



# Accreditation

*Policies and Procedures*

Version 1.1

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*Revised July 2015 – terminology used for site evaluation teams*

# 1. Introduction

- 1.1. The objectives, the general structure and function of the Council are specified in the CCEA Constitution.
- 1.2. In terms of the CCEA Constitution, the Accreditation Committee will be responsible for all matters pertaining to the accreditation process of chiropractic programs in Australia, New Zealand and associated regions and recommends to the Council those institutions which shall be known as Member Institutions.
- 1.3. Council shall maintain a register of institutions holding status with sister accrediting agencies overseas.

# 2. Accreditation

- 2.1. The title of Member Institution is granted to an institution that has completed the accrediting procedures and is deemed by the Council to comply with Council's standards.
- 2.2. An Applicant Institution is an institution that is actively engaged in the process of becoming a Member Institution and has requested the Accreditation Committee to assist in the development of courses by offering consultative advice and support.
- 2.3. The Council recognises that in view of the requirements for an adequate pre-clinical and clinical program in chiropractic education, first professional programs ideally should be conducted at or under the auspices of a university for part, or all, of its program.

Council recognises at least three possible models:

- a) Programs that are based totally in a University;
- b) Programs that require a University award as an integral component;
- c) Programs that are conducted independently of a University.

# 3. Eligibility for Accreditation

**To be eligible to become an Applicant Institution, an institution shall:**

- 3.1. Have complied with the CCEA admissions criteria.
- 3.2. Have institutional objectives which embrace those stated in the CCEA Standards as well as a clear statement of a plan for achieving them.
- 3.3. Offer a curriculum whose content, scope and organisation are in accord with the CCEA Standards.
- 3.4. Have facilities, equipment and staff sufficient for teaching and training the student body in accordance with its educational objectives.

- 3.5. Have utilised the services of a consultant or a course advisory committee (or equivalent), both approved by CCEA. Relevant policy statements are at Attachment A.
- 3.6. Have established a record of compliance with generally accepted standards of professional ethics with respect to student recruitment, staff, and public information.
- 3.7. Have a systematic institutional forward plan.

**Where a course is conducted outside a recognised university the following criteria shall also apply:**

- 3.8. Be a corporate body. It is strongly recommended that an institution be incorporated under the laws of the jurisdiction of its residence as a non-profit, non-proprietary institution exempt from taxation due to its devotion to educational purposes with no disbursement of income or assets which insure to the benefit of any private party. An institution must be lawfully operating in its jurisdiction of residence.
- 3.9. Have formal authority from the appropriate government agency of its jurisdiction of residence to award a degree or postgraduate diploma in chiropractic.
- 3.10. Have a governing board of not less than seven members which includes representation reflecting the public interest.
- 3.11. Have the internal organisation and financial base or funding commitments adequate to carry on current and projected operations at the required level of institutional excellence and to ensure graduation of its first year class.
- 3.12. Have a full-time chief executive officer.
- 3.13. Furnish the Council with a copy of a formal action (i.e. an extract of the minutes) taken by its governing board at a legally constituted meeting and indicating subscription to the standards, rules and policies detailed in this document.

## **4. Accreditation and Re-Accreditation Procedures**

- 4.1. The procedures detailed below apply to both Universities and to "private" incorporated institutions.

Reference is made below to the "Chief Executive Officer and/or Council Chairperson" of an Institution. In the case of public institutions the chiropractor immediately responsible for the chiropractic program of the institute will be considered to be the Chief Executive Officer (CEO) of the unit responsible for the teaching of chiropractic. The governing body of an institution shall in the case of public institutions be the School or Faculty Board of the unit responsible for the chiropractic program.

- 4.2. The first step in the accreditation and re-accreditation procedure is a written application to the Secretary of Council from the Chief Executive Officer of a public institution or the Chief Executive Officer or Council Chairperson of a private applicant institution.

