



CH-3003 Bern, GS-EDI

Schweizerische Akademie für  
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Referenz/Aktenzeichen:  
Ihr Zeichen:  
Unser Zeichen:  
Bern, 31. August 2018

## **Verfügung**

vom 31. August 2018

in Sachen

**Schweizerische Akademie für Chiropraktik**  
Frau Dr. Johanna McChurch-Forrer, Sulgenauweg 38, 3007 Bern

betreffend

Akkreditierung des Weiterbildungsgangs in *Chiropraktik*;

## I. Sachverhalt

- A Die Stiftung Schweizerische Akademie für Chiropraktik (nachfolgend ChiroSuisse) ist gemäss Statuten vom 20. April 2009 das federführende Organ der Schweizerischen Chiropraktoren-Gesellschaft (SCG) für alle Belange der Weiter- und Fortbildung von Chiropraktorinnen und Chiropraktoren. In ihrer Funktion als verantwortliche Organisation im Sinne von Artikel 25 und 26 des Medizinalberufegesetzes vom 23. Juni 2006<sup>1</sup> (MedBG) stellt ChiroSuisse dem Eidgenössischen Departement des Innern (EDI) jeweils Gesuch um Akkreditierung des Weiterbildungsganges in Chiropraktik, der zu einem eidg. Weiterbildungstitel führen soll.
- B Am 14. April 2016 reichte ChiroSuisse das Gesuch um Akkreditierung des Weiterbildungsganges in *Chiropraktik* beim Bundesamt für Gesundheit (BAG) ein. Dem Gesuch lag der Selbstbeurteilungsbericht der *Schweizerischen Akademie für Chiropraktik* mit Anhängen bei.
- C Am 15. April 2016 hat das BAG das Akkreditierungsgesuch mit dem Selbstbeurteilungsbericht und den Anhängen an die Schweizerische Agentur für Akkreditierung und Qualitätssicherung (AAQ) zur Einleitung der Fremdevaluation weitergeleitet. Die AAQ hat darauf hin die Fremdevaluation mit der Einsetzung der Expertenkommission für die Begutachtung des Weiterbildungsganges eingeleitet.
- D Am 16. Juni 2016 fand die Begutachtung des Weiterbildungsganges anlässlich eines Round Table der Expertenkommission mit der ChiroSuisse statt. Der Entwurf des Expertenberichtes vom 12. Juli 2016 empfiehlt die Akkreditierung des Weiterbildungsganges in *Chiropraktik* ohne Auflagen.
- E Am 18. Juli 2016 teilte die ChiroSuisse der AAQ telefonisch mit, dass sie den Expertenbericht ohne Änderungsanträge zur Kenntnis nehme.
- F Die AAQ hat am 28. September 2016 beim BAG ihren Schlussbericht mit Antrag zur Akkreditierung des Weiterbildungsganges in *Chiropraktik* ohne Auflagen eingereicht.
- G Am 21. November 2016 wurde die Medizinalberufekommission (MEBEKO), Ressort Weiterbildung, zum Antrag der AAQ betreffend die Akkreditierung des Weiterbildungsganges in *Chiropraktik* angehört. Die MEBEKO, Ressort Weiterbildung, folgte dem Antrag der AAQ und empfahl den Weiterbildungsgang ohne Auflagen zu akkreditieren (vgl. II., B. Materielles, Ziff. 4).

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<sup>1</sup> SR 811.11

## II. Erwägungen

### A. Formelles

1. Weiterbildungsgänge, die zu einem eidgenössischen Weiterbildungstitel führen, müssen gemäss MedBG akkreditiert sein (vgl. Art. 23 Abs. 2 MedBG). Für die Akkreditierung von Weiterbildungsgängen ist das EDI zuständig (Art. 28 i.V.m. Art. 47 Abs. 2 MedBG).
2. Ein Weiterbildungsgang, der zu einem eidgenössischen Weiterbildungstitel führen soll, wird akkreditiert, wenn er die Akkreditierungskriterien gemäss Artikel 25 Absatz 1 MedBG erfüllt.
3. Gemäss Artikel 25 Absatz 2 MedBG kann der Bundesrat nach Anhörung der MEBEKO und der für die Weiterbildungsgänge verantwortlichen Organisationen Bestimmungen erlassen, welche das Akkreditierungskriterium gemäss Artikel 25 Absatz 1 Buchstabe b MedBG konkretisieren. Artikel 11 Absatz 6 der Medizinalberufeverordnung vom 27. Juni 2007<sup>2</sup> (MedBV) delegiert diese Kompetenz ans EDI.  
Mit der Verordnung über die Akkreditierung der Weiterbildungsgänge der universitären Medizinalberufe vom 20. August 2007<sup>3</sup> hat das EDI entsprechend Qualitätsstandards (QS) für die Weiterbildung erlassen. Diese Qualitätsstandards sind auf der Homepage des BAG ([www.bag.admin.ch](http://www.bag.admin.ch)) publiziert. Alle Weiterbildungsgänge, die akkreditiert werden sollen, werden daraufhin überprüft, ob sie diese QS erfüllen.
4. Gemäss Artikel 26 Absatz 1 MedBG reicht die für einen Weiterbildungsgang verantwortliche Organisation das Gesuch um Akkreditierung des Weiterbildungsgangs bei der Akkreditierungsinstanz (EDI) ein. Dem Gesuch muss ein Bericht über die Erfüllung der Akkreditierungskriterien (Selbstevaluationsbericht) beigelegt werden (Art. 26 Abs. 2 MedBG).
5. Für die Organisation und Durchführung der Fremdevaluation ist gemäss Artikel 48 Absatz 2 MedBG i.V.m. Artikel 11 Absatz 1 MedBV die AAQ zuständig. Die AAQ setzt zur Prüfung der Weiterbildungsgänge Expertenkommissionen ein, die sich aus schweizerischen und ausländischen Fachleuten zusammensetzen.
6. Die Expertenkommission prüft den Weiterbildungsgang ausgehend vom entsprechenden Selbstevaluationsbericht und von Gesprächen vor Ort. Sie unterbreitet der AAQ aufgrund ihrer Untersuchungen einen begründeten Antrag zur Akkreditierung. Die AAQ kann den Akkreditierungsantrag zur weiteren Bearbeitung an die Expertenkommission zurückweisen oder ihn, wenn erforderlich, mit einem Zusatzantrag und Zusatzbericht dem EDI zum Entscheid überweisen (Art. 27 Abs. 5 MedBG).
7. Die Akkreditierungsinstanz entscheidet nach Anhörung der MEBEKO über die Anträge und kann die Akkreditierung mit Auflagen verbinden (Art. 28 MedBG).
8. Gemäss Artikel 29 Absatz 2 MedBG gilt die Akkreditierung höchstens sieben Jahre.
9. Die Akkreditierung der Weiterbildungsgänge wird durch Gebühren finanziert (Art. 32 Abs. 2 MedBG). Gemäss Anhang 5 Ziffer 6 MedBV betragen diese Gebühren zwischen CHF 10'000 und 50'000.
10. Die Akkreditierungsentscheide, die Expertenberichte und die Berichte der AAQ werden auf der Homepage des BAG publiziert (Art. 11 Abs. 5 MedBV).

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<sup>2</sup> SR 811.112.0

<sup>3</sup> SR 811.112.03

## B. Materielles

1. Die AAQ hat die Fremdevaluation des Weiterbildungsgangs in *Chiropraktik*, um welche ChiroSuisse mit Gesuch vom 14. April 2016 ersucht hat, im April 2016 aufgenommen. Die Begutachtung des Weiterbildungsgangs durch die Expertenkommission fand anlässlich des Round Table mit ChiroSuisse am 16. Juni 2016 statt. Er führte zum Entwurf des Expertenberichts vom 12. Juli 2016, mit welchem die Expertenkommission die Akkreditierung des Weiterbildungsgangs ohne Auflagen empfiehlt.

