



**Board of Chiropractic Examiners  
TELECONFERENCE MEETING MINUTES  
Licensing & Continuing Education Committee  
June 28, 2019**

Teleconference Meeting Locations:

Board of Chiropractic Examiners  
901 P Street, Ste 142A  
Sacramento, CA 95814  
(916) 263-5355

Dionne McClain, DC  
McClain Sports & Wellness, Inc.  
6360 Wilshire Blvd., Ste 410  
Los Angeles, CA 90048  
(323) 653-1014

Heather Dehn, D.C.  
Dehn Chiropractic  
4343 Marconi Ave., #5  
Sacramento, CA 95821  
(916) 488-0202

David Paris, D.C.  
VA Health Administration in Redding  
760 Cypress Ave.  
Redding, CA 96001  
(530) 244-8806

**Committee Members Present**

Dionne McClain, D.C., Chair  
Heather Dehn, D.C.  
David Paris, D.C.

**Staff Present**

Robert Puleo, Executive Officer  
Marcus McCarther, Assistant Executive Officer  
Michael Kