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OAQ Report

Accreditation Master of Chiropractic Medicine University of Zurich |
19.03.2014



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1 Frame of reference, object and procedural steps

1.1 Frame of reference

The accreditation of study programmes leading to a Federal Diploma in Medicine is mandatory according to the Federal Law on Financial Aid to Universities of 8 October 2009 (UFG)¹ and to the Federal Law on Medical Professions of 23 June 2006 (MedBG, Art. 23 § 1)². Art. 24 § 1 MedBG defines the criteria that must be fulfilled for accreditation of study programmes in addition to the accreditation requirements according to UFG. The legally defined educational objectives are of key importance (Art. 4 MedBG, Art. 6-10 MedBG).

The quality assessment is based upon quality standards that were developed by the Deans of the five Swiss Medical faculties, in cooperation with the Swiss Center of Accreditation and Quality Assurance in Higher Education (OAQ) and the Federal Office for Public Health (FOPH). They were based on the internationally accepted "Basic Medical Education WFME Global Standards for Quality Improvement"³ and authorised on 11 June 2003 by the Joint Commission of the Swiss Medical Schools (SMIFK). Under the mandate of the FOPH, in 2007 the Quality standards were revised by the OAQ and adapted to the requirements of the MedBG.

This work resulted in the developments of the quality standard set "Accreditation of Study Programmes in Basic Medical Education. Quality Standards", dated February 2010, which comprises the educational objectives specified in Art. 4, 6, 7, 8 of the MedBG as well as the general and specific quality standards for study programmes outlined respectively in Art. 10 and 12 of the Accreditation Guidelines of the Swiss University Conference (SUC)⁴. The standard set was adapted for Dental Medical Education, Veterinary Medical Education, and Chiropractic Medicine.

The procedures undertaken by the OAQ foresee the assessment of fulfilment of the accreditation criteria according to the MedBG as well as the fulfilment of the quality standards according to the SUC Accreditation Guidelines.

Between March 2010 and August 2012 the OAQ conducted the accreditation procedures of all the Bachelor and Master programmes in Veterinary Medicine, Human Medicine and Dental Medicine; the accreditation procedure for the Master of Chiropractic Medicine is conducted between June 2013 and April 2014.

The accreditation proposals to the two accrediting bodies, the SUC (UFG criteria) and the Swiss Accreditation Council (MedBG criteria) are each limited to the respective quality criteria. However, the accreditation decision according to UFG is a precondition for accreditation according to MedBG.

The conceptual planning of the procedures as well as all accompanying instruments (quality standards, guidelines) were defined by the OAQ under the mandate of the FOPH and in cooperation with the SUC and the FOPH itself.

1.2 Object of the accreditation procedure

The object of the present accreditation procedure is the Master of Chiropractic Medicine (M Chiro Med) offered at the Faculty of Medicine of the University of Zurich.

¹ Bundesgesetz über die Förderung der Universitäten und über die Zusammenarbeit im Hochschulbereich vom 8. Oktober 1999 (UFG), SR 414.20.

² Bundesgesetz über die universitären Medizinalberufe vom 23. Juni 2006 (MedBG), SR 811.11.

³ The original standards of the World Federation of Medical Education (WFME) are available under www.wfme.org

⁴ Richtlinien der Schweizerischen Universitätskonferenz für die Akkreditierung im universitären Hochschulbereich vom 28. Juni 2007 (Akkreditierungsrichtlinien/Accreditation Guidelines), SR 414.205.3.

The University of Zurich is a full research university with about 26'300 students in 2011-2012 and has a total of seven faculties. The Faculty of Medicine offers study programmes of basic education in Human Medicine, Dental Medicine, and Chiropractic Medicine, for a total of about 2'700 students in 2011-2012.

The M Chiro Med programme is a 6 year Bologna model medical programme with the first 3 years of study leading to the Bachelor of Medicine degree (B Med) and the last 3 years leading to the M Chiro Med degree. The B Med degree gives right of admission to the master programme M Chiro Med. It is intended for the students to enter the master programme directly when the bachelor B Med has been obtained. The B Med programme was accredited in 2012 and therefore is not object of this accreditation procedure.

In the Swiss system of higher education any student holding a "Matura" or an equivalent diploma gains admission into any study programme of a Swiss university. The only exception is medicine where the number of study places is limited. Most cantons including the canton of Zurich have agreed to base admission on a central aptitude test. The Ordinance for Entry into Studies at the University of Zürich (Verordnung über die Zulassung zum Studium an der Universität Zürich) and the Ordinance for Restrictions for Entry into Medical Studies at the University of Zürich (Verordnung über die Zulassungsbeschränkungen zu den medizinischen Studiengängen der Universität Zürich)⁵ describe the admission process. Students are selected for admission into the M Chiro Med programme under the exact same rules and regulations that apply to human medicine.

The intake capacity for the 1st year of the M Chiro Med Programme is currently set at 20 students per year.

1.3 Procedural steps

10.06.2013	Opening of the procedure
19.07.2013	Approval of the expert panel by the Scientific Advisory Board of the OAQ as well as by the Swiss Accreditation Council
09.09.2013	Self-evaluation report of the study programme M Chiro Med, University of Zurich
14.-15.10.2013	On-site visit of the unit under accreditation
18.11.2013	Preliminary expert report
06.12.2013	Position statement of the Faculty of Medicine, University of Zurich
17.12.2013	Definitive expert report
08.01.2014	Draft OAQ report with proposal on accreditation decision
07.02.2014	Position statement of the Faculty of Medicine, University of Zurich according to Art. 27 § 2 of the SUC Guidelines
21.02.2014	Statement of the MEBEKO

⁵ <http://www.crus.ch/information-programme/anmeldung-zum-medizinstudium/rechtliche-grundlagen-beschluesse/kanton-zuerich-verordnung.html>

26.02.2014	Statement of the Scientific Advisory Board of the OAQ
19.03.2014	Definitive OAQ report with proposal on accreditation decision

The procedure was properly conducted under all formal aspects and legal requirements.

1.4 The panel of experts

The panel of experts consisted of the following persons:

- Prof. Haymo Thiel, Anglo-European College of Chiropractic - Associate College of Bournemouth University, Bournemouth, United Kingdom (Chair)
- Prof. Eckhart G. Hahn, Universitätsklinikum Erlangen, Erlangen, Germany
- Prof. Lotte O'Neill, Aarhus Universitet, Aarhus, Denmark
- Prof. Henrik Hein Lauridsen, University of Southern Denmark, Odense, Denmark
- Ms. Lucie Begert, Year 6 Medical Student, Lausanne, Switzerland

1.5 Reference documents

- Self evaluation report of the study programme in M Chiro Med, University of Zurich, dated 9 September 2013;
- Position statement of the Faculty of Medicine of the University of Zurich, dated 6 December 2013;
- Definitive expert report dated 17 December 2013;
- Position statement of the Faculty of Medicine of the University of Zurich, dated 7 February 2014.
- Statement of the MEBEKO dated 21 February 2014;

2 External Evaluation

2.1 The self-evaluation report

The Faculty of Medicine of the University of Zurich has produced a 74-pages self-evaluation report for the study programme M Chiro Med, including 13 appendices. The document addresses the nine quality areas that are mission and objectives, study programme, students, assessment of students, academic staff/faculty, educational resources, programme evaluation, governance and administration, and continuous renewal/quality assurance.

The report was both descriptive and analytical, including a SWOT analysis for most of the areas of evaluation. It was self-reflective and useful for the process of global quality enhancement. It was handed within the given deadlines, facilitating the effectiveness of the external evaluation.

2.2 The on-site visit

The on-site visit by the experts took place on October 14-15, 2013. The briefing of the expert team by the OAQ took place on the eve of the visit, on October 13, 2013.

The expert team, supported by one OAQ staff, had the opportunity to meet with academic and administrative staff of the study programme M Chiro Med, management of the Faculty of Medicine, students from Years 2 and 3 of the M Chiro Med, researchers linked to the

activities of the Division of Chiropractic Medicine, and representatives from ChiroSuisse and from the Foundation for the Education of Chiropractors in Switzerland. The evaluation team opted not to visit the infrastructure on October 15.

According to the experts, the quite intense programme of the on-site visit was performed smoothly and effectively. It is the opinion of the experts that the information obtained from the self-evaluation report and during the site visit allowed a thorough evaluation of the compliance with the predefined quality standards.

2.3 Assessment of the fulfilment of the quality standards

Based on the individual examination areas the experts have highlighted the following strengths of the unit under accreditation:

- The M Chiro Med reflects a unique programme, which, in combination with the B Med degree, has the potential to become a leading example for chiropractic education, clinical training and research on a global basis.
- There is significant evidence that the future graduates of this programme will be very well prepared for clinical practice within a multi-disciplinary healthcare setting, including hospital-based practice.
- The steering group has to be commended for their significant efforts in developing, implementing, running and quality assuring the programme.
- The amount of research published within the peer-reviewed literature so far, and considering the small size of the chiropractic faculty, needs to be commended.

As for the weaknesses, the expert panel has underlined the following:

- The lack of a strategic document which clearly outlines the future operational and resourcing needs specific to the Chiropractic Medicine programme.
- The Division of Chiropractic Medicine does not appear to have a firm and specific link to a defined institute or department within the Faculty of Medicine.
- There is no open and transparent budgetary review process, allowing the Head of the Chiropractic Medicine programme to construct and propose detailed annual budgets for the teaching and research provisions on an informed basis.