Following initial recognition by the Council that an institution wishes to become accredited or re-accredited as a Member Institution, the Council will inform the Accreditation Committee. The institution, having satisfied the Committee that it meets the eligibility criteria (Section 3 above), will then be requested to document a self-evaluation report.

- 4.3. The second step is a thorough self-evaluation report of the chiropractic programs including every chiropractic course; its requirements, regulations and procedures, teaching and general staff, students and facilities. The ability of an institution to present a critical study of its total activity is an indication of its institutional quality. This report should be a genuine staff project and reflect the intellectual maturity and expository skill that may properly be expected from tertiary institutions. The most important section of the study is an analysis by the institution of its major problems and the projected solutions to these problems.
- 4.4. The third step is the evaluation of the institutional self-evaluation report by the Accreditation Committee. After consideration of the report the Committee may require a brief on-campus visit to verify matters of fact before making one of the following recommendations:
  1. **Satisfactory.** This means that the self-evaluation report essentially complies in form and content and that the institution appears to be ready to undergo an on-site evaluation. The Chairperson of the Accreditation Committee will then arrange for an evaluation team.
  2. **Unsatisfactory in terms of the report.** This means that the self-evaluation report is unsatisfactory in format or that additional information is required. The institution will be asked to submit additional specified data or make specific changes in format before the Committee will authorise an evaluation.
  3. **Unsatisfactory in terms of content.** This means it appears from the self-evaluation report that the institution is not ready to undergo an evaluation. A report will be made to the institution with an outline of the nature of the deficiencies together with appropriate recommendations.
- 4.5. The fourth step in the accreditation or re-accreditation process involves an on-site evaluation in terms of the following.
  1. No site evaluation will be made until the self-evaluation report clearly indicates readiness for the site evaluation.
  2. The evaluation team will spend several days on-campus studying all aspects of the institution's program in terms of institutional objectives and the Council's standards. Further time will be given to the writing of a report of findings.
  3. The Institution shall afford to authorised representatives of the Committee unhampered opportunity to inspect the facilities, interview its staff and management, study the financial and corporate records and examine student credentials, grading, promotion and graduation records.

4. The site team is expected to assist the Institution by making either recommendations or suggestions that identify possible means of improvement, where relevant. An exit interview will be conducted by the team with the Institution's Chief Executive Officer and other personnel as deemed appropriate by the Team leader and the CEO.
  5. A first draft composite report by the Evaluation Team will be sent to the CEO of the applicant institution by the Leader of the Accreditation Committee for correction of factual errors only. A timely response will be required.
- 4.6. The fifth step involves a review of the Evaluation Team report by the Accreditation Committee.
1. The Team report will be distributed by the Committee Secretary to all members of the Committee. It is also sent to the CEO and chairman of the Council or Board of the institution, prior to the Committee's hearing on the institution's application for re-accreditation or to become a Member Institution, with a request to review and make a written response.
  2. The intent of the request to the Institution is to provide an opportunity to clarify previous documentation and to submit additional evidence, having had the benefit of the site team visit and report. The Institution may submit a response, and must submit a response if the report contains concerns accompanied by recommendations.
  3. Review of the Evaluation Team report by the Committee will include full discussion at a hearing of the Committee attended by the CEO of the institution, or his designee. A member of the Evaluation team, preferably the Leader, will also be present.
- 4.7. The sixth step involves a decision on accreditation (or re-accreditation) by the Committee and subsequent recommendation of the outcome to Council, in writing. One of the following five decisions would be made by the Committee.

**1. Accreditation of a Member Institution:**

A decision to recommend to accredit or re-accredit an institution as a Member Institution may be:

- i. With recommendations:
  - based on a timetable for implementation;
  - without a timetable for implementation; and/or
  - a requirement for progress reports at specified times.
- ii. Without recommendations.
- iii. Conditional upon meeting certain requirements.

**2. Deferment of (re-)accreditation as a Member Institution:**

A Recommendation to defer a decision to (re-)accredit an institution as a Member Institution should be for a specified time and based on a requirement for written evidence based on one or more of:

- i. information indicating implementation of Committee recommendations.
- ii. supplementary consultant(s)' report(s).
- iii. a supplementary visit by appointees of the Committee.
- iv. a meeting with representatives of the institution.
- v. meeting of specified conditions.

**3. A decision to recommend not to accredit an institution as a Member Institution:**

A decision by the Committee to recommend not to accredit an institution must include identification of criteria that are not being met, and may include one or more of the following:

- i. recommendations to assist the institution in meeting accreditation criteria. Such recommendations may be without a proposed timetable.
- ii. recommendation on the appointment of consultant(s) and/or establishment of a course advisory committee.
- iii. a meeting(s) with representatives of the institution.
- iv. other specified conditions.

**4. Deferment of a decision to re-accredit a Member Institution:**

Deferment of a decision to re-accredit a Member Institution will apply for no longer than one calendar year during which time the institution shall be on Notice. Subsequent action of the Committee could be to recommend either re-accreditation or not to re-accredit a Member Institution. The decision will be based on consideration of written evidence from one or more of the following:

- i. a special report indicating compliance with recommendations made at the time of deferral (see 4.7 No. 2).
- ii. a supplementary visit by appointees of the Committee.
- iii. consultant(s) reports(s).

- iv. a meeting(s) with representatives of the institution.
- v. other specified conditions.

## 5. Decisions not to re-accredit a Member Institution:

Decisions not to re-accredit a Member Institution will follow a one calendar year Notice period as outlined in 4. above. Such a decision constitutes revocation of accreditation.

An institution which has not been re-accredited as a Member Institution is required to apply de novo for accreditation as a Member Institution.

- 4.8. Consultative services and the on-campus evaluation expenses will be borne by the applying institution.
- 4.9. The application to become a Member Institution may be withdrawn by the institution at any time prior to the decision of the Committee.
- 4.10. Accreditation Committee recommendation to the Council.

The Committee will forward their recommendation regarding (re-) accreditation to the Council, with a summary of reasons in support of their finding. The Council will take a decision based on this input, and can either accept the recommendation or vary the outcome within the alternatives outlined above in 4.7.

### 4.11. Notification of Decision

This involves the CCEA in notifying the Institution of its decision and identifying any special/interim activities associated with the decision.

Following the Council meeting, the Council and Accreditation Committee Chairpersons (or nominated representatives) will meet with Institution representatives and report the decision. A written advice of the decision will be forwarded to the Institution (Chief Administrative Officer, CEO; and the governing Board Chair or equivalent).

The Council Chairperson will notify other appropriate agencies, including Registration Boards, of the decision (within 30 days). Such “decision” would also include any acceptance of Institution withdrawal from the (re-) accreditation process, and timing of the decision must allow for expiration of the period for any appeal or the conclusion of the appeal process (see Section 6).

## 5. Continuing Assessment of Member Institutions

- 5.1. Self evaluation on a continuing basis is imperative to the on-going development of an institution/program and is required by the Council, within the context of encouraging quality improvement and a considered response to changing environment(s).
- 5.2. Member Institutions shall provide the following reports:
  - a. **Annual reports:** Member Institutions shall report annually their financial status, enrolment and other data on their operations in a form prescribed by

the Accreditation Committee. Other data should include student progress profiles (pass/fail rates per year of course), significant curriculum developments/changes, plus an update on progress in implementing their strategic plan.

- b. **Progress reports:** Member Institutions shall provide Progress reports in certain situations:
  - i. as required by Council in connection with (re-)accreditation findings;
  - ii. where a substantive program or institutional change is planned;
  - iii. where a decision is made to suspend or discontinue an accredited program.

### **Substantive change**

Member Institutions/Programs must notify the Accreditation Committee in writing of any planned or unplanned substantive changes that may go to the validity of the program's accreditation, as soon as they are identified by the Member Institution.

