBV werden folgende Gebühren festgelegt:

Gebührenrechnung:

Aufwand des BAG:
 Geschäftsstelle Akkreditierung & Qualitätssicherung CHF 6'454.-

Aufwand des OAQ:		
Interne Kosten	CHF	7'597.-
Auslagen		
Externe Kosten Honorare	CHF	17'850.-
Externe Kosten Spesen	CHF	3'716.-
Mehrwertsteuer (8%)	CHF	2'333.-
Total Gebühren	CHF	<u>37'950.-</u>
abzüglich des geleisteten Gebührenvorschusses:		
1. Rate (Eingang: 07.10.2009)	CHF	- 18'000.-
2. Rate (Eingang: 07.10.2009)	CHF	- 18'000.-
Noch geschuldet:	CHF	<u>1'950.-</u>

Eidgenössisches Departement des Innern



Didier Burkhalter
Bundesrat

Zu eröffnen:

- Schweizerische Akademie für Chiropraktik
Frau Cynthia Peterson
Sulgenauweg 38, 3007 Bern

Rechtsmittelbelehrung

Gegen diese Verfügung kann gemäss Artikel 50 des Bundesgesetzes vom 20. Dezember 1968 über das Verwaltungsverfahren (VwVG; SR 172.021) innert 30 Tagen seit Zustellung beim Bundesverwaltungsgericht, Postfach, 3000 Bern 14, Beschwerde erhoben werden.

Die Beschwerde hat die Begehren, deren Begründung mit Angabe der Beweismittel und der Unterschrift des Beschwerdeführers (oder der Beschwerdeführerin) oder der Vertretung zu enthalten; die angefochtene Verfügung (oder der angefochtene Entscheid) und die als Beweismittel angerufenen Urkunden sind beizulegen (Art. 52 VwVG).

Kopie(n): - BAG
- MEBEKO, Ressort Weiterbildung

Beilage: - Einzahlungsschein
- Begleitbrief EDI



CH-3003 Bern, GS-EDI

Schweizerische Akademie für
Chiropraktik
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Bern, 18. April 2011

Akkreditierungsverfahren 2011: Weiterbildung in Fachchiropraktik

Sehr geehrte Frau Direktorin

Wir freuen uns, Ihnen in der Beilage den Akkreditierungsentscheid für den Weiterbildungsgang in *Fachchiropraktik* zukommen zu lassen. Der Entscheid lautet:

Akkreditierung ohne Auflagen gültig bis 31. August 2018

Ich möchte diese Gelegenheit wahrnehmen, um mich bei Ihnen und Ihrer Organisation für die gute Zusammenarbeit bei diesem umfassenden Akkreditierungsverfahren zu bedanken.

Der Entscheid kam aufgrund der Rückmeldungen von Expertinnen und Experten sowie der Medizinalberufekommission zustande. Sie finden alle relevanten Bezugspunkte in der beiliegenden Verfügung. Ich erlaube mir, an dieser Stelle auf die wichtigsten Punkte hinzuweisen:

- Die Akademie wird ermuntert das Leitbild in der Öffentlichkeit besser bekannt zu machen.
- Der Akademie wird empfohlen, die zu erreichenden Kompetenzen präziser zu verfassen.
- Die Akademie wird aufgefordert, die Qualitätskontrolle in der klinischen Weiterbildung zu verbessern.
- Die Akademie wird angehalten, transparente Kriterien zur Selektion der Weiterbildungsstellen einzuführen.
- Mindestens sechs Monate der supervisierten Tätigkeit sollten an einer zweiten Weiterbildungsstelle durchgeführt werden.

Neben diesen spezifischen Empfehlungen der Expertinnen und Experten ist es mir ein Anliegen, an dieser Stelle einen Blick in die Zukunft zu werfen. Die Akkreditierungsverfahren sollen die kontinuierliche Qualitätsentwicklung der Weiterbildungsgänge der universitären Medizinalberufe unterstützen. Ich möchte Ihnen daher gestützt auf die vorhandenen Grundlagen nahe legen, im Hinblick auf 2018 folgende Punkte aufzunehmen oder weiterzuentwickeln:

- Die Weiterbildungsprogramme sollten in Zukunft vermehrt auf Kompetenzprofilen basieren, was sich unter anderem auf die Definition der Lernziele sowie die Lehr- und Lernmethoden (inklusive formativer sowie summativer Prüfungen) auswirken muss.
- Die didaktische und fachliche Weiter- und Fortbildung der Weiterbildnerinnen und Weiterbildner sollte gefördert werden.

Gerne steht Ihnen das Bundesamt für Gesundheit für Fragen und Diskussionen zur Verfügung.

Mit freundlichen Grüßen

A handwritten signature in black ink, consisting of a large initial 'D' followed by a series of loops and a long horizontal stroke.

Didier Burkhalter
Bundesrat



organe d'accréditation et d'assurance qualité
des hautes écoles suisses

Accréditation de la filière de formation postgraduée en Chiropratique, 2009-11

Rapport final de l'OAQ, Berne

Août 2010

organ für akkreditierung und qualitätssicherung
der schweizerischen hochschulen

organo di accreditamento e di garanzia della
qualità delle istituzioni universitarie svizzere

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Remarque préliminaire :

Dans ce document, la forme masculine désigne, lorsqu'il y a lieu, aussi bien les femmes que les hommes. L'utilisation du genre masculin a été adoptée afin de faciliter la lecture et n'a aucune intention discriminatoire.

1 Procédure d'accréditation

L'accréditation est une procédure de vérification de la qualité en plusieurs étapes aboutissant à une décision formelle, confirmant qu'une institution, une filière d'études ou de perfectionnement répond à un certain nombre de standards de qualité.

L'accréditation de la filière de formation postgraduée en chiropratique a pour base la « Loi fédérale du 23 juin 2006 sur les professions médicales universitaires » (LPMéd). L'examen de qualité sur lequel repose l'accréditation se fonde sur des critères d'accréditation ancrés dans la Loi (art. 25, al. 1, LPMéd) et contient donc implicitement les objectifs de perfectionnement qui y sont stipulés (art. 4 et 17 LPMéd).

Le commanditaire de l'accréditation est le Département Fédéral de l'Intérieur (DFI) qui charge l'Organe d'accréditation et d'assurance qualité (OAQ) de réaliser l'expertise externe.

La procédure d'accréditation suisse se fonde sur des pratiques reconnues au plan international. Elle comprend :

- une auto-évaluation de la filière de formation postgraduée (auto-évaluation selon l'art. 26 LPMéd) (étape 1) ;
- une expertise externe (évaluation extérieure selon l'art. 27 LPMéd) par des experts indépendants (étape 2); cette étape s'achève par un rapport final de l'OAQ adressé au DFI ;
- la décision d'accréditation, prise par le DFI, après audition de la Commission fédérale des professions médicales (art. 28 al. 1 LPMéd) (étape 3).

Les domaines importants (« domaines d'examens ») sont analysés dans l'auto-évaluation ainsi que dans l'expertise externe en se référant à des standards de qualité¹ établis et publiés.

L'évaluation externe est basée sur l'analyse du rapport d'auto-évaluation et sur les informations obtenues lors de la visite sur place par trois experts indépendants mandatés par l'OAQ. L'Académie suisse de Chiropratique ainsi que la Commission fédérale des professions médicales (MEBEKO) ont pu prendre position sur le rapport d'auto-évaluation ainsi que sur la procédure.

Le présent rapport final de l'OAQ s'adresse au DFI (avec copie à la MEBEKO et à l'Académie suisse de chiropratique). Il se fonde sur les éléments suivants : la description du programme et le rapport d'auto-évaluation de la société de discipline médicale, le rapport des experts et les prises de position y relative de l'Académie suisse de chiropratique et de la MEBEKO, et les comptes-rendus des visites effectuées à l'Académie suisse de chiropratique ainsi que dans 2 cabinets de chiropratique indépendants. Afin d'éviter toute redondance, le présent rapport final est concis, alors que le rapport des experts fournit des informations détaillées.

¹ Sets de standards de qualité: <http://www.bag.admin.ch/themen/berufe/00415/00579/index.html?lang=fr>

2 Déroulement de la procédure d'accréditation

Les rapports d'auto-évaluation des filières à accréditer ont été transmis à l'OAQ à la fin du mois de septembre 2009.