In order to comply with the accreditation criteria, not every single quality standard needs to be completely fulfilled. The recommendation for accreditation by the experts and the accreditation agency is the result of a global judgement taking into account evidences at the level of sub-areas of examination.

The expert panel has indicated a large number of recommendations for the quality improvement of the study programme and for its further development.

Additionally the experts have formulated five conditions for accreditation with regard to standards 1.1.3 (mission), 1.3.1 (academic autonomy), 6.2.1 (clinical training resources), 8.1.1 (governance) and 8.4.2/3 (educational budget and resource management):

1. *“A clearly formulated and detailed strategic plan must be produced by the Faculty of Medicine in collaboration with the Division of Chiropractic for the period 2014 to 2021. This strategic plan must clearly address the current problem of under-staffing and*

clearly outline yearly financial and budgetary projections for the period.” (standard 1.1.3 and 8.1.2, one condition for both standards);

2. *“Further human resources must be allocated in order to guarantee a sustainable development of the study programme.” (standard 1.3.1);*
3. *“On behalf and together with the Division of Chiropractic the Faculty of Medicine must start negotiations with the Uniklinik Balgrist for facilities relating to the chiropractic provision in order to allow an appropriate implementation for the clinical learning and patient care.” (standard 6.2.1);*
4. *“The Division of Chiropractic Medicine must be firmly and visibly anchored within the organisational structure of the Faculty of Medicine, e.g. as an Institute.” (standard 8.1.1)*
5. *“An open and transparent budgetary review process must be in place, allowing the Head of the Chiropractic Medicine programme to construct and propose detailed annual budgets for the teaching and research provisions.” (standard 8.4.2/3)*

The panel of experts recommends the accreditation of the study programme Master of Chiropractic Medicine at the University of Zurich for 7 years, with five conditions to be fulfilled within 18 months upon receiving the federal decisions.

2.4 Compliance with the legal requirements

The expert panel concludes that the medical curriculum under consideration complies with the legal requirements foreseen by Art 24 MedBG.

2.5 Position statement of the unit under accreditation on the expert report

The Faculty of Medicine of the University of Zurich has appreciated the comprehensive analytical work of the experts as well as their valuable aspects and recommendations to further improve the quality of the study programme. Although they are in general agreement with the conditions identified, they critically mention that in their point of view some of the recommendations / conditions are very comprehensive and extend the scope beyond the accreditation of a study programme. They made the following comments:

Condition 1:

“A clearly formulated and detailed strategic plan must be produced by the Faculty of Medicine in collaboration with the Division of Chiropractic for the period 2014 to 2021. This strategic plan must clearly address the current problem of under-staffing and clearly outline yearly financial and budgetary projections for the period.”

The Faculty of Medicine agrees that a strategic plan is needed. However, it's important that the time frame of the strategic plan is in line with the regulations of the Faculty of Medicine and the University of Zurich; these regulations include a strategic and financial approach, which is normally a 3-4 year strategic plan (2014-2017).

The experts took note of this point and decided to reformulate the condition as follows:

“A clearly formulated and detailed strategic plan must be produced by the Faculty of Medicine in collaboration with the Division of Chiropractic for the period 2014 to 2017. This strategic plan must clearly address the current problem of under-staffing and clearly outline yearly financial and budgetary projections for the period.”

Condition 3:

“On behalf and together with the Division of Chiropractic the Faculty of Medicine must start negotiations with the Uniklinik Balgrist for facilities relating to the chiropractic provision in order to allow an appropriate implementation for the clinical learning and patient care.”

The Faculty of Medicine has already arranged an initial meeting with the Uniklinik Balgrist Administrative and Clinical Managers. However, the Faculty of Medicine points out, that the scope of accreditation does not cover patient care and that they will focus on clinical learning in the master programme.

The experts took note of this point and decided to specify the condition as follows:

“On behalf and together with the Division of Chiropractic the Faculty of Medicine must start negotiations with the Uniklinik Balgrist for facilities relating to the chiropractic provision in order to allow an appropriate implementation for clinical learning and training.”

As stated above the Faculty of Medicine argues that some of the conditions extend the scope of the accreditation of the study programme and interfere with regulations of the University and the Faculty of Medicine (e.g. the strategic plan covers the period 2014-2017 and not 2014-2021) and therefore, they might not be able to fulfil the conditions within the proposed time frame of 18 months upon receiving the decisions.

The experts do not agree with the Faculty of Medicine that the conditions they formulated extend the scope of the accreditation of the study programme, because all the conditions are clearly linked to one or more standard and pertain to key issues, which the Faculty of Medicine needs to address. Consequently, the experts sustain their accreditation recommendation taking into account the changes mentioned above.

In addition, the experts agree to extend the time frame for fulfilling the conditions from 18 months to 3 years giving the Faculty of Medicine more time to take the necessary steps in order to guarantee a sustainable development of the study programme M Chiro Med.

2.6 Consultation of the OAQ Scientific Advisory Board

The OAQ sent the self-evaluation report, the expert report, the comments of the unit under accreditation and the OAQ's draft report to its Scientific Advisory Board on February 14, 2014 for consultation. On February 26, 2014 the OAQ Scientific Advisory Board concluded that the procedure was properly conducted and supported the programme accreditation for a period of 7 years with five conditions (see chapter 3).

2.7 Consultation of the MEBEKO

The OAQ sent the self-evaluation report, the expert report, the comments of the unit under accreditation and the OAQ's draft report to the MEBEKO on January 7, 2014 for the first consultation according to Art. 27 § 5 MedBG. In its position statement dated 21 February 2014 the MEBEKO confirms that the procedure was properly conducted and states that the recommendations and conditions are clearly documented and comprehensible. Nevertheless, the MEBEKO states that the proposed time span of three years for rectifying the conditions seems too long and should be shortened to 18 months. The MEBEKO argues that the fulfilment of conditions is an ongoing process that must be initiated but not necessarily be fully completed within the given deadline; the time frame only implies that concrete planning steps must follow and be implemented within the given deadline and in this sense, all the conditions could be fulfilled within 18 months. As a consequence, the MEBEKO supports the accreditation of the

programme M Chiro Med for a period of 7 years but proposes to shorten the deadline for fulfilling the conditions from 3 years to 18 months.

2.8 Position statement of the unit under accreditation according to Art. 27 § 2 of the SUC Accreditation Guidelines

According to Art. 27 § 2 of the SUC Accreditation Guidelines the unit under accreditation was asked to take position on the conditions, reformulated after the consultative process (see chapter 3). In its statement dated of 7 February 2014 the Faculty of Medicine states, that for the time being they are not able to confirm that they can fulfil all the conditions within the proposed time span of three years, because some of the conditions address financial and organizational issues that also affect other areas within the Faculty of Medicine that must be further discussed. Therefore, they ask for an extension of the deadline until 30th of June 2014 to hand in their definite and engaging statement.

3 Conclusion

Based on the self-evaluation report, the expert report, the position statements of the unit under accreditation, the statements of the MEBEKO and the Scientific Advisory Board the OAQ concludes that the Study Programme Master of Chiropractic of the University of Zurich fulfils to a large extent the quality standards for accreditation of the FOPH. It supports the accreditation of the programme for a period of 7 years. The conditions proposed in the experts' report clearly address one or more standard and should be maintained.

The recommendations formulated in the expert report are intended by the experts to contribute to the development of the quality of the study programme.

3.1 OAQ's proposal for accreditation according to UFG for the attention of the SUC

Concluding that the Study Programme Master of Chiropractic Medicine of the University of Zurich fulfils the accreditation standards pursuant to Art. 10 and 12 of the Accreditation Guidelines, the OAQ thus proposes:

Accreditation of the Study Programme Master of Chiropractic Medicine of the University of Zurich for a period of 7 years, with the following four conditions to be reviewed within a time span of 3 years, to be counted from the coming into force of the accreditation decision:

- *A clearly formulated and detailed strategic plan must be produced by the Faculty of Medicine in collaboration with the Division of Chiropractic for the period 2014 to 2017. This strategic plan must clearly address the current problem of under-staffing and clearly outline yearly financial and budgetary projections for the period.*
- *Further human resources must be allocated in order to guarantee a sustainable development of the study programme.*
- *The Division of Chiropractic Medicine must be firmly and visibly anchored within the organisational structure of the Faculty of Medicine, e.g. as an Institute.*
- *An open and transparent budgetary review process must be in place, allowing the Head of the Chiropractic Medicine programme to construct and propose detailed annual budgets for the teaching and research provisions.*

3.2 OAQ's proposal for accreditation according to MedBG for the attention of the Swiss Accreditation Council

Concluding that the Study Programme Master of Chiropractic Medicine of the University of Zurich fulfils the objectives and accreditation criteria pursuant to Art. 4, 6, 7, 8 and 24 of the MedBG, the OAQ thus recommends for the attention of the Swiss Accreditation Council:

Accreditation of the Study Programme Master of Chiropractic Medicine of the University of Zurich for a period of 7 years, with the following condition to be reviewed within a time span of 3 years, to be counted from the coming into force of the accreditation decision:

- *On behalf and together with the Division of Chiropractic the Faculty of Medicine must start negotiations with the Uniklinik Balgrist for facilities relating to the chiropractic provision in order to allow an appropriate implementation for clinical learning and training.*

3.1 Antrag des OAQ auf Akkreditierung gemäss UFG an die SUK

Das OAQ kommt zum Schluss, dass der Studiengang Master of Chiropractic Medicine der Universität Zürich die Akkreditierungsstandards gemäss Art. 10 und 12 der SUK-Richtlinien erfüllt.