Die Experten kommen zu einer positiven Gesamtbeurteilung des Weiterbildungsganges. *The Panel came to the conclusion, based on the evidence in the self-study report and the Round Table discussion, that the Swiss Academy of Chiropractic delivers a postgraduate program that enables chiropractic Assistants to achieve the professional competencies required for independent and autonomous practice. They highlighted the well-organized and structured program that has benefitted in recent years from leadership experienced in educational practice and a well-resourced program benefitting from strong support by the chiropractic profession.*

Mit Blick auf die Weiterentwicklung dieses Weiterbildungsgangs empfehlen sie unter anderem:

- *To consider incorporating the process of clinical audit into the clinical training part of the programme as a means of enabling Assistants to assess and improve quality of care (see quality area 1B, requirement of MedPA 5);*
  - *To introduce a central database to record student data so as to inform programme evaluation processes (see standard 2B.1);*
  - *To review the programme evaluation process and introduce reflective annual reports with short- and medium term action plans (see standard 2B.2);*
  - *To introduce assessment criteria where appropriate to inform Assistants of how work will be assessed (see standard 4B.2);*
  - *To undertake an exercise to map the curriculum to the final professional competencies (overall programme learning outcomes). This would help highlight areas where content might be reduced and new content introduced (see standard 9B.2);*
  - *(vgl. Expertenbericht vom 11. Juli 2016).*
2. Am 28. September 2016 hat die AAQ ihren Akkreditierungsantrag beim BAG eingereicht. Die AAQ folgt dem Antrag der Expertenkommission und beantragt, den Weiterbildungsgang in *Chiropraktik* ohne Auflagen zu akkreditieren.
  3. Die MEBEKO, Ressort Weiterbildung, hat am 17. April 2018 im Rahmen der Anhörung wie folgt zum Expertenbericht, zum Antrag der Expertenkommission sowie zum Antrag der AAQ Stellung genommen:
    - *Die MEBEKO empfiehlt die Akkreditierung der Swiss Academy of Chiropractic sowohl als Trägerorganisation als auch als Fachgesellschaft ohne Auflage.*
    - *Die MEBEKO unterstützt die, von den Experten gemachten Empfehlungen im Sinne der oben gemachten Aufzählung.*
    - *Die MEBEKO hält fest, dass vor der nächsten Akkreditierung zu beurteilen ist, inwiefern der Status eines unabhängigen universitären Medizinalberufs nach MedBG für die Chiropraktik aufrechterhalten werden sollte. In Anbetracht des weitgehend identischen Ausbildungsganges vor der eidgenössischen Prüfung müsste eine Eingliederung der Chiropraktik als Fachgesellschaft in die Medizin in Erwägung gezogen werden.*
  4. Aufgrund der obigen Ausführungen und der eigenen Prüfung stellt das EDI Folgendes fest:
    - Der Weiterbildungsgang in *Chiropraktik* erfüllt nach Massgabe der Expertenkommission, der AAQ sowie der MEBEKO die Akkreditierungskriterien gemäss Artikel 25 Absatz 1 MedBG

i.V.m. der Verordnung des EDI über die Akkreditierung der Weiterbildungsgänge der universitären Medizinalberufe vom 20. August 2007<sup>4</sup>.

- Das EDI folgt den übereinstimmenden Anträgen der Expertenkommission, der AAQ und der MEBEKO, dass der Weiterbildungsgang in *Chiropraktik* ohne Auflagen zu akkreditieren sei. Im Übrigen wird auf die Empfehlungen, welche im Expertenbericht aufgelistet sind, verwiesen. Der Expertenbericht wird auf der Homepage des BAG publiziert.<sup>5</sup>

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<sup>4</sup> SR 811.112.03

<sup>5</sup> <https://www.bag.admin.ch/bag/de/home/themen/berufe-im-gesundheitswesen/akkreditierung-gesundheitsberufe/akkreditierung-weiterbildungsgaenge-medizinalberufe.html>

### III. Entscheid

Gestützt auf die vorstehenden Ausführungen sowie Artikel 28 und 47 Absatz 2 MedBG wird

#### verfügt:

1. Der Weiterbildungsgang in *Chiropraktik* wird ohne Auflagen akkreditiert.
2. Die Akkreditierung gilt für die Dauer von sieben Jahren ab Rechtskraft der Verfügung.
3. Gestützt auf Artikel 32 Absatz 2 MedBG sowie Artikel 15 MedBG i.V.m. Anhang 5, Ziffer 6 MedBV werden folgende Gebühren festgelegt:

Aufwand AAQ	
Externe Kosten (Honorare + Spesen)	CHF 9'141.-
Interne Kosten	CHF 14'000.-
Mehrwertsteuer (8%)	CHF 1'851.-
<b>Total Gebühren</b>	<b>CHF 24'992.-</b>

Diese Gebühren werden im September 2018 im Rahmen der Gesamtabrechnung der Akkreditierungsverfahren Chiropraktik bei ChiroSuisse erhoben.

Eidgenössisches Departement des Innern



Alain Berset  
Bundespräsident

#### Zu eröffnen an:

Schweizerische Akademie für Chiropraktik, Frau Dr. Johanna McChurch-Forrer  
Sulgenauweg 38, 3007 Bern

#### Rechtsmittelbelehrung

Gegen diese Verfügung kann gemäss Artikel 50 des Bundesgesetzes vom 20. Dezember 1968 über das Verwaltungsverfahren (VwVG; SR 172.021) innert 30 Tagen seit Zustellung beim Bundesverwaltungsgericht, Postfach, 9023 St. Gallen, Beschwerde erhoben werden. Die Beschwerde hat die Begehren, deren Begründung mit Angabe der Beweismittel und die Unterschrift des Beschwerdeführers (oder der Beschwerdeführerin) oder der Vertretung zu enthalten; die angefochtene Verfügung (oder der angefochtene Entscheid) und die als Beweismittel angerufenen Urkunden sind beizulegen (Art. 52 VwVG).

Kopie(n): - BAG  
- MEBEKO, Ressort Weiterbildung  
- Swiss Academy of Chiropractic



schweizerische agentur  
für akkreditierung  
und qualitätssicherung

agence suisse  
d'accréditation et  
d'assurance qualité

agenzia svizzera di  
accreditamento e  
garanzia della qualità

swiss agency of  
accreditation and  
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Herrn  
Dr. med. vet. Olivier Glardon  
Leiter Bereich Akkreditierung und Qualitätssicherung  
BAG Direktionsbereich Gesundheitspolitik  
Sektion Weiterentwicklung Gesundheitsberufe  
Schwarzenburgstrasse 157  
CH-3003 Bern

- nur per Mail -

28. September 2016

**Antrag zur Akkreditierung  
im Rahmen der *Akkreditierung 2018* der medizinischen Weiterbildung:  
Schweizerische Akademie für Chiropraktik – Weiterbildung Chiropraktik**

Sehr geehrter Herr Dr. Glardon

Gestützt auf Artikel 27 Absatz 4 MedBG stellt die Schweizerische Agentur für Akkreditierung und Qualitätssicherung (AAQ) als Akkreditierungsorgan Antrag zur Akkreditierung der

**Schweizerischen Akademie für Chiropraktik – Weiterbildung Chiropraktik.**

Auf der Grundlage der Erwägungen der Gutachtergruppe sowie der Stellungnahme des MedBG-Ausschuss empfiehlt die AAQ die Akkreditierung der Schweizerischen Akademie für Chiropraktik – Weiterbildung Chiropraktik ohne Auflagen.

