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## Letters to the Editor

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**RE: Cunliffe C, Newell D. Development of a mixed-mode undergraduate chiropractic program. *J Chiropractic Educ* 2004;18(2):97-102**

I refer to the article published in the Fall 2004 edition of *The Journal of Chiropractic Education*, entitled “Development of a mixed-mode undergraduate chiropractic program” by Doctors Cunliffe and Newell. In the UK, there are serious concerns being raised by many chiropractic educators on this so-called “mixed-mode” method of delivering undergraduate education and training, and, in particular, the ability of this delivery method to produce graduates with the core competencies required of primary contact practitioners in chiropractic practice.

The central issue in the debate remains exactly what is meant by “mixed-mode” delivery. Unfortunately, not only did the authors in this article fail to provide a definition of the term “mixed-mode,” but singularly failed to provide any evidence from the peer-reviewed literature that this mode of delivery (whatever that may be) has been shown capable of educating and training health care practitioners with similar requirements for safety and competence to those required of chiropractors. There is no argument with the fact that, as the authors correctly point out, undergraduate health care education is changing in response to the skills and attitudes required of practitioners fit to practice in today’s health care environment. However, to infer that “mixed-mode” delivery is synonymous with student-centered and self-directed learning, reduction in curriculum overload, life-long learning, widening participation, and electronic learning is misleading in the extreme. Rather, the term “mixed-mode” (in the absence of any alternative definition) implies, as I understand it in this case, learning part of the time on the institutional campus and part of the time away from campus. The rub of the argument, however, lies in the fact that this delivery model accommodates, by the authors’ own admission, “students with . . . heavy work commitments” and “students who are employed.” In other words, learning away from the campus is fitted around these work commitments that must obviously take priority.

In any other arena, this course would properly be described as “part-time,” that is, enabling those employed in other occupations to simultaneously retrain for another profession. Dressing it up in terms such as “mixed-mode” will simply not do to dispel the concerns of educators who consider that a part-time course in place of a full-time course cannot enable students to achieve the competencies required of primary contact practitioners, and who are not offered any evidence from any other equivalent education that this might just be the case.

The authors are right to applaud the move to competencies-based education, and the standardization of outcome rather than process. However, they are completely missing the point if, in interpreting flexibility in process, they consider “part-time” as an acceptable alternative to “full-time.” In the absence of evidence of either “part-time” or “mixed-mode” delivery models in comparable health care education, the profession can be assured that this alternative remains unacceptable to many of us in chiropractic education.

Kenneth Vall, D.C., F.C.C., M.A.(Ed.), I.L.T.M.  
*Principal, Anglo-European College of Chiropractic*



I refer to the article by Drs. Cunliffe and Newell in *The Journal of Chiropractic Education* (Vol. 18, No. 2, pp. 97–102). There are a number of points that I would like to make in relation to this article.

While the University of Wales has validated this program for the McTimoney College, it is interesting to note from the Times Higher Supplement of November 12, 2004 that a leaked report from the Quality Assurance Agency for Higher Education (QAA) has only “limited confidence” in the standards of the Federal University of Wales degrees. They went on to say that the “limited evaluation” of the degrees delivered in the name of the University meant that the QAA could not be confident of assuring their quality.

Contrary to the final paragraph of this article, this degree has *not* been accepted as a pathway for acceptance to the Statutory Register of the General Chiropractic Council (GCC); obviously, therefore, it was clearly not accepted at the time that the article was submitted to your journal. At the time of my writing this letter, the 5-year course offered by McTimoney remains unaccredited by the GCC. Further, the GCC has sought approval of the Privy Council for the removal of recognition for the 4-year course (currently accredited with conditions) from March 2005, as the conditions of recognition for that course have not been met.

The article is correct when it points out that knowledge rapidly becomes obsolete but this is not a valid argument for not having the knowledge to start with. The core competencies of the basic sciences, such as anatomy, biochemistry, histology, etc., remain largely unchanged with time and they are the basis upon which one builds one’s clinical skills.

Much is made of the changes in education of medical students in Sheffield. If one takes the trouble to read the article referred to, one will see that it has nothing to do with part-time education for people in full-time employment. It actually concerns itself with modernizing education. Instead of the undergraduates training in hospital wards, they are sent out into the community to GP surgeries where they can learn and through very advanced IT systems, can link up with the University to learn all the necessary skills. Only 15% of the curriculum is student choice, with special study modules. The focus of this article is on learning with problem-based/case studies to get students thinking from an early stage of their education. They break up into small groups at University and solve problems without a tutor and then do presentations rather than didactic lessons.

In the article presented by Cunliffe and Newell, there is no evidence of the IT facilities or for the group learning on campus to which the Sheffield article refers.

All the pre-clinical sciences at Sheffield are taught in the class and only when students would have started in the hospital do they start seeing patients in the community. This is most certainly not what McTimoney offers a student.

While a lot of Cunliffe and Newell's article is based on what the UK Government wants to see regarding retraining, problem-based learning and widening the access to higher education, we know from the new, fast-track, university-based systems of medical education that it wishes to see 4-year full-time courses instead of the traditional 5 years for mature students with unrelated first degrees wishing to enter into medicine later in life.

According to Cunliffe and Newell, the necessity for the McTimoney 5-year course came about because the burden on the students in 4 years was too great. The simple fact is that the 4-year course was in serious danger of losing its accreditation because, as previously stated, the GCC has sought approval of the Privy Council for the removal of recognition for that degree.

Claims are made about students on the new course learning skills such as chiropractic studies, philosophy, and research modules from the start of the course. It is these skills that "provide the ability to judge and generate new knowledge." This is interesting as an article published by Cunliffe in 2003 in *Clinical Chiropractic* found that her 3rd- and 4th-year students were the least confident about carrying out research!

Cunliffe and Newell also make claims about quality assurance, back up from tutors, and IT facilities in the pipeline. This appears to be all wishful thinking. Even Sheffield University, teaching 15% of its curriculum to medical students through mixed-mode with all the resources of a large university, felt that this process would take up to 10 years to refine. No mention is made of how McTimoney are going to train their staff to assess portfolio-based learning and it is well known that many student portfolios are generated in a rushed and retrospective fashion.

In conclusion, this article talks of the processes of mixed-mode learning but does not explain how the McTimoney College intends to deliver with the limited resources and expertise of their staff. They do not explain adequately how their students are going to acquire the knowledge of the basic sciences or of clinical sciences through learning at home. The comparisons they make with universities are false. Universities have embraced a variety of means for the acquisition of knowledge but this is on the basis of the student having access to sophisticated IT resources and full-time learning in the health care sciences, neither of which seem to be at the disposal of students of the McTimoney College.

Barry J. Lewis, D.C., C.C.S.P., F.C.C. (UK)  
*President, British Chiropractic Association*



### **In Reply**

With reference to the letter from Barry J. Lewis, President of the British Chiropractic Association, in which he discusses an article contributed to your journal by Drs. Cunliffe and Newell of the McTimoney College of Chiropractic, I am writing to correct an error which has occurred due to the quoting of misleading leaked information.

In its report on the University of Wales, published in January 2005, the Quality Assurance Agency for Higher Education (QAA) expressed "broad confidence"—the highest level of approval available—in the University's management of standards

for validated awards offered in collaboration with partner institutions both overseas and in the UK (including the B.Sc. honors degree in Chiropractic validated at the McTimoney College of Chiropractic). This is a further endorsement of the favorable report received following an independent review of the University's validation and franchise activities carried out in 2003 at the behest of the University to test the quality and robustness of the procedures in place. Unanimous comments received from the panel included praise for the quality and dedication of the staff of the Validation Unit.

Dr. L. E. Williams  
*Secretary General, University of Wales*



Issues concerning the standards of chiropractic education are central to the development of the profession. As an individual steeped in the scientific paradigm where competing opinions are debated toward a consensus, rather than imposed by the loudest voice, I welcome the widening of the discussion represented by the feedback from these authors.

My intention as an academic was to present the outcome of what I consider to have been an important learning exercise for our institution. The development of the new undergraduate degree had resulted in important and progressive changes in the culture and thinking at the college, moving us forward both educationally and institutionally. Change is incumbent for all of us, and while the process has been difficult and sometimes painful, change was eventually welcomed and served to create a stronger, more informed and cohesive body of people committed to a better education for our students and a willingness to continue to move toward improvement through future years. I felt this was perhaps something worth saying, in the sense that many institutions may feel that major change is too problematic to address.

It may be helpful to answer some specific points made by these authors. Both authors talked about the differences between part-time and full-time education. In reference to this, the course has been validated as a full-time course by our validating university, The University of Wales.

The comments concerning the mode of delivery may be understandable, in that definitions can be rather ambiguous in the literature. However, I do not feel *at all* that we are attempting to “dress it up” as mixed mode, but are just stating plainly the mode of delivery. Mixed-mode delivery refers to the fact that knowledge is presented to the students via a number of different modes, some of which are directed and take place off campus. Indeed evidence exists within educational research that directed-learning tasks encourage student-centered learning and self-directed learning skills. The statement by Ken Vall, “In other words, learning away from the campus is fitted around these work commitments *that must obviously* take priority” (*my italics*), is really a statement of opinion, but may not be true for students who are committed to changing career and are able to organize their work commitments accordingly. For information, the average age of our students is 35 years and a large proportion of them have already reduced their employment to part time by the 2nd year of our course and most have given up their jobs by the 4th year. As an academic with a decade of experience teaching at the Anglo European College of Chiropractic, I know that some of their students also maintain significant

paid employment while studying for their degree, in order, as most students do, to make ends meet. This is increasingly the case across UK higher education as tuition fees for degrees increase and will certainly come as no surprise to educators in North America.