CCEA defines a substantive change as substantive matters that will affect the policy or practices of a Member Institution/Program Unit and that could impact upon the delivery of a program of study, including:

- Changes in the governance arrangements of the program or institution;
- Changes in the established mission or goals of the institution or program;
- Changes in resources which may adversely affect the capacity to deliver the accredited program;
- The addition or deletion of subjects/courses, pathways, or programs that represent a significant departure in either content or method of delivery from those offered during the program's current accreditation cycle;
- Changes in enrolment numbers and conditions for enrolment/entry requirements;
- Changes in the core subjects or learning outcomes required for successful completion of the program.
- Changes to the program title, structure, number of credit points, or the length of the program.
- A change to delivery location by moving to a new site, adding an additional site (including any international sites) or withdrawing from an existing site.

Attachment C provides further details regarding the type of evidence required to be provided to support a substantive change.

The notification of a substantive change by a Member Institution must allow sufficient time for evaluation of continued compliance with CCEA's Educational Standards for First Professional Award Programs in Chiropractic.

Generally, substantive changes will be considered by the Accreditation Committee.

The above examples are indicative, and the Chair of the Accreditation Committee should be consulted if there is doubt as to whether a proposed change may constitute a substantive change. All proposed changes to a program (even minor changes) must also be outlined in the Member Institution's next Progress Report to the CCEA.

A program undertaking a substantive change may be accredited as if it were a new program, depending on the significance of the changes.

- 5.3. Re-accreditation and site evaluation of Member Institutions will be conducted at intervals no longer than five years and will be based on the procedures outlined in Section 4 above. The Accreditation Committee will establish dates for receipt of further self-evaluation reports and institutional evaluation will be scheduled within six months of receipt of such self-evaluation reports. Failure of an institution to comply with the established schedule will be cause for probation.

#### 5.4. **SPECIAL ACTIONS**

##### **1 Reinstatement of Accreditation**

A program or institution wishing to have its accredited status with CCEA reinstated must follow the same process as do programs or institutions seeking initial accreditation.

##### **2 Special Appearances of the Program or Institution before the Committee.**

Under extraordinary circumstances, the Council/Accreditation Committee may, in writing, direct a program or institution to appear at a special or regularly scheduled meeting of the Council/Committee. Extraordinary circumstances are those in which there appear to be substantial program or institution violations of CCEA accreditation criteria and where there appears to be a compelling need for prompt action in order to protect against likely substantial injury to the interests of the various publics that rely upon the Council's accreditation decision.

This meeting shall take place not less than 30 working days from the postmark date of the written direction to appear. The purpose of this meeting is to establish whether or not the program or institution is in compliance with the particular accreditation criteria in question. The directive to appear may be preceded or followed by a directive requiring that the program or institution submit a special report or that it host a special site team visit.

The directive to appear shall identify the specific accreditation criteria with which the program or institution must demonstrate compliance. At the special meeting, the Committee shall give representatives of the program or institution a reasonable opportunity to present oral and written information, demonstrating that it is in compliance with the particular criteria referred to in the directive.

After considering all relevant information, the Accreditation Committee will make one of the following decisions:

- i. No Action. There is no evidence for a cause of action.
- ii. Defer the decision, pending the receipt of a special site team visit report or the receipt of a special report from the program or institution.
- iii. Place the program or institution on Probation.
- iv. Revoke the program's or institution's accreditation.

Where the Committee decision is (i) or (ii), this is forwarded to Council for their information.

Where the Committee decision is (iii) or (iv), this is forwarded as a recommendation to Council for their deliberation.

The Council will then take immediate action to notify the program or institution, and other interested parties, of the decision.

### **3 Special Reports**

At its discretion, the Committee may at any time require an applicant or accredited program or institution to submit a special report that addresses compliance with specific CCEA accreditation criteria. The program or institution shall file this requested report within the time specified by the Committee.

This time period shall not be less than 15 working days after the postmark date of the Committee's written request to the program or institution. The special report shall fully and completely respond to the Committee's concerns regarding compliance with the accreditation criteria specified.

