



Schweizerische Eidgenossenschaft
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Federal Department of Home Affairs FDHA

Federal Office of Public Health FOPH
Health Policy Directorate

Accreditation of Postgraduate Chiropractic Education

Quality Standards

OAQ, January 2009



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FOREWORD

The Federal Law on Medical Professions (MedBG)¹ prescribes the obligatory accreditation of any postgraduate training program that leads to a federal postgraduate degree. Included in this Law are criteria (Art. 25 Para. 1) to be fulfilled by postgraduate training programs in order for these to be accredited. Of equal major importance are the legally anchored training objectives (Arts. 4 and 17 MedBG).

In the accreditation process, the quality of postgraduate training programs is checked based on the quality standards contained in this document. These serve as a basis for examining the MedBG's accreditation criteria and thus form the foundation for the accreditation decision made by the Federal Department of Home Affairs (FDHA). They lean on the internationally recognized Postgraduate Medical Education Global Standards for Quality Improvement established by the World Federation for Medical Education (WFME),² the European accepted Standards in Undergraduate Chiropractic Education and Training established by the European Council of Chiropractic Education (ECCE),³ and the generic standards for Swiss academic programs established by the Center of Accreditation and Quality Assurance of the Swiss Universities (OAQ).

The quality standards are grouped into areas and then divided into subareas where they are more precisely defined. Under "Documentation", the reader will find information that should be attached to the self-evaluation report.

The quality standards with the respective annotations serve as benchmarks for the self-evaluation process and for evaluations made by external experts. They represent a vital instrument that is used to uncover strengths and weaknesses in postgraduate training. Should a standard not be fulfilled, it is important to enumerate the reasons why and to explain any foreseen measures. Not all quality standards must be completely fulfilled in order to qualify for an accreditation based on MedBG criteria; expert recommendations for an accreditation decision and the FDHA decision result from a global evaluation.

In this document "training sites" are understood as being all institutions involved in postgraduate chiropractic training, i.e. the Swiss Chiropractic Academy, private chiropractic practices and hospitals/university hospitals or clinics. Due to the dissimilitude of these institutions, the respective standards are, however, not consistently applicable for all three types of educational institutions.

¹ www.bag.admin.ch/themen/berufe/00993/index.html?lang=de

² www.wfme.org

³ www.cce-europe.com



1 MISSION STATEMENT AND OBJECTIVES

1.1 MISSION STATEMENT AND OBJECTIVES

Standards:

1. The responsible organization⁴ has a mission statement that includes a description of the specialty and the educational goals to be reached by a prospective chiropractic specialist. The objectives of the training program are defined in agreement with the most important interest groups and are publicly communicated. The training process is consistent with the role of chiropractors in the health care delivery system.

2. The training encourages doctors to become scholars within their chosen field of medicine and prepares them for lifelong, self-directed learning and readiness for continuing medical education and professional development.

Annotation:

- The most important interest groups include the trainees,⁵ those responsible for the training program, national professional organizations, academic organizations, hospital administrations, patients, cantonal and federal authorities.

Documentation:

Mission statement of the responsible organization

⁴ Art. 25 Para. 1 lit. A and Art. 25 Para. 3 MedBG define "responsible organization" as being any professional organization or other suitable establishment in Switzerland that assumes responsibility for all foreseen postgraduate training programs.

⁵ Defined by the MedBG as: "Persons undergoing postgraduate training"

1 AREA: MISSION STATEMENT AND OBJECTIVES

1.2 PROFESSIONALISM

Standards:

1. The training program builds upon a university education and promotes and strengthens professionalism in the respective specialty.
2. The training fosters professional autonomy to enable the doctor to act in the best interests of the patient and the public.