Pour cette procédure, les experts ont fait une analyse du rapport d'auto-évaluation de l'Académie suisse de chiropratique. Cette expertise est la base de comparaison la plus importante pour l'accréditation de la formation postgraduée en chiropratique. Pour ce faire, l'OAQ a désigné trois experts. Leur qualification, leur réputation et leur indépendance ont été vérifiées par l'OAQ et son Conseil scientifique, ainsi que par l'Association suisse de chiropratique. Les experts désignés avaient, selon les directives de l'OAQ, quatre semaines dès réception du rapport d'auto-évaluation pour rédiger leur expertise.

Une fois les rapports des experts remis à l'OAQ, les sociétés de discipline médicale avaient 20 jours pour prendre position. Les conclusions ont ensuite été envoyées par l'OAQ aux experts, qui pouvaient décider d'adapter ou non leur rapport. Puis, le rapport ainsi finalisé a été envoyé, accompagné de la prise de position, à l'Office fédéral de la santé publique (OFSP), qui à son tour les a remis à la MEBEKO pour examen. La MEBEKO disposait alors d'un délai d'un mois pour examiner la procédure et éventuellement prendre position. Après quoi, l'OAQ a envoyé cette prise de position aux experts afin qu'ils puissent une nouvelle fois modifier leur propre expertise ou y ajouter des commentaires.

Dans le cadre de cette procédure d'accréditation, le rapport des experts, la visite du centre de formation ainsi que deux cabinets de chiropratique ont été évalués par le même groupe d'experts. Les experts ont ainsi intégrés les informations recueillies lors des visites dans leur rapport d'expertise, en complément de l'analyse du rapport d'auto-évaluation.

Finalement l'OAQ, en se fondant sur tous ces documents, a élaboré le présent rapport final ainsi que la recommandation d'accréditation.

3 Brève description de la filière de formation postgraduée

La chiropratique est une thérapie de certains troubles fonctionnels et douloureux de l'appareil locomoteur ainsi que de leurs effets sur d'autres fonctions, biomécaniques et neurophysiologiques par exemple. Elle permet de les diagnostiquer, de les traiter, et si possible de les prévenir.

Après une formation de base soit à l'Université de Zurich soit dans un établissement universitaire étranger reconnu par le Département fédéral de l'Intérieur, le futur praticien doit tout d'abord passer le premier examen fédéral puis effectuer un stage de 4 mois dans un hôpital reconnu par l'Association suisse des chiropraticiens.

La formation postgraduée en chiropratique consiste en 2 années de formation, divisée en une partie pratique et une partie théorique. La formation pratique s'effectue en tant qu'assistant dans un cabinet de chiropratique, sous la supervision constante d'un chiropraticien confirmé et reconnu par l'Académie suisse de chiropratique comme formateur (« trainer » ou « principal »), quatre jours par semaine. La première année, les assistants doivent traiter entre 60 et 125 patients par semaine et la deuxième année entre 80 et 150 patients, à raison de 25 heures minimum et 35 heures maximum par semaine.

La formation théorique consiste en 1 jour de cours par semaine donné par l'Académie suisse de chiropratique à Berne 32 semaines sur 2 ans, et 1 jour de recherche/étude personnelle

les 72 autres semaines. Les cours sont divisés en 3 modules (basic, 1, 2). Les étudiants de deuxième année doivent également suivre 2 sessions de formation en « x-ray-reading ».

La formation est ponctuée par la réussite d'un examen intercantonal de formation postgrade en chiropratique, ouvrant la porte à la pratique indépendante en tant que chiropraticien.

4 Rapport d'auto-évaluation

Le rapport d'auto-évaluation de l'Académie suisse de chiropratique a été remis à l'OAQ en juillet 2009, selon les délais impartis. Rédigé par la directrice de l'Académie, la Drsse Cynthia Peterson, ce rapport a été relu et approuvé par la Drsse Bea Wettstein Meichtry, responsable du groupe de travail accréditation, et le Dr. Franz Schmid, président de la fondation de l'Académie suisse de chiropratique. Le rapport d'auto-évaluation est écrit en anglais et compte 37 pages. Un corpus d'annexes complète ce rapport déjà très détaillé :

- Annexe 1 : « Module outlines » ;
- Annexe 2 : « Lecture Abstracts » ;
- Annexe 3 : « LOCES II » ;
- Annexe 4. « Weiterbildungsordnung 2008 » ;
- Annexe 5 : « LOCES II for Principals » ;
- Annexe 6 : « Regulations for established chiropractors to become Principals » & « Regulations for Principals and Assistants » ;
- Annexe 7 : « Critical appraisal of literature : Assignment guidelines » ;
- Annexe 8 : « Organigrams for Academy » ;
- Annexe 9 : « Assignments and Assessments for Assistants » ;
- Annexe 10 : « Legitimation card » ;
- Annexe 11 : « Evaluation forms for Principals and Assistants » ;
- Annexe 12 : « Independent assessment of evaluation forms for Principals and Assistants-results » ;
- Annexe 13 : « History and physical examination forms » & « Completed examples » & « Samples of sssessments/assignments » ;
- Annexe 14 : « Weiterbildungsprüfung (post-graduate exam régulation) » ;
- Annexe 15 : « Weiterbildungsprüfung (pass rates previous years) » ;
- Annexe 16 : « Training contract (two languages) » & « Work Schedule of Principals » ;
- Annexe 17 : « List of Academics staff & qualifications » ;
- Annexe 18 : « Evaluation form for lectures and results of évaluations » ;
- Annexe 19 : « Job description Academy Director » ;
- Annexe 20 : « Budget ».

En préambule, il expose les forces et faiblesses de la filière de formation et présente les mesures d'amélioration de la qualité en cours d'implémentation. Après un résumé de l'histoire de la formation postgraduée en chiropratique en Suisse, les auteurs analysent point par point tous les standards de qualité.

Exhaustif, analytique et autocritique, le rapport d'auto-évaluation élaboré par l'Académie suisse de chiropratique remplit entièrement les exigences de l'OAQ et permet une évaluation externe impartiale et constructive.

5 Evaluation par les experts

L'évaluation externe de la filière de formation postgraduée en chiropratique a été effectuée par trois experts mandatés par l'OAQ, sur la base des documents mentionnés ci-dessus. Ces trois experts sont :

Prof. Jennifer Bolton

Directrice du département de « Research and Graduate Studies » à l'« Anglo-European College of Chiropractic » de Bournemouth (GB).

Dr. Henrik Lauridsen

Directeur d'études de l'« Institute of Sports and Clinical Biomechanics » de la Syddansk Université, Odense, Danemark.

Dr. Thomas Regez

Chiropraticien, cabinet de chiropratique, Rüti (ZH).

Le rapport des experts a été envoyé à l'OAQ le 25 mars 2010, dans les délais préétablis. Il compte 30 pages et est rédigé en anglais. Il reprend point par point les standards de qualité analysés dans le rapport d'auto-évaluation et correspond parfaitement aux exigences formulées par l'OAQ dans le « Guide d'évaluation externe (phase 2) »² distribué aux experts lors de leur engagement écrit.

5.1 Visite sur place de l'Académie suisse de chiropratique, Berne

Etant donné que la formation postgraduée en chiropratique n'est offerte que par un seul établissement, il a été convenu que la visite sur place serait directement intégrée dans l'analyse globale et ne ferait pas l'objet d'un rapport de visite séparé.

Ainsi, les trois experts, accompagnés d'une collaboratrice de l'OAQ, ont visité, les 25 et 26 février 2010, l'Académie suisse de chiropratique à Berne où ils ont pu mener des entretiens avec des membres de la direction, du personnel administratif et des personnes en formation. Ensuite, le groupe d'experts s'est rendu dans deux cabinets de chiropratique, l'un à Fribourg et l'autre à Zurich, afin de constater *de visu* les conditions réelles de la formation pratique des assistants. Ces différentes observations et les informations supplémentaires obtenues lors des entretiens font partie intégrante de l'analyse finale livrée par les experts dans leur rapport d'évaluation du 25 mars 2010.