Where the Committee finds the special report inadequate in items covered or details provided, the institution shall be required to forward an additional response by a nominated date. Where special report requirements are not met, the Council/Committee shall have recourse to other Special Actions and Sanctions, depending on the seriousness of the accreditation criteria in question.

### **4 Special Site Visits**

Also at its discretion, the Committee may at any time appoint a special visiting team to conduct a special on-site visit to the campus of an applicant or accredited program or institution. This special team may include CCEA Committee members, CCEA Council or staff members, or other persons as the Committee may appoint.

If the program or institution objects to any member of the proposed special visiting team, it must state this objection in writing, identifying the team member in question, and stating in detail the nature and basis for the objection. This objection will be waived however, unless it is received by the CCEA Executive

Secretary within seven working days of the postmark on the letter notifying the program or institution of the proposed team members.

The program or institution shall afford the special visiting team an unhampered opportunity to examine facilities; to interview members of its faculty, administration, management and staff; and to inspect all records maintained by or for the program or institution. The records include, but are not limited to, financial and corporate records, and student/personnel records relating to credentials, grading, promotion and graduation.

The special team shall prepare a draft report of its findings, and provide a copy to both the chief administrator of the program or institution and governing chairperson or Vice-Chancellor of the institution of which the institution or program is a part. The program or institution may provide to the Committee a written response to this draft within the time period established by the Committee in its advice of the necessity of the special visit. After considering the program's or institution's written response, the special visiting team shall prepare and submit to the Committee a final report of its findings.

The Committee will consider the report, and depending on the reason for the visit, will make one of the following decisions:

- i. no action. There is no evidence for a cause of action
- ii. recommend (re-)accreditation (see Section 4.7.(2); Section 4.7 (4))
- iii. recommend sanction appropriate to the circumstances (see Section 5.5)

## **5 Publication of the List of CCEA Accredited Programs or Institutions**

The CCEA shall annually publish a list of accredited programs and institutions and the year of their next regularly scheduled accreditation review.

A chiropractic program accredited by the CCEA may use the following statement when describing its status publicly:

"The (title of degree) program of (name of institution) is accredited by the Council on Chiropractic Education Australasia Inc."

### **5.5. SANCTIONS**

The Council requires that a program or institution must be in compliance with the Criteria for Accreditation and the Conditions of Eligibility, comply with Committee Policies and procedures, and provide information as requested by the Council/Committee in order to maintain accreditation. When a program or institution fails to comply with these requirements or there are indications that a program's or institution's future compliance with the Criteria or Conditions of Eligibility may be problematic, the Council may impose sanctions.

The sanctions of Notice or Probation may be imposed at any time according to the seriousness of the deficiencies or the length of time these deficiencies have existed

without correction by the program or institution after their initial identification by the Council. If the deficiencies are serious or are long-standing, or the program or institution has failed to comply with Council policies and procedures, the program or institution may have its accreditation removed without previous imposition of Notice or Probation.

Sanctions which the Council is authorised to impose on CCEA accredited programs and institutions are described below in order of increasing seriousness.

#### **A. NOTICE**

Notice is a confidential sanction imposed by the Council for a maximum of one year if it determines that an institution or program:

1. Could be in non-compliance with the Criteria for Accreditation or the Conditions of Eligibility in the future if steps are not taken by the program or institution to correct the situation.
2. Is in non-compliance with the Criteria, but the deficiencies are minor, and, in the judgement of the Council, can be corrected by the program or institution in a short period of time (The Council does not consider these deficiencies serious enough to inform the chairman of the governing board of the institution, but communicates its concerns only to the chief executive officer of the program or institution).
3. Has failed to comply with Council policies or procedures, or has failed to provide requested information within nominated time frames.

#### **B. PROBATION**

Probation is a public sanction imposed for a maximum of eighteen months by the Council on programs or institutions for more serious deficiencies, (e.g. for failure to comply with the Conditions of Eligibility, for failure of a program or institution to correct deficiencies after being given Notice, or for failure to conduct an acceptable self-study) which, in the judgement of the Council are not serious enough to remove the program's or institution's accreditation.