Annotation:

- Professionalism refers to the knowledge, skills, attitude and behavior that patients and society expect from practicing chiropractors. It entails lifelong learning, the maintenance of social and communicative competency, ethical behavior, knowledge of legal conditions and the economic consequences of chiropractic performance, as well as respect for the dignity and autonomy of patients.⁶

⁶ Arts. 4, 6, 7, 8, 17 MedBG

1 AREA: MISSION STATEMENT AND OBJECTIVES

1.3 COMPETENCIES UPON COMPLETION OF TRAINING

Standards:

1. The responsible organization defines the competencies to be achieved by trainees upon completion of their postgraduate education. Said competencies are described in detail, are checkable and are communicated to all people involved.
2. Both broad and specific competencies to be acquired by trainees are specified and linked with the competencies acquired as a result of basic medical education. Measures of competencies achieved by trainees should be used as feedback for programme development.

Annotations:

- Competencies may be formulated as general professional goals, specialist knowledge, skills, abilities, attitudes and behavior, and can be listed, for example in a catalogue of learning objectives.
- Competencies and goals are established in line with legal regulations.⁷

Documentation:

Regulations for postgraduate education defined by the responsible organization, content of training program, catalogue of learning objectives (LOCES II⁸); Regulations for postgraduate education defined by the responsible association

⁷ Arts. 4, 6, 7, 8, 17 MedBG

⁸ Learning Objectives for Postgraduate Chiropractic Education in Switzerland, www.swiss-chiropractic-academy.ch/html/education+1.html

2 AREA: TRAINING PROGRAM

2.1 TRAINING STRUCTURE

Standards:

1. The responsible organization describes the structure as well as generic and discipline-specific components of the training program.
2. Training is practice-oriented and ensures that trainees are personally involved in the services provided and that they gradually assume an increasing degree of responsibility in treating patients at the training site.
3. Postgraduate medical training interfaces with basic medical education and continuing medical education/ professional development. The training is directed and the trainee guided through supervision and regular appraisal and feedback. Every trainee has access to educational counselling.

Annotation:

Educational counseling includes access to designated mentors and tutors.

Documentation:

Training concept



2 AREA: TRAINING PROGRAM

2.2 SCIENTIFIC METHODS

Standard:

The trainee acquires knowledge of basic scientific principles and methods applied in the specialty. Through exposure to a broad range of practical clinical experiences at various training sites, the trainee becomes familiarized with evidence-based medicine and clinical decision making.

Annotations:

- Training in basic scientific principles and methods includes making the trainee capable of carrying out a research project.
- Trainees should have formal teaching about critical appraisal of literature, scientific data, evidence-based medicine, and be exposed to research.

2 AREA: TRAINING PROGRAM

2.3 TRAINING CONTENT

Standards:

1. The training program includes practical clinical work and related theory in fundamental biomedical and biomechanical, clinical, behavioral and social sciences, clinical decision making, communication skills, medical ethics, health care policy, basic legal principles as well as organizational and management tasks that are necessary to work professionally in the specialty.
2. The training process ensures development of knowledge, skills, attitudes and personal attributes in the roles as medical expert, health advocate, communicator, collaborator and team-worker, scholar, administrator and manager.

Annotations:

- Basic biomedical and biomechanical sciences comprise anatomy, biochemistry, physiology, biophysics, molecular biology, cell biology, genetics, microbiology, immunology, pharmacology, pathology, and other knowledge domains, as defined in LOCES II.
- Behavioral and social sciences encompass psychology, sociology, biostatistics, epidemiology, prevention, public health and other knowledge domains, as defined in LOCES II.
- Behavioral and social sciences as well as medical ethics convey the knowledge, methods, abilities, skills and behavior necessary for prevention and cure, as well as for understanding the socioeconomic, sociopolitical, demographic and cultural factors of the causes, the spreading and consequences of health problems.

2 AREA: TRAINING PROGRAM

2.4 TRAINING STRUCTURE, COMPOSITION AND DURATION

Standards:

1. The structure, composition and duration of training and professional development are defined with precise milestones. The proportion of compulsory and optional components is clearly specified.
2. The training program is structured and includes both practical training and theory.
3. Integration of practice and theory in the training process is ensured.

Annotations:

- Integration of practice and theory includes didactic learning sessions and supervised patient care experiences.
- Practical training comprises the support and supervision of trainees in both inpatient (stationary) and outpatient (ambulatory) care.
- Theoretical training conveys knowledge of subjects corresponding with training objectives. It is long term, planned throughout the entire length of training and has structured contents.

Documentation:

Index of training activities



2 AREA: TRAINING PROGRAM

2.5 MANAGEMENT OF TRAINING

Standards:

1. Responsibilities and competencies for the management, organization, coordination and implementation of the training program are clearly established and communicated to all persons involved.
2. Coordinated multi-site training should be ensured to gain exposure to different areas and management of the discipline. The authority responsible for the training programme should be provided with resources for planning and implementing methods for training, assessment of trainees and innovations of the training programme. There should be representation of staff, trainees and other relevant stakeholders in the planning of the training programme.

Documentation:

Organization Chart showing functions and responsibilities

2 AREA: TRAINING PROGRAM

2.6 TRAINING AND SERVICE

Standards:

1. The apprenticeship nature of professional development must be described and respected and the integration between training and service (on-the-job training) must be assured.
2. The capacity of the health care system should be effectively utilised for service based training purposes. The training provided should be complementary and not subordinated to service demands.

3 AREA: ASSESSMENT OF TRAINEES

3.1 ASSESSMENT METHODS AND FEEDBACK

Standards:

1. The training program includes a performance assessment process. Methods for assessing trainees, including criteria for passing examinations, are established. The assessment comprises formative and summative methods as well as constructive feedback given on an ongoing basis. The training stages achieved are recorded in a logbook.
2. Criteria for admission and for passing the final examination, as well as for the awarding of the federal degree, are established and conveyed to both trainees and supervisors.
3. The performance of trainees is measured against the training program, the mission statement and training objectives.
4. An impartial and independent appeal board is available to make decisions on any complaints on assessment results, admission to and passing of the final examination, as well as granting of the federal degree.
5. The reliability and validity of assessment methods is documented and evaluated.

Annotations:

- The definition of assessment methods includes the relationship between formative and summative evaluation, the number of examinations and tests, the ratio between written and oral examinations, the application of normative and criteria-based assessments, as well as special types of examinations, e.g. of a Mini-CEX (clinical evaluation exercise).
- Formative evaluations include ongoing assessments of learning progress and knowledge gained.
- Summative evaluations correspond to evaluations using a concluding assessment of the knowledge (e.g. final examination for chiropractic specialists).
- Feedback involves assessment results and discussions on performance between trainees and trainers/supervisors with the purpose of ensuring instructions and remedies necessary to enhance competence development.
- Criterion-focused judgements should be used whenever possible.



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- Information on trainees' performance includes the training duration, success and failure rates in examinations, rates of successful completion or drop out of training, as well as the time spent by trainees on special subjects.

Documentation:

Examination rules and examples, sample results of formative performance assessment, success/drop out statistics

3 AREA: ASSESSMENT OF TRAINEES

3.2 RELATIONSHIP BETWEEN ASSESSMENT AND TRAINING

Standards:

1. Assessment principles, methods and practices harmonize with training objectives and promote learning.
2. The assessment methods and practices encourages integrated learning and assesses predefined practice requirements as well as knowledge, skills and attitudes. The methods used shall encourage a constructive interaction between clinical practice and assessment.

Documentation:

Instruments and forms used for formative and summative performance assessment.

4 AREA: TRAINEES

4.1 ADMISSION REQUIREMENTS AND SELECTION PROCESS

Standards:

1. The admission requirements for trainees are formulated and include exact details on the selection process. The selection policy defines criteria, which consider specific capabilities of potential trainees. Selection is transparent and admission open to persons with a federal diploma.
2. An independent and impartial appeal board is available to make decisions on any complaints related to the selection process.
3. The equality of women and men is guaranteed.