5.2 Evaluation et recommandations

En préambule, les experts relèvent la qualité du rapport d'auto-évaluation fourni par l'Académie suisse de chiropratique. Le groupe de pilotage pour l'auto-évaluation s'est réellement investi dans cet exercice d'autocritique et un véritable travail de réflexion interne a été mis en œuvre, dans le but d'améliorer la qualité de la formation postgraduée en chiropratique, atteignant ainsi déjà le but principal de cette procédure d'accréditation. De plus, les experts confirment que tous les standards sont généralement atteints, à l'exception de quelques lacunes qui sont présentées ci-dessous :

² Ce « Guide d'évaluation externe (phase 2). Recommandations à l'intention des experts » est disponible sur le site internet de l'OAQ : http://www.oaq.ch/pub/fr/03_05_02_begleitinstrumente.php

Le domaine d'évaluation « Mission et objectifs » fait l'objet de deux remarques :

Tout d'abord, le standard 1.11 n'est que partiellement atteint. En effet, si une déclaration de mission (« Mission statement ») de l'Académie existe, celle-ci n'est pas rendue public de manière efficace (pas de publication sur internet ni de mention dans les documents officiels). De plus, la mission mériterait d'être retravaillée, affinée et approuvée par les membres de la fondation de l'Académie avant d'être communiquée de manière transparente tant à l'interne qu'à l'externe.

Les experts considèrent que les compétences à acquérir en fin de formation (standard 1.31) ne sont pas clairement définies et devraient être communiquées plus largement à toutes les personnes impliquées dans la formation (apprenants, formateurs, enseignants).

Les domaines d'évaluation 2 et 3 « Filière de formation » et « Evaluation des personnes en formation » satisfont entièrement aux critères de qualité.

Le standard 4.12 « Conditions d'admission et processus de sélection » n'est que partiellement rempli, l'Académie suisse de chiropratique ne prévoyant aucune voie de recours officielle pour les affaires relatives aux admissions. Les experts notent cependant que les quelques cas litigieux ont pu être résolus par l'Académie. Concernant le standard 4.5 les experts proposent de formaliser plus la représentation des personnes en formation, afin d'assurer, dans le futur, une représentation effective en cas d'une (probable, en raison des changements dans la structure de la formation de base) augmentation du nombre d'apprenants.

Bien que l'Académie suisse de chiropratique ait déjà entamé un processus d'amélioration dans la formation des formateurs, les experts soulignent que ces changements ne datent que de 2009 et qu'un effort particulier devrait être fourni dans ce domaine afin de satisfaire au standard 5.22 « Formation didactique des formateurs ».

Trois standards du domaine 6 « Etablissements et ressources pour la formation » ne sont pas entièrement remplis : Concernant le contrôle qualité des établissements de formation (standard 6.12), l'Académie va instaurer un système de visites sur place permettant d'assurer un contrôle régulier sur la qualité de la formation pratique offerte aux assistants. Ces visites n'étaient cependant pas encore initiées au moment de la rédaction du rapport des experts et ceux-ci en attendent donc la concrétisation. Dans le domaine des technologies de l'information définies au point 6.4, les experts préconisent pour les assistants un plus large accès à la littérature spécifique, afin de faciliter la recherche de réponses à des questions apparaissant durant leur apprentissage clinique. Comme déjà signalé pour le point 5.22, l'expertise en sciences de l'éducation n'est pas entièrement assurée et l'Académie devrait prendre en compte ce critère lors de l'engagement de nouveaux enseignants (standard 6.6).

Pour le domaine 7 « Evaluation du processus de formation », les experts de l'OAQ notent que trois standards ne remplissent pas complètement les exigences :

Des efforts devraient être fournis dans l'assurance qualité, en formalisant notamment les structures de contrôle (standard 7.11). Comme déjà mentionné pour le point 6.12, il manque une structure permanente de contrôle des établissements de formation. De plus, l'Académie devrait accorder une attention plus minutieuse au choix des formateurs, afin d'assurer une qualité de formation clinique égale pour tous les assistants (standards 7.41).

Le groupe d'experts relève qu'il ne semble pas avoir, comme demandé par le standard 8.12, d'évaluation périodique de la direction académique, en particulier de la directrice de l'Académie de chiropratique.

Le dernier domaine d'évaluation, « Actualisation permanente/Assurance qualité » mériterait aussi certaines améliorations. Il s'agirait en effet d'instaurer une structure permanente de contrôle qualité avec des procédures clairement définies, afin d'assurer la continuité, même en cas de changement de direction.

En conclusion, nous pouvons reprendre l'analyse des forces et faiblesses des experts ainsi que leurs propositions d'amélioration de la qualité :

Forces :

- L'Académie possède d'excellentes ressources, est bien organisée et fait preuve d'une direction académique et clinique solide ;
- L'Académie remplit entièrement son rôle de formation de chiropraticiens autonomes et indépendants, dans un cadre d'enseignement approprié et à l'écoute des apprenants ;
- L'enseignement et la pratique bénéficient des méthodes pédagogiques récentes et actuelles, en particulier dans l'évaluation des apprenants.

Faiblesses :

- Manque de clarté et de communication de la mission de l'Académie ;
- Manque de transparence quant aux compétences à acquérir en fin de formation ;
- Faiblesse du système de contrôle qualité, en particulier dans le domaine de la formation clinique.

Propositions d'amélioration :

- Systématisation et formalisation des processus de contrôle qualité et prise en compte de l'avis toutes les catégories de fonction concernées ;
- Création d'une plateforme d'apprentissage virtuelle (« virtual learning environment ») pour permettre l'accès à distance aux journaux et bases de données spécialisés ;
- Augmentation du personnel afin d'éviter une trop grande dépendance à un individu et d'assurer une continuité en cas de départ ;
- Planification et anticipation structurelle de la prise en charge adéquate des futurs diplômés de l'Université de Zurich.

Les experts estiment que la qualité générale de la formation postgraduée en chiropratique offerte par l'Académie suisse de chiropratique est d'excellente qualité et est conforme aux exigences formulées dans les standards de l'OAO. Les apprenants bénéficient d'un cadre approprié à l'apprentissage de leur métier et seront ainsi aptes à exercer de manière indépendante et efficace au sein du système de santé suisse. La qualité pédagogique de l'enseignement est attestée et l'institution est dotée d'excellents moyens académiques, financiers et organisationnels pour garantir une formation postgraduée en chiropratique d'excellente qualité. Ainsi, les experts Bolton, Lauridsen et Regez recommandent l'accréditation sans condition de la filière.

5.3 Prise de position de l'Académie suisse de chiropratique

L'Académie suisse de chiropratique a pris position sur le rapport des experts en date du 1er avril 2010. L'auteure du rapport d'auto-évaluation et directrice de l'Académie suisse de chiropratique, la Drsse Cynthia Peterson, remercie les experts pour la précision et l'impartialité de leur rapport. L'Académie suisse de chiropratique a déjà entrepris des démarches tenant comptes des critiques et propositions d'amélioration émanant du rapport des experts:

- Révision, clarification et publication on-line de la déclaration de mission de l'Académie (« Mission Statement ») ;
- Les compétences à acquérir en fin de formation (« learning outcomes ») sont en court de révision, selon les critères de l'« European Academy for Chiropractic ». Une consultation a été lancée auprès de tous les formateurs (« trainers » ou « principaux »). Une fois approuvées, ces nouvelles compétences à acquérir seront intégrées au questionnaire d'évaluation des assistants à remplir par les formateurs. Celles-ci seront également communiquées aux assistants.

L'Académie suisse de chiropratique prend note des autres améliorations à apporter, notamment dans le domaine du monitoring, de l'évaluation des lieux de formation pratique et des capacités didactiques des formateurs. Elle affirme vouloir les mettre en œuvre le plus rapidement possible.

5.4 Prise de position de la MEBEKO

La MEBEKO a pris position le 13 avril 2010 et n'a constaté aucun vice de procédure.

6 Evaluation finale de l'OAQ

6.1 Prémisses

L'OAQ fonde l'évaluation finale de cette procédure d'accréditation en premier lieu sur des données relatives à la qualité du processus d'application de la formation postgraduée et n'intervient pas dans les questions relatives au contenu du programme de formation, qui sont du ressort de l'Académie suisse de chiropratique. Ainsi, les recommandations des experts relevant des questions de contenu ne sont pas prises en compte dans l'évaluation finale.

6.2 Evaluation et propositions d'amélioration

L'OAQ, après consultation des différents rapports et prises de position, rejoint l'avis des experts quant aux recommandations formulées à l'intention de l'Académie suisse de chiropratique. L'OAQ confirme également que la filière de formation postgraduée remplit largement les standards de qualité prédéfinis et assure ainsi une haute qualité de formation aux candidats au titre de spécialiste en chiropratique. Les recommandations supplémentaires des experts externes ont pour but l'amélioration continue de la qualité et participent, sur le long terme, au maintien de la haute qualité de la formation postgraduée.

