



THE FEDERATION
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Program Standards for the Doctor of Chiropractic Degree Program- Canada

The Doctor of Chiropractic Programs in Canada are accredited by the Council on Chiropractic Education Canada of the Federation of Canadian Chiropractic.

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Introduction to the program standards and the purpose of accreditation in Canada

The purpose of chiropractic professional education is to provide the [Doctor of Chiropractic](#) candidate with a core of knowledge and skills in the basic and clinical sciences and related health topics required for the Doctor of Chiropractic to perform the professional obligations of a primary contact health care professional.

The purpose of accreditation is to enact a systematic and integrated process for assuring the quality of chiropractic education programs in Canada. This systematic process includes an ongoing evaluation to assess compliance with specified standards that in turn determine quality and processes to support improvement, excellence, and innovation. The process of accreditation results in an educational program or institution achieving a state of being accredited. The state of meeting or exceeding these national standards provides a credential for the chiropractic educational institution, students, regulators and the public, offering confirmation that the program has demonstrated a commitment to educational quality and ongoing quality improvement.

The program standards in this document are used to evaluate Doctor of Chiropractic Program entry-to-practice education degree programs in Canada. The program standards include five broad chiropractic program accreditation standards, namely; Doctor of Chiropractic Program missions and goals, governance and administration, program content, program delivery, and program evaluation.

Each broad standard outlines specific criteria and, provides examples of the evidence to be used by the Council of Chiropractic Education Canada in the process of accreditation. The specific standard criteria outline the outcomes or expectations to be met by the education program. The examples of evidence describe ways in which the program can demonstrate that compliance with the standard has been achieved. The examples of evidence are not meant to be prescriptive or exhaustive. Instead, the program standards are intended to be broad enough to support program diversity and autonomy in the delivery and development of chiropractic educational programs in Canada. These broad program standards are to support ongoing quality, innovation, and excellence in entry-to-practice education.

Program standards are linked to and support the *Entry-to-practice Competency Profile for Chiropractors in Canada*. These program standards provide guidance in informing curriculum content, student evaluation, and the program supports necessary to deliver quality Doctor of Chiropractic degree programs at the entry-to-practice level.

The Doctor of Chiropractic Programs which are accredited by the Council of Chiropractic Education Canada are dedicated to educating students to become chiropractors who have the knowledge, skills, attitudes and values needed to provide high quality patient care, and that prepare learners to become independent clinicians that do not require direct supervision.

The Doctor of Chiropractic Program must demonstrate the breadth, rigour and coherence of the academic content and identify student learning goals and objectives, including knowledge, skills and integration, to achieve the curricular objectives. The Doctor of Chiropractic Program must use best practices in assessment of learning to measure proficiency in the key competency outcomes, and, produce data that demonstrates competency attainment prior to graduation, and to use this data in guiding program improvements.

Definitions of key terms used in these program [standards](#) are located at the end of this document.

STANDARDS

1. Doctor of Chiropractic Program mission and academic goals:

- 1.1 Articulate a mission statement and goals that identify the evolving aspirations of the institution with regard to teaching/learning, research/scholarship and service to the community. The mission and goals must be developed in consultation with internal stakeholders, approved by the governing body and made available to all stakeholders.

Examples of evidence:

- i. Clear, consistent and well-articulated mission statement and goals;
- ii. Evidence that the mission statement and goals are available to all stakeholders (e.g. web site);
- iii. Reviews of the mission statement and goals and documentation of the resulting changes;
- iv. Curriculum that is clearly related to the mission and goals;
- v. Resources committed to advance the mission and goals;
- vi. Policies that support the mission and goals.

2. Governance and Administration:

- 2.1 Demonstrate the legal characteristics, governance structure and administrative capacity necessary to design, develop and deliver the Doctor of Chiropractic program.

Examples of evidence:

- i. Legal status appropriate for the institutional objectives;
- ii. An organizational chart clearly indicating the institution's reporting structure;
- iii. Governance and decision-making structures that are clear, effective and consistent with the institution's academic purposes;
- iv. Co-ordinated business and academic plans detailing the institutional commitment to the academic quality of program content and delivery.

- 2.2 Demonstrate transparency, integrity and ethical behaviour as it relates to all aspects of policies, procedures and interactions with all stakeholders.