Annotations:

- Selection methods and criteria are defined in the admission requirements.
- The stages of appeal for any complaint procedure are described and include a correspondence address.

Documentation:

Admission requirements



4 AREA: TRAINEES

4.2 NUMBER OF TRAINEES

Standards:

1. The number of trainees is coordinated with the number of available practical clinical training opportunities, with supervisory capacity and other available resources, in order to ensure high quality training and teaching.
2. Mechanisms ensure that the number of training positions is kept under constant review by all stakeholders and regulated to societal needs.



4 AREA: TRAINEES

4.3 SUPPORT AND COUNSELLING OF TRAINEES

Standard:

Together with relevant partners, the responsible organization ensures that support and counselling services are available to trainees. Counselling is based on observations made on the learning progress of trainees and also takes into account both social and personal needs.

Annotation:

- Social and personal needs refer to academic, career, health and financial matters.

4 AREA: TRAINEES

4.4 WORKING CONDITIONS

Standards:

1. Training is carried out in a suitably remunerated position in the specialty and ensures that a trainee participates in all chiropractic activities relevant to the training. Theoretical and practical training is integrated into standard working hours.
2. The conditions of service as well as the rights and obligations of trainees are delineated and communicated to all participants.
3. The option of absolving part-time training is available. Part-time training is structured according to an individually tailored programme and the service background. The total duration and quality of part-time training is not less than those of full-time trainees. Interruption of training for reasons such as pregnancy, sickness, military service, etc. shall be replaced by additional training.
4. The service components of trainee positions shall not be excessive and the structuring of duty hours and on-call schedules considers the needs of the patients, continuity of care and the educational needs of the trainee.
5. Service conditions must specify that there is protected educational time for the trainees. Training and service functions of chiropractors in training must respect the Swiss Working Time Directive.

Annotation:

- Service and training are accounted for separately.

Documentation:

Example of a training contract



4 AREA: TRAINEES

4.5 TRAINEE REPRESENTATION

Standard:

Appropriate trainee representation is ensured in the shaping and evaluation of the training program, in determining working conditions and in other related matters.

Annotations:

- "Related matters" comprise the representation in committees responsible for the planning, implementation and revision of training programs and assessment instruments.
- Policy on trainee representation includes a transparent and democratic process for selection of representatives and involvement of representatives.

5 AREA: STAFF

5.1 RECRUITMENT POLICY

Standards:

1. The recruitment policy for staff includes a description of the professional experience expected from candidates, the areas of responsibility and functions.
2. When selecting academic staff, consideration is given to their teaching and scientific qualifications.

Annotation:

- Staff includes academic, administrative and technical staff.

Documentation:

Rules for staff selection

5 AREA: STAFF

5.2 TRAINERS

Standards:

1. The personnel policy for the academic staff includes the further training, development and assessment of trainers. It also ensures recognition of meritorious academic activities, including the functions of trainers, supervisors and lecturers.
2. Trainers have didactic skills and are professionally qualified.
3. The work schedules of trainers explicitly define the ratio between training activities, services and additional tasks.
4. All principals recognize their responsibility to participate in the practice-based postgraduate training. The staff policy ensures that trainers generally are current in the relevant field to its full extent.
5. The ratio between the number of recognised trainers and the number of trainees ensures close personal interaction and monitoring of the trainee.

Annotations:

- The trainer has the respective federal degree or the intercantonal diploma.⁹
- Additional tasks include administrative as well as educational or research functions.

Documentation:

Work schedule of a trainer, list of academic staff, including information on their professional background.

⁹ The Swiss Chiropractic Academy also accepts trainers with the appropriate foreign qualifications.



6 AREA: TRAINING SITES AND EDUCATIONAL RESOURCES

6.1 CLINICAL FACILITIES

Standards:

1. The training sites have the clinical facilities and trainer capacity necessary to enable delivery of the training program in line with training objectives. Training enables the trainees to gain a broad spectrum of experience in the specialty, including experience in outpatient (ambulatory) and inpatient (stationary) care and emergency medical service.
2. The number of patients and the case-mix allows for clinical experience in all aspects of the chosen specialty, including training in promotion of health and prevention of disease. The quality of training settings is regularly monitored.