Mit freundlichen Grüssen

Dr. Christoph Grolimund

Direktor

Dr. Stephanie Hering

Verantwortliche Format MedBG

**Beilagen:**

Gutachten Schweizerische Akademie für Chiropraktik – Weiterbildung Chiropraktik

**z.K. an:**

Schweizerische Akademie für Chiropraktik

# Accreditation 2018

for postgraduate medical education programmes as per  
the Medical Professions Act

Expert

Report

**Responsible organisation / postgraduate medical education programme:**

Swiss Academy of Chiropractic, Sulgenauweg 38, 3007 Bern

**Date: 11.07.2016**

Jennifer Bolton, Rob Finch, Iben Axén

Experts



Schweizerische Eidgenossenschaft  
Confédération suisse  
Confederazione Svizzera  
Confederaziun svizra

Swiss Confederation

Federal Department of Home Affairs FDHA  
**Federal Office of Public Health FOPH**



swiss agency of  
accreditation and  
quality assurance



## Contents

<u>0</u>	<u>The Quality Standards</u>	<u>2</u>
<u>1</u>	<u>Accreditation procedure</u>	<u>2</u>
<u>2</u>	<u>Responsible Organisation</u>	<u>4</u>
<u>3</u>	<u>Statement to the quality standards</u>	<u>4</u>
	<u>Quality area 1: Planning and development of the postgraduate medical education programme</u>	<u>4</u>
	<u>Quality area 2: Planning evaluation</u>	<u>11</u>
	<u>Quality area 3: Content of the postgraduate medical education programme</u>	<u>12</u>
	<u>Quality area 4: Content of the assessment system</u>	<u>14</u>
	<u>Quality area 5: Implementation of the postgraduate medical education programme</u>	<u>16</u>
	<u>Quality area 6: Conduct of the evaluation</u>	<u>20</u>
	<u>Quality area 7: Result (qualification profile) of the postgraduate medical education programme</u>	<u>22</u>
	<u>Quality area 8: Evaluation of results</u>	<u>24</u>
	<u>Quality area 9: Quality assurance and development of the postgraduate medical education programme</u>	<u>26</u>
	<u>Quality area 10: Quality assurance for the evaluation</u>	<u>28</u>
<u>4</u>	<u>Global assessment, strengths and weaknesses and outlook</u>	<u>29</u>
<u>5</u>	<u>Summary assessment and recommendation on accreditation</u>	<u>30</u>
<u>6</u>	<u>Comment of the MedPA Committee of the Swiss Accreditation Council</u>	<u>30</u>
<u>7</u>	<u>List of attachments</u>	<u>30</u>

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## 0 The Quality Standards

The Federal Act on University Courses for Medical Professions of 23 June 2006 (Medical Professions Act, MedPA; SR 811.11) requires accreditation for postgraduate medical education programmes that culminate in a Swiss federal specialist title. The purpose of the Act is to promote the quality of university education, continuing education and training, further training and the practice of the profession in the interests of public health. In this sense, accreditation is a transparent formal procedure of quality evaluation (Art. 22 MedPA) and simultaneously the promotion of continuous enhancement of quality standards.

The Act sets forth accreditation criteria (Art. 25, para. 1 MedPA) that must be fulfilled by the postgraduate medical education programme in order to receive accreditation. The postgraduate medical training objectives defined by the Act (Art. 4 and Art. 17 MedPA) are of critical significance. They are both based on the general (Art. 6 and Art. 7 MedPA) and the profession-specific educational objectives (Art. 8, 9 and 10 MedPA).

The quality standards define the accreditation criterion as per Art. 25, para. 1 (b) MedPA. As such, they form the basis of the accreditation decisions issued by the accrediting body, the Federal Department of Home Affairs (FDHA). They focus on health policy priorities and accreditation objectives defined for the accreditation procedure 2018. They take into account internationally accepted reference standards, such as the globally applicable standards published by the World Federation for Medical Education (WFME) for quality improvement in postgraduate medical education, the General Standards of Accreditation of the Royal College of Physicians and Surgeons of Canada (RCPSC), the Standards for Assessment and Accreditation of Specialist Medical Education published by the Australian Medical Council Limited (AMC), and the Standards for Curricula and Assessment Systems published by the General Medical Council (GMC) in the UK.

The quality standards are grouped into 10 quality areas. The areas correspond to the process generally consisting of the design, creation and evaluation of the postgraduate medical education programme, the definition of objectives, content, learning and assessment methods, and the design of the continuous quality assurance system.

Within the quality areas, the guidelines define the framework and priorities that are significant in the accreditation 2018. The quality standards, by contrast, focus on the concrete aspects of the postgraduate medical education. Moreover, the quality standards contain accreditation criteria in most quality areas that have been defined as requirements as per MedPA for accreditation 2018.

A distinction is made between overarching quality standards that apply to all postgraduate medical education programmes and those that apply to the specific postgraduate medical education programmes. The former are addressed to the responsible umbrella organisations and must be handled by them in the self-evaluation report (highlighted in red); the latter are the responsibility of the professional associations (highlighted in blue).

## 1 Accreditation procedure

### 1.1. Expert committee

- Professor Jennifer E. Bolton (Peer Leader), Vice-Principal of the Anglo-European College of Chiropractic, Bournemouth UK
- Dr. Rob Finch, Chief Executive of the Royal College of Chiropractors, Reading UK
- Dr. Iben Axén, Karolinska Institutet, Stockholm SWE

## 1.2. Timetable

The responsible organisation has handed in their request for accreditation and the self-evaluation report at the Federal Office of Public Health (FOPH) on the 15<sup>th</sup> of April 2016. The FOPH has conducted a formal check of the report and has then forwarded the documents to the Agency of Accreditation and Quality Assurance (AAQ).

The Round Table took place at the AAQ in Bern on the 16<sup>th</sup> of June 2016 from 1.30pm until 3.15pm.

The draft of the expert report was sent to the responsible organisation / postgraduate medical education programme on the 12<sup>th</sup> of July 2016 so they could form and state their opinion about it. The report was circulated among and read by the people in charge of ChiroSuisse: They appreciated the report as appropriate and helpful reflection of their work and clarified in a phone call on the 28<sup>th</sup> of July that there is no further need from their side for a written statement with clarification or comments.

Consequently, the expert report was completed without any changes.

The MedPA-committee of the Swiss Accreditation Council has approved the expert report on its meeting on the 16<sup>th</sup> of September 2016.

The director of the Federal Department of Home Affairs (FDHA) will take the accreditation decision on the 31<sup>st</sup> of August 2018.

## 1.3. Self-evaluation report

ChiroSuisse or the postgraduate programme for Swiss Chiropractors, respectively, did answer all the quality standards and requirements according to the MedPA for responsible organisations and for postgraduate medical education programmes in the self-evaluation report. As there is only one postgraduate medical education programme in Chiropractic in Switzerland, there is one procedure conducted that includes both the responsible organisation and the postgraduate medical education programme. The self-evaluation report yields extensive information on the organisation and the programme, which is completed by a series of annexes.

In parts the answers were not corresponding with the standards, but the resulting questions could all be solved at the Round Table. Numerous considerations in this expert report stem from the discussion at the Round Table.

The opportunity to make comments was only rarely used in the self-evaluation report. This may be due to the vast number of standards that had to be covered in the self-evaluation report.

## 1.4. Round Table

The Round Table took place at AAQ, Effingerstrasse 15, Bern on June 16<sup>th</sup> 2016 from 1.30pm until 3.15pm. Representatives of ChiroSuisse and the postgraduate programme for Swiss Chiropractors at the Round Table were: lic. phil Priska Haueter, president / CEO ChiroSuisse, Dr. Franz Schmid, president of the foundation of the Swiss Academy of Chiropractic (SAC), Prof. Cindy Peterson, former director SAC and responsible undergrad, Dr. Beatrice Wettstein, principal and former departmenthead education, Dr. Serafin Lehman, departmenthead education ChiroSuisse, Dr. Monika Weber, member of the MEBEKO, an assistant and Johanna McChurch-Forrer, director SAC. Dr. Olivier Glardon and Prof. Hans Hoppeler did observe the Round Table for the FOPH and the MEBEKO, respectively. Before and after the Round Table, the expert committee had a meeting to prepare the Round Table and the expert report. These meetings and the Round Table were attended and supported by the AAQ.

## 2 Responsible Organisation

The postgraduate medical education programme for chiropractors in Switzerland was established in 1975. ChiroSuisse is the responsible organisation for the only postgraduate medical education programme for chiropractors in Switzerland. However, the programme is administered and delivered by the Swiss Academy of Chiropractic (SAC). The programme underwent some changes but since 1984 has the structure that is still in place today and consists of a two-year programme, in which assistants spend 4 days a week in a practice and one day per week is dedicated to teaching in courses or to self-study. The aim of the SAC is to educate chiropractors in a way so they can improve the patients' health status and quality of life.