If a program or institution has not remedied deficiencies at the end of the maximum eighteen months on Probation, the Council will remove the accredited status of the program or institution, except in rare instances when probation may be extended for a limited period of time. Since the placing of a program or institution on probation is an adverse action, this action of the Council may be subject to appeal.

The Council will make public and notify other appropriate accreditation authorities within 30 days following the final decision to place a program or institution on probation.

## **C. PROCEDURES FOR APPLYING SANCTIONS**

Following the decision of the Council to issue a Notice to an accredited program or institution, the Council will inform the chief executive officer in writing of the action to place the program or institution on Notice.

In the case of Probation, both the chief executive officer and the Chairman of the Board or Vice-Chancellor as may be appropriate, will be informed in writing. The Council will state in that communication to the program or institution the reasons for any sanction. Programs and institutions placed on Notice, or placed on, or continued on Probation will be required to provide semi-annual written reports to the Accreditation Committee.

If there is a strong possibility that a program or institution may be placed on Probation, or have its accreditation withdrawn, the chief executive officer and others from the program or institution may be invited to meet with the Council to Show Cause why that action should not be taken. The Council may, however, take those actions without inviting the program or institution for an interview.

The Council will invite the chief executive officer and others from the program or institution to meet with the Accreditation Committee at the end of a period of Notice and at the end of a period of Probation to Show Cause why more serious sanctions or the withdrawal of accreditation, should not be imposed, and to allow the program or institution the opportunity to demonstrate why the current sanction should be removed. Such actions shall not be taken at the end of a period of Notice or Probation without previous issuance of an invitation to meet with the Committee.

An action to place a program or institution on Probation, to deny reaffirmation, or to remove accredited status, along with the reasons for the action, will be read at the Annual Meeting of the Council on Chiropractic Education Australasia and recorded in the next official listing of accredited programs and institutions as published and distributed by the Council. Actions subject to appeal will be accompanied by a statement that Council actions will not take effect until the time period for filing an appeal has expired or until final action has been taken on the appeal. The Council policy on disclosure is also applicable to these actions (see Attachment B).

The Council will make public and notify related accreditation authorities within 30 days following the final decision to withdraw a program's or institution's accredited status. Timing of the final decision must allow for expiration of the time period for appeal or the conclusion of the appeal process.

## 6. Appeals Procedure

The only decisions of the Council that may be appealed are:

- i. denial of initial accreditation
- ii. denial of re-accreditation
- iii. sanction of probation
- iv. revocation of accreditation

6.1. In these circumstances, an appeal by the Chief Executive Officer of the institution concerned may be made to an Appeal Panel consisting of:

6.1.1. One person appointed by CCEA, not being a member of the Accreditation Committee or the evaluation team, or a Council member party to the decision;

6.1.2. One person representing the public/community appointed by CCEA. The nominee shall be acceptable to both parties.

6.1.3. One person appointed by the Member Institutions who is not associated with the applicant institution. The nominee shall be acceptable to both parties.

*The Appeal Panel shall select its own chairperson and secretary, set a hearing date and advise all parties to the appeal of its procedures.*

6.2. An appeal must be filed with the Secretary of the Accreditation Committee within sixty days of receipt by the institution of the Council's determination and shall be acted upon within the following ninety days.

6.3. To be valid the appeal must contain a copy of a formal action authorising the appeal, taken at a lawfully constituted meeting of the governing body of the institution.

6.4. The Council's written decision to refuse Member Institution status must be accompanied by a detailed statement by the Council of the institution's non-compliance with the Council's educational standards, procedures, rules or an indication how the institution is not meeting its own stated objectives.

6.5. The appeal shall be based on the institution's self-evaluation report, the evaluation team's report, the institution's response to that report, the pre-decision consideration of the evaluation report by the Accreditation Committee, the Committee's subsequent advice to the Council with regard to Member Institution status and the Council's deliberations.

6.6. The Appeal Panel will not receive documents or testimony on events or progress made by the institution after the decision of the Council.