6 AREA: TRAINING SITES AND EDUCATIONAL RESOURCES

6.2 INFRASTRUCTURE

Standards:

1. Trainees have access to the required infrastructure for practical and theoretical training. Access to current professional literature as well as to equipment for practicing techniques is also guaranteed. These resources are accessible during the entire duration of postgraduate chiropractic education.
2. Training equipment and facilities are checked regularly for their quality and suitability for chiropractic.

Annotation:

- Infrastructure refers to lecture halls and seminar rooms that are suitable for any type of structured theoretical and practical classes, as well as theoretical and practice-supported learning, as well as laboratories (e.g. radiology, SMT¹⁰), libraries and IT resources.

¹⁰Chiropractic Adjustment und Spinal Manipulation Therapy (SMT)



6 AREA: TRAINING SITES AND EDUCATIONAL RESOURCES

6.3 CLINICAL TEAMWORK

Standards:

1. Postgraduate training fosters teamwork with colleagues, other health care specialists and members of other professions, while promoting the ability of a trainee to work both as member and head of a team.
2. The training process allows learning in a multi-disciplinary team and shall develop competencies in guiding and teaching other health professions.

6 AREA: TRAINING SITES AND EDUCATIONAL RESOURCES

6.4 INFORMATION TECHNOLOGY

Standard:

The responsible organization has a policy for using information and communication technologies in order to ensure efficient patient management.

Annotation:

- The use of information and communication technologies must be part of training with regard to evidence-based medicine and should prepare trainees for lifelong continuing chiropractic training and professional development.
- Competences in information and communication technology build on the requirements expressed in basic medical education.

6 AREA: TRAINING SITES AND EDUCATIONAL RESOURCES

6.5 RESEARCH

Standard:

The responsible organization pursues a policy that promotes and strengthens the integration of research in training.

Annotation:

- Research includes basic and applied research.

6 AREA: TRAINING SITES AND EDUCATIONAL RESOURCES

6.6 EDUCATIONAL EXPERTISE

Standard:

A policy is available on the use of educational expertise relevant to the planning, implementation and evaluation of training.

Annotation:

- Educational expertise deals with problems, processes and practice of postgraduate medical training and assessment.

6 AREA: TRAINING SITES AND EDUCATIONAL RESOURCES

6.7 COOPERATION IN TRAINING

Standards:

1. The mobility of trainees and trainers is promoted by providing them access to individual training opportunities at other domestic or foreign training sites that fulfill the requirements for the completion of training.
2. An independent and impartial appeal board is available to make decisions on complaints dealing with the transfer of credits from training periods.

Annotation:

- Training opportunities should be promoted through active coordination of training programs between the various training sites.

7 AREA: EVALUATION OF TRAINING PROCESS

7.1 MECHANISMS FOR PROGRAM EVALUATION

Standards:

1. The responsible organization establishes an internal evaluation mechanism for training programs that monitors the training process, training sites and the learning progress of the trainees in order for problems to be recognized and addressed.
2. Programme evaluation addresses the context of the training process, the structure and specific components of the programme and the general outcomes.

Annotations:

- An internal evaluation mechanism assumes that basic data on the training program is continually collected for quality development purposes (information system that records the number of participants, success and failure rates in examinations, strengths and weaknesses of the training site, etc.).
- Recognized problems include those submitted to the training commission, trainers, supervisors, and other persons involved in postgraduate training.

Documentation:

Evaluation mechanisms



7 AREA: EVALUATION OF TRAINING PROCESS

7.2 FEEDBACK FROM TRAINERS AND TRAINEES

Standard:

Feedback from both trainers and trainees on training program quality is systematically collected, analyzed and used to continually improve the training program.

Annotation:

- Feedback on the training program includes reports from trainees on staff and structural conditions in the courses attended.