## 3 Statement to the quality standards

Quality area 1: Planning and development of the postgraduate medical education programme

### Guideline 1A

#### QUALITY STANDARDS

**1A.1 The establishment of specialist titles and the development of corresponding postgraduate medical education programmes is directed and evaluated continuously by a responsible organisation (Art. 25, para. 1 (a) MedPA). The structures, processes and responsibilities for this are defined (Art. 22, para. 2 MedPA).**

Considerations:

The programme is administered and delivered by the Swiss Academy for Chiropractic in Berne. The completion of the programme is a statutory requirement to practise chiropractic independently. ChiroSuisse is the only organisation responsible for postgraduate education of chiropractors in Switzerland. It has clear structures, processes and responsibilities in place to enable chiropractors to follow a postgraduate programme and achieve the required professional competencies (Postgraduate Ordinance 2011, Chapter II, Art. 4, Art. 7). The Director of the Academy is responsible for the day-to-day operation, including site visitations in connection with planned new postgraduate education training sites (Postgraduate Ordinance 2011, Chapter II, Art. 5). The continuous evaluation by the responsible organisation is explained in standard 8A.1, 8A.3, 9A.1 and 9A.3 and its responsibilities defined in the Postgraduate Ordinance (2011) in Chapter III, Article 12.

Conclusion:

The standard is fulfilled.

**1A.2 The responsible organisation has defined a process that ensures that the establishment of federal and under private law postgraduate medical education programmes reflect the needs of out-patient and in-patient care and public health.**

## Considerations:

The programme is focused on the scope of chiropractic practice and reflects the needs of patients presenting to chiropractors. Scope of practice is clearly defined, and a recent survey of the profession in Switzerland has informed the programme content in this regard (see 2009 Swiss Chiropractic Job Analysis Survey).

## Conclusion:

The standard is fulfilled.

**1A.3 The responsible organisation ensures that the structure, composition and duration of the postgraduate medical education programmes and their impact on the individual's professional development is described with clearly defined milestones. Moreover, the relationship between compulsory and elective components, the balance between general (generic) and specialised competencies, and the integration of theory and practice, must be clearly defined.**

## Considerations:

The programme is 2 years in duration and is clearly structured with taught and practical clinical training elements (Postgraduate Ordinance 2011, Chapter I, Art. 3, Chapter II, Art. 11). In the clinical training part of the programme, each chiropractor undertakes an Assistantship under the supervision and guidance of an experienced chiropractor ('Principal'). For clarity, chiropractors in training are referred to as 'Assistants' and supervisory chiropractors as 'Principals'.

All Assistants follow the same programme and there are no elective components. Assistants are clearly informed of the programme structure at the start. Assessments at defined stages and milestones culminating in achievement of defined professional competencies at the end are also clearly set out (Postgraduate Ordinance 2011, Chapter IV).

## Conclusion:

The standard is fulfilled.

### REQUIREMENTS OF MEDPA

The responsible organisation documents the fulfilment of the following MedPA articles:

**1. Postgraduate medical training objectives (Art. 25, para. 1 (b))**

fulfilled                       partially fulfilled                       not fulfilled

## Considerations:

The programme objectives are clearly defined in the Postgraduate Ordinance (2011) Chapter I, Article 3 and enable Assistants to achieve the professional competencies necessary for future independent practice.

## Conclusion:

The requirement is fulfilled.

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**2. Compliance with the general objectives of continuing education and training (Art. 4, para. 1)**

fulfilled  partially fulfilled  not fulfilled

**Considerations:**

The programme fully complies with training practitioners to diagnose and treat health problems as well as health promotion. This is reflected in the general and specific learning outcomes that are clearly defined (see General Learning Outcomes (GLOs) for the two-year Post-Graduate Program in Switzerland, Specific Learning Outcomes (SLOs) for each of the 7 domains).

**Conclusion:**

The requirement is fulfilled.

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**3. Promoting the development of social competencies (Art. 7 (b))**

fulfilled  partially fulfilled  not fulfilled

**Considerations:**

The programme addresses the ethical and social dimensions of chiropractic practice. Ethics is introduced at the start of the programme and inculcates the ethical responsibility of chiropractors to the patient and the wider environment. Social competencies are also addressed and reinforced throughout the programme in discussion groups, formal assessments and in the clinic practice setting.

**Conclusion:**

The requirement is fulfilled.

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**4. Practical training for doctors working in human medicine in primary care settings (Art. 17, para. 3)**

fulfilled  partially fulfilled  not fulfilled

**Considerations:**

This requirement is not applicable as chiropractors do not work in human medicine in primary care settings.

**Conclusion:**

The requirement is not applicable.

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**Guideline 1B****QUALITY STANDARDS**

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**1B.1 In the postgraduate medical education programme, the professional association describes the structure as well as the generic and subject-specific components**

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**of the programme.**

Considerations:

Refer to 1A.3. The programme is clearly defined, broadly split between the taught component of theory and practical skills, and the clinical training component. The duration of the programme is 2 years with a 4 month period of hospital rotations at the end. There is a modular approach to the taught elements (an introductory and 2 further modules), which is set out in a detailed schedule, and which takes place in the main one day a week at the Academy in Berne. For the remaining 4 days a week, the Assistants are in supervised clinical practice in private chiropractic practices throughout Switzerland. Assistants must work in 2 different chiropractic practices as part of their programme.

Conclusion:

The standard is fulfilled.

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**1B.2 In the self-evaluation report, the professional association describes how and with whom (instructors, participants, other stakeholders, related professional associations) the curriculum was developed, the content and learning methods were selected, and the approval procedures to which the programme was subjected.**

Considerations:

The programme was established in its current form in 1984, although it has changed and evolved in line with current evidence and practice over time. The programme is subject to continual review by Assistants and Principals through standardised feedback mechanisms, by Academy staff including the Director, and by the chiropractic profession through annual reports to the Board of the Academy and the chiropractic Foundation. The programme is subject to external review by AAQ.

Conclusion:

The standard is fulfilled.

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**1B.3 The mission statement/occupational profile of the postgraduate medical education programme describes the specialisation and the objectives that the future specialist must achieve. In particular, the professional association defines:**

- **the position, role and function that the specialisation and the specialist has in the healthcare system, particularly in the context of primary care (Art. 6, para. 1 (f) MedPA and Art. 7 (a) MedPA)**
- **the process for ensuring specialised care for patients from the primary care setting (referral to and from specialists)**
- **the relationship of the specialisation to related disciplines in out-patient and in-patient care (professional contacts to other specialisations, coordination and cooperation in the context of integrated care) and in public health (Art. 17, para. 2 (g) MedPA).**

Considerations:

The programme addresses the scope of chiropractic practice, which has clearly defined boundaries within the healthcare system. At the end of the two-year programme, Assistants are required to undertake a four month placement of rotations in a hospital setting. The

Academy has a mission statement that defines the professional competencies achieved by Assistants at the end of the programme and that enable the chiropractor to practise effectively as a professional in the healthcare system. In addition, the profession has been recently engaged in exploring the future role of the chiropractor (in 2030), which will inform the programme as it develops in the future.

Conclusion:

The standard is fulfilled.

#### REQUIREMENTS OF MEDPA

The responsible organisation documents the fulfilment of the following MedPA articles:

### 1. Practice of the profession under private law in the specialisation and with individual responsibility (Art. 17, para. 1)

fulfilled  partially fulfilled  not fulfilled

Considerations:

The programme enables the Assistant to achieve the professional competencies of autonomous practice. The programme builds on the knowledge and skills acquired in undergraduate (first qualification) education and training, preparing the Assistant to enter private practice as an independent practitioner. The professional competencies to be achieved at the end of the programme are clearly defined in the General and Specific Learning Outcomes (see GLOs domain 1, SLOs domain 1).

Conclusion:

The requirement is fulfilled.

### 2. Reliable diagnosis and prescription and implementation of treatment (Art. 17, para. 2 (a))

fulfilled  partially fulfilled  not fulfilled

Considerations:

The programme focuses on diagnosis and the treatment of health conditions within the scope of chiropractic practice. This occurs both in the taught part of the programme in which students are assessed on a regular basis, and in the clinical training element in which Assistants are supervised in practice and receive one to one feedback from their clinic Principal (see GLOs domain 5, SLOs domain 5).

Conclusion:

The requirement is fulfilled.

### 3. Act independently in emergency situations (Art. 17, para. 2 (d))

fulfilled  partially fulfilled  not fulfilled

Considerations:

There is a workshop in the taught part of the programme that deals specifically with



emergency situations including simulation training in first aid.

Conclusion:

The requirement is fulfilled.