De plus, l'empressement de l'Académie suisse de chiropratique à prendre en compte les recommandations formulées par les experts attestent de la volonté d'amélioration constante de la qualité, ceci dans le but déclaré d'assurer une formation des plus complètes pour les futurs chiropraticiens.

6.3 Recommandation d'accréditation

En se fondant sur le rapport des experts du Prof. Jennifer Bolton, du Dr. Henrik Lauridsen et du Dr. Thomas Regez ainsi que sur le rapport d'auto-évaluation et de la description de la filière par l'Académie suisse de chiropratique, en considérant les prises de positions de cette dernière et de la MEBEKO, ainsi que les évaluations des experts lors de la visite sur place, l'OAQ recommande l'accréditation de la filière de formation en Chiropratique, pour 7 ans, sans condition, certifiant ainsi que la formation postgraduée satisfait aux critères d'accréditation conformément à l'art. 25 de la LPMéd.

Table des abréviations

DFI	Département fédéral de l'Intérieur
FMH	Fédération des médecins suisses
LPMéd	Loi fédérale du 23 juin 2006 sur les professions médicales universitaires
MEBEKO	Commission fédérale des professions médicales
OAQ	Organe d'accréditation et d'assurance qualité des hautes écoles suisses
OFSP	Office fédéral de la santé publique
PFP	Programme de formation postgraduée

EVALUATION REPORT

SWISS ACADEMY FOR CHIROPRACTIC

Sulgenauweg 38

3007 Bern

March 2010

**For Centre of Accreditation and Quality Assurance of the Swiss
Universities (OAQ)**

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MEMBERS OF THE GROUP OF EXPERTS:

Prof. Jennifer Bolton, Director of Research and Graduate Studies, Anglo-European College of Chiropractic, Bournemouth, UK (Chair).

Dr. Henrik Lauridsen, Director of Studies, Institute of Sports and Clinical Biomechanics, Syddansk Universitet, Odense, Denmark.

Dr. Thomas Regez, Chiropractor, Private Practice, Switzerland.

Member of OAQ accompanying the group of experts:

Ms. Stephanie Hering

INTRODUCTION

An evaluation of the Swiss Academy for Chiropractic was carried out by a group of experts on behalf of the OAQ during the period February/March 2010. The group of experts received the Self-Evaluation Report from the Academy together with extensive appendices in January 2010. The Chair of the group was consulted by OAQ concerning the evaluation, and a timetable for an on-site visit was agreed. This visit took place on 25th and 26th February 2010. On 25th February, the group of experts visited the Swiss Academy for Chiropractic in Berne, where it was possible to observe the facilities and resources of the Academy. A private meeting was held with academic and professional staff and administrative staff of the Academy. These were:

Prof. Cynthia Peterson, Director, Swiss Academy for Chiropractic

Dr. Bea Wettstein, Director, Education Board, Swiss Chiropractic Association

Dr. Thomas Hausheer, Quality Assurance, Swiss Chiropractic Association

Ms. Priska Haueter, Executive Secretary, Swiss Academy for Chiropractic

Ms. Martha Mattmann, Secretary/Administration, Swiss Academy for Chiropractic

Ms. Edith Eberhardt, Secretary/Administration, Swiss Academy for Chiropractic

Following on from this, a private meeting was held with a group of eight trainees currently enrolled on the programme. The group of experts then travelled to Fribourg and visited the practice of Dr. Michel Aymon (chiropractor and trainer) where they met with Dr Aymon and his trainee. On 26th February the group of experts visited the practice of Dr. Bernard Anklin (chiropractor and trainer) in Zurich where they met with Dr Anklin and his trainee. At both practices, the group was able to observe the facilities and resources available to the trainees as part of their clinical training. At all meetings during the on-site visit, Ms. Stephanie Hering (OAQ) was in attendance, including a debriefing session when the group's main findings were presented orally to the Director of the Academy, Prof. Peterson. At the end of the visit, the group of experts worked in private session to arrive at a consensus on its decisions, which are detailed in this report.

The group of experts extends its thanks to all those who participated in the on-site visit, and in particular to staff of the Academy for their co-operation and hospitality, and to Ms Hering for ensuring that all arrangements were in place and for her assistance when accompanying the group. The on-site visit was well organised and no problems were encountered.

During the visit (and in the self-evaluation report submitted by the Academy) it became apparent that differences in terminology were used for the trainers (sometimes referred to as 'principals') and trainees (sometimes referred to as 'assistants'). For the purposes of this document, 'trainers' and 'trainees' are used exclusively.

SUMMARY

The following is a summary of the findings of the group of experts in its evaluation of the Swiss Academy for Chiropractic (hereafter the 'Academy') and is based on the details as set out in this report:

STRENGTHS:

- The Academy is a well resourced, organised and run institution with strong academic and clinical leadership.
- The Academy is fit for purpose in providing a supportive and appropriate environment that facilitates the transition of trainees to autonomous and independent practice in the Swiss healthcare system.
- Education and training is consistent with current pedagogic practice, in particular the assessment of trainees.

WEAKNESSES:

- The mission statement is not clear and not widely available in the public domain.
- The competencies to be attained at the end of the programme are not transparent.
- Quality assurance policies and procedures, particularly (but not exclusively) in clinical training, are not robust.

QUALITY ENHANCEMENT

- The Academy is encouraged to systematise and formalise its quality assurance procedures in all areas of the programme, and to include a wider range of stakeholders.
- The Academy should consider an electronic learning platform (virtual learning environment) so that trainees can easily access learning opportunities and electronic databases and journals at a distance.
- The Academy is encouraged to develop academic and clinical staff to ensure that there is no disproportionate reliance on any one person.
- The Academy is encouraged to plan now for the changes necessary to remain fit for purpose once chiropractors enter the programme having graduated from the university sector.

RECOMMENDATION:

The group of experts was satisfied with the process and recommends that the Swiss Academy for Chiropractic is accredited.

Accreditation: 'Yes'

SWISS ACADEMY FOR CHIROPRACTIC

The Academy is located in Berne, Switzerland, and has three areas of responsibility:

- Development, implementation and provision of a 2 year postgraduate education and training programme. Successful completion is mandatory to practise independently as a chiropractor in Switzerland.
- Continuing professional education and development for independent chiropractors practising in Switzerland. This mainly takes the form of organising an annual continuing education conference, approval of ongoing seminars and programmes for the award of continuing education credits, and monitoring the requirement for these credits.
- Conducting relevant research for the chiropractic profession in Switzerland.

The accreditation of the Academy, and the subject of this report, only refers to the 2 year postgraduate education and training programme.

The 2 year programme was established in 1975. Since 1984 the programme has been structured as 2 years of supervised practice in an established and routine field practice for 4 days per week, and 1 day a week for 32 weeks of the 2 year period formal education at the Academy. For the remaining 72 weeks of the 2 year programme, 1 day a week is set aside for research and private study. Trainees are required to take the first part of a federal examination at the start of the programme, and following successful completion of the programme, take the second part. Successful completion of the programme and passing the federal examination enables independent practice as a chiropractor in Switzerland.

The overall structure of the programme has not changed since 1984. However, the content, delivery and assessment methods have changed and evolved to reflect the empirical evidence base in chiropractic and related disciplines, and current pedagogic practice in professional education and training. One of the challenges for the programme is that until the recent implementation of undergraduate chiropractic education and training in Switzerland (University of Zurich 2008), all chiropractors were educated and trained abroad, mainly in the USA and Canada. The differences in educational programmes at these institutions reflected the diversity of knowledge and skills that new graduates presented to the Academy when starting their postgraduate education and training.

The taught part of the programme consists of formal lectures, seminars and practical sessions, delivered by the Director of the Academy and by external experts. There are 3 modules: Basic and Modules 1 and 2. Trainees start with the Basic module; modules 1 and 2 are not necessarily taken

sequentially. As part of the taught programme, sessions are also held outside of the Academy and include sessions at Balgrist University Hospital and practical sessions in chiropractic practices. Assessments include written work and practical clinical examinations taken throughout the 2 year programme.

Accreditation of the 2 year programme includes review of the clinical training, the taught programme and associated external sessions, and research and private study. At the start of the accreditation process, the Academy submitted a self-evaluation report.

