



Accreditation Guidelines for Chiropractic Education Programs

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Accreditation Overview

The CCEA is the independent body recognised and responsible for ensuring competency and higher education standards in chiropractic for the Australasian community.

The CCEA is also the authority responsible for skills assessment on behalf of the Chiropractic Board of Australia and New Zealand Chiropractic Board and for immigrants seeking to practise chiropractic. Internationally, in 2005, the CCEA was admitted to membership of the Councils on Chiropractic Education International (CCEI).

These Guidelines are intended to support the application of the *Accreditation Standards for Chiropractic Education Programs (2017)*. The Standards and Guidelines have been developed to align with international best practice as described in the *International Framework for Chiropractic Education and Accreditation*.

Eligibility for Accreditation

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.

While an association with a university is thought to be ideal, Council recognises that independent education providers may be capable of high level delivery. Thus, Council accepts at least three possible models:

Possible Organisational Models		
Programs that are based entirely in a University	Programs that require a University award as an integral component	Programs that are conducted independently of a University

To be considered for accreditation, a program must be able to demonstrate:

1. Program objectives and principles which embrace those stated in the CCEA Standards as well as a clear plan for achieving them.
2. Evidence of a curriculum whose content, scope and organisation are in accord with the CCEA Standards.
3. Facilities, equipment and staff sufficient for teaching and training the student body in accordance with its educational objectives.
4. Evidence of a systematic program forward plan.
5. Evidence of policies and procedures in place to govern regular review of the program content and delivery of the educational output (i.e. competency and quality of the graduates).

Where a course is conducted outside a recognised university the education provider must also demonstrate:

6. Evidence of incorporation. It is strongly recommended that a provider be incorporated under the laws of the jurisdiction of its residence as a non-profit, non-proprietary entity, exempt from taxation due

to its devotion to educational purposes. The provider must be lawfully operating in its jurisdiction of residence.

7. Formal authority from the appropriate government agency of its jurisdiction of residence to award appropriate qualifications in chiropractic.
8. Evidence of a governing board of not less than seven members which includes representation reflecting the public interest.
9. Evidence of internal organisation and financial base or funding commitments adequate to carry on current and projected operations at the required level of excellence and to ensure graduation of all students accepted into the program.
10. Appropriate leadership such as a full-time chief executive officer, president, principal or equivalent.
11. Evidence of 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.

The Standards, Criteria and Suggested Evidence

How to use the criteria and evidence examples

It is a requirement that an accredited provider meet every criterion under each of the five standards. However, the way in which an accredited provider demonstrates compliance with each criterion is not mandated.

The evidence examples provided are not mandatory, rather they are intended as a guide for applicants to use when compiling evidence for submission to the CCEA. When providing a piece of evidence, the template report will ask that the applicant provide an explanation of the context for the evidence. It is the responsibility of the program to provide evidence which supports its application for accreditation.

CCEA accreditation is complementary to accreditation by higher education regulators/accreditors such as the Tertiary Education Quality Standards Agency (TEQSA). The Council recognises that there will be instances where evidence provided to a relevant higher education regulator may meet the evidentiary needs for an accreditation application against the *Accreditation Standards for Chiropractic Education Programs (2017)*. The CCEA will accept evidence provided against other applications, either in whole or in part, where it is clearly linked to the relevant standard.

Standard 1 - Public Safety	
<i>Public safety is assured.</i>	
<i>Criterion</i>	<i>Suggested Evidence Examples</i>
1.1. Protection of the public and the care of patients are prominent in the guiding principles of the educational program, clinical training and student learning outcomes.	<ul style="list-style-type: none"> • Guiding principles are outlined in academic and promotional documentation. • Patient consent documentation • Patient bill of rights • Curriculum content regarding patient consent • Clinical placement induction documentation • Course outlines • Examples of clinical entrance examinations • Staff selection criteria – reference checks etc • Policies and procedures related to the recognition of and remediation for students who are failing to reach competencies
1.2. Patients give informed consent to care provided by students.	
1.3. Students achieve the relevant competencies before providing patient care as part of the program.	
1.4. Students and staff are held to high levels of ethical and professional conduct.	
1.5. Student clinics, chiropractic practices and other health services providing students with clinical experience have robust	