#### 4. Perform tasks in primary care (Art. 17, para. 2 (i))

fulfilled  partially fulfilled  not fulfilled

Considerations:

Again, the programme addresses the scope of chiropractic in primary care, and how this fits into the healthcare system. Assistants are exposed to other healthcare professionals who often teach on the programme, and also as part of their clinical rotations in the hospital setting at the end of the programme.

Conclusion:

The requirement is fulfilled.

#### 5. High quality care for patients (Art. 4, para. 2 (a))

fulfilled  partially fulfilled  not fulfilled

Considerations:

The programme focuses on evidence-based healthcare and on the use of research evidence to inform the care of patients. The Assistants have classes on research methodology, and undertake a research dissertation as part of their studies. In addition, Assistants are encouraged to use patient-reported outcome measures in their clinical practice. The Panel was of the opinion that the Academy should consider including clinical audit into the programme as another way in which Assistants might use to improve the quality of care for patients.

Conclusion:

The requirement is fulfilled.

Recommendation:

To consider incorporating the process of clinical audit into the clinical training part of the programme as a means of enabling Assistants to assess and improve quality of care.

#### 6. Scientific methods, ethical and economically rational decisions (Art. 4, para. 2 (b))

fulfilled  partially fulfilled  not fulfilled

Considerations:

Assistants are required to undertake scientific methods classes, critical appraisal of the literature and a research dissertation (see requirement 5 above). Ethics are addressed throughout the programme (see quality area 1A, requirement of MedPA 3). Assistants are encouraged to take economically responsible decisions wherever appropriate, for example in ordering diagnostic imaging for patients (see GLOs domain 4 and 7, SLOs domain 4 and 7).

Conclusion:

The requirement is fulfilled.

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### 7. Communication (Art. 4, para. 2 (c))

fulfilled  partially fulfilled  not fulfilled

Considerations:

Communication skills are given high importance in the programme, including patient-practitioner interactions, and referrals from and to other healthcare professionals. This is defined in the Specific Learning Outcomes (see GLOs domain 2, SLOs domain 2).

Conclusion:

The requirement is fulfilled.

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### 8. Assuming responsibility within the health system (Art. 4, para. 2 (d))

fulfilled  partially fulfilled  not fulfilled

Considerations:

The programme addresses competencies in professionalism throughout as defined in the Specific Learning Outcomes, both in terms of working with peers in their own profession and of working with other professionals in the healthcare setting (see GLOs domain 4 and 5, SLOs domain 4 and 5).

Conclusion:

The requirement is fulfilled.

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### 9. Performance of organisational and management tasks (Art. 4, para. 2 (e))

fulfilled  partially fulfilled  not fulfilled

Considerations:

Assistants are given classes in managing chiropractic practices, including business plans and legal responsibilities as an employer. Assistants are exposed to successful clinical practice settings throughout the programme.

Conclusion:

The requirement is fulfilled.

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### 10. Interdisciplinarity – interprofessionality (Art. 4, para. 2 (f))

fulfilled  partially fulfilled  not fulfilled

## Considerations:

This is addressed in the professional competency of Collaboration as defined in the overall programme outcomes. Assistants are exposed to other healthcare professionals throughout both the taught and clinical components of this programme, and in the hospital placements at the end of the programme (see GLOs domain 3, SLOs domain 3).

## Conclusion:

The requirement is fulfilled.

## Quality area 2: Planning evaluation

**Guideline 2B**

## QUALITY STANDARDS

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**2B.1 Evaluation of the postgraduate medical education programme covers the structures, processes and outcomes (Art. 22, para. 2 and Art. 25, para. 1 (e) MedPA).**

## Considerations:

Much of the programme evaluation relies on the use of feedback from Assistants, Principals and lecturers, as well as peer evaluation of Principals. The Panel felt there is an opportunity to include other information on which to base the evaluation of the programme including student performance. Although it is clear that there is a considerable amount of feedback data, it was unclear exactly how all this information is evaluated as a whole and how this informs the evaluation reports prepared by the Academy's Director (see standard 2B.2).

## Conclusion:

The standard is partially fulfilled.

## Recommendation:

To introduce a central database to record student data so as to inform programme evaluation processes.

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**2B.2 The basic data required for the evaluation of the postgraduate medical education programme is defined, continuously collected or provided by the responsible organisation, analysed and used to improve the quality of the programme.**

## Considerations:

There is a comprehensive peer review and feedback system (see standard 2B.1). How this is combined and informs the annual evaluation reports to the Academy's Board and to the chiropractic profession was not clear. The Panel felt there may be an opportunity to reflect on the content of these annual reports to ensure they are not only descriptive but critical evaluations of the programme. Based on critical evaluation of the programme, it would then be possible to construct an action plan for the following year, and review/revise this in the next cycle.

## Conclusion:

The standard is partially fulfilled.

**Recommendation:**

To review the programme evaluation process and introduce reflective annual reports with short- and medium term action plans.

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**2B.3 The postgraduate medical education programme includes requirements for the assessment of performance. The methods for assessment of participants, including the criteria for examinations and practical evaluations, are defined, transparent and public.**

**Considerations:**

There is a detailed strategy for, and schedule of assessments, which are both summative and formative. Assessments include OSCE style clinical assessments, quizzes, written assessments, practical skills assessments, a research dissertation and the final postgraduate education federal qualifying examination. It appears that most of these assessments are graded on a pass/fail basis, which may limit the constructive feedback available to Assistants on their performance. The assessment methods are varied, and clearly defined in the assessment schedule to Assistants (see Postgraduate Ordinance Chapter IV, Art. 13, 14).

**Conclusion:**

The standard is fulfilled.

### Quality area 3: Content of the postgraduate medical education programme

#### Guideline 3B

#### QUALITY STANDARDS

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**3B.1 The structure, composition and duration of the postgraduate medical education programme and the desired outcomes in regard to professional development are described in terms of clearly defined milestones. The relationship between compulsory and elective components is clearly defined.**

**Considerations:**

The programme structure, milestones, and programme learning outcomes are clearly defined (see standard 1A.3, GLOs, SLOs).

**Conclusion:**

The standard is fulfilled.

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**3B.2 The definition of content is competency-based and focused on outcomes. The desired outcomes are described in terms of qualitative and/or quantitative indicators.**

**Considerations:**

Individual lectures in the taught part of the programme all have clear learning outcomes. The programme is clearly outcomes-based, and defined in the overall programme outcomes

as professional competencies that must be achieved by the end (see quality area 1A, requirement of MedPA 1).

Conclusion:

The standard is fulfilled.

### **3B.3 The postgraduate medical education programme includes both practice-based and clinical work and the associated theory required for the practice of the profession and evidence-based decision making in the chosen field.**

Considerations:

The taught part of the programme, consisting of three modules, gives much of the underpinning theory of clinical practice. The programme adopts an evidence-based approach to practice predicated on research and other forms of relevant evidence. Assistants spend four days a week in supervised clinical practice in which theory is applied to practice. See standard 1B.1.

Conclusion:

The standard is fulfilled.

## **REQUIREMENTS OF MEDPA**

The responsible organisation documents the fulfilment of the following MedPA articles:

### **1. Human dignity (Art. 17, para. 2 (b))**

fulfilled  partially fulfilled  not fulfilled

Considerations:

This is covered as part of ethics included in the Introductory module as well as throughout the programme in achieving the programme outcome of Professionalism. An ethical approach respecting the rights of patients is reinforced throughout the clinical training part of the programme (see quality area 1A, requirement of MedPA 3).

Conclusion:

The requirement is fulfilled.

### **2. Provision of end-of-life care for patients (Art. 17, para. 2 (c))**

fulfilled  partially fulfilled  not fulfilled

Considerations:

The requirement is not applicable as chiropractors are not involved in this aspect of patient care.

Conclusion:

The requirement is not applicable.

### **3. Preventive measures (Art. 17, para. 2 (e))**

fulfilled  partially fulfilled  not fulfilled

Considerations:

Health prevention measures are an important part of chiropractic practice. They are included together with health promotion measures, in the advice and guidance to patients. The programme covers subjects including nutrition, rehabilitation and sports chiropractic.

Conclusion:

The requirement is fulfilled.