Daher beantragt das OAQ: Akkreditierung des Studiengangs Master of Chiropractic Medicine der Universität Zürich für 7 Jahre, mit vier Auflagen zu überprüfen innerhalb von 3 Jahren nach Rechtsgültigkeit des Akkreditierungsentscheids:

- *Die Medizinische Fakultät muss in Zusammenarbeit mit dem Bereich Chiropraktik einen strategischen Plan für den Zeitraum 2014 bis 2017 erstellen. Der strategische Plan muss das derzeitige Problem der fehlenden Personal-Ressourcen thematisieren und die Budgets für die Periode 2014 bis 2017 enthalten.*
- *Zusätzliche Personalressourcen müssen bereitgestellt werden, um die nachhaltige Entwicklung des Studiengangs zu garantieren.*
- *Der Bereich Chiropraktik muss sichtbar in der Organisationsstruktur der Medizinischen Fakultät verankert werden, z.B. in der Form eines Institutes.*
- *Ein transparenter Planungsprozess muss etabliert werden, der es dem Leiter des Programmes Master of Chiropractic Medicine erlaubt, ein detailliertes jährliches Budget zu erstellen, das die Lehr- und Forschungstätigkeiten sicherstellt.*

3.2 Antrag des OAQ auf Akkreditierung gemäss MedBG an den Schweizerischen Akkreditierungsrat

Das OAQ kommt zum Schluss, dass der Studiengang Master of Chiropractic Medicine die Ziele und Akkreditierungskriterien gemäss Art. 4, 6, 7, 8 und 24 MedBG erfüllt.

Daher beantragt das OAQ: Akkreditierung des Studiengangs Master of Chiropractic Medicine der Universität Zürich für 7 Jahre, mit einer Auflage zu überprüfen innerhalb von 3 Jahren nach Rechtsgültigkeit des Akkreditierungsentscheids:

- *Die Medizinische Fakultät muss für und mit dem Bereich Chiropraktik Verhandlungen mit der Uniklinik Balgrist aufnehmen für die Bereitstellung von angemessenen Räumlichkeiten für den klinischen Teil des Studienganges Master of Chiropractic Medicine.*

3.1 Proposition de l'OAQ relative à l'accréditation selon LAU adressée à la CUS

L'OAQ certifie que la filière d'études Master of Chiropractic Medicine de l'Université de Zurich satisfait aux standards d'accréditation conformément à l'Art. 10 et 12 des directives de la CUS et propose l'accréditation de la filière d'études Master of Chiropractic Medicine de l'Université de Zurich pour 7 ans, avec les quatre conditions suivantes, à remplir dans un délai de 3 ans, à compter de l'entrée en force de la décision d'accréditation:

- *Un plan stratégique clair et détaillé doit être élaboré par la Faculté de médecine, en collaboration avec la Division de Chiropratique pour la période 2014-2017. Ce plan stratégique doit prendre en compte le problème actuel de dotation en personnel et définir un plan financier et budgétaire pour cette période.*
- *Les ressources humaines doivent être augmentées, afin de garantir le développement durable de la filière d'études.*
- *La Division de médecine chiropratique doit être intégrée de manière visible au sein de la Faculté de médecine, par exemple en tant qu'institut.*
- *Un processus clair et transparent d'évaluation du budget doit être mené, afin de permettre à la direction de la filière en médecine chiropratique d'établir et de proposer un budget annuel détaillé, incluant des réserves pour l'enseignement et pour la recherche.*

3.2 Proposition de l'OAQ relative à l'accréditation selon LPMed adressée au Conseil suisse d'accréditation

L'OAQ certifie que la filière d'études Master of Chiropractic Medicine de l'Université de Zurich satisfait aux objectifs et critères d'accréditation conformément aux Art. 4, 6, 7, 8 et 24 de la LPMéd et propose l'accréditation de la filière d'études Master of Chiropractic Medicine de l'Université de Zurich pour 7 ans, avec la conditions suivante, à remplir dans un délai de 3 ans, à compter de l'entrée en force de la décision d'accréditation:

- *La Faculté de médecine doit ouvrir, au nom de la division de chiropratique, des négociations avec l'hôpital universitaire Balgrist afin d'assurer la mise à disposition d'une infrastructure permettant l'implémentation adéquate de la partie clinique de la formation complète en chiropratique.*

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**Academic accreditation in Switzerland
Expert report**

Faculty of Medicine, University of Zurich

**Study programme Master of Chiropractic Medicine UZH
(M Chiro Med)**

Report submitted on: 17/12/2013

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1 Introduction

The accreditation for programmes leading to the Federal Diploma in Medicine is mandatory according to the Federal Law on Medical Professions from 23 June 2006 (MedBG: Art. 23 Para. 1).¹ Accordingly, the study programmes must fulfil the criteria of the Federal Law on Financial Aid to Universities from 8 October 1999 (UFG)² and those of the MedBG in order to be accredited. Article 24, Para. 1 of the MedBG lists the specific criteria, which must be fulfilled for accreditation. The legally anchored educational objectives (Art. 4, 6-10 MedBG) are of central importance.

The accreditation procedure examines the quality of the study programmes on the basis of pre-defined quality standards. These standards are based on quality standards developed by the deans of the five Swiss faculties of medicine in cooperation with the Center of Accreditation and Quality Assurance of the Swiss Universities (OAQ) and the Federal Office of Public Health (FOPH). They have been developed based on the internationally accepted "Basic Medical Education WFME Global Standards for Quality Improvement"³ and authorised on 11 June 2003 by the Joint Commission of the Swiss Medical Schools (SMIFK). In 2007 on behalf of the FOPH, the OAQ revised and adapted the conditions to the MedBG.

Not every single quality standard must be completely fulfilled in order to qualify for accreditation based on MedBG criteria. The recommendation for accreditation by the experts and the accreditation agency, as well as the decision by the independent accreditation council (Art.47, Para.1, MedBG) is the result of a global judgment.

The present report reflects the estimation of the expert group that was appointed by the OAQ for this accreditation procedure. The expert group analysed whether the study programme M Chiro Med at the University of Zurich fulfils the quality standards defined for this accreditation procedure.

The judgment of the expert group is based on the self-evaluation report of the University Zurich, on various interviews carried out with all stakeholders during the on-site-visit and as well as on the visits on the university hospital and the teaching infrastructure.

¹ www.admin.ch/ch/d/sr/8/811.11.de.pdf

² www.admin.ch/ch/d/sr/4/414.20.de.pdf

³ The original standards of the World Federation of Medical Education (WFME) can be found at www.wfme.org.

2 Accreditation procedure

Presentation of the unit

The Master of Chiropractic Medicine (M Chiro Med) programme of the Division of Chiropractic Medicine, Faculty of Human Medicine, University of Zürich had its first intake of students in September 2011. It forms the second part of a six year Bologna model medical programme, with the first three years of study leading to the Bachelor of Medicine (B Med [Schwerpunkt Chiropraktik]) degree, and the last three years leading to the M Chiro Med degree. The B Med degree consists of a foundation of basic and human sciences in Year 1, the healthy human in Year 2 and human illness and disease in Year 3. Each of these years is accompanied by a 'Mantelstudium in Chiropraktik'. The three years of the B Med degree programme have already been accredited by the OAQ in 2011. All Chiropractic medicine students complete all components of the B Med degree. The theme of human illness and disease which starts in year 3 of the B Med degree continues in Year 1 of the Masters in Medicine (M Med). Year 3 of the B Med forms the foundation for Clinical Medicine I, while Year 1 of M Med is designated as Clinical Medicine II.

Year 1 M Chiro Med integrates Clinical Medicine II (continuation of Medicine I) with the fundamental knowledge and skills necessary for the competent diagnosis and treatment of patients in Chiropractic practice. These include clinical examination, differential diagnosis, manual treatments and active rehabilitation. During Year 3 of the M Chiro Med, students must also complete a Master's research project. Students are expected to begin work on their project during this year.

Year 2 M Chiro Med focuses on the management of Chiropractic patients in terms of safe, competent, and evidence-informed best practice. The diagnostic and therapeutic knowledge and skills developed in Year 1 M Chiro Med are further developed and integrated into an overall management strategy appropriate for the most common types of patients that present to Chiropractors.

Year 3 M Chiro Med is made up of two main components; one half of the year is spent in a Chiropractic Teaching Clinic and the other half of the year is spent in the Medical Under-assistantship with clinical rotations. The Chiropractic Teaching Clinic will focus on applying the diagnostic, therapeutic and management knowledge and skills learned in the previous years on patients. Students will diagnose, treat and manage patients under the supervision of qualified Chiropractors. During the five month clerkship (Unterassistentz), students expand their clinical knowledge and skills through rotations in various departments such as Orthopaedics, Rheumatology and Radiology.

Graduates of the M Chiro Med program are expected to have acquired the knowledge, skills and attitudes necessary for entry into the Post-graduate Programme and to be able to engage in safe, competent and effective practice under the supervision of an

accredited Chiropractor. They are also prepared to undertake the post-graduate research project necessary to obtain the 'doctor of chiropractic medicine' title.