quality and safety policies and processes and meet relevant jurisdictional requirements and standards.	<ul style="list-style-type: none"> • Documented codes of conduct • Professionalism embedded within curriculum content • Clinical placement guidance and support materials • Policies and procedures for setting standards for and verifying placement safety and quality • Examples of records kept regarding safety assessments • Policies and procedures for verifying suitability of placement supervisors, plus evidence of application. • Documented procedures reporting student details to the relevant regulatory authority • Correspondence from the relevant authority confirming receipt of student reporting and registration • Documented procedures regarding student impairment • Student support services guidance • Minutes or reports produced by the relevant management group demonstrating effectiveness of processes
1.6. Students are supervised by registered, suitably qualified and experienced chiropractors and/or health practitioners during clinical experience placements.	
1.7. Students are registered with the relevant regulatory authorities where required.	
1.8. Student impairment screening and management processes are effective.	

Standard 2 - Governance and Quality Improvement

Governance and quality improvement strategies, policies and procedures are effective in developing and delivering sustainable, high-quality education.

<i>Criterion</i>	<i>Suggested Evidence Examples</i>
2.1. The provider has robust governance arrangements in place for the program of study; meeting all relevant jurisdictional regulatory requirements; or having equivalent mechanisms to assure the quality and integrity of the program of study.	<ul style="list-style-type: none"> • Registration with relevant higher education authority e.g. TEQSA, NZQA. • Evidence submitted to relevant higher education regulators • Organisational chart • Constitution • Documented governance structure demonstrating appropriate academic leadership • Risk register • Quality assurance policy, process and evidence of improvements • Feedback collection tools • Procedures for quality assurance of assessments • External examiner reports • Minutes from student staff consultative committee or equivalent • Program advisory committee terms of reference and current membership • Program advisory committee meeting minutes • Engagement activities with local chiropractors • Feedback collection from employers, graduates and placement supervisors • Records of curriculum review activities • Staff Engagement with professional, educational and government fora and research • Current or recent enrolment or completion of educational programs by academic staff • Demonstration of an active Learning and Teaching program for staff
2.2. The governance structure for the provider and the school conducting the program ensures academic oversight of the program and promotes high-quality teaching and learning, scholarship, research and ongoing evaluation.	
2.3. The provider assesses and addresses risks to the program, program outcomes and students; and has a primary focus on continually improving the quality of the teaching and learning experience for students and the competence of new graduates.	
2.4. Quality improvement processes use valid and reliable student and other evaluations, internal and external academic and professional peer review to improve the program.	
2.5. There is relevant external input to the design and management of the program, including from representatives of the chiropractic profession.	
2.6. Mechanisms exist for responding within the curriculum to contemporary developments in health professional education in a timely and effective manner.	

Standard 3 - Program of Study

The program of study, including the curriculum and resourcing, is based on contemporary educational and professional theory, evidence and practice and ensure students to achieve the required competencies to practise in the chiropractic profession.

Criterion	Suggested Evidence Examples
3.1. A coherent educational philosophy informs the program of study design and delivery.	<ul style="list-style-type: none"> • Stated mission, educational goals and objectives reflect the educational philosophy
3.2. Program content is informed by contemporary research and evidence based practice.	<ul style="list-style-type: none"> • Course overview documentation • Curriculum review objectives
3.3. Learning outcomes address all the relevant chiropractic competency standards.	<ul style="list-style-type: none"> • Resources used to inform curriculum development • Evidence of an active Staff Development Program
3.4. Principles of inter-professional learning and practice are embedded in the curriculum.	<ul style="list-style-type: none"> • Qualifications and background of those involved in curriculum development
3.5. Cultural awareness and competence are integrated within the program and clearly articulated as required disciplinary learning outcomes. ¹	<ul style="list-style-type: none"> • Comprehensive course mapping to the required competency standards. • Course outlines • Curriculum mapping
3.6. Teaching and learning environments ensure the achievement of the required learning outcomes.	<ul style="list-style-type: none"> • Relevant qualifications and background of teaching or advising academics
3.7. The quality and quantity of clinical experience are sufficient for developing a student to be a graduate competent to practise.	<ul style="list-style-type: none"> • Course learning teaching and learning requirements evaluation • Resources register
3.8. Learning and teaching methods are explicitly designed and used to enable students to achieve the required learning outcomes.	<ul style="list-style-type: none"> • Photographs of facilities and equipment • Clinical experiences mapped to the relevant competency standards
3.9. Learning environments support the achievement of research skills appropriate to the academic level of the program.	<ul style="list-style-type: none"> • Clinic – student/case mix profile • Clinical practice handbooks or guidelines
3.10. The chiropractic program has the resources to sustain the quality of education that is required to facilitate the achievement of the relevant chiropractic competency standards.	<ul style="list-style-type: none"> • Sample of patient records • Clinical practice assessment examples • Feedback collection mechanisms • Formalised peer review requirements • Quality assurance procedures
3.11. Teaching and clinical staff are suitably qualified and experienced to deliver the units they teach and supervise clinical experience.	<ul style="list-style-type: none"> • Teaching and learning support for academics • Assessment guidelines, methods used • Formalised moderation procedures • Research plans and priorities
3.12. Facilities and equipment are accessible, well-maintained, fit-for-purpose and support the achievement of learning outcomes.	<ul style="list-style-type: none"> • Student research project examples • Course overviews featuring research requirements • Details of teaching staff numbers including teaching load • Financial delegation policy and practice • Teaching staff skills/qualification matrix • Clinical staff profiles • Requirements for appointing academics • Evidence of teaching and learning support programs • Asset register • Asset management policy and records/examples of its application

¹ With guidance provided by relevant national standards and guidelines—for, example, *Aboriginal and Torres Strait Islander Health Curriculum Framework (2016)*.

Standard 4 - The Student Experience

Students are provided with equitable and timely access to information and support.

Criterion	Suggested Evidence Examples
4.1. Program information is relevant, clear and accessible.	<ul style="list-style-type: none"> • Course overview documentation • Demonstration of Website accessibility • Website admissions information • Course handbook • Relevant policies and procedures • Appeals policy and procedure • Webpage regarding appeals • Academic support programs information • Policies regarding academic performance, progressions and support and evidence of their application • Student personal support programs • Promotional materials for students • Terms of reference for relevant committees & current membership • Minutes of relevant committees • Evidence of engagement with student associations • Equity and diversity policies • Codes of conduct • Curriculum content
4.2. Admission and progression requirements and processes are fair, equitable and transparent.	
4.3. Students have access to effective grievance and appeals processes.	
4.4. The provider identifies and provides support to meet the academic learning needs of students.	
4.5. Students are informed of and have access to personal support services provided by qualified personnel.	
4.6. Students are represented within the deliberative and decision making processes for the program.	
4.7. Equity and diversity principles are observed and promoted in the student experience.	

Standard 5 - Student Assessment

Student assessment is comprehensive, fair, valid and reliable.

Criterion	Suggested Evidence Examples
5.1 There is a clear relationship between learning outcomes and student assessment strategies.	<ul style="list-style-type: none"> • Course outlines • Assessment guidelines • Formalised peer review requirements & evidence of use • Formalised moderation procedures & evidence of use • Course handbooks • Comprehensive course mapping to the required competency standards • Learning and assessment strategies • Processes for quality assurance of assessments including moderation and peer review • Marking rubrics • Assessment examples • Procedures for, and examples of, student feedback • Teaching staff profiles • External examiner reports and qualifications • Assessment validation procedures • Policy on re-sits, statistics and evidence of application • Pass/failure rates etc. to show how student cohort performs against assessments used.
5.2 The scope of student assessment covers all learning outcomes and competencies and is clearly mapped to the relevant chiropractic competency standards and the assessment strategies used.	
5.3 Multiple validated assessment tools, modes and sampling are used including direct observation in the clinical setting.	
5.4 Program management and co-ordination, including moderation procedures, ensure consistent and appropriate assessment and feedback to students.	
5.5 Both formative and summative assessment types and tasks are used across the program to enhance individual and collective learning as well as inform student progression.	
5.6 Suitably qualified and experienced staff assess students, with external input in the final year.	

Accreditation and Re-Accreditation Process

Notice of Intent

The first step in the accreditation and re-accreditation process is written notice from the applicant education provider to the Council notifying their intent to apply for accreditation.

Following initial recognition by the Council that a provider is seeking accreditation or re-accreditation of a program, the Council will inform the Accreditation Committee. The program, having satisfied the Committee that it meets the eligibility for accreditation, will then be requested to document a self-evaluation report.

Notice of Intent for New Programs

For new programs the CCEA requires program providers to provide initial notification of their intent to develop a new chiropractic program at least 18 months prior to first student commencement.

The CCEA requires program providers to provide a detailed business plan and budget 18 months prior to the first student enrolment to indicate that their planned resources, processes and timeframes are likely to be adequate for developing a successful chiropractic program. A template submission form which aligns with the Accreditation Standards is available from the CCEA Accreditation Committee.

Following review of the business plan and budget, a report on findings and recommendations is drafted and reviewed by the Accreditation Committee for a determination on the adequacy of resources, processes and timeframes. Areas of concern are identified to the program provider for addressing as they proceed through the application process. The Accreditation Committee advises the Council and program provider of its findings.

Self-Evaluation Report

The second step is the provision of a thorough self-evaluation report. This report should address all CCEA standards and individual criteria. The ability of a program to present a critical study of its total activity is an indication of the program quality. This report should be a genuine staff project and reflect the intellectual maturity and expository skill that may reasonably be expected from tertiary programs. An important part of the self-evaluation is an analysis by the program of its key issues and the projected solutions to these challenges.

For new programs, that CCEA requires a comprehensive application for accreditation (SER) to be submitted no later than 10 months prior to the first student cohort commencing. The application will demonstrate:

- progress against the business plan
- how areas of concern identified by CCEA in the business plan and budget have been addressed
- details of the full curriculum and assessment plan for the full program.

The completed self-evaluation report will be reviewed by the Accreditation Committee. After consideration of the report the Committee may make one of the following recommendations to the Council:

1. **Satisfactory Self-Evaluation Report.** This means that the self-evaluation report essentially complies in form and content and that the program appears to be

ready to undergo a site evaluation. The Chairperson of the Accreditation Committee will then arrange for an evaluation team.

2. **Unsatisfactory Self-Evaluation Report.** This means that the self-evaluation report does not provide the necessary information, or demonstrate the suitability of the program to undergo site evaluation. The program will be asked to submit additional specified data or make specific changes before the Committee will authorise a site evaluation.

Site Evaluation

The third step in the accreditation or re-accreditation process involves a site evaluation in terms of the following.

A site evaluation team (SET) will be selected by the Accreditation Committee. The program will be advised of the nominated evaluators and will be afforded the opportunity to notify the CCEA regarding any perceived conflict of interest among the nominated evaluators. Should a conflict of interest be determined to exist, the Accreditation Committee will nominate an alternate evaluator.

The evaluation team will spend several days on-campus evaluating all aspects of the program that relate to the Council's standards. Further time will be given to the writing of a report of findings. The applicant program shall afford to authorised representatives of the Committee unhampered opportunity to evaluate the program, including the facilities, interview its staff, students and management, study the financial and corporate records and examine student credentials, grading, progression and graduation records.

The site team is expected to assist the Program 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 Program's Chief Executive Officer and other personnel as deemed appropriate by the Team leader and the CEO. The exit interview will provide a high-level overview of the commendations and recommendations made by the team. It will not discuss any recommendations regarding the accreditation status of the program.

The team leader will prepare a draft site evaluation report which will be sent to the applicant program for correction of factual errors only. A timely response will be required. After consideration of the 'Errors of Fact' response from the program provide the team leader will finalise the report for submission to the Accreditation Committee.

Report Review and Consideration

The fourth step involves a review of the Evaluation Team report by the Accreditation Committee.

The Team report will be distributed to all members of the Committee. It is also sent to the applicant program, prior to the Committee's consideration of the program's application for re-accreditation, with a request to review and make a written response.

The intent of the request to the program 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 program may submit a response, and must submit a response if the report contains concerns accompanied by recommendations.

Review and consideration of the Evaluation Team report by the Committee will include full discussion attended by the program leader, or their designee. A member of the Evaluation team, preferably the Leader, will also be present.