6.7. Improvements effective subsequent to the evaluation which can be verified only by another on-campus evaluation provide the basis for another evaluation and not for an appeal.

- 6.8. An appeal does not include a dispute on a finding of fact unless the appellant makes a prima facie case that the finding is clearly erroneous in view of the evidence brought before the Accreditation Committee.
- 6.9. A representative of the Council and the institution shall present relevant written evidence to the Appeal Panel twenty one days prior to the appeal hearing. Failure by the institution to file this document within the timeframe stated shall result in a dismissal of the appeal.
- 6.10. The Council and institution representatives shall have the right to meet with the Appeal Panel at the hearing to provide additional evidence and answer questions.
- 6.11. The names of the representatives who will be present at the hearing shall be filed with the Secretary of the Accreditation Committee at least ten days in advance of the hearing.
- 6.12. The Appeal Panel shall make one of the following decisions:
  - i. Sustain the action of the Council
  - ii. Refer back to the Council for reconsideration of their decision with recommendations for the appropriate action.
- 6.13. The written decision of the Appeal Panel, including a statement of specific detail, shall be sent to the Secretary of the Council.
- 6.14. If the Appeal Panel refers the matter back to the Council, the Council must reconsider its decision in the light of the Panel's recommendations. Council must either uphold its original decision, or issue a new decision, with reason. This is then advised to the institution, other appropriate accrediting agencies, and the public within 30 days.
- 6.15. An institution being a Member Institution at the time of the Council's decision to withdraw status shall not lose such status until either the time for appeal has passed or the appeal process has been concluded.
- 6.16. Cost of the appeal process, other than those incidental to preparation and presentation of the parties' case to the Appeal Panel shall be borne equally by the applicant institution and the Council.
- 6.17. Both the appellant and the Council shall be required to make an equal cash deposit with the Treasurer of the Council to cover the cost of the appeal. The amount shall be based on an estimate of projected costs as determined by the appellant and the Council's officers.
- 6.18. Deposits shall be made within thirty days following the filing of the appeal. Any unused portion of the deposit shall be returned to the parties in equal amounts.

## Policy on Consultants and Course Advisory Committees (or equivalents)

### Consultants:

1. Consultants appointed by the CCEA shall have knowledge of the CCEA standards and guidelines and shall have experience commensurate with the responsibility of a consultant.
2. Consultants shall be appointed by the CCEA upon recommendation of the Committee on Accreditation and following consultation with the relevant Institution.
3. Consultants listed and approved by CCEA and the Committee on Accreditation represent these two groups by their deeds and actions. It is not possible to separate their role as CCEA consultants, once so listed and approved, from any consultative activity with institutions related to CCEA and the Committee. However, unauthorised consultative activities by consultants can prove detrimental to the work of the Council and the Committee. Therefore, to avoid potential conflict of interest situations, no person listed or approved as a consultant for the Council and Committee shall serve as a consultant to any institution related to CCEA and the Committee without prior approval from these groups.

### Course Advisory Committees (or equivalents):

Course Advisory Committees shall contain an appropriate balance of internal and external persons who can ensure that both the academic standard of courses and the congruence of courses with community needs is maintained at a high level, e.g. practitioners, representatives of professional bodies and registration boards, external academics, professionals from associated disciplines, and appropriate cultural/community representatives. External members should generally comprise a majority of the Committee.

## Policy on Confidentiality and Disclosure

The Council on Chiropractic Education Australasia places all matters relating to the accreditation process in the hands of the Accreditation Committee. The integrity of the accreditation process depends, in part, on the Council and the Committee maintaining confidentiality with all aspects of the process other than the reporting of procedure and decisions.

Therefore, the CCEA has resolved that members of the Council, its Committee, agents and employees, shall not divulge to any source any institutional or program aspect of the accreditation process other than the reporting of procedure and decisions in accordance with Council standards and procedures.

Any institution may waive its right of confidentiality to all or any part of confidential materials by express or implied consent.

