Additional File 2: Written comments.

1. Which SPECIFIC 'Substantial changes' have you made as a consequence of an ECCE evaluation?

Institution 1:
Trialling of electronic records in the teaching clinic with a view to implementation in this calendar year.

Institution 8:

- Based on feedback from the ECCE, the curriculum was evaluated and mapped in relation to the theoretical and practical teaching of the scientific method. As a result of that review and mapping, the presentation of content related to the scientific method was started from much earlier in the programme of study.
- Based on ECCE feedback, the extent to which the programme of study was evidence-based was reviewed and considered. An external authority (Cochrane Collaboration) was employed to evaluate the extent to which the programme was evidence-based and to propose and support the implementation of means by which to increase application of the evidence-based approach.
- Based on ECCE feedback, an evaluation of the extent to which the programme applied the biopsychosocial model and a patient-centred model took place. As a result of those evaluations, changes were made in terms of content and the timing of material presentation.
- Based on ECCE feedback, there was an evaluation of the horizontal and vertical integration of material across the programme. Some changes were made in order to improve both horizontal and vertical integration. Additionally, changes were made to better bridge the theory-practice gap. For example, some clinic supervisors are also teachers of the clinic relevant modules. The clinic supervisors who are not teachers were engaged as teacher assistants to those modules relevant to clinic to increase the link between the classroom and the clinic.
- Based on ECCE feedback we have increased the educational expertise amongst our teaching/administration faculty by employing another full-time staff member with a PhD, having two full-time chiropractic staff do a *Master in Medical Education* and having an additional full-time chiropractic staff member now just 1 year away from completing her PhD.
- Based on ECCE feedback we divided the role of external expert/examiner into two separate roles to be filled by two separate individuals.
- Based on ECCE feedback we developed more detailed descriptions of boards and committees. Additionally, we increased the number of members of the Board of Governor so as to increase diversity and we have eliminated prior conflicts of interest.
- Based on ECCE feedback we have moved gradually towards employing more full-time and less part-time teaching and administrative staff.

Institution 5:

The main substantial change was to use the ECCE report to leverage support for the demerging of our programme from Somatology and to motivate for another post for a full time staff member.

Institution 4

1) We have established a more robust induction process for clinic supervisors entering the clinic in order that they understand our procedures, processes and regulations. They are also introduced to many other policies around health and safety, safeguarding, first aid and GDPR.

2) The School has provided additional resources to improve our physical facilities both in the clinic and other teaching areas. This has taken time, but we are seeing more significant investment in our infrastructure to expand the clinic to accommodate more students and modernising our teaching facilities and investing in teaching aids (Anatomage/table force technology).

Institution 2:

Continuous improvement culture.
Quality Insurance policy development.
Definition and Clarification of the strategy of our institution.

Institution 7:

- We standardize more the evaluation process;
- Despite the limitations imposed by the lack of regulation, we increased the spectrum of treatment offered by the students to go beyond SMT.
- We reinforced the research and EBP culture among faculty and students.

Institution 10:

Acquisition of new Teaching rooms, Policlinic
Securing a budget that allows the dept. to function

2. What 'Other' (less substantial) Changes have you made as a consequence of an ECCE evaluation?

Institution 1:

None

Institution 8:

- Based on ECCE feedback we added student representatives to more of our committees and boards (*Board of Governors* and *Learning Resources Committee*).
- Based on ECCE feedback we reviewed and modified some clinic-related examination forms.
- Based on ECCE feedback we provided staff and students with clearer guidance on the selection, use and interpretation of patient reported outcome measures.

- Based on ECCE feedback we improved the continuity between what was taught in the classroom, regarding the care of paediatric patients, and what was being taught in relation to paediatrics in the clinical realm.
- Based on ECCE feedback we have improved the use of the clinic's Video Monitoring System to ensure that clinic interns are applying only those clinical interventions taught at the college. In addition, the College has introduced a theory examination at the beginning of the clinic period (Week 3, Second Semester, Year 3). This examination is aimed towards ensuring that new 3rd year clinic interns are fully aware of all clinic-related rules, regulations and rights as detailed in the Clinic Intern Handbook. Students need to pass this test in order to have the right to enter clinic.
- Based on ECCE feedback we developed and implemented a graduate self-perceived competence survey to better understand graduates needs and satisfaction.
- Based on ECCE feedback we employed the services of two Radiologists to assist in the teaching and assessment of diagnostic radiology.
- Based on ECCE feedback we ceased from referring to different areas within the college as 'departments' and now use the term 'units' instead.

Institution 5:

The ECCE report in support of improving the facilities. We were able to use the report to upgrade some of the chiropractic tables and electro modality machines in the clinic and teaching venues.

In terms of research we put mechanisms in place to help facilitate the students getting research topics approved and a draft of their research proposal complete in the B. Tech to aid the approval of the proposals timeously in the first registration in the master's degree.

Institution 4:

1) We have added more inter-professional learning opportunities with additional hospital placement observations and added more clinical services to the enhance the clinical experience for our students so they interact with more health care professionals.

2) Over the past 5 years, the programme has included more self-directed learning strategies across a number of modules particularly the science based modules mainly in response to the USW Blueprint directive. This has reduced excessive contact time and provided the students with more time to learn with recorded lectures, video enhanced clinical skills and use of simulation labs to reinforce various clinical concepts in preparation for their clinical training.

Institution 2:

Increase the weight of the student feedback and implication.
Curriculum reform.

Institution 8:

Aspects relating to the integration of evidence based practice, radiology and research review and publication have been improved with feedback in the reports that were integrated into improvements plans after the evaluations.

The reports have also been utilised to motivate to the institution for additional staffing positions.

An important aspect is the “status” that international accreditation can bring to programmes (which are generally small compared to overall student numbers in institutions. While this may not have direct tangible effects per standard, it can make a difference for the overall perception of programmes.
Madrid

- Resources allocation as it falls under the university administration
- Faculty appreciation and appraisal also due to the university control on that.
- More collaboration with other sectors of health care.

Institution 6:

- Purchased a greater diversity of chiropractic benches
- Upgraded electronic patient record keeping system
- Reviewed the balance between a research dissertation versus an evidence in practice project approach
- Created an on-site rehab facility

Institution 10:
Created position of Clinical Fellows

3. Which changes/suggestions, if any, identified during a previous ECCE evaluation visit were you unable to make and why?

Institution 1: Not applicable

Institution 8:

- We were unable to increase external collaborative opportunities to the extent we would have liked. Although we have over the years had some significant successes in this regard, we have not made as much progress as we would like. The lack of a law related to the practice and education of chiropractors in Spain has inhibited our ability to fully realize our goals in this regard.
- We have improved staff publication engagement and productivity but again, we have not developed to the degree we had hoped. The efforts to enhance the research culture has been somewhat successful but we still have much work to do.

Institution 5:

It was indicated that the demands of the final dissertation resulted in delays. Although mechanisms were put in place to improve facilitation of this process we were unable to change the weighting as the programme is being phased out and thus there would be insufficient time to change. The academics

were also not in favour of deceasing the weighting of the research component of the masters but were more inclined to come up with strategies to make it work.

Institution 4:

1) Continuous renewal and improvement standards are governed by university quality processes which follow QAA standards across HE in the UK. Any changes in annual monitoring, programme evaluation, assessment etc are managed by our Quality Manager and communicated to relevant staff (Course Leader and Academic Subject Manager).

Institution 2:

None of the changes asked or suggestion by ECCE were unsuitable

Institution 6:

Some changes or recommendations cannot be implemented as they do not comply with institutional regulations or processes.

Institution 7:

- Create a student association and provide a separated budget for social activities. There might be some reasons for that, such as the small number of students separated in two major groups (WCCS delegation and Spanish Chiropractic Association Student Chapter). Also, the budget is not controlled by the Chiropractic Programme.
- Involvement of more stakeholders in the formulation of the curriculum. Lack of regulation and local culture creates a barrier to that, though we have studied ways of bypassing it and we have taken baby steps.
- Being in control of the budget of the programme. The way the umbrella university functions is unique and at the same time, hermetic.

Institution 9:

None

Institution 3:

We had the following weaknesses in our last accreditation which we were not able to anything about:

- *The reliance on the postgraduate internship to complete some parts of the education of a competent chiropractor beyond the BSc/MSc framework.*

  This is part of the structure of our education where the postgraduate internship is integral to the education. The same thing is true for the medical education. We have described this in our AMoR of 2014.

- *The continuing administrative burden placed on a relatively small academic staff needing to fulfil their role as researchers.*

  The administration of the education is well described and similar for all educations at Danish Universities. Again, I refer to our AMoR of 2014.

- *The exposure of students to mainly chronic conditions with multiple comorbidities in the Spine Centre may not provide a representative sample of patient encounters in a normal primary contact chiropractic clinic.*

  We implemented a new clinic internship in the 5th year which has a better exposure to acute patients as well as chronic multimorbid conditions. However, this was not changed due to ECCE but due to changes in the hospital structure of the Spine Centre and cutbacks.

Institution 10:

All changes/Suggestions relating to UZH's MeF policies