Accreditation Determination

The fifth step involves a recommendation on accreditation (or re-accreditation) by the Committee and its subsequent advice of the outcome to Council, in writing. One of the following recommendations would be made by the Committee:

1. *Accredited or Accredited with Conditions*

A decision to recommend to accredit or re-accredit a program:

- a) With conditions:
 - i) based on a timetable for implementation;
 - ii) without a timetable for implementation; and/or
 - iii) a requirement for progress reports at specified times.
- b) Without conditions.

2. *Not Accredited*

A recommendation by the Committee to not accredit a program must include identification of criteria that are not being met, and may include one or more of the following:

- a) recommendations to assist the program in meeting accreditation criteria. Such recommendations may be with or without a proposed timetable.
- b) recommendation on the appointment of consultant(s).
- c) a meeting(s) with representatives of the program.
- d) other specified recommendations.

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

Re-accreditation and site evaluation of accredited providers and programs will be conducted at intervals no longer than five years and will be based on the procedures outlined above. The Accreditation Committee will establish dates for receipt of further self-evaluation reports and program evaluation will be scheduled within six months of receipt of such self-evaluation reports.

Decisions not to re-accredit a previously accredited program constitutes a revocation of accreditation. A program which has not been re-accredited is required to apply de novo for accreditation.

Accreditation Determinations Specific to New Programs

Initial accreditation determination

Prior to the commencement of the first cohort of students, CCEA will make an accreditation determination of **Accreditation with conditions** or **Accreditation denied**.

Condition(s) applied to the chiropractic program will be specified in the accreditation determination along with the relevant CCEA Accreditation Standard(s). The determination will identify the timeframe by which CCEA expects the condition(s) to be addressed. The institution will be expected to report how they have adequately addressed conditions in their annual and progress reports (as identified in the notification of their accreditation determination), or accreditation will be withdrawn.

Initial accreditation outcomes

CCEA may make the following determinations regarding accreditation of new programs:

Accreditation with conditions. Accreditation as a new program is granted with conditions for a period of up to three years, subject to conditions being addressed within a specified time and depending on satisfactory reports (either annual or as otherwise specified). Conditions may relate to the progressive implementation of the new program and the provision of adequate staffing and facilities to support the developing program.

Accreditation denied. If it is determined that a proposed program has serious deficiencies, accreditation may be denied. CCEA will advise the institution on the deficiencies to be addressed before it will re-consider accreditation.

Notification of Decision

The CCEA will notify the program of its decision and identify any special/interim activities associated with the decision.

Following the Council meeting, the Council and Accreditation Committee Chairpersons (or nominated representatives) will meet with program representatives and provide a verbal report of the decision. A written notice of the decision will be forwarded to the program.

The Council Chairperson will notify other appropriate agencies, including relevant registration boards, of the decision (within 30 days). Such “decision” would also include any acceptance of the program withdrawal from the (re-) accreditation process, and implementation of the decision must allow for expiration of the period for any appeal or the conclusion of the appeal process.

Maintaining Accreditation

Ongoing Reporting

Self-evaluation on a continuing basis is imperative to the on-going development of a program/program and is required by the Council, within the context of encouraging quality improvement and a considered response to changing environment(s).

Programs shall provide the following reports:

- a. **Annual reports:** accredited programs shall report annually on the status of the program including enrolment and other data in a form prescribed by the Accreditation Committee. Other data should

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

- b. **Progress reports:** accredited programs shall also provide progress reports in certain situations:
- i. as required by Council in connection with (re-)accreditation findings;
 - ii. and where a decision is made to suspend, or discontinue an accredited program.

Substantive Change

Accredited programs must notify the Accreditation Committee in writing of any planned or unplanned substantive changes that may impact the validity of the program's accreditation, as soon as they are identified by the program.

The CCEA defines a **substantive change** as matters that will affect the policy or practices of the accredited program and that could impact upon the delivery of a program of study, including but not limited to:

- Changes in the governance arrangements of the program or provider;
- Changes in the established mission or goals of the program or provider;
- 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.

The notification of a substantive change by an accredited provider must allow sufficient time for evaluation of continued compliance with CCEA's *Accreditation Standards for Chiropractic Education Programs*.

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 accredited providers next annual and/or Progress Reports to the CCEA.