Examples of evidence:

- i. Public reports, calendars, materials and advertising produced in a thorough, accurate and truthful manner;
- ii. Policies and procedures in place to protect student and consumer interests;
- iii. Students are fully informed regarding expectations of the program prior to admission including technological requirements for all program delivery methods;
- iv. Policies on conflict of interest.

2.3 Demonstrate engagement of faculty and students in policy development and determination

Examples of evidence:

- i. Committee mandates and structure that include membership from faculty and student body;
- ii. Processes whereby faculty and students may participate in policy development and revision;
- iii. Minutes from meeting demonstrating participation of faculty and students.

2.4 Demonstrate the financial, physical, human, administrative and other resources to sustain the Doctor of Chiropractic program to ensure, at minimum, the opportunity for newly enrolled students to graduate.

Examples of evidence:

- i. Financial management procedures, resources and appropriate planning that provide a stable learning environment to ensure that students have the opportunity to complete the Doctor of Chiropractic program;
- ii. Audited financial statements;
- iii. Functional library;
- iv. Physical resources, space and equipment in order to accommodate the number of students;
- v. Human resource procedures and policies for operations, faculty and administrators.

2.5 Demonstrate a commitment to fair and equitable dispute resolution.

Examples of evidence:

- i. Policies and procedures for dealing with disputes.

2.6 Demonstrate an on-going commitment to assessment of resources and quality assurance.

Examples of evidence:

- i. Policies and procedures for the periodic review of operational, human resources and administrative policies and procedures, both short and long term;
- ii. Reports and plans on quality assurance initiatives and outcomes;
- iii. Engagement of students in quality assurance

2.7 Develop and maintain an ongoing assessment plan that demonstrates how the program determines that it is meeting its mission and that its students are achieving the [entry-to-practice competencies](#) of the Doctor of Chiropractic program.

Examples of evidence:

- i. Assessment plan;

- ii. Minutes of meetings where results of assessment data are discussed and strategies implemented to address issues/concerns or enhancements.

3. Program Content:

- 3.1 Demonstrate that the curriculum is based on an inter-related theoretical and professional educational framework that is articulated and understood by faculty, clinical educators and students.

Examples of evidence:

- i. A document that articulates the education theories, the professional approach to delivery of education and the framework that is linked to curriculum goals and objectives;
- ii. A document or evidence that supports faculty, clinician educators and student knowledge of the framework;
- iii. A document that supports the ongoing evolution of the framework in keeping with evidence-based trends to support high quality education and learning strategies.

- 3.2 Develop an evolving curriculum and educational methods, of sufficient rigour, reflective of new evidence to facilitate/encourage the acquisition of the entry to practice competencies.

Examples of evidence:

- i. Clearly defined curriculum model and educational methods;
- ii. Description of the content, duration and sequencing of courses in the curriculum demonstrating the integration between basic and clinical sciences and how each contributes to the entry to practice competencies;
- iii. Defined methods of assessment;
- iv. Clearly demonstrated relationship between assessment and course [learning outcomes](#);
- v. Policies on program review.

- 3.3 Demonstrate that the program is of sufficient rigour, breadth, and depth to facilitate the acquisition of the entry to practice competencies.

Examples of evidence:

- i. Course outlines demonstrate an appropriate balance of theory and practice;
- ii. Course learning outcomes are mapped to the entry-to-practice competencies;
- iii. Assessments designed to measure the achievement of all course learning outcomes;
- iv. Assessments that provide students with clear and comprehensive understanding of their achievement to date;
- v. Graduates meet or exceed the relevant professional requirements as evidenced by Canadian Chiropractic Examining Board examination results;
- vi. Courses are delivered in a manner that provides exposure to increasingly complex theory, and the effective application of the theory to the demands of practice;
- vii. Time allotments assigned to the program and its components are sufficient to meet the stated learning outcomes and allow for acquisition of graduate competencies;

viii. Curriculum reflects current knowledge and evidence in the field.

3.4 Demonstrate that the program facilitates knowledge acquisition related to local provincial legal requirements and chiropractic standards and controlled acts.

Examples of evidence:

- i. Course outlines demonstrate an acknowledgement of varying provincial legislation related to health care;
- ii. Course learning outcomes related to legislative, regulatory and standards, including controlled acts;
- iii. Learning and assessment in an environment such as a clinic, where the regulations are demonstrated.