#### 4. Economic feasibility (Art. 17, para. 2 (f))

fulfilled  partially fulfilled  not fulfilled

Considerations:

Assistants are encouraged to make economically sound decisions throughout their clinical training as part of this programme, often on the advice and guidance of their Principals. A sound and responsible approach to financial sustainability is necessary in running a successful practice, and this is covered, in particular, in meetings between Principals and their Assistants.

Conclusion:

The requirement is fulfilled.

#### 5. Interprofessional collaboration (Art. 17 para. 2 (g) and (i))

fulfilled  partially fulfilled  not fulfilled

Considerations:

Assistants are exposed to other health professionals as referenced in quality area 1B, requirement of MedPA 4 and quality area 1B, requirement of MedPA 10. Collaboration is clearly defined in the professional competencies as one of the required outcomes of this programme (see GLOs domain 3, SLOs domain 3).

Conclusion:

The requirement is fulfilled.

### Quality area 4: Content of the assessment system

#### Guideline 4B

#### QUALITY STANDARDS

##### 4B.1 The assessment includes both formative and summative methods and regular feedback on progress in terms of skills and performance.

Considerations:

The assessment strategy is clearly defined (see 2B.3) including both formative and

summative methods. The supervision of the Assistant in clinical practice is central to the feedback given to the Assistant by the Principal on his/her clinical practice skills and performance. This feedback is on-going, but also defined in the two-hour weekly session, which is a face to face meeting between the Assistant and his/her Principal.

Conclusion:

The standard is fulfilled.

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#### **4B.2 The assessment methods of participants, including the criteria for examinations, are defined and communicated to participants, instructors and examiners.**

Considerations:

There is a wide range of assessment methods (see 2B.3). There was insufficient evidence however on the criteria defining the requirements of assessments and how grades are allocated. Although Assistants are given feedback on their performance in assessments, guidance on the assessment criteria beforehand would align with good practice.

Conclusion:

The standard is partially fulfilled.

Recommendation:

To introduce assessment criteria where appropriate to inform Assistants of how work will be assessed.

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#### **4B.3 The assessment of participants is based on the requirements of professional practice in public healthcare and in the out-patient and in-patient sectors (including feedback from patient organisations, health services and departments in public healthcare) and complies with subject-specific professional guidelines.**

Considerations:

The assessments are based on lecture abstracts of the modules of the taught part of the programme, which are based on the requirements of public service demanded by chiropractors. So the assessments are relevant to clinical practice, and are set with the input of appropriate stakeholders including chiropractic and medical specialists. There is an examination committee that reviews assessments, not only for suitability and ambiguity, but also for professional requirements. There may be an opportunity here to consider the involvement of patients in reviewing assessments aligned to good practice.

Conclusion:

The standard is fulfilled.

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#### **4B.4 Postgraduate medical training establishments foster a culture of constructive handling of errors, supported by appropriate tools, such as the *Critical Incident Reporting System (CIRS)*.**

Considerations:

Assistants are required to use the CIRLS system in their clinical practice as part of this programme. This informs part of the discussion between Assistants and their Principals,

fostering a culture of reporting errors in practice and potential risks.

Conclusion:

The standard is fulfilled.

## REQUIREMENTS OF MEDPA

The responsible organisation documents the fulfilment of the following MedPA articles:

### 1. Recognition and consideration of private and professional boundaries (Art. 7 (a))

fulfilled  partially fulfilled  not fulfilled

Considerations:

Scope of chiropractic practice is clearly defined and informs the programme. As described in standard 1B.3 the chiropractic profession is engaged in reviewing the role of the chiropractor and how this may evolve in the future.

Conclusion:

The requirement is fulfilled.

### 2. Expansion, augmentation and application of professional skills (Art. 6, para. 1 (a-i), Art. 6, para. 2)

fulfilled  partially fulfilled  not fulfilled

Considerations:

The programme addresses all of the professional skills in the management of patients, health prevention and promotion measures, healthcare practice in the wider context, and the scientific method and critical appraisal. Application of knowledge and skills is evident in the extensive clinical training undertaken by Assistants throughout the programme.

Conclusion:

The requirement is fulfilled.

## Quality area 5: Implementation of the postgraduate medical education programme

### Guideline 5A

#### QUALITY STANDARDS

**5A.1 The responsible organisation ensures that the formative character of the postgraduate medical education programme is respected. The balance between study and work (learning on the job) enables fulfilment of postgraduate medical training objectives within the defined period.**

Considerations:



There is a close association between the taught part of the programme and the clinical work in which the Assistant learns on the job in a supervised practice setting. In this, the Assistant works independently but has access to his/her Principal on a continuous basis (mostly face to face). In addition, there are protected times set aside each week where the Assistant meets with his/her Principal for advice/guidance and to present patient cases.

Conclusion:

The standard is fulfilled.

**5A.2 The resources provided by postgraduate medical training establishments and professional associations are commensurate with the number of participants, ensuring high quality education and instruction.**

Considerations:

The Academy is well resourced and supported by the profession, and Assistants have access to all necessary learning resources. The Academy is in the enviable position of having more clinical training sites available than the number of Assistants. There is a limit put on the number of patients seen by the Assistant, and on the number of Assistants any one Principal can have, so as not to compromise the learning experience. The programme is well resourced so as to provide a quality learning experience for Assistants.

Conclusion:

The standard is fulfilled.

**5A.3 The responsible organisation is capable of conducting the postgraduate medical education programme effectively and deploying its resources responsibly and efficiently. External or third-party funding and any potential personal or institutional conflicts of interest are disclosed.**

Considerations:

As described in standard 5A.2, this is a well-resourced programme, which is also well supported by the chiropractic profession. The clinical training sites are a valuable resource and the Academy is in a position where it can ensure that each clinic used as a training site meets the requirements of patient numbers, equipment and facilities to ensure a quality learning experience for the Assistant. There is a peer review process in place every six years to ensure that these requirements of the training clinic and the Principal are met and maintained. There is no external or third-party funding.

Conclusion:

The standard is fulfilled.

**REQUIREMENTS OF MEDPA**

The responsible organisation documents the fulfilment of the following MedPA articles:

**1. Definition of the duration of postgraduate medical training (Art. 18, para. 3)**

fulfilled

partially fulfilled

not fulfilled

## Considerations:

This is a two-year postgraduate programme with a clinical training component managing patients (4 months), and lectures and practical sessions, as well as time for independent study (Postgraduate Ordinance 2011, Chapter I, Art. 3).

## Conclusion:

The requirement is fulfilled.

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**2. Balance of theoretical/practical education (Art. 25, para. 1 (f))**

fulfilled  partially fulfilled  not fulfilled

## Considerations:

The programme defines the time spent for clinical training, teaching, independent study and preparation for examinations (see standard 5A.1).

## Conclusion:

The requirement is fulfilled.

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**3. Personal engagement (Art. 25, para. 1 (i))**

fulfilled  partially fulfilled  not fulfilled

## Considerations:

Assistants work in clinic practice throughout the programme as independent albeit supervised practitioners with access to their Principals at all times (either face to face (at least 80%) or telephone).

## Conclusion:

The requirement is fulfilled.

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**4. Recognition of the postgraduate medical training establishment (Art. 25, para. 1 (h))**

fulfilled  partially fulfilled  not fulfilled

## Considerations:

There are more clinical training sites than required, and these undergo a peer review process every six years to ensure the required facilities and resources are maintained (see standard 5A.3).

## Conclusion:

The requirement is fulfilled.

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**5. Part-time postgraduate medical training (Art. 18, para. 2)**

fulfilled  partially fulfilled  not fulfilled

## Considerations:

Arrangements can be made for those Assistants who take time off during the programme, or who undertake the programme on a part-time basis. Those Assistants doing the programme part-time will take 4 instead of 2 years to complete it (Postgraduate Ordinance 2011, Chapter V, Art. 18, Art. 19).

## Conclusion:

The requirement is fulfilled.

## Guideline 5B

### QUALITY STANDARDS

#### **5B.1 The instruction and learning methods, feedback framework and the principles of supervision of the participants are clearly described. They are consistent with the respective postgraduate medical training components/ modules and promote independent, reflexive thinking and an evidence-based approach.**

## Considerations:

The taught part of the programme, clinical training and supervision, and the comprehensive feedback framework are all very well described. The programme is relevant to postgraduate training and enables the Assistant to achieve the professional competencies as defined in the overall programme learning outcomes (see GLOs domain 7). The programme clearly shows an evidence-based approach through the scientific method (see quality area 1B, requirement of MedPA 5). The professional competencies align with independent and reflective practice.