SELF-EVALUATION REPORT

The Academy submitted a self-evaluation report, which was circulated to members of the expert group in advance of the on-site visit to the Academy. The report was written by the Director of the Academy, Prof. Cynthia Peterson with input by key personnel, including Dr Bea Wettstein, Director of Education, Swiss Chiropractic Association, and current and former trainees, current trainers and administrative staff of the Academy.

The self-report was a reflective account of the strengths and weaknesses of the programme. The extensive expertise and experience of the tutors teaching on programme, and the trainers who supervise the trainees in the routine and everyday clinical practice setting was acknowledged, as was the multidisciplinary approach enabling trainees to benefit from expertise and experience outside of chiropractic. This approach reflects the healthcare environment in which trainees will eventually practice as independent chiropractors, and facilitates the links and networks necessary to ensure patients receive the best care possible. A further strength highlighted in the self-study report was the educational experience and qualifications of some of the teaching staff, particularly the Director of the Academy, ensuring an approach to teaching and learning in line with current pedagogic principles and practice.

The self-report did not shy away from the weaknesses and challenges of the programme, including the fact that many tutors are clinicians and understandably do not have formal educational experience and qualifications. The self-report does admit to weaknesses in the clinical training part of the programme and the lack of control and quality assurance associated with distance-based learning and learning in the workplace. However, this is an area that the Academy has already started to change and improve, and no doubt there will be further improvements in the future.

The self-study report was complete, easy to read, and formed the basis for the on-site visit of the team of experts. There were a considerable number of appendices that were also complete and informative. The team of experts had no problems with the documentation submitted in advance of the on-site visit.

ANALYSIS OF QUALITY STANDARDS

The following is the evidence obtained by the team of experts, either from the self-study report submitted by the Academy, or from the meetings and documentation provided during the on-site visit, and the team's assessment of how this evidence complies with the OAQ Quality Standards in Chiropractic. The standards referred to are:

Accreditation of Postgraduate Chiropractic Education, Quality Standards, OAQ, January 2009.

The numbering hereafter refers to that used in this document to delineate the areas and sub-areas defined as the standards for the accreditation of postgraduate education and training that leads to a federal postgraduate degree in Switzerland.

1. AREA: MISSION STATEMENT AND OBJECTIVES

1.1 Mission statement and objectives

Standards:

1. The responsible organization has a mission statement that includes a description of the specialty and the educational goals to be reached by a prospective chiropractic specialist. The objectives of the training program are defined in agreement with the most important interest groups and are publicly communicated. The training process is consistent with the role of chiropractors in the health care delivery system.
2. The training encourages doctors to become scholars within their chosen field of medicine and prepares them for lifelong, self-directed learning and readiness for continuing medical education and professional development.

The Academy does have a mission statement that was included in the self-evaluation report. However, it was not clear how the mission statement had been agreed and the stakeholders involved in the process. The mission statement does not appear on the Academy's website, and it was not communicated in any of the formal documentation of the Academy.

It was clear that although the purpose of the Academy is defined, and does include the objective of preparing trainees for reflective and lifelong learning and professional practice, the mission statement should be redefined to be clear and succinct, agreed by stakeholders, and communicated both internally and externally, and be readily available in the public domain.

This is not an overly onerous task, and one the Academy should address as soon as possible.

Recommendation: *Partially compliant.*

1.2 Professionalism

Standards:

1. The training program builds upon a university education and promotes and strengthens professionalism in the respective specialty.
2. The training fosters professional autonomy to enable the doctor to act in the best interests of the patient and the public.

The programme currently meets the needs of trainees from a diverse undergraduate educational background, mostly outside of Switzerland and outside of the university sector. In the future this is expected to change as most (but not necessarily all) trainees will be educated (undergraduate) in Switzerland in the university sector. The programme fosters professional autonomy, equipping trainees with the knowledge, skills and attitudes to be independent and autonomous practitioners. The programme recognises the transition from new graduate to independent practice in the Swiss healthcare system. As most trainees currently are educated outside of Switzerland, familiarisation with healthcare practice in Switzerland is an essential function of this programme, and one that is fully recognised and addressed.

Recommendation: *Fully compliant.*

1.3 Competencies upon completion of training

Standards:

1. The responsible organization defines the competencies to be achieved by trainees upon completion of their postgraduate education. Said competencies are described in detail, are checkable and are communicated to all people involved.
2. Both broad and specific competencies to be acquired by trainees are specified and linked with the competencies acquired as a result of basic medical education. Measures of competencies achieved by trainees should be used as feedback for programme development.

The competencies expected of the trainees by the end of the programme are not well defined in the documentation. However, reference is made to the LOCES II document, and specific competencies relevant to autonomous chiropractic practice are defined. The team felt that the

final clinical competencies in the areas of knowledge, skills and attitudes should be more clearly and transparently defined, so that they can be communicated to all stakeholders including the trainees themselves, the trainers, tutors on the taught programme, and those involved in the continuous improvement and development, and quality assurance of the programme.

Recommendation: *Partially compliant.*

2 AREA: TRAINING PROGRAMME

2.1 Training structure

Standards:

1. The responsible organization describes the structure as well as generic and disciplinespecific components of the training program.
2. Training is practice-oriented and ensures that trainees are personally involved in the services provided and that they gradually assume an increasing degree of responsibility in treating patients at the training site.
3. Postgraduate medical training interfaces with basic medical education and continuing medical education/ professional development. The training is directed and the trainee guided through supervision and regular appraisal and feedback. Every trainee has access to educational counselling.

The structure of the programme is clearly defined. It consists of clinical practice (4/5th), and taught/practical sessions/observations/research/private study. It is therefore practice orientated with trainees working under supervision in real time clinical practice settings. Each trainee is assigned to one trainer/clinical practice for the duration of the 2 year programme ensuring consistency and continuity of development and training. It was evident from the team's visit to clinical practices and speaking to trainers and trainees that there is a progression of development with the level of supervision decreasing over time and an increase in the degree of responsibility in managing patients.

There appears to be no formal contact between the Academy and the institutions providing basic (undergraduate) chiropractic education and training. This is understandable given that all these institutions are outside Switzerland, and is a situation that will inevitably change once the basic education and training at the University of Zurich is established. Nevertheless, staff at the Academy has considerable experience of students graduating from institutions elsewhere, and appeared fully conversant with the level of education provided by these institutions.

The Academy is also responsible for continuing education for independent practitioners throughout Switzerland, and it is inevitable that there will be very strong links between the postgraduate programme and the continuing professional development programme thereafter. Overall, the team was very satisfied that the postgraduate programme presents a coherent link between basic education and training, and lifelong professional learning and development, and is ideally placed to strengthen this position in the future.

Recommendation: *Fully compliant.*

2.2 Scientific methods

Standard:

The trainee acquires knowledge of basic scientific principles and methods applied in the specialty. Through exposure to a broad range of practical clinical experiences at various training sites, the trainee becomes familiarized with evidence-based medicine and clinical decision making.

The taught part of the programme has recently been revised to emphasise the concepts and principles of evidence-based medicine, including access to the scientific literature, critical appraisal and application of research evidence to the management of patients. The practical clinical examinations require an evidence-based approach by the trainees, and they are required to produce critical case reports and critical incident reports as part of their assessed work in the training programme. Some trainees are involved in their own research projects, which take place in clinical practice mostly making use of data collected from patients. The team was entirely satisfied that the programme facilitates an evidence-based approach to clinical practice.

Recommendation: *Fully compliant.*

2.3 Training content

Standards:

1. The training program includes practical clinical work and related theory in fundamental biomedical and biomechanical, clinical, behavioral and social sciences, clinical decision making, communication skills, medical ethics, health care policy, basic legal principles as well as organizational and management tasks that are necessary to work professionally in the specialty.
2. The training process ensures development of knowledge, skills, attitudes and personal attributes in the roles as medical expert, health advocate, communicator, collaborator and team-worker, scholar, administrator and manager

The training programme is an appropriate combination of practical clinical work, and taught theory that reflects the required and relevant subject areas as defined in LOCES II. The team was shown examples of trainees' work, and the curriculum of the taught programme that reflected content and delivery consistent with the knowledge, skills and attitudes necessary for competent and safe practice as an independent chiropractor.

Recommendation: *Fully compliant.*

2.4 Training structure, composition and duration

Standards:

1. The structure, composition and duration of training and professional development are defined with precise milestones. The proportion of compulsory and optional components is clearly specified.
2. The training program is structured and includes both practical training and theory.
3. Integration of practice and theory in the training process is ensured

The programme is structured in such a way that the supervised clinical practice and didactic learning sessions proceed in parallel for the duration of the 2 year period. Theory and practice are integrated in seminars and workshops as well as in the written assignments and clinical examinations that form both formative and summative assessment throughout the programme. There is a coherent progression in the taught programme, which is arranged in modules, and a systematic approach to the assessments which occur in sequence for the entire length of the programme. The content is appropriate and relevant and covers clinical areas, the Swiss health system, imaging safety procedures, and evidence-based practice.

Recommendation: *Fully compliant*

2.5 Management of training

Standards:

1. Responsibilities and competencies for the management, organization, coordination and implementation of the training program are clearly established and communicated to all persons involved.
2. Coordinated multi-site training should be ensured to gain exposure to different areas and management of the discipline. The authority responsible for the training programme should be provided with resources for planning and implementing methods for training, assessment of trainees and innovations of the training programme. There should be representation of staff, trainees and other relevant stakeholders in the planning of the training programme.

The Director is responsible for overseeing the content, delivery, assessment and quality assurance of the programme. The Director is assisted by the administrative staff, which includes an Executive Secretary and two administrators. In turn, the Director is responsible to the Director of the Board of Education, Swiss Chiropractic Association. The team felt that the Academy is appropriately managed, although staffing resources should be monitored as the number of trainees increases in the future, as is expected to be the case.

Traditionally, chiropractic is carried out in a primary care setting, and multi-site training is therefore not appropriate in a programme of this nature. However, in addition to the main clinical practice setting, the trainee is required to attend sessions in a hospital setting, and a limited period of time in other chiropractic practices. The scheduling and co-ordination of this multi-site training is administered efficiently and effectively by office staff at the Academy.

Recommendation: *Fully compliant.*

2.6 Training and service

Standards:

1. The apprenticeship nature of professional development must be described and respected and the integration between training and service (on-the-job training) must be assured.
2. The capacity of the health care system should be effectively utilised for service based training purposes. The training provided should be complementary and not subordinated to service demands.

The clinical training part of the programme is strictly controlled, and trainees spend 4 days per week in practice. Of those trainees that the team met during its on-site visit (the majority), all confirmed that this was the case. The number of patients the trainee manages during their

clinical training period is stipulated and increases from year 1 to year 2. The trainer must be present on-site at least 80% of the time the trainee is working, and available by phone for the remainder. From visits to two practices, it was clear that the trainee works alongside the trainer taking full responsibility for patients (albeit under supervision). Although the role and time the trainee is expected to practice is made explicit in the documentation, it was clear to the team that monitoring this is not as rigorous as it could be. However, there was no evidence that the regulations laid down for clinical training are being abused, and therefore in the regulations themselves, these are entirely appropriate for a training programme of this type.

Recommendation: *Fully compliant*

3. ASSESSMENT OF TRAINEES

3.1 Assessment methods and feedback

Standards:

1. The training program includes a performance assessment process. Methods for assessing trainees, including criteria for passing examinations, are established. The assessment comprises formative and summative methods as well as constructive feedback given on an ongoing basis. The training stages achieved are recorded in a logbook.
2. Criteria for admission and for passing the final examination, as well as for the awarding of the federal degree, are established and conveyed to both trainees and supervisors.
3. The performance of trainees is measured against the training program, the mission statement and training objectives.
4. An impartial and independent appeal board is available to make decisions on any complaints on assessment results, admission to and passing of the final examination, as well as granting of the federal degree.
5. The reliability and validity of assessment methods is documented and evaluated.

The assessment strategy for trainees is coherent, structured and all trainees are appraised of the assessment requirements for the entire programme during the Basic module in the taught part of the 2 year programme. Assessments take place to evaluate the progress and achievement of trainees in both the clinical training part of the programme and in the taught part. Assessments are a mix of summative and formative assessment, and assessment outcomes are recorded in a log book for each trainee. The assessments are a mix of written and practical, and not only provide evidence of progress but important feedback for the trainee on his/her progress. At the team's meeting with trainees, the trainees felt that they had full information on the assessment schedule and what was expected of them. They felt well prepared, and the team was informed by

the Director that the pass rates in all assessments were high, and trainees attained a high degree of success. The diversity of assessments included group OSCEs and mini-CEX examinations, with good evidence regarding their reliability and validity. They are certainly widely used in both undergraduate and postgraduate clinical examinations. Summative written assessments are second marked.

During the clinical training in practice, all the assessments by the trainers are formative. Questionnaires on a trainee's progress are completed twice a year, and discussed between the trainer and trainee before sending on to the Academy. Every six months the trainee also completes a questionnaire on the learning experience provided by the trainer in the clinical practice setting, and this is sent unseen by the trainer to the Academy as part of the quality assurance process.

At the Academy, students must pass (summative) the critical case report, and the clinical practical (including radiology) examinations. There are also formative assessments in critical incident report writing and the portfolio, both of which encourage the trainee to reflect on their clinical experiences. The final federal examination includes both practical and written elements, and again there is evidence of a high success rate by the trainees.

There is an appeals and complaints procedure available to students regarding performance in their assessments, although this is not entirely independent of the Academy.

The team was fully satisfied that the assessment process is robust and rigorous, of an appropriate standard, and above all relevant to this type of programme.

Recommendation: *Fully compliant*

3.2 Relationship between assessment and training

Standards:

1. Assessment principles, methods and practices harmonize with training objectives and promote learning.
2. The assessment methods and practices encourages integrated learning and assesses predefined practice requirements as well as knowledge, skills and attitudes. The methods used shall encourage a constructive interaction between clinical practice and assessment.

The assessment strategy is relevant and provides a conduit between theoretical studies and clinical experience. The practical assessments (OSCE and mini-CEX) require the student to demonstrate knowledge, skills and attitudes gained from the taught programme and from clinical practice. Similarly, the written assignments rely on trainees using examples of patients from their own clinical practice (critical case reports and critical incident reports). The portfolio relies on

trainees' reflections on their clinical practice. This diversity of assessments, and their clinical relevance was strong evidence for a close relationship between assessment and training.

Recommendation: *Fully compliant.*

4. TRAINEES

4.1 Admission requirements and selection process

Standards:

1. The admission requirements for trainees are formulated and include exact details on the selection process. The selection policy defines criteria, which consider specific capabilities of potential trainees. Selection is transparent and admission open to persons with a federal diploma.
2. An independent and impartial appeal board is available to make decisions on any complaints related to the selection process.
3. The equality of women and men is guaranteed.

There are clear and transparent admissions requirements, including successful completion of undergraduate chiropractic education and training (from institutions approved by the Swiss Chiropractic Association and Health Authorities; this information is clearly cited on the Association website), success in the first federal examination and completion of a 4 month 'Under Assistantship' at a hospital site approved by the Academy, and normally completed prior to commencement on the 2 year postgraduate programme. There are no gender distinctions. On the few occasions where the admissions requirements have been challenged, these have been resolved by the Association. There appeared to be no formal appeals panel for matters related to admissions.

Recommendation: *Substantially compliant.*

4.2 Number of training sites

Standards:

1. The number of trainees is coordinated with the number of available practical clinical training opportunities, with supervisory capacity and other available resources, in order to ensure high quality training and teaching.

2. Mechanisms ensure that the number of training positions is kept under constant review by all stakeholders and regulated to societal needs.

Currently, there are more training sites available than there are trainees. Only one trainee per clinical practice is allowed, ensuring that the trainee is appropriately supervised and benefits from high quality training and teaching. In the future, as the number of trainees is likely to grow, particularly in view of chiropractic graduates from the University of Zurich, this will be monitored by the Academy to ensure that this one-to-one experience is maintained as far as possible. Staff of the Academy are fully aware of this future expansion, but do not foresee this as problematic.

Recommendation: *Fully compliant.*

4.3 Support and counselling of trainees

Standard:

Together with relevant partners, the responsible organization ensures that support and counselling services are available to trainees. Counselling is based on observations made on the learning progress of trainees and also takes into account both social and personal needs.

The Academy is fully supportive of the trainees, and the team observed a close and professional relationship between staff of the Academy and the trainees. With the current small number of trainees it is possible to support trainees individually, as well as counsel trainees in educational and career matters. At the meeting with trainees, this support was voiced by all of the trainees.