Examples of successful mixed-mode courses that achieve competence and safety can be evidenced by the mixed-mode pathways taken by osteopaths in the UK, a profession not dissimilar to the chiropractic profession in terms of professionalism, practice, and legislation.

The authors are correct in saying that at present the institution does not possess a virtual learning environment such as that seen at Sheffield Medical School and we did not imply this in the article. These sorts of developments take time to implement successfully and the College is, like many others, working toward this goal. Our aim is, after all, to try to get better at what we do.

The central issue, correctly pointed out by Ken Vall, is whether this mode of education will be able to achieve the competencies of a primary contact profession. As we have already stated, in the end this comes down to the level of the assessments that the students have to pass in order to progress—in other words, education driven by outcomes rather than process. Our students do meet the necessary outcomes, so, as has been said before in another context, there may be many ways up the mountain but the view is still the same from the top.

A debate about standardization of competencies may be a much more pragmatic way forward than arguments about how long students sit in a lecture theatre, or are physically at the institution, neither of which (both of these experienced teachers know) guarantees appropriate knowledge and skill acquisition. I can only thank these authors for responding to our article and I hope to have clarified some of their points in a way that maintains this important debate.

Dave Newell, B.Sc., M.Sc., Ph.D.  
*Research Director, McTimoney College of Chiropractic*



I was pleased and disappointed in equal measure to see the letters written by Drs. Vall and Lewis—pleased that our article should generate such interest, and yet disappointed that the reasons appear to be vested more in the prejudices of politics than the openness to development and change necessary in education. The arguments put forward by these authors seem to be more about scoring points than engaging in educational debate. To place the letters in context, it is perhaps worth pointing out that Lewis is also a senior clinic tutor at AECC, one of the three recognized chiropractic institutions in the UK. The British Chiropractic Association is one of four professional associations in the United Kingdom, strongly allied to AECC. As the tone of these letters attests, chiropractic education in the UK, just as in the United States, is sadly no stranger to college-centered rivalry and professional bipartisanship.

There are, however, a few points in the letters to which I must respond. The argument that there is “no evidence from the peer-reviewed literature” to substantiate mixed-mode delivery as a suitable mode of education for training health care practitioners is specious. There is also no published evidence to say that it does *not* produce safe and competent practitioners. It is worth noting in this context that

graduates of our College and graduates of AECC both meet the requirements for registration in the UK, and so, by definition, are deemed to be safe and competent chiropractors.

The reality is that every generation wishes to justify its own ways of doing things, because it has always been done this way and of course they themselves are proof that it works. Those who attempt to break the mold and, in this case, move the education of chiropractors into a more modern educational paradigm can be subject to criticism. From our experience, chiropractic educators around the world to whom we have spoken are both interested and excited about the possibilities of other modes of delivering their chiropractic curriculum, if they were not bound by the constraints of their institution or the boundaries of their accrediting agency.

From my perspective as an educator, it is very sad to see a senior administrator in education putting such a negative spin on the term “part-time.” By any measure, this is unjustified. Regardless, our validating university, the University of Wales, has classified our program as full-time, based on the number of hours involved and credits allocated.

We cannot see why matters of validation and accreditation are relevant to the developmental process that we describe in our article, and we are puzzled why these matters have been raised by Vall and Lewis at all, other than to create a political “spin.” Nevertheless, there are inaccuracies in these letters which need to be addressed. Our reasons for designing the new 5-year program was for the multiple reasons we cited in our article, and this was in train *prior* to any other process to which Lewis refers. Moreover, there has been *no* withdrawal of recognition from the 4-year program. Also, at the time of submission for publication, our article claimed only to be a *pathway* for acceptance to the chiropractic register. We are now pleased to be able to confirm that it has been recommended for recognition.

With regard to the comments on the subject of progression of learning across the course, and in particular to our research study on the confidence of students in carrying out research, Lewis has completely misread our article. Our results show that confidence actually *increased*, between years 1 and 3, and was only slightly reduced from this level in year 4, probably due to anxiety as the reality of actually implementing a research project approached.

I am disappointed that I need to assert to a fellow chiropractor working in education, albeit at a rival institution, that our staff are professionals who are all trained to teach and assess at the appropriate higher education levels of learning. Lewis’s assertions are pejorative and unsubstantiated at best.

It is of interest to us that none of the blinded, international reviewers of our paper saw fit to raise any of these points. Probably because they read the paper for what it was: a College explaining a developmental process to educational colleagues.

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