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

Special Actions

Reinstatement of Accreditation

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

Special Appearances before the Committee

Under extraordinary circumstances, the Council/Accreditation Committee may, in writing, direct a program representative to have the program leader, or their designee, 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 violations of CCEA accreditation criteria and where there appears to be a compelling need for prompt action to protect against potential risk 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 formal notification of the written direction. The purpose of this meeting is to establish whether the program 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 submit a special report or that it host a special site evaluation team visit.

The directive to appear shall identify the specific accreditation criteria with which the program or provider must demonstrate compliance. At the special meeting, the Committee shall give representatives of the program 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. Further information is required. The current accreditation status is maintained, pending the receipt of a special site evaluation team visit report or the receipt of a special report from the program.
- iii. Revoke the program's accreditation.

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

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

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

Special Reports

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

This period shall not be less than 15 working days after the Committee's formal request to the program. 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 program 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 concern in question.

Special Site Visits

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

If the program objects to any member of the proposed evaluation 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. The right to objection will be waived however, unless it is received by the Council within seven working days of the formal notification notifying the program of the proposed team members.

The program shall afford the evaluation team an unhampered opportunity to examine facilities; to interview members of its faculty, administration, management, staff and students; and to review all relevant records maintained by or for the program.

The evaluation team shall prepare a draft report of its findings, and provide a copy to both the chief administrator of the program for the correction of errors of fact. Depending on the reason for the visit, the draft report may also be provided to the Vice-Chancellor of the provider of which the program is a part. The program 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 evaluation visit. After considering the program's written response, the evaluation 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 a recommendation consistent with the available accreditation determination outcomes as outlined above.

Publication of CCEA Accredited Programs

The CCEA shall publish a list of accredited programs and program providers name, plus 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 program provider) is accredited by the Council on Chiropractic Education Australasia Inc.”

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

“The (title of degree) program of (name of program provider) is accredited with conditions by the Council on Chiropractic Education Australasia Inc.”

Where the accreditation granted is specific to a campus, the public statement must include a reference to the accredited campus.

Any new chiropractic program must not be advertised to give the impression that it will lead to a qualification which entitles graduates to register until such a program has been granted accreditation.

Approximate timeline for consideration of new chiropractic programs

CURRENTLY UNDER REVIEW

Appeals Procedure

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

- i. denial of initial accreditation
 - ii. denial of re-accreditation
 - iii. revocation of accreditation
1. In these circumstances, an appeal by the Chief Executive Officer of the program concerned may be made to an Appeal Panel consisting of:
 - 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;
 - 1.2. One person representing the public/community appointed by CCEA. The nominee shall be acceptable to both parties.
 - 1.3. One person appointed by the program provider who is not associated with the program provider. 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.

- 1.1. An appeal must be filed with the Accreditation Committee within thirty days of receipt by the program provider of the Council's determination and shall be acted upon within the following ninety days.

- 1.2. 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.
- 1.3. Along with the written decision to refuse or revoke accreditation, the Council will provide a detailed statement of the program's non-compliance with the approved accreditation standards.
- 1.4. The appeal shall be based on the program's self-evaluation report, the site evaluation team's report (including any additional special site evaluations conducted), the program provider's response to these reports, the pre-decision consideration of the site evaluation report by the Accreditation Committee, the Committee's subsequent advice to the Council with regard to the accreditation status and the Council's deliberations.
- 1.5. The Appeal Panel will not receive documents or testimony on events or progress made by the program provider after the decision of the Council.
- 1.6. 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.
- 1.7. 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.
- 1.8. the Council and the program provider shall present relevant written evidence to the Appeal Panel twenty-one days prior to the appeal hearing. Failure by the program provider to file this document within the timeframe stated shall result in a dismissal of the appeal.
- 1.9. The Council and program representatives shall have the right to meet with the Appeal Panel at the hearing to provide additional evidence and answer questions.
- 1.10. The names of the representatives who will be present at the hearing shall be filed with the Accreditation Committee at least ten days in advance of the hearing.
- 1.11. 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.
- 1.12. The written decision of the Appeal Panel, including a statement of specific detail, shall be sent to the Secretary of the Council.
- 1.13. 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 program provider, other appropriate accrediting agencies, and the public within 30 days.

- 1.14. 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 program provider and the Council.
- 1.15. 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.
- 1.16. 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.



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