Self-evaluation report

The accreditation procedure examines the quality of study programmes, based on standards addressed within a self-evaluation report. These standards are based on quality standards developed by the deans of the five Swiss faculties of medicine in cooperation with the OAQ and the Federal Office of Public Health (FOPH).

According to the regulations of the OAQ, the University of Zürich's chiropractic medicine faculty appointed a steering group in October 2012. The core members of the accreditation self-study steering group included: Prof. Dr. Cynthia Peterson (research coordinator chiropractic medicine), Prof. Dr. B. Kim Humphreys (Head of the chiropractic medicine programme), Dr. Inga Paravicini (faculty member and MME), and Dr. Daniel Mühlemann (faculty member and coordinator of clinical studies).

The steering group prepared the self-study report document and the first draft was approved in March 2013. This draft document was then sent to all chiropractic faculty members and students for feedback as well as to the executive members of the Swiss Chiropractic Association and the Chiropractic Patient's Organization in Switzerland. Comments and changes were then incorporated into the second draft of the self-study report. The second draft was then sent to the relevant leaders and administrators of the Faculty of Medicine for feedback and input. These included Prof. Dr. Klaus Grätz, Dean of Medicine, Dr. Christian Schirlo, Deanery, Prof. Dr. Rainer Weber, Vice-Dean Clinical Studies, Prof. Dr. Johannes Loffing, Vice-Dean, Pre-Clinical Studies, and Dr. Med. Jan Breckwoldt, MME.

The final self-evaluation report was circulated by the OAQ to members of the expert group one month in advance of the on-site visit. The self-evaluation report was complete, easy to read, and formed a comprehensive basis for the on-site visit of the group of experts. It was a reflective account of the strengths and weaknesses of the programme in relation to all of the quality standards. There were a considerable number of relevant appendices that were complete and informative. The group of experts did not encounter any problems with the documentation submitted in advance of the on-site visit.

Group of experts

The Evaluation Team was composed as follows:

Prof. Haymo Thiel, Anglo-European College of Chiropractic - Associate College of Bournemouth University, Bournemouth, United Kingdom (Chair)

Prof. Eckhart G. Hahn, Universitätsklinikum Erlangen, Erlangen, Germany

Prof. Lotte O'Neill, Aarhus Universitet, Aarhus, Denmark

Prof. Henrik Hein Lauridsen, University of Southern Denmark, Odense, Denmark

Ms. Lucie Begert, Year 6 Medical Student, Lausanne, Switzerland

Ms. Katrin Meyer was the Member of the OAQ accompanying the group of experts.

On-site-visit

The group of experts was briefed prior to the on-site visit on October 13 by Dr. Christoph Grolimund (Director of OAQ) and Ms. Katrin Meyer (OAQ). The on-site visit was held at the Balgrist University Hospital on October 14 and 15, 2013. During the course of the two days a number of private meetings were held with academic and administrative staff of the study programme M Chiro Med, management of the Faculty of Medicine, students from Years 2 and 3 of the M Chiro Med, researchers linked to the activities of the Division of Chiropractic Medicine, and representatives from ChiroSuisse and from the Foundation for the Education of Chiropractors in Switzerland. Appendix 1 to this report shows the detailed programme for the on-site visit (note: the evaluation team opted not to visit the infrastructure on October 15 and as noted within the appended programme).

At the end of the visit, the evaluation team worked in a private session to arrive at a consensus on its decisions, which are detailed in this report.

At all meetings during the on-site visit, Ms. Katrin Meyer (OAQ) was in attendance, including a debriefing session when the group's main impressions were presented orally to Prof. Dr. Kim Humphreys (Head of Chiropractic Medicine), Prof. Dr. Rainer Weber (Vice-Dean Clinical Studies) and Dr. Daniel Mühlemann (Chiropractic Faculty and member of Steering Group).

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

3 Compliance with the Quality Standards

The following is the evidence obtained by the group of experts, either from the self-evaluation report submitted by the chiropractic medicine faculty, or from the meetings and further documentation provided during the on-site visit, and the expert group's assessment of how this evidence complies with the OAQ Quality Standards for this accreditation process.

Area 1: Mission and Objectives

Sub-area 1.1: Mission and Objectives

Standards

- 1.1.1 The academic unit defines its mission and objectives and makes them known publicly. The mission statement and objectives describe the educational process. After completion of the programme, chiropractors have the ability to practice their profession as well as an appropriate basis for further training in chiropractic medicine. They are able to take responsibility for their role as chiropractors in the health care system.
- 1.1.2 The mission statement and the objectives take into consideration social responsibility and community involvement.
- 1.1.3 The mission statement and objectives are compatible with the strategic planning⁴ and the research goals.

Analysis

The Chiropractic Medicine programme does have a mission statement that was included in the self-evaluation report. The objectives of this mission statement have been expressed by two basic goals which are further underpinned by seven general goals. The evaluation team felt that there is a need for the sub-goals to be more explicit in relation to 'social responsibility and community involvement' (Standard 1.1.2) and that they should also reflect the research goals and strategy by addressing competencies about research skills (Standard 1.1.3). This is not an onerous task, and one that programme team can address as soon as possible.

The evaluation team was only able to partially ascertain the degree to which the mission statement and objectives were compatible with the overall strategic planning for the programme. Appendix 11 supplied with the self-evaluation document contained a comprehensive strategic document reflecting the strategy for research over a 10 year period, however no strategic document is in place which can clearly outline the future operational and resourcing needs specific to the Chiropractic Medicine programme, especially in relation to the current understaffing. This must be clearly addressed ahead of the next intake of students in order to ensure and reflect the long-term viability and growth of the programme. It is recommended that the strategic plan covers the period 2014 to 2017.

⁴ Compare with 8.1.2.

Conclusions: *partially fulfilled*

Recommendations: *the sub-goals to the mission statement to be more explicit in relation to social responsibility and community involvement and to address competencies about research skills*

Conditions: *A clearly formulated and detailed strategic plan must be produced by the Faculty of Medicine in collaboration with the Division of Chiropractic for the period 2014 to 2017. This strategic plan must clearly address the current problem of understaffing (also see 8.1.2) and clearly outline yearly financial and budgetary projections for the period.*

Sub-area 1.2: Participation in formulation of Mission and Objectives

Standard:

1.2.1 The mission statement and objectives of the academic unit are defined by its principal stakeholders and other interested parties.

Analysis

Drafts of the mission statement and goals were circulated to members of the accreditation steering committee and consensus was agreed. They were sent to members of faculty and students, executive members of ChiroSuisse and to the Pro-Chiropractic Association, with the latter including patients and members of the public. Once comment and input had been received, the agreed mission and objectives were sent to the Dean of the Faculty of Medicine.

Conclusions: *fulfilled*

Sub-area 1.3: Academic autonomy

Standard:

1.3.1 The administration and the faculty of medicine have a policy permitting the freedom to design the study programme and to allocate the necessary resources for its implication.

Analysis

On the basis of the self-evaluation report and the information gathered during the on-site visit, there was clear evidence that the Head and members of faculty of the Chiropractic Medicine programme were permitted the autonomy and freedom to design the study Programme. However, the evaluation team is of the opinion that the human resources necessary to fulfil the educational, clinical and scholarly and research expectations placed onto the programme are not sufficient. In its reflections, the evaluation team has taken into consideration the currently low number of students, however the number of staff required to run a full-time programme is partially independent of the low number of students as all parts of the programme still have to be administered and taught. Currently, only the Head of the

Chiropractic Medicine programme is employed on a full-time basis, supported by a number of staff on various part-time arrangements. It is strongly recommended to allocate further human resources in the form of one full-time academic course director, one additional full-time administrative post, and one part-time post of research co-ordinator within 12 to 18 months.

Conclusions: *partially fulfilled*

Conditions: *Further human resources must be allocated in order to guarantee a sustainable development of the study programme.*

Sub-area 1.4: Educational outcome

Standards:

- 1.4.1 Based on the Swiss Catalogue of Learning Objectives for Chiropractic Training (LOCES I) and the MedBG, the academic unit defines the competencies to be achieved by students at the completion of their studies, necessary for their subsequent training and their future roles in the health care system.
- 1.4.2 Information concerning performance assessment and other data on the competence of the graduates is used for the further development of the educational programme.

Analysis

The M Chiro Med programme has six defined core competency domains with specific Programme learning outcomes for each of the domains. The Head of the Chiropractic Medicine and members of faculty are well aware that the LOCES I and II are no longer fully consistent with current educational models for medical education and have recognised this as something that needs to be addressed. The six core competencies are also not aligned with the seven roles of the CanMEDS competency framework as applied in the B Med programme, the Clinical Part II in the first year of the M Med and M Chiro Med and the Swiss Catalogue of Learning Objectives for Undergraduate Medical Education (2nd edition). The evaluation team felt that it would be of benefit to construct a matrix which would map the programme core competencies against the programme learning outcomes in general, and also specifically related to a chiropractor's role in the health system (aligned with the CanMEDS role model). This would improve the transition of the B Med/M Chiro Med, and it would provide further clarification and improved communication of the linkages. This is not an onerous task, and one that the programme team can address by the end of the academic year.

Conclusions: *fulfilled*

Recommendations: *construct a matrix to communicate the linkages between programme core competencies, programme learning outcomes and the CanMEDS competency framework.*

Area 2: Study programme

Sub-area 2.1: Curriculum models and instructional methods

Standards:

- 2.1.1 The academic unit defines the curriculum models and the instructional methods.
- 2.1.2 The study programme and the instructional methods ensure that the students have responsibility for their own learning processes and are prepared for lifelong, self-directed learning.

Analysis

The curriculum model is clearly defined. It consists of a six year Bologna model with the first three years leading to a B Med qualification. All chiropractic students must take the chiropractic courses as their 'electives' (Mantelstudium) during these first three years. Following completion of the B Med degree the students enter the three year Masters degree component of the programme.

During Year 1 of the M Chiro Med degree the chiropractic students are currently required to take all of the medical subjects within the Human Medicine programme in addition to topic areas specifically related to the chiropractic curriculum. The Head of the Chiropractic Medicine programme and his faculty members have expressed concern about the impact this has on the hours available for the teaching of chiropractic subject areas and the overall workload on the students, as the latter may inhibit the use of deeper learning strategies and may interfere with developing the skills for self-directed, life-long learning.

A variety of instructional methods are applied throughout the programme of study, and the practical 'hands-on' and case-based approach within a number of the chiropractic topic areas appear to benefit the development of verbal and non-verbal communication in the students.

When the evaluation team met with the students, it learned that the students agreed that there was a high workload demand placed upon them within the first year of the M Chiro Med, but that they had all passed the year, and that they feel confident in relation to their level of knowledge and skills when within the clinical environment.

Conclusions: *partially fulfilled*

Recommendations: *it would be highly advisable to closely monitor future student cohorts as they progress throughout the years of the M Chiro Med for any detrimental effects on the development of skills for self-directed, life-long learning that could possibly be linked to the high workload and contact hours encountered in the first year.*

Sub-area 2.2: Structure, Composition and duration of the study programme

Standards:

- 2.2.1 The academic unit describes and define the contents, extent, and sequencing of the study programme elements, including the balance between core and optional content.
- 2.2.2 The study programme is based on the goals of the LOCES I and the MedBG as well as the „Standards in undergraduate chiropractic education and training“.
- 2.2.3 Basic sciences and clinical sciences are integrated in the study programme as well as the interface with complementary therapies.

Analysis

The self-evaluation report and further documents which the evaluation team was able to review during the site-visit clearly defined the content, extent, and sequencing of study programme elements, as well as integration of basic with clinical sciences, and the interface with complementary therapies.

Within the Chiropractic Medicine programme the chiropractic courses are taken as the 'options' in addition to the core Human Medicine lectures and clinical courses. As these 'options' are mandatory, there is no space within the curriculum for chiropractic students to take any further electives.

Conclusions: *fulfilled*

Sub-area 2.3: Study programme management

Standards:

- 2.3.1 A curriculum committee has the responsibility and competence for the planning and implementation of the study programme.
- 2.3.2 The curriculum committee has appropriate resources for the choice and implementation of appropriate teaching and learning methods, evaluation of students, evaluation of programme, and innovations in the study programme. The administration, academic staff, professional organisations, students, and other stakeholders are represented in the curriculum committee.

Analysis

The Division of Chiropractic Medicine does have a curriculum committee which meets at least twice per year. Meetings include all of the faculty members, many of whom individuals with a wide range of education, expertise and experience both nationally and internationally. A number of the members of faculty hold post-graduate degrees in medical education and are highly experienced in curriculum design, implementation and evaluation.

Although currently there are no students represented within the curriculum committee of the Division of Chiropractic Medicine, the Head of the programme holds regular focus group

meetings with the students. In addition, due to the small size of the student cohorts a significant amount of ad hoc feedback occurs. There is chiropractic student representation on the curriculum committee for the Human Medicine programme and the students have formed a Swiss Chiropractic Students Association which has an Executive and class representatives.

In their meeting with the students members of the evaluation team learned that students' views are taken on board in relation to the management of the study programme and that they have contributed to change within the M Chiro Med curriculum.

Currently, there is no evidence of regular, direct and official representation of professional organisations or other stakeholders within the curriculum committee, however indirect and ad hoc 'feed-back loops' do exist between members of faculty and ChiroSuisse as well as the national Pro-Chiropractic Patient Association.

Conclusions: *fulfilled*

Recommendations: *the programme team should consider how the views and opinions of professional organisations and those of other relevant stakeholders could be best represented within the regular meetings of the curriculum committee (also see 2.8.2)*

Sub-area 2.4: Scientific methods

Standard:

2.4.1 The academic unit teaches the principles of scientific methods, evidence-based medicine, and evidence-based chiropractic medicine, including analytical and critical thinking, throughout the entire study programme.

Analysis

The evaluation team was satisfied that there is strong evidence that the principles of the scientific method and evidence-based medicine underpin the entire study programme. Students have to complete a Masters thesis within the last year of the M Chiro Med. The thesis can be based on a variety of formats (e.g. literature review, original work, study protocol), and students are encouraged to write in English in order to facilitate publication of their work when and where appropriate. The evaluation team was advised that the work of one of the M Chiro Med students had recently been accepted for publication.

Conclusions: *fulfilled*

Sub-area 2.5: Basic biomedical sciences

Standards:

- 2.5.1 The academic unit identifies the contributions of the basic biomedical sciences and integrates them into the study programme.
- 2.5.2 The contributions of biomedical sciences are adapted to scientific, technological, and clinical developments, as well as to the health needs of society.

Analysis

The evaluation team was satisfied that there is strong evidence that there is integration of the basic biomedical sciences throughout the programme. The team was given an example of how the current fMRI studies, conducted within the Division of Chiropractic Medicine in collaboration with other departments and institutions, reflect the successful adaptation to technological and clinical developments for the benefit of the health needs of society.

Conclusions: *fulfilled*

Sub-area 2.6: Behavioural and social sciences, medical ethics

Standards:

- 2.6.1 The academic unit identifies the contributions of behavioural and social sciences, medical ethics, educational sciences, and the legal and economic basis of health care that enable effective communication, clinical decision-making, and ethical practices. This is integrated into the study programme.
- 2.6.2 The contributions of behavioural and social sciences, medical ethics and humanities are adapted to scientific developments in chiropractic medicine, to changing demographic and cultural contexts, and to the health needs of society.

Analysis

The evaluation team was informed that the behavioural and social sciences are primarily covered within the B Med part of the programme and are continued into the Year 1 of the M Chiro Med. Current research projects within the Division of Chiropractic Medicine are exploring some of these issues and students are being informed of their relevancy to chiropractic practice.

Conclusions: *fulfilled*

Sub-area 2.7: Clinical knowledge and skills

Standard:

- 2.7.1 The academic unit assures that the students have patient contact appropriate to their level of education and have acquired sufficient clinical knowledge and skills, so that after graduation they can assume appropriate clinical responsibility.

Analysis

The chiropractic students start developing their manual and patient handling skills during the “Mantelstudium” beginning with Year 1 of the B Med programme and continuing through each of the 3 years of the M Chiro Med. They are also encouraged early on to observe chiropractors in practice. When the evaluation team met with the students it was given ample evidence that all of the students have developed very good mentoring relationships with practising chiropractors and have been receiving ongoing support from the practitioners throughout their study programme. The current Year 6 students have started on their 5 month clinical rotations through various departments, which has so far given them a wide exposure to many clinical conditions and has allowed them to further develop their inter-professional communication skills. As the new chiropractic teaching clinic will not be in operation until February 2014, the evaluation team was not able to fully assess this part of the study programme. However, judging from the submitted documentation and the answers provided by the Head of the Chiropractic Medicine programme and members of the faculty, the evaluation team has confidence that the students will have had sufficient patient contact and have acquired sufficient clinical knowledge and skills to assume clinical responsibility after graduation.

Conclusions: *fulfilled*

Sub-area 2.8: Linkage with chiropractic practice and the health care system

Standards:

- 2.8.1 An operational link between the study programme, postgraduate education, and the independent professional practice is assured
- 2.8.2 The curriculum committee uses information from the professional field, the health care system, and society to improve the study programme.

Analysis

The evaluation team was given sufficient evidence that the programme team had received input and support from the professional field at the beginning of the chiropractic programme to inform its further development. This was also supported by the findings of a job analysis study of chiropractic practice in Switzerland, which was published prior to the start of the M Chiro Med programme. There has been continuous support and on-going links are maintained with representatives from the professions and the Pro-Chiropractic Patients' Association, all of which has been very useful to inform the curriculum committee. This could perhaps be further improved by establishing a more explicit link between professional practice and the curriculum committee (see comments 2.3.2).

The linkages between under-graduate and post-graduate education are significantly facilitated by the fact that the current Director of the Post-graduate Programme is also a part-

time faculty member and research co-ordinator in the under-graduate programme. There is additional overlap with several other members of faculty teaching on both aspects of the continuum.

Conclusions: *fulfilled*

Area 3: Students

Sub-area 3.1: Admission policy and selection process

Standards:

3.1.1 The governing body and the academic unit have formulated admission conditions that clearly explain the student selection process.

3.1.2 Gender equality is guaranteed.

Analysis

Students for the programme in Chiropractic Medicine are selected under the exact same rules and regulations that apply to Human Medicine. Gender equality is guaranteed and an appeal procedure is described. The submitted documentation provided full evidence for this sub-area of the standards.