Documentation:

Evaluation cycles, instruments and results



7 AREA: EVALUATION OF TRAINING PROCESS

7.3 INVOLVEMENT OF INTEREST GROUPS

Standard:

The evaluation of training programs includes the management and administration of the various training sites, trainers and trainees, and is communicated to all interest groups.

Annotations:

- The most important interest groups are trainers, trainees and the organization responsible for the training program.
- Additional interest groups that may be involved are health care representatives, educational and health authorities, hospital directors, practicing chiropractors and physicians, health insurance company representatives, alumni, patients and patient organizations.

7 AREA: EVALUATION OF TRAINING PROCESS

7.4 RECOGNITION AND MONITORING OF TRAINING SITES

Standards:

1. The training sites are recognized based on precisely defined criteria. Decisions on the recognition, or when necessary, the withdrawal of recognition are made by the responsible organization.
2. An independent and impartial appeal board is available to make decisions on any complaints regarding the recognition of training sites.
3. A system to monitor training settings and other educational facilities via site visits or other relevant means is established.

Annotations:

- Criteria for recognizing training sites include minimum requirements for the number and case mix of patients, for trainers and for the ratio between structured training and services.
- Independent specialists will carry out periodic on-site visits to examine the quality of the training sites.

Documentation:

Criteria for the recognition of training sites, list of recognized training sites



8 AREA: MANAGEMENT AND ADMINISTRATION

8.1 ACADEMIC MANAGEMENT

Standards:

1. The responsibilities borne by academic management for the postgraduate chiropractic training program are clearly defined.
2. The academic management is periodically assessed with regard to the fulfillment of the mission statement and training program objectives.

Annotation:

- The academic management is responsible for the efficient and effective achievement of training program objectives.

Documentation:

Staff appointment scheme, duties and responsibilities of academic management, results of management assessment

8 AREA: MANAGEMENT AND ADMINISTRATION

8.2 TRAINING BUDGET AND RESOURCES

Standards:

1. A precise and transparent regulation delineating the responsibilities and competencies for the training budget is established. Financial resources for the training program are secured on a long-term basis.
2. Funds intended for postgraduate training must not be diverted to support provision of clinical service or other activities.

Documentation:

Budget of Academy



8 AREA: MANAGEMENT AND ADMINISTRATION

8.3 ADMINISTRATION

Standard:

The administrative staff is appropriate to support program implementation and ensures the responsible and efficient administration and implementation of resources.

Documentation:

List of administrative staff

9 AREA: CONTINUOUS RENEWAL / QUALITY ASSURANCE

Standards:

1. An effective internal and external quality assurance system is available.
2. The process of renewal is based on results of the internal and external quality assurance and leads to an adaptation of training program strategy that complies with experiences, current activities and future perspectives.

Annotations:

Continuous renewal / internal quality assurance conforms to legal guidelines and comprises:

- Adaptation of the mission statement and goals of the training program to scientific, socioeconomic, sociopolitical and cultural developments.
- Adaptation of the competencies required at the completion of training in the specialty to the requirements of the national and international environment.
- Adaptation of training structures and processes to ensure their suitability and functionality.
- Adaptation of the structure, composition and duration of the training program I) to developments in biomedical and biomechanical sciences, clinical sciences, behavioral and social sciences; II) to changes in demographic profiles and health/disease patterns in the population, and III) to socioeconomic, sociopolitical, legal and cultural conditions.
- Further development of assessment methods in line with changes in training objectives and learning methods.
- Adaptation of admission requirements and the selection process to changing expectations and situations, the need for trained chiropractic specialists, changes in chiropractic training, training program requirements and health-political conditions.
- Adaptation of the recruitment policy for academic staff to changing needs and functions in training.
- Further development of monitoring and evaluation processes.



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- Development of organizational structures and management principles in order to cope with changing training needs and to accommodate the interests of various stakeholders.

Documentation:

Competencies for quality assurance and measures to improve training quality.