An institution which makes public any part of its confidential Accreditation materials shall be deemed to have waived its right of confidentiality of the said materials by implied consent.

The self-evaluation report shall be considered the property of the institution and the institution may make such distribution of the report (or its contents, accurately and fairly reported) as it chooses. Such distribution shall not be considered waiver of confidentiality by implied consent as it relates to the self-evaluation study.

The Council, on the advice of the Chairperson of the Committee, shall determine if an institution has waived its right of confidentiality. The Chairperson of the Council shall designate a Committee member, agent or employee to release such information as is proper and appropriate.

Violations of the above stated policy shall subject Council and Committee members, their agents or employees to such disciplinary action as the Council may deem appropriate.

## Substantive Change

Member Institutions/Programs must notify the Accreditation Committee in writing of any planned or unplanned substantive changes that may go to the validity of the program's accreditation, as soon as they are identified by the Member Institution.

The notification of a substantive change by a Member Institution must allow sufficient time for evaluation of continued compliance with CCEA's Educational Standards for First Professional Award Programs in Chiropractic. Generally, substantive changes will be considered by the Accreditation Committee.

The Table below provides examples of Substantive Change and indicates the type of evidence required to be provided to assist the Accreditation Committee.

Nature of proposed change	Type of Evidence to be provided
Changes in the governance arrangements of the program or institution: <ul style="list-style-type: none"> <li>• Merger with another body</li> <li>• Changes to the legal status of the corporate entity</li> <li>• Organizational changes</li> <li>• Senior academic staffing changes</li> </ul>	Full details of changes proposed and supporting documentation, such as: <ul style="list-style-type: none"> <li>• Profile of the other body</li> <li>• Relevant legal/regulatory documents</li> <li>• Outline of organisational changes and revised structure</li> <li>• Academic profiles</li> </ul>
Changes in the established mission or goals of the institution or program	Details of previous and revised mission and goals
Changes in resources which may adversely affect the capacity to deliver the accredited program: <ul style="list-style-type: none"> <li>• Finances</li> <li>• Staffing</li> <li>• Buildings &amp; facilities</li> </ul>	Full details of changes proposed and outline of potential impacts and plans to provide sufficient resources. <ul style="list-style-type: none"> <li>• Floor plans</li> <li>• Staffing numbers, staff/student ratios</li> <li>• Budgets</li> </ul> Evidence of relevant government and council approvals and that legislative requirements have been met
The addition or deletion of subjects/courses, pathways, or programs that represent a significant departure in content from those offered during the program's current accreditation cycle: e.g. <ul style="list-style-type: none"> <li>• Arrangement for another service provider to be involved/dropped</li> <li>• Subject/course additions/deletions</li> </ul>	Full details of changes proposed and supporting documentation Full details and rationale for change Details of relevant staff and facilities Details of student support Transitional arrangements for currently enrolled students
Changes in enrolment numbers and conditions for enrolment/entry requirements	Details of previous and current enrolments; reasons for change Details of changed conditions and rationale
Changes in the core subjects or learning outcomes required for successful completion of the program	Full details and rationale for changes Transitional arrangements for currently enrolled students

Changes to program characteristics:	Full details and rationale for changes:
<ul style="list-style-type: none"> <li>• Title</li> <li>• Structure</li> <li>• Number of credit points</li> <li>• Length of program</li> <li>• Student contact hours</li> <li>• Mode of delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Details of proposed title, program structure, subject titles and outlines</li> <li>• Transitional arrangements for currently enrolled students</li> <li>• Details of student support</li> </ul>
Changes to delivery location by moving to a new site, adding an additional site (including any offshore sites) or withdrawing from an existing site	<p>Details of new premises, including floor plans.</p> <p>Evidence of relevant government and council approvals and that legislative requirements have been met.</p> <p>Plans for utilisation/discontinuance of sites</p>
Withdrawal/conditional status of institution/course accreditation by an educational regulatory authority (such as TEQSA and NZQA)	Full details and outline of any rectification action proposed

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