4. Program Delivery:

4.1 Maintain an environment in which academic dialogue is encouraged and academic autonomy is supported.

Examples of evidence:

- i. Policies, procedures and practices that facilitate academic freedom, honesty and integrity;
- ii. Policies and practices that include the participation of administration, faculty, professionals, and students in the development of the curriculum, academic policies and standards;
- iii. Opportunities for academic dialogue.

4.2 Program content and delivery is inclusive and recognizes diversity.

Examples of evidence:

- i. Curriculum reflects recognition of indigenous issues/content, curriculum reflects spectrum of ages in cases, gender diversity;
- ii. Inclusion of culturally diverse content, including gender diversity.

4.3 Demonstrate faculty are engaged in research, scholarship, service and professional development.

Examples of evidence:

- i. Productivity in scholarly work;
- ii. Policies and processes in place to support faculty development;
- iii. Resources allocated to support faculty development;
- iv. Resources allocated to support faculty in research;
- v. Research ethics board.

4.4 Sustain a process of evidence-based and participatory inquiry to ensure courses and the program achieve the articulated learning outcomes and entry to practice competencies.

Examples of evidence:

- i. Assessment of delivery methods that includes consideration of their appropriateness, quality and effectiveness;
- ii. Available expertise and resources to support the type of delivery including technical resources;
- iii. Systematic feedback from students and evidence that feedback is utilized to affect meaningful change as needed;
- iv. Provision for ongoing academic advising;
- v. Intervention program for students experiencing difficulties;
- vi. Success rates on entry to practice exams.

4.5 The chiropractic program must employ sufficient faculty members who are qualified by virtue of their academic and professional training and experience and/or credentials, to develop, deliver and monitor the courses and curricula, and assess student learning and the effectiveness of the program. The employment and determination of the number of full-time and part-time faculty members must be based on sound pedagogical rationales for the classroom, laboratory, and patient care settings. The faculty must be engaged in research and scholarship, service, professional development and governance activities.

Examples of evidence:

- i. Policies defining the academic/professional credentials required of present and future faculty;
- ii. Personnel files for faculty members – which must include relevant academic credentials, licensure, expertise and experience;
- iii. Regular faculty performance reviews.

5. Program Evaluation:

5.1 Conduct regular informal and formal evaluations of the program.

Examples of evidence:

- i. Assessment of the continuing consistency of the program with the program mission, and academic goals;
- ii. Success rates on entry to practice exams;
- iii. Feedback from faculty, students and graduates;
- iv. Assessment of learning opportunities available to students that provide the opportunity to develop competencies;
- v. Internal and external reviews.

- 5.2 Demonstrate that the staff and teaching personnel are engaged in a responsive and collaborative process for ongoing curriculum renewal.

Examples of evidence:

- i. Procedures for curriculum revisions and review
- ii. Self-study and review documentation

Item	Definition
Abilities	Natural aptitude or acquired proficiencies in being able: especially physical, mental or legal power to perform www.merriam.webster.com/dictionary/ability
Competencies	Observable and measureable behaviours that integrate multiple components such as knowledge, skills, attitudes and values; that are multi-dimensional, dynamic, and evolve over time. Competencies may be assessed to ensure acquisition
Examples of evidence	Examples of evidence provided in this document are suggestions that programs may use to demonstrate achievement of competence to the accrediting body. They are not prescriptive nor are they inclusive.
Learning Outcomes	Statements focused on what the learner will know or be able to do and indicate how that knowledge or skill will be demonstrated
Standards	Minimum requirements determined by the accrediting body used to ensure that the DCP is capable of educating students to become competent chiropractors ready to begin practice
Doctor of Chiropractic	<p>A Doctor of Chiropractic is a primary contact health professional whose purpose is to help meet the health needs of the public, giving particular attention to the structural and neuromusculoskeletal related aspects of the body. The Chiropractic application and development of scientific knowledge focuses on the relationship between; structure, function, the nervous system, and the body's inherent ability to heal itself, as these relationships affect the restoration and preservation of health.</p> <p>The Doctor of Chiropractic's responsibilities include health assessment, use of imaging modalities, diagnosis, and the management and coordination of the patient's health care needs in health and disease. When appropriate the Doctor of Chiropractic co-manages or refers to other members of the health care team.</p>

Entry-to-Practice Competency Profile	The Entry-to-Practice Competency Profile was developed by the Council of Chiropractic Education Canada in November 2018
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