Conclusions: *fulfilled*

Sub-area 3.2: Number of students

Standard:

3.2.1 In all phases of the study programme, the number of students is defined and in accordance with the capacity of the academic unit.

Analysis

The maximum number of students admitted to the Chiropractic medicine programme is 20 for each intake and as determined by the Faculty of Medicine. The self-evaluation document provided a breakdown of student numbers in each of the years for the current academic year. From this it is very clear that the capacity of the programme is far from being reached in terms of student numbers, however staff expect the capacity limit to be reached within the next few years and as the programme has become fully operational.

Conclusions: *fulfilled*

Sub-area 3.3: Student support and counselling

Standards:

3.3.1 The academic unit offers support and counselling services for the students.

3.3.2 The counselling programme is based on monitoring the learning progress of the students and takes their social and personal needs into account.

3.3.3 Students have access to a gender equality commission.

Analysis

When the evaluation team met with the students they learned that students were aware of the counselling services available to them. But so far, probably due to the small cohort sizes and the leaderships orientation towards curriculum development, the members of faculty seem to have conscientiously dealt with any issues as they have arisen, be they of academic or pastoral nature. Students have access to a gender equality commission within the university system.

Conclusions: *fulfilled*

Sub-area 3.4: Student representation

Standards:

3.4.1 The academic unit has a policy on the representation and appropriate participation of the students in the design, implementation, and evaluation of the study programme, as well as in other matters relevant to the students.

3.4.2 Student organisations are promoted.

Analysis

In relation to 3.4.1 see analysis for standard 2.3.2

According to the programme team student involvement in the World Federation of Chiropractic Students (WFCS) has been encouraged. In the meeting with the students they voiced concern that this would affect scheduled class time and other responsibilities they may have in relation to the programme. They were also not certain whether financial support would be available to them.

Conclusions: *fulfilled*

Comment: *the programme team may want to consider further how students or Year representatives could be released from their studies in order to support attendance at WFCS meetings, including the securing of financial aid for this purpose.*

Recommendations: *it would also be important for students to have some physical space available to them on a permanent basis and close to their teaching premises, which would better allow the pursuit of activities relevant to student organisations.*

Area 4: Assessment of students

Sub-area 4.1: Assessment methods

Standards:

- 4.1.1 The academic unit defines and communicates the methods and criteria for the assessment of students.
- 4.1.2 The reliability and validity of the assessment methods are documented and evaluated. New assessment methods will be developed.

Analysis

Following review of Appendix 3 of the submitted self-evaluation report and discussions with the programme team, the evaluation team felt that the criteria for assessment are not clearly defined in a consistent fashion across all of the course outlines. Furthermore, there was little or no evidence of the reliability and validity of the assessment methods as implemented in this setting. The reliability and validity of assessment methods are highly dependent on sufficient sampling of content in particular, which is generally a challenge for a smaller circle of faculty. Such validity evidence may probably be sought in years to come, when the worst issues of understaffing is resolved and staff hopefully will have time and resources to conduct research in medical education

Conclusions: *partially fulfilled*

Recommendations: *update course outlines to achieve greater consistency across, especially in reference to assessment criteria. Document evidence of the reliability and validity of evaluation/assessment methods used in the future.*

Sub-area 4.2: Relationship between assessment and learning

Standards:

- 4.2.1 Assessment principles, methods and practices correspond to teaching objectives and promote learning.
- 4.2.2 The number and type of examinations encourage integrated and interdisciplinary learning.

Analysis

Following review of Appendix 2 of the submitted self-evaluation report and discussions with the programme team, the evaluation team felt that there was a lack of appropriate application of taxonomy in relation to the course learning outcomes (Appendix 3). More specifically, the taxonomic levels in the programme learning outcomes more often than not appear relatively undifferentiated and unspecific (e.g. the repetitious use of wording such as „demonstrate and understanding/a sound understanding of...“, rather than the use of active verbs describing specifically the observable behaviours at different levels of difficulty and

complexity to be assessed (e.g. Blooms taxonomy or the SOLO taxonomy). This should be addressed by the faculty in time for the start of the 2014/15 academic year.

Conclusions: *partially fulfilled*

Recommendations: *revisit the course learning outcomes and apply the appropriate taxonomy in order to describe and communicate your learning outcomes in sufficient details to students, staff and other stakeholders.*

Area 5: Academic staff / faculty

Sub-area 5.1: Recruitment policy

Standards:

- 5.1.1 The academic unit has a staff recruitment policy, which defines the academic staff required for the adequate implementation of the programme. It describes the type and composition of the academic personnel, the balance between medical, chiropractic, non-medical, and non-chiropractic staff as well as between full and part-time employees. Responsibilities are clearly defined and periodically examined.
- 5.1.2 The academic unit has formulated staff selection criteria, which take into account performance in science, teaching and clinical activities, as well as the demands of the mission statement of the institution, economic considerations, and further issues.
- 5.1.3 The recruitment policy for academic, administrative, and technical personnel is published.

Analysis

The policies and procedures for the recruitment of academic staff and faculty in Chiropractic Medicine are identical to those in Human Medicine and were outlined within Appendix 1 accompanying the self-evaluation report.

The experience, skills and qualifications of staff and faculty linked to the M Chiro Med programme are wholly adequate. However, as a programme evolves, so can staff's responsibilities. The evaluation team therefore felt that it would be good practice to periodically examine the original job descriptions of academic staff and members of faculty to ensure that they are still fit for purpose or necessitate a new evaluation of the job or post.

Conclusions: *fulfilled*

Comments: *the Head of the Chiropractic Medicine programme may want to consider period review of the job descriptions linked to academic staff and members of faculty*

Sub-area 5.2: Staff policy and development

Standards:

- 5.2.1 With its staff policy, the academic unit strives for a balance in teaching, research, and service functions, and ensures recognition of meritorious academic activities with appropriate emphasis on both, research attainment and teaching qualifications.
- 5.2.2 The staff policy includes training, development, and assessment of the teaching staff. It considers teacher-student ratios appropriate to the various components of the study programme, and assures that teaching staff is represented on relevant committees and bodies.
- 5.2.3 The staff has access to a gender equality commission.
- 5.2.4 The academic unit supports a long-term promotion of young academic staff.
- 5.2.5 The staff has access to continuing education, career development opportunities, and appropriate counselling.

Analysis

The evaluation team felt assured that, on the basis of policy, there are ample opportunities available throughout the university for academic staff, members of faculty and researchers to attend, and to be supported for, appropriate staff development. Further, there are development opportunities external to the university (e.g. continuing education through ChiroSuisse). A number of relevant examples have been outlined within the self-evaluation report.

Conclusions: *fulfilled*

Area 6: Educational resources

Sub-area 6.1: Infrastructure

Standards:

- 6.1.1 The academic unit provides an appropriate infrastructure to ensure that the study programme can be adequately implemented.
- 6.1.2 The learning environment for the students is regularly adapted to developments in medical education.

Analysis

From the documentation submitted and the meetings of the evaluation team with administrative staff, faculty and students, it became readily apparent that there is no consistency in terms of physical space available for teaching and learning, or access to

practice/clinical simulation space. The students remarked on the fact that they had no “headquarters” they could call their own and that frequently they were not aware of the location for certain classes until very shortly before they started.

Conclusions: *partially fulfilled*

Comment: *although the situation regarding infrastructure is not ideal, it does not seem to have had a major detrimental effect on the students overall progression and attainment so far. However, it would be highly desirable if better consistency in terms of available teaching and learning space as well as permanent student rooms (see also recommendations for 3.4.1-2) could be achieved as it would benefit the further development of the “identity” of the Division of Chiropractic” and improve overall student and academic staff morale.*

Sub-area 6.2: Practical clinical training resources

Standard:

6.2.1 The academic unit provides the necessary resources for adequate clinical education, including a sufficient number of patients and clinical training facilities.

Analysis

At the time of the site-visit, no concrete plans were available in relation to the chiropractic teaching clinic, other than that it was going to be located within a nursing home. There were no plans of the building or the clinic itself, and even the Head of the Chiropractic medicine programme was not able to provide the team with detail on infra-structure or administrative support.

The evaluation team understands that in approximately three years’ time a new building annexed to the Balgrist University Hospital will be finalised and that it is planned to house the chiropractic teaching clinic within it. When reviewing the documentation and plans for the new building, which were made available to the evaluation team during the site-visit, the team could not find any specific allocation for space for chiropractic teaching and learning.

Conclusions: *partially fulfilled*

Recommendations: *the Head of the Chiropractic Medicine programme and faculty and administrative staff linked to the operations of the interim teaching clinic, should be made aware of the specific infrastructure and other relevant details for the teaching clinic as soon as possible, and in order to allow for appropriate set-up and preparation for patient care planned to start early next year.*

Conditions: *On behalf and together with the Division of Chiropractic the Faculty of Medicine must start negotiations with the Uniklinik Balgrist for facilities relating to the chiropractic provision in order to allow an appropriate implementation for clinical learning and training.*

Sub-area 6.3: Information Technology

Standard:

6.3.1 The academic unit has a policy for the efficient use of information and communication technologies in its study programme. Teachers and students are supported in the use of information and communication technology for self learning, accessing information, managing patients and working in the health care systems.

Analysis

The students are taught information technology courses relevant to the study of Chiropractic medicine and apply their knowledge and hone their skills in accessing electronic information when writing their Masters thesis in the M Chiro Med programme. Students and members of faculty alike have on- and off-site access to all relevant electronic resources offered via the university's systems.

Conclusions: *fulfilled*

Sub-area 6.4: Research

Standards:

6.4.1 The academic unit has a policy describing the research facilities and areas of research priorities at the institution, as well as the relationship between research and teaching.

6.4.2 The interrelationship between research and teaching is reflected in the study programme and in the current course offerings. The students are encouraged and prepared to participate in medical and chiropractic research and development.

Analysis

The Division of Chiropractic has provided a detailed and challenging research strategy appended to the self-evaluation document. The evaluation team found this very helpful and commends the Head of the Chiropractic Medicine programme, and his members of faculty for the vision reflected within this strategy. The evaluation team also wants to commend the Division for the substantial number of publications achieved so far and in view of the small department.

There is clear evidence that there is a strong interrelationship between research and teaching throughout the study programme.

Conclusions: *fulfilled*

Sub-area 6.5: Educational expertise

Standard:

6.5.1 The academic unit includes educational expertise when planning basic medical education and developing teaching, learning and assessment methods.

Analysis

As referred to under standard 2.3.1 the Division of Chiropractic includes sufficient and appropriate expertise in reference to this standard.

Conclusions: *fulfilled*

Sub-area 6.6: Cooperation

Standards:

6.6.1 The academic unit has formulated a policy for cooperation with other educational institutions and the transfer of educational credit points.

6.6.2 Regional and international exchange of academic staff and students is facilitated by the provision of appropriate resources.

Analysis

Students within the Year 1 and 2 of the M Med are able to go onto exchange programmes with a number of international universities. Chiropractic students should be allowed the same possibility for exchange with other non-Swiss higher education institutions and ECTS credits given by other institutions should be recognised.

There is early evidence of international exchange of academic staff, however in order to expand this further the provision of appropriate resources is required.

Conclusions: *partially fulfilled*

Recommendations: *The Division of Chiropractic Medicine is encouraged to consider possibilities and pursue links with other educational institutions on both a national and international level to allow students to enter into academic exchange programmes ideally linked to recognition of ECTS credits.*

Area 7: Programme evaluation

Sub-area 7.1: Study programme evaluation

Standards:

7.1.1 The academic unit has quality assurance mechanisms (i.e. evaluations) that monitor the study programme and student progress, ensure that weaknesses are identified and addressed.

7.1.2 Study programme evaluation includes the context of the educational process, the specific components of the study programme, and the general outcome.

Analysis

The Head of the Chiropractic Medicine programme produces an annual monitoring report which is informed by self-evaluation reports completed by members of faculty involved in the delivery of the chiropractic courses. Further the students complete structured feedback questionnaires for each course and on a yearly basis. There is also some peer evaluation of teaching conducted by the Head of the Chiropractic Medicine programme.

As the M Chiro Med programme has not yet any graduates, it has not been possible to evaluate the overall or general outcome of the programme.

Conclusions: *fulfilled*

Sub-area 7.2: Teacher and student feedback

Standards:

7.2.1 Feedback from both teachers and students is systematically collected, analysed, and used to continually improve the study programme.

7.2.2 Teachers and students are to be actively involved in planning the study programme evaluation and using its results for programme development.

Analysis

Feedback from students and members of faculty regularly informs the annual reporting cycle. The evaluation team learned from its meeting with the students that they are clearly listened to, that their feedback is taken seriously and that it has impact. This apparently very good relationship between students and programme team is an obvious strength of the programme in relation to overall student experience.

Conclusions: *fulfilled*

Sub-area 7.3: Student performance

Standard:

7.3.1 Student performance must be analysed in relation to the mission, objectives, and the chiropractic study programme of the academic unit, and brought to the attention of the curriculum committee.

Analysis

Due to the small number of students who have so far entered the Chiropractic Medicine Programme, it is too early to be able for the programme team to report on any meaningful trends. To date no students in the M Chiro Med portion of the programme had to repeat a year. There have been a few students who have transferred between the Chiropractic and the Human Medicine programmes. Provision is made for students coming from the Human

Medicine programme catch up on the chiropractic courses.

Student performance is monitored by the Head of the programme and analysed by an “examinations board” which is held during the end of semester meetings. Remediation strategies are considered by faculty during these meetings.

Conclusions: *fulfilled*

Sub-area 7.4: Involvement of stakeholders

Standard:

7.4.1 The processes and outcome of study programme evaluation involve the governance and administration of the academic unit, academic staff, students, and take into consideration feedback from other stakeholders.

Analysis

During its meeting with the representatives of external stakeholders, the evaluation team learned that visiting guest lecturers and practising chiropractors, who in many ways are acting as external mentors for the students, are able to provide formative feedback on the level of knowledge and expertise of the students.

Conclusions: *fulfilled*

Area 8: Governance and administration

Sub-area 8.1: Governance structures and functions

Standards:

8.1.1 Governance structures of the academic unit and their functions are defined, including their relationship within the university and to the university hospital.

8.1.2 The academic unit has a strategic plan.

8.1.3 The academic staff participates in decision-making processes concerning teaching and research.

8.1.4 Decision-making processes, competencies, and responsibilities are communicated to all participants.

Analysis

There is a working group between the Dean’s Office and the Head of the Chiropractic medicine programme which is to meet regularly to discuss strategy and to facilitate

integration of the M Chiro Med programme. However, it was not clear to the evaluation team to which institute or department of the Faculty of Medicine the chiropractic programme is clearly linked. The evaluation team felt that this “anchor” is important for the further development and success of the programme/research unit and suggests that there needs to be an institutionalised “School of Chiropractic” within the Faculty of Medicine and that a concept for this needs to be established. The team understands that this may require some considerable lead-in time.

As outlined under 1.1.3, the Division of Chiropractic has no documented strategic plan apart from the one related to research. In addition to the aforementioned human resourcing issues such a strategic plan would also be expected to address the issue of where and in which context the division within the Faculty of Medicine should be anchored.

Conclusions: *not fulfilled*

Conditions: *the Division of Chiropractic Medicine must be firmly and visibly anchored within the organisational structure of the Faculty of Medicine, e.g. as an Institute.*

Sub-area 8.2: Academic leadership

Standards:

- 8.2.1 The responsibilities of the academic leadership for the chiropractic study programme are clearly stated.
- 8.2.2 The academic leadership is periodically assessed with regard to the fulfilment of the mission and objectives of the academic unit.

Analysis

Overall academic leadership responsibilities lie with the Dean of Medicine and the medical faculty Curriculum Committee. The Head of the Chiropractic Medicine programme has responsibility for curricular content, sequencing, teaching format, assessment and other educational issues related to the courses specific to the chiropractic topic areas.

The Head of the Chiropractic Medicine programme undergoes a yearly reported appraisal via the office of the Dean of Medicine, where he reports on the progress of the chiropractic programme and related research. In addition there is the chance for more frequent feedback on the basis of a report given by the Head of the programme at a monthly Dean’s Committee meeting.

Conclusions: *fulfilled*

Sub-area 8.3: Administrative staff

Standard:

- 8.3.1 The academic unit has sufficient administrative personnel. This ensures the organisational implementation of the study programme and other activities, and guarantees efficient resource management.

Analysis

During its meeting with the programme administration, the evaluation team was informed that currently the Division of Chiropractic Medicine receives administrative support on the basis of two part-time posts (50% for the M Chiro Med programme, and 40% for the Mantelstudium (Schwerpunkt Chiropraktik in the B Med) and administration related to patients seen by the Head of the programme. There have been issues with inconsistent scheduling of administrative support at times, resulting in no support being available at all. The administrative support staff clearly expressed concern about the workload linked to the administration of the M Chiro Med programme and especially in view of the additional support needed for the future teaching clinic.

Conclusions: *partially fulfilled*

Recommendations: *additional administrative support must be made available to operate the outpatient clinic. This would have to consist of a minimum of one full-time equivalent post*

Sub-area 8.4: Educational budget and resource management

Standards:

- 8.4.1 The academic unit has clear authority and responsibility for the study programme and its financing. This includes a dedicated educational budget.
- 8.4.2 The academic unit has sufficient autonomy to direct resources, including the remuneration of teaching staff in an appropriate manner, in order to achieve the overall objectives of the academic unit.
- 8.4.3 The financial sources and all conditions linked to financing are transparent, and do not hinder the autonomy of the academic unit to make decisions concerning teaching and research.

Analysis

The evaluation team explored issues related to the educational budget and resource management to some degree within its meetings with Management and also the Curriculum Committee. From the discussions, and in addition to the budget outline provided within the self-study report, it became apparent that the salary for the post of the Head of the Chiropractic Medicine programme (endowed professorship) and the budgetary deficit relating to the programme have been covered by external funds to this point in time. The evaluation team was told that it is planned for the post to become integrated into the financial planning of the Faculty of Medicine for next year, at which time it would become an ordinary professorship, and the salary costs would be met by the university. However at the time of the site-visit there was no unequivocal indication given to the evaluation team by neither the

Head of the Chiropractic Medicine programme nor the Dean of the Faculty of Medicine if and when this would occur.