Recommendation: *Fully compliant.*

4.4 Working conditions

Standards:

1. Training is carried out in a suitably remunerated position in the specialty and ensures that a trainee participates in all chiropractic activities relevant to the training. Theoretical and practical training is integrated into standard working hours.
2. The conditions of service as well as the rights and obligations of trainees are delineated and communicated to all participants.
3. The option of absolving part-time training is available. Part-time training is structured according to an individually tailored programme and the service background. The total duration and quality of part-time training is not less than those of full-time trainees. Interruption of training for reasons such as pregnancy, sickness, military service, etc. shall be replaced by additional training.
4. The service components of trainee positions shall not be excessive and the structuring of duty hours and on-call schedules considers the needs of the patients, continuity of care and the educational needs of the trainee.
5. Service conditions must specify that there is protected educational time for the trainees. Training and service functions of chiropractors in training must respect the Swiss Working Time Directive

Terms and conditions for trainers and trainees are set out in the 'Regulations for Principals and Assistants May 2009'. Trainees work in clinical practice 4 days a week, and have one day per week either at the Academy or in private study/research. The trainees are remunerated for their work in practice at a level set out by the Academy. The working conditions are well set out and are transparent for both trainees and trainers. During the on-site visit, it was apparent that these working conditions were adhered to. At one clinical practice visited by the team, the trainee was employed on a part-time basis because of her young family, and was undertaking her postgraduate studies over a longer period of time. This was equivalent to the 2 year full time training of other trainees. As far as was evident to the team, the terms and conditions of employment were satisfactory, as well as flexible to the needs on individual trainees.

Recommendation: *Fully compliant.*

4.5 Trainee representation

Standard:

Appropriate trainee representation is ensured in the shaping and evaluation of the training program, in determining working conditions and in other related matters.

There are a relatively small number of trainees (at the time of writing the self-evaluation report there were 9 trainees on the programme: 3 in year 1 and 6 in year 2). This means that input from the trainees is easy to facilitate and under these circumstances, the need for formal representation is not strictly necessary. However, as the number of trainees increase in the future, more formal representation of trainees should be considered in the development of the programme and in working conditions in clinical training.

Recommendation: *Partially compliant.*

5. STAFF

5.1 Recruitment policy

Standards:

1. The recruitment policy for staff includes a description of the professional experience expected from candidates, the areas of responsibility and functions.
2. When selecting academic staff, consideration is given to their teaching and scientific qualifications.

The team did not observe a formal recruitment policy, and there do not appear to be formalised criteria to be eligible as a tutor on the taught programme. Most of the tutors teaching at the Academy are clinicians rather than educators, and recruitment appears to be made according to clinical experience and expertise rather than formal educational qualifications. However, this is neither unexpected nor inappropriate, and the clinical experience brought to the classroom by these tutors is extremely valuable. Members of the administrative staff appear well qualified for the roles, and the team was not made aware of any problems. Indeed, the Director of the Academy gives a very strong endorsement to the quality of the administrative staff in the self-evaluation report. The Director of the Academy has a formal qualification in medical education, and the Academy seems fully aware that more resources will have to be directed to developing more people in this area as the number of trainees in the Academy increases in the future.

Recommendation: *Substantially compliant.*

5.2 Trainers

Standards:

1. The personnel policy for the academic staff includes the further training, development and assessment of trainers. It also ensures recognition of meritorious academic activities, including the functions of trainers, supervisors and lecturers.
2. Trainers have didactic skills and are professionally qualified.
3. The work schedules of trainers explicitly define the ratio between training activities, services and additional tasks.
4. All principals recognize their responsibility to participate in the practice-based postgraduate training. The staff policy ensures that trainers generally are current in the relevant field to its full extent.
5. The ratio between the number of recognised trainers and the number of trainees ensures close personal interaction and monitoring of the trainee.

The regulations for acting as a trainer on the postgraduate programme are set out in the document 'Regulations for Principals and Assistants May 2009'. The impression was that there is no shortage of trainers, and that many more chiropractors would act in this capacity if the number of trainees was greater. Each trainer has only one trainee at any one time. Prior to April 2009, there was no formalised training for the trainers, but workshops are beginning to be implemented to support trainers and formalise the education and training they need to be effective trainers. This however, is a fine balance between creating more demands on trainers but not to an extent that dissuades chiropractors from acting in this capacity. Notwithstanding this however, more work needs to be done in this area, and this is fully recognised by the Academy.

Recommendation: *Partially compliant.*

6. TRAINING SITES AND TRAINING FACILITIES

6.1 Clinical facilities

Standards:

1. The training sites have the clinical facilities and trainer capacity necessary to enable delivery of the training program in line with training objectives. Training enables the trainees to gain a broad spectrum of experience in the specialty, including experience in outpatient (ambulatory) and inpatient (stationary) care and emergency medical service.
2. The number of patients and the case-mix allows for clinical experience in all aspects of the chosen specialty, including training in promotion of health and prevention of disease. The quality of training settings is regularly monitored.

There are clear requirements for a clinical practice to be a training site, including the number and case-mix of patients, treatment rooms and x-ray and IT facilities. Both practices visited by the team were suitable for training sites. In 2009 an anonymous questionnaire completed by trainees on their case mix of patients provided the Academy with an overview of the type of patients seen by trainees; this practice should be continued in the future. All training facilities are in primary care settings, which reflects the practice of chiropractic. There are however sessions organised by the Academy at the Balgrist university hospital clinics, which trainees attend.

Until recently, there appeared to be no formal and regular monitoring of the quality of clinical training at these training sites. However, the Academy intends to implement formal on-site visits to the clinical training sites to monitor the facilities and case-mix of patients. The quality of training settings is an area that the Academy recognises as one for improvement in the future.

Recommendation: *Partially compliant.*

6.2 Infrastructure

Standards:

1. Trainees have access to the required infrastructure for practical and theoretical training. Access to current professional literature as well as to equipment for practicing techniques is also guaranteed. These resources are accessible during the entire duration of postgraduate chiropractic education.
2. Training equipment and facilities are checked regularly for their quality and suitability for chiropractic.

The Academy is well equipped with a large teaching room with IT and AV facilities, a small library and administrative offices. A range of relevant journals are available at the Academy in both hard copy and electronic format. There is a service for trainees to order scientific papers that are not available at the Academy, and this appears to work very well. One area the team recommended the Academy look at in the future is the use of electronic learning platforms to facilitate distance-based learning activities for the trainees at home and in their clinical training sites.

Training equipment and facilities in clinical training sites are the responsibility of the trainers, and there is no reason to believe that these would not be regularly monitored and checked for quality and suitability. However, the Academy intends to include this in the questionnaire completed by the trainee every six months.

Recommendation: Substantially compliant.

6.3 Clinical teamwork

Standards:

1. Postgraduate training fosters teamwork with colleagues, other health care specialists and members of other professions, while promoting the ability of a trainee to work both as member and head of a team.
2. The training process allows learning in a multi-disciplinary team and shall develop competencies in guiding and teaching other health professions.

Trainees are exposed to working with other healthcare professionals in the 4 month 'Under-Assistantship' in hospital inpatient orthopaedic and rheumatology departments. During the 2 year postgraduate programme, trainees spend 4 sessions at the Balgrist university hospital clinics, again working in a multidisciplinary setting. Similarly, a large portion of the lectures and seminars are given by professionals outside of chiropractic, thus exposing the trainees to the approaches and practices of other healthcare disciplines. As training proceeds, so the trainee is allowed more responsibility in the clinical practice setting, preparing him/her for independent practice and leading a team.

Recommendation: Fully compliant.

6.4 Information technology

Standard:

The responsible organization has a policy for using information and communication technologies in order to ensure efficient patient management.

All trainees are required to have IT facilities, and the major form of communication between the Academy and the trainees/trainers is via email. Recently, taught courses at the Academy in evidence-based practice have increased to reflect the importance of the application of evidence in clinical practice, and the IT skills required to find the evidence using medical and other electronic databases. More access to the literature from home and from the clinical training sites would undoubtedly benefit trainees in being able to find the evidence as and when clinical questions arise in clinical practice.

Recommendation: *Substantially compliant.*

6.5 Research

Standard:

The responsible organization pursues a policy that promotes and strengthens the integration of research in training.

As above, the recent introduction of evidence-based lectures and seminars in the taught programme has undoubtedly strengthened the integration of research in clinical practice. This is reinforced by the critical case report, which is part of the summative assessment in the programme. There is the option for trainees to replace this piece of work with a research project, which they can do in conjunction with the University of Zurich, and apply for ethics approval. The team was satisfied that the emphasis was on 'using' rather than 'doing' research, and that this was entirely appropriate for a clinical training programme of this type.

Recommendation: *Fully compliant.*

6.6 Educational expertise

Standard:

A policy is available on the use of educational expertise relevant to the planning, implementation and evaluation of training.

The Director of the Academy has formal qualifications in medical education, and there is a small team of other chiropractors contributing to the programme with formal educational qualifications. The Academy is fully aware of the need for educational expertise in the development and quality assurance of this programme in the future, and succession planning must take this into account. As far as the team is aware, there is no formal policy on this matter, which could be helpful in future planning and development of this programme.

Recommendation: *Substantially compliant.*

6.7 Co-operation in training

Standards:

1. The mobility of trainees and trainers is promoted by providing them access to individual training opportunities at other domestic or foreign training sites that fulfil the requirements for the completion of training.
2. An independent and impartial appeal board is available to make decisions on complaints dealing with the transfer of credits from training periods.

This is not applicable to the chiropractic postgraduate education programme in that trainees are not encouraged to move between practices during their training period. Undertaking training with one practice ensures consistency, and the team felt that this approach to clinical training was entirely appropriate in the case of chiropractic.

In cases where a trainee is not satisfied with his/her clinical training facility, then the trainee will be moved by the Academy. Any complaints or appeals in this process are dealt with by the BKWBT, as part of the Swiss Chiropractic Association.

Recommendation: *Fully compliant.*

7. EVALUATION OF TRAINING PROCESS

7.1 Mechanisms for programme evaluation

Standards:

1. The responsible organization establishes an internal evaluation mechanism for training programs that monitors the training process, training sites and the learning progress of the trainees in order for problems to be recognized and addressed.

2. Programme evaluation addresses the context of the training process, the structure and specific components of the programme and the general outcomes.

There are a number of mechanisms in place in evaluating the postgraduate programme. Each trainee evaluates each lecture/seminar delivered at the Academy. These evaluations are analysed and the results reported to the Director of the Academy. Peer review of the lecturers and tutors is also in place. The clinical training process is evaluated using a questionnaire completed by each trainee every six months. The progress of trainees is monitored through questionnaires completed by the trainers every six months, as well as performance in both formative and summative assessments. The team was satisfied that the programme is evaluated appropriately, and in a systematic manner. More can always be done in quality assurance, and the Academy recognises that more formal structures should be put in place. It appears from the self-evaluation report that the Quality Assurance Committee of the Swiss Chiropractic Association can provide feedback on those quality assurance procedures in place in the Academy, but this does not appear to be regularised or systematic.

Recommendation: *Substantially compliant.*

7.2 Feedback from trainers and trainees

Standard:

Feedback from both trainers and trainees on training program quality is systematically collected, analyzed and used to continually improve the training program.

The team was supplied with completed questionnaires from both trainers and trainees as part of the evaluation of trainees' progress and clinical training experience respectively. This feedback to the Academy occurs systematically every six months. The feedback is analysed and used to continually improve the programme. The team was satisfied that these procedures are in place and being adhered to.

Recommendation: *Fully compliant*

7.3 Involvement of interest groups

Standard:

The evaluation of training programs includes the management and administration of the various training sites, trainers and trainees, and is communicated to all interest groups.

Evaluation involves all aspects of the programme. It was not clear how the results of these evaluations are fed back to the trainers, and this may be an area the Academy wishes to address in the future. The close relationship between the Academy and the Swiss Chiropractic Association ensures good communication between the Academy and the chiropractic profession.

Recommendation: *Substantially compliant.*

7.4 Monitoring of training sites

Standards:

1. The training sites are recognized based on precisely defined criteria. Decisions on the recognition, or when necessary, the withdrawal of recognition are made by the responsible organization.
2. An independent and impartial appeal board is available to make decisions on any complaints regarding the recognition of training sites.
3. A system to monitor training settings and other educational facilities via site visits or other relevant means is established.

More work needs to be done on the evaluation of training sites. Although there are clear criteria for the recognition of training sites, as given in the self-evaluation report, and as such recognition of de-selection, the monitoring of the trainer and the training site are not done outside of the regular questionnaires completed by the trainers and the trainees. The Academy has however recognised this, and plans to implement on-site visits to clinical practice settings by a team of 3 persons. The impression of the team was that the clinical experience for the trainee may vary dependent on the dedicated time the trainer is prepared to give to his/her trainee. More focus should be given to the selection of trainers, training workshops for the trainers so they are fully informed of what is expected of them, and more standardisation of the clinical experience for trainees. As this is a substantial part of the programme, quality assurance issues should be addressed forthwith. Notwithstanding this however, this view by the team must be put in context. There are many examples of using, quite appropriately, routine clinical settings as learning environments for chiropractic and other healthcare students, for example medical students. Evaluation and quality assurance of clinical placements is a challenge for all professions, and it would have been surprising if this was not the case in the programme under review here. What was pleasing to the team however was to hear that this is an area identified by staff at the Academy for particular focus in the future. Given the experiences in other programmes, one should not be over-optimistic of the results of the exercise.

Recommendation: *Partially compliant.*

8. MANAGEMENT AND ADMINISTRATION

8.1 Academic management

Standards:

1. The responsibilities borne by academic management for the postgraduate chiropractic training program are clearly defined.
2. The academic management is periodically assessed with regard to the fulfilment of the mission statement and training program objectives.

The responsibilities of the Director of the Academy are set out in the job description that was supplied to the team. The Director is accountable to the Executive Board of the Swiss Chiropractic Association. It was not clear to the team if there is any formal appraisal of the Director.

Recommendation: *Partially compliant.*

8.2 Training budget and resources

Standards:

1. A precise and transparent regulation delineating the responsibilities and competencies for the training budget is established. Financial resources for the training program are secured on a long-term basis.
2. Funds intended for postgraduate training must not be diverted to support provision of clinical service or other activities.

The budget for operation of the Academy was supplied in the self-evaluation report. The postgraduate programme is well established and the team was not made aware of any difficulties or problems with the accounts or financial reserves.

Recommendation: *Fully compliant.*

8.3 Administration

Standard:

The administrative staff is appropriate to support program implementation and ensures the responsible and efficient administration and implementation of resources.

The administrative staff is proportionate to the size of the Academy, and provides an excellent service to the Director and all stakeholders in the postgraduate programme.

Recommendation: *Fully compliant.*

9. CONTINUOUS RENEWAL

Standards:

1. An effective internal and external quality assurance system is available.
2. The process of renewal is based on results of the internal and external quality assurance and leads to an adaptation of training program strategy that complies with experiences, current activities and future perspectives.

All providers of education should continually monitor the content, delivery and assessment of its programmes, and the Academy is no exception to this. Through the quality assurance procedures already in place there have been considerable changes in the programme, and the new Director has undoubtedly been responsible for much of this. More work needs to be done on the mission statement and in particular the competencies expected at the end of the training programme. It is these that should drive the changes and improvements in the programme in the future. Inevitably the programme will change to reflect changes in the empirical evidence base, and the strong research interests and background of the Director will no doubt ensure this is the case. Nevertheless, this and other changes should not be dependent on any one person, and the Academy is strongly advised to ensure that the quality assurance procedures in place will drive changes in the future, and in any succession planning. The Academy is a dynamic, responsive and exciting environment for the training of new graduates in their journey to independent practice; there is little doubt that the procedures currently in place, and those planned for the future, will ensure that the current changes and improvements are sustained, and that new ones will evolve and emerge. To facilitate these changes, there does need to be some thought given to a systematic process that deters these from emerging in an ad hoc manner.

Recommendation: *Substantially compliant.*

CONCLUSIONS

This evaluation report was compiled by a group of experts based on compliance with a set of pre-determined standards (OAQ) using evidence from a self-study report submitted by the Swiss Academy for Chiropractic, from an on-site visit to the Academy and associated training sites at which the group reviewed further documentation and met with staff, trainers and trainees, and from discussion among themselves at the end of the visit. This report has been agreed by that group of experts.

The group wishes to thank everyone involved in the process for their assistance in enabling them to compile this report. However, as a group, we hope and trust that this is not just a paper exercise for the purposes of accreditation, but a living document that will assist the Academy in its development in the future. The group has given its views in a constructive manner, and wishes the Academy well in the next phase of its development.

AECC, Bournemouth

25 March 2010.