## Conclusion:

The standard is fulfilled.

#### **5B.2 The professional association ensures definition of the required professional experience, areas of responsibility and tasks, and that the teaching experience and academic qualifications of instructors and lecturers are continuously reviewed, supported and awarded (Art. 25, para. 1 (g) MedPA).**

## Considerations:

Lecturers and instructors are engaged based on their professional experience. Chiropractors acting as Principals are peer reviewed every six years (see standard 5A.3 and quality area 5A, requirement of MedPA 4). All teaching and clinical staff are reviewed through extensive student feedback. There is recognition by the Academy that more chiropractors should be supported to gain a pedagogic qualification in the near future so as to sustain staffing at the Academy.

## Conclusion:

The standard is fulfilled.

#### **5B.3 The postgraduate medical education programme enables participants to gain a broad spectrum of experience in the chosen specialisation, including practical experience in an emergency care setting. The number of patients, variety of**

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**cases, different types of activity and supervised projects enable participants to gain professional experience in all facets of the chosen specialisation.**

Considerations:

Chiropractors are not required to practise in an emergency care setting. Assistants in their clinical training are required to log their patient cases, which is reviewed by the Director to ensure a suitable case mix for training purposes.

Conclusion:

The standard is fulfilled.

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**5B.4 The postgraduate medical education programme is provided in a paid employment situation in the chosen specialisation and includes involvement in all activities relevant for the exercise of the profession in the specialisation.**

Considerations:

Assistants are reimbursed for their work in the clinical training programme. This was considered a reasonable and appropriate sum for working as an independent chiropractor in a supervised environment.

Conclusion:

The standard is fulfilled.

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**5B.5 The postgraduate medical education programme promotes interprofessional and interdisciplinary collaboration (Art. 6, para. 1 (f), Art. 17, para. 2 (g), Art. 17, para. 2 (i) MedPA). A coordinated multi-site programme in the chosen specialisation is possible in order to enable contact with the different areas of the field and facilitate a command of the principles of the profession.**

Considerations:

Assistants on this programme are exposed to a range of professionals from other health disciplines in the taught part of the programme, and during their time spent at Balgrist University hospitals for four months at the end of their programme.

Conclusion:

The standard is fulfilled.

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Quality area 6: Conduct of the evaluation

### **Guideline 6A**

#### **QUALITY STANDARDS**

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**6A.1 A system for recognition and supervision of postgraduate medical training and other educational establishments is in place.**

## Considerations:

Principals supervise the clinical training part of this programme (see standard 1A.3). Feedback is given to the Academy both by the Principals and the Assistants, and in this way the Academy can evaluate the training at different clinical sites. There are strict requirements to become a Principal. Maintenance of these requirements is reviewed every six years (see standard 5A.3, quality area 5A, requirement of MedPA 4, standard 5B.2, Postgraduate Ordinance 2011, Chapter VI, Art. 20).

## Conclusion:

The standard is fulfilled.

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**6A.2 The terms of service and the rights and obligations of participants are defined and communicated to all involved.**

## Considerations:

Each Assistant signs a contract to work in the clinical training site. Principals receive a manual outlining the rules and regulations of acting as a Principal, and also sign a contract to act as a Principal in the programme.

## Conclusion:

The standard is fulfilled.

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**6A.3 The responsible organisation ensures that protected study periods are provided for participants within the terms of service.**

## Considerations:

All Assistants have one day a week protected time to attend classes in the taught component of the programme, research, preparation for assessments and examinations and independent study.

## Conclusion:

The standard is fulfilled.

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**6A.4 Active involvement of participants in the design and evaluation of the postgraduate medical education programme, the terms of service and other organisational, structural and procedural matters is ensured.**

## Considerations:

Assistants provide their feedback on structured questionnaires regarding their Principal once every six months, and give regular feedback each time they attend the Academy for lectures and workshops. So there is a comprehensive feedback framework in which Assistants evaluate their programme.

## Conclusion:

The standard is fulfilled.

## Guideline 6B

### QUALITY STANDARDS

**6B.1 The selected assessment methods (e.g. multiple choice, essay questions, OSCE, MiniCEX, AbA) are appropriate in each case to ensure optimal preparation for practice of the profession.**

Considerations:

As detailed in standard 2B.3, there is a wide range of assessment methods relevant to professional practice including OSCE and OSLE style examinations, mini-CEX, case-based examinations, practical skills examinations and critical incident reports.

Conclusion:

The standard is fulfilled.

**6B.2 The professional/academic director reports regularly on the fulfilment of the mission statement and objectives of the postgraduate medical education programme.**

Considerations:

The Academy Director reports twice annually to the Board of the Academy, and once a year to the chiropractic profession through the chiropractic Foundation.

Conclusion:

The standard is fulfilled.

Quality area 7: Result (qualification profile) of the postgraduate medical education programme

## Guideline 7A

### QUALITY STANDARDS

**7A.1 Admission of participants to the postgraduate medical training establishments must be transparent and open to applicants with a federally diploma or foreign degree recognised by MEBEKO (Art. 19 MedPA).**

Considerations:

There are clear requirements to be admitted to the programme. All candidates must successfully complete the undergraduate chiropractic education at a government recognised domestic or foreign training site. Starting in 2016, all graduates from foreign sites need to have fulfilled at least 60 ECTS at a Swiss medical university. Students wanting to reach 60 ECTS in Zurich will have to pass a clinical entrance exam before being allowed to work in the university world. Furthermore, all candidates need to successfully pass the federal examination (Postgraduate Ordinance 2011, Chapter III, Art. 10).

Conclusion:

The standard is fulfilled.

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**7A.2 The professional associations have coordinated their continuing training offerings with the postgraduate medical education programme (Art. 17, para. 2 (h) MedPA).**

Considerations:

The Academy, in addition to the postgraduate programme, also arranges the continuing education seminars for fully qualified chiropractors. This close association between the postgraduate programme and the continuing education seminars has mutual benefit for both.

Conclusion:

The standard is fulfilled.

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**7A.3 The responsible organisation ensures that a return to work after a career break or further training is supported and encouraged.**

Considerations:

It is possible to undertake this programme either on a part-time basis, or return to the programme after a career break (see quality area 5A, requirement of MedPA 5).

Conclusion:

The standard is fulfilled.

## REQUIREMENTS OF MEDPA

The responsible organisation documents the fulfilment of the following MedPA articles:

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**1. Access to postgraduate medical training (Art. 25, para. 1 (c), Art. 19, para. 3)**

fulfilled                       partially fulfilled                       not fulfilled

Considerations:

Access to this programme is available to eligible persons from all over Switzerland, and to all eligible persons irrespective of professional association membership (see standard 7A.1).

Conclusion:

The requirement is fulfilled.

## Guideline 7B

### QUALITY STANDARDS

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**7B.1 The competencies and achievements required of participants are described and communicated to all involved parties. They are reviewed continuously.**

## Considerations:

The overall programme aims are clearly defined and detailed (see quality area 1A, requirement of MedPA 2). They are communicated to the Assistants at the start of the programme, and are currently under review.

## Conclusion:

The standard is fulfilled.

**7B.2 The professional association is responsible for ensuring that the postgraduate medical training objectives can be achieved effectively and efficiently. Assessment of the competencies and achievements is standardised, transparent and consistent with postgraduate medical training objectives.**

## Considerations:

The assessment strategy is referred to in standard 2B.3. Assessments methods are wide ranging, and comprehensively assess the Assistant's progress on the programme and attainment of learning outcomes.

## Conclusion:

The standard is fulfilled.

**7B.3 A process exists for recognition of postgraduate medical training components and modules completed abroad.**

## Considerations:

Some recognition of prior qualifications has occurred in the past, and as a result Assistants are allowed to bypass some modules. It is apparent that this is only in very exceptional cases.

## Conclusion:

The standard is fulfilled.

## Quality area 8: Evaluation of results

### Guideline 8A

#### QUALITY STANDARDS

**8A.1 The responsible organisation facilitates and coordinates the establishment of tools and the collection of basic data (see quality standard 2 in quality area 3) that enables documentation of the achievements and competencies of participants.**

## Considerations:

There is an extensive framework of feedback, which informs development of the programme. However, it appears that these data are not collated in a systematic manner. There is an opportunity to record data other than feedback data such as progression data, and to collate all data in the evaluation and forward development of the programme.