The Head of the Chiropractic Medicine programme and his team have submitted budgetary proposals on a yearly basis since the inception of the programme. However, frustration was expressed to the evaluation team in that “there have never been any open discussions about finances with the administration” and that “as a consequence the budget is in minus”. The programme team appeared to be concerned that external funding is likely to be decreased and that it cannot be relied upon on an on-going basis, and that without a firmer and more transparent financial commitment by the university, the long-term future of the programme could be uncertain.

Conclusions: not fulfilled

Condition: *As previously referred to under 1.1.3 and 8.1.2 the Division of Chiropractic Medicine together with the Faculty of Medicine must develop a strategic plan which inter alia clearly outlines yearly financial and budgetary projections for the period 2014 to 2017. An open and transparent budgetary review process must be in place, allowing the Head of the Chiropractic Medicine programme to construct and propose detailed annual budgets for the teaching and research provisions.*

Sub-area 8.5: Interaction with the health sector

Standard:

8.5.1 The academic unit collaborates with the health and health related sectors of society and government.

Analysis

The evaluation team was provided with sufficient evidence clearly showing that the Division of Chiropractic Medicine interacts with the health sector, governmental representatives, and the private sector on a local and national basis.

Conclusions: fulfilled

Area 9: Continuous renewal / quality assurance

Standard:

9.1.1 As a dynamic institution, the academic unit implements procedures for the periodic reviewing and updating of its structure and functions, and rectifies documented deficiencies.

Analysis

The Human Medicine portion of the M Chiro Med programme has continuous renewal and quality assurance procedures to ensure that the programme remains current and dynamic. The high level of skills, experience and knowledge currently resident within the leadership

and members of faculty of the Division of Chiropractic Medicine in relation to medical education, ensure that this is also the case within the Chiropractic Medicine part of the academic provision. However, there is a concern regarding succession planning, and although there is a small number of younger, practising chiropractors currently registered on MSc or MME programmes, it will be a challenge to recruit future faculty members which will satisfy the academic profile required.

Conclusions: *fulfilled*

Comments: *the aforementioned strategic plan for the Division of Chiropractic Medicine should articulate a strategy for succession planning, including the formulation of a clear career path for young chiropractic academics to enter*

4 Compliance with the art. 24 para. 1 a and b MedBG

Art. 24 Studiengänge

The chiropractic study programme (M Chiro Med) of the University of Zurich complies with art. 24 para. 1 a and b MedBG.

5 Strengths, weaknesses, recommendations on quality improvement

Strengths:

- The M Chiro Med reflects a unique programme, which, in combination with the B Med degree, has the potential to become a leading example for chiropractic education, clinical training and research on a global basis.
- There is significant evidence that the future graduates of this programme will be very well prepared for clinical practice within a multi-disciplinary healthcare setting, including hospital-based practice.
- The steering group has to be commended for their significant efforts in developing, implementing, running and quality assuring the programme.
- The amount of research published within the peer-reviewed literature so far, and considering the small size of the chiropractic faculty, needs to be commended.

Weaknesses:

- The lack of a strategic document which clearly outlines the future operational and resourcing needs specific to the Chiropractic Medicine programme.
- The Division of Chiropractic Medicine does not appear to have a firm and specific link to a defined institute or department within the Faculty of Medicine.
- There is no open and transparent budgetary review process, allowing the Head of the Chiropractic Medicine programme to construct and propose detailed annual budgets for the teaching and research provisions on an informed basis.

Recommendations on quality improvement:

- The sub-goals to the mission statement should be more explicit in relation to social responsibility and community involvement and to address competencies about research skills.
- A matrix should be constructed to better communicate the linkages between programme core competencies, programme learning outcomes and the CanMEDS competency framework
- It would be highly advisable to closely monitor future student cohorts as they progress throughout the years of the M Chiro Med for any detrimental effects on the development of skills for self-directed, life-long learning that could possibly be linked to the high workload and contact hours encountered in the first year.
- The programme team is encouraged to consider how the views and opinions of professional organisations and those of other relevant stakeholders could be best represented within the regular meetings of the curriculum committee.
- It would be important for students to have some physical space available to them on a permanent basis, which would better allow the pursuit of activities relevant to student organisations.
- Course outlines should be updated to achieve greater consistency across them, especially in reference to assessment criteria.
- Evidence of the reliability and validity of evaluation/assessment methods used should be documented.

- The programme team is encouraged to revisit the course learning outcomes and apply the appropriate taxonomy in order to describe and communicate the learning outcomes in sufficient details to students, staff and other stakeholders.
- The Head of the Chiropractic Medicine programme and faculty and administrative staff linked to the operations of the interim teaching clinic, should be made aware of the specific infrastructure and other relevant details for the teaching clinic as soon as possible, and in order to allow for appropriate set-up and preparation for patient care planned to start early next year. Plans for the new building need to stipulate in some detail the facilities relating to the chiropractic provision, and be made available in time to allow appropriate implementation for the clinical learning and patient care.
- The Division of Chiropractic Medicine is encouraged to consider possibilities and pursue links with other educational institutions on both a national and international level to allow students to enter into academic exchange programmes ideally linked to recognition of ECTS credits.
- Additional administrative support must be made available to operate the outpatient clinic. This would have to consist of a minimum of one full-time equivalent post.

Recommendation on accreditation

The group of experts was satisfied with the process and recommends that the study programme Master of Chiropractic Medicine UZH (M Chiro Med) is accredited with the following conditions:

1. A clearly formulated and detailed strategic plan must be produced by the Faculty of Medicine in collaboration with the Division of Chiropractic for the period 2014 to 2017. This strategic plan must clearly address the current problem of understaffing and clearly outline yearly financial and budgetary projections for the period.
2. Further human resources must be allocated in order to guarantee a sustainable development of the study programme.
3. On behalf and together with the Division of Chiropractic the Faculty of Medicine must start negotiations with the Uniklinik Balgrist for facilities relating to the chiropractic provision in order to allow an appropriate implementation for clinical learning and training.
4. An open and transparent budgetary review process must be in place, allowing the Head of the Chiropractic Medicine programme to construct and propose detailed annual budgets for the teaching and research provisions.
5. The Division of Chiropractic Medicine must be firmly and visibly anchored within the organisational structure of the Faculty of Medicine, e.g. as an Institute.

The conditions must be fulfilled within 3 years upon receiving the federal decision.

APPENDIX 1

Meeting point: 08.30 a.m. Main Entrance Balgrist Hospital			
Time	Meeting with	Participants	Room
08.45 – 09.15	Steering Group self-evaluation	Kim Humphreys (Head of Chiropractic Medicine) Cynthia Peterson (Leader, Accreditation Steering Group) Daniel Mühlemann (Chiropractic faculty) Inga Paravicini (Chiropractic faculty)	Sitzungszimmer A1 U30
09.15 – 09.30	Internal feedback round	Experts, OAQ : Dr. Haymo Thiel, Chair, Prof. Eckhart Hahn, Dr. Lotte O'Neill, Dr. Henrik Hein Lauridsen, Ms. Lucie Begert, Ms. Katrin Meyer, OAQ	Sitzungszimmer A1 U30
09.30 – 11.00	Management	Prof. Klaus Grätz (Dekan Medizinische Fakultät) Prof. Rainer Weber (Prodekan Lehre II / Klinik) Prof. Kim Humphreys (Head of Chiropractic Medicine) Dr. Christian Schirlo (Stabsleiter Medizinische Fakultät) Dr. Jan Breckwoldt (Koordination Stab Studiendekanat) Dr. Daniel Mühlemann (Koordination / Leitung klinische Ausbildung Chiropraktik)	Sitzungszimmer A1 U30
11.00 – 11.15	Internal feedback round	Experts OAQ	Sitzungszimmer A1 U30
11.15 – 12.00	Quality assurance	Kim Humphreys (Head of Chiropractic Medicine) Cynthia Peterson (Leader, Accreditation Steering Group, Chairperson ECCE QAC committee) Claudia Colombo (Administration Study Program M Chiro Med)	Sitzungszimmer A1 U30
12.00 – 12.15	Internal feedback round	Experts OAQ	Sitzungszimmer A1 U30
12.15 – 13.45	Lunch	Personalrestaurant Spital Balgrist (Experts, OAQ)	
13.45 – 14.45	Curriculum	Kim Humphreys (Head of Chiropractic Medicine) Cynthia Peterson (Leader, Accreditation Steering Group, Chairperson ECCE QAC committee) Daniel Mühlemann (Koordination / Leitung klinische Ausbildung Chiropraktik) Inga Paravicini (Chiropractic faculty)	Sitzungszimmer A1 U30
14.45 – 15.00	Internal feedback round	Experts OAQ	Sitzungszimmer A1 U30
15.00 – 16.15	Students	10 students (mix 1, 2 and 3 rd year M Chiro Med)	Sitzungszimmer A1 U30

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16.15 – 16.30	Internal feedback round	Experts OAQ	Sitzungszimmer A1 U30
16.30 – 17.15	Administration	Kim Humphreys (Head of Chiropractic Medicine) Doris Pfister (Administration Study Program M Chiro Med) Claudine Colombo (Administration Study Program M Chiro Med)	Sitzungszimmer A1 U30
17.15 – 18.30	Internal feedback round and wrap-up day 1	Experts OAQ	Sitzungszimmer A1 U30
19.00 Dinner "Blutiger Daumen" (Experts, OAQ)			