Conclusion:

The standard is partially fulfilled.

**8A.2 The professional associations are given effective and appropriate support in the task of adapting and optimising the postgraduate medical education programmes to ensure they meet the needs of professional practice and up-to-date educational standards.**

Considerations:

The close association between the Academy and the profession ensures strong and continuous professional support of the programme. The fact that the programme has a relatively small number of Assistants at any one time also leads to a cohesive and coherent programme. It is well recognised that professional support is required to develop personnel in the future to achieve educational qualifications so that the programme continues to align with current pedagogic practice.

Conclusion:

The standard is fulfilled.

**8A.3 The assessment of the achievements, competencies and progress of participants during the programme is an integral component of a broad-based supervision and evaluation process of the quality of the postgraduate medical education programme and is based on objective, comprehensive criteria.**

Considerations:

The evaluation of the programme is based mostly on feedback data and not on progression data. The criteria are not clear. There is an opportunity to use progression data as described in standard 8A.1.

Conclusion:

The standard is partially fulfilled.

### REQUIREMENTS OF MEDPA

The responsible organisation documents the fulfilment of the following MedPA articles:

**1. Independent appeals board (Art. 25, para. 1 (j))**



fulfilled



partially fulfilled



not fulfilled

Considerations:

There is an independent appeals board for Assistants and other participants in the programme (Postgraduate Ordinance 2011, Chapter II, Art. 6).

Conclusion:

The requirement is fulfilled.

## QUALITY STANDARDS

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### **8B.1 Evaluation of the postgraduate medical education programme by lecturers and participants takes place on an ongoing basis.**

Considerations:

There is a comprehensive feedback system for Assistants, Principals and lecturers (see standard 1B.2, 2B.1, 5B.1, 6A.1, 6A.4).

Conclusion:

The standard is fulfilled.

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### **8B.2 Criteria and indicators for assessment of competencies and achievements (*performance*) are defined for the individual programme stages.**

Considerations:

Whereas the assessment strategy is clearly detailed, and marks the milestones along the programme, the assessment criteria are less so. More work is recommended on constructing assessment criteria where appropriate (see standard 4B.2).

Conclusion:

The standard is partially fulfilled.

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### **8B.3 The postgraduate medical education programme includes a mechanism for early detection of unsatisfactory performance or a lack of skills that would compromise the individual's ability to practise the profession with individual responsibility. Advisory support for participants is in place.**

Considerations:

Unsatisfactory performance can be clearly identified early on in the programme through early assessments. Similarly, unsatisfactory performance in clinical training can be identified readily by the Principal, and addressed in the weekly meetings between the Principal and the Assistant.

Conclusion:

The standard is fulfilled.

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Quality area 9: Quality assurance and development of the postgraduate medical education programme

## **Guideline 9A**

### QUALITY STANDARDS

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**9A.1 The responsible organisation facilitates and coordinates regular monitoring of the quality of the postgraduate medical training conditions. It checks the reviews of the postgraduate medical education programmes according to the same quality criteria established for the creation of new postgraduate medical education programmes (Art. 31, para. 1 MedPA and Art. 31 (a) MedPA).**

## Considerations:

Twice annual reports are provided to the Board of the Academy, which includes changes to the programme, future plans and financial accounts.

## Conclusion:

The standard is fulfilled.

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**9A.2 The responsible organisation ensures that the financial and human resources that enable each postgraduate medical education programme to provide high quality education are secured on a long-term basis.**

## Considerations:

The Academy is financially sustainable receiving fees from the profession, Assistants and Principals.

## Conclusion:

The standard is fulfilled.

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**9A.3 A strategy is in place for planning, implementation and evaluation of the postgraduate medical education programme and for the use of education specialists.**

## Considerations:

The Academy is aware of its responsibilities and role in future training of newly qualified chiropractors, and has recognised the need to continue to support appropriate persons in achieving educational qualifications so as to maintain the quality of the postgraduate programme in the medium to long terms.

## Conclusion:

The standard is fulfilled.

## Guideline 9B

### QUALITY STANDARDS

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**9B.1 Based on a concluding assessment in which the postgraduate medical education programme is measured against these quality standards, a plan of action for the future is designed that delineates the continuing development of the postgraduate medical education programme over the period until the next accreditation.**

## Considerations:

The Academy has a plan for further development. This includes plans for the increase in numbers of chiropractic graduates from the University of Zurich.

## Conclusion:

The standard is fulfilled.

### **9B.2 The continuous updating/quality assurance for the postgraduate medical education programme includes:**

- **Adaptation of the mission statement and the objectives of the programme to scientific, socio-economic and cultural developments**
- **Continuous adaptation of the programme's structures and processes in terms of their appropriateness**
- **Adaptation of the structure, composition and duration of the programme in line with developments in the specialisation**

#### Considerations:

There is forward planning, and the progress made by the Academy since its last external review in 2010 is clear. There is however an opportunity to produce a more detailed action plan linked to programme evaluation, which more systematically maps the actions to be taken in improving the programme and the learning experience of the Assistant.

#### Conclusion:

The standard is partially fulfilled.

#### Recommendation:

To undertake an exercise to map the curriculum to the final professional competencies (overall programme learning outcomes). This would help highlight areas where content might be reduced and new content introduced.

## Quality area 10: Quality assurance for the evaluation

### **Guideline 10B**

#### QUALITY STANDARDS

### **10B.1 The appropriateness of the assessment methods is documented and evaluated.**

#### Considerations:

The assessment methods are clearly documented and evaluated (see standard 2B.3). They are clearly defined and communicated to the Assistants.

#### Conclusion:

The standard is fulfilled.

### **10B.2 The professional association ensures that in the selection, recognition and categorisation of the postgraduate medical training establishments (e.g. A, B and C in human medicine), the number of patients and the case mix permit the acquisition of broad clinical experience in all aspects of the chosen specialisation.**

#### Considerations:

The Academy has oversight of the case mix of patients seen by the Assistants (see

standard 5B.3) ensuring the ability of Assistants to achieve the professional competencies defined as the overall programme learning outcomes.

Conclusion:

The standard is fulfilled.

## 4 Global assessment, strengths and weaknesses and outlook

The Panel came to the conclusion, based on the evidence in the self-study report and the Round Table discussion, that the Swiss Academy of Chiropractic delivers a postgraduate programme that enables chiropractic Assistants to achieve the professional competencies required for independent and autonomous practice. The following strengths and weaknesses are highlighted:

### Strengths

- A well-organised and structured programme that has benefitted in recent years from leadership experienced in educational practice.
- A well-resourced programme benefitting from strong support by the chiropractic profession.

### Weaknesses

- A potential point of failure in the reliance on one person in directing and managing the process.
- As a relatively new programme, there is an understandable focus on content but this should be matched by greater focus on quality assurance and enhancement.
- A disproportionate emphasis on assessment of knowledge and skills, and less on assessments that underpin the achievement of professional competencies in critical thought and reflective practice.

Moreover, the expert panel makes the following recommendations:

- To consider incorporating the process of clinical audit into the clinical training part of the programme as a means of enabling Assistants to assess and improve quality of care (see quality area 1B, requirement of MedPA 5).
- To introduce a central database to record student data so as to inform programme evaluation processes (see standard 2B.1).
- To review the programme evaluation process and introduce reflective annual reports with short- and medium term action plans (see standard 2B.2).
- To introduce assessment criteria where appropriate to inform Assistants of how work will be assessed (see standard 4B.2).
- To undertake an exercise to map the curriculum to the final professional competencies (overall programme learning outcomes). This would help highlight areas where content might be reduced and new content introduced (see standard 9B.2).

## 5 Summary assessment and recommendation on accreditation

The Panel recommends accreditation of the postgraduate programme of the Swiss Academy of Chiropractic without any conditions.

## 6 Comment of the MedPA Committee of the Swiss Accreditation Council

In its meeting of September 16<sup>th</sup> the MedPA Committee appreciated the experts report and recommends to follow up on the dealings of Chiro Suisse with the experts recommendations within the next accreditation.

## 7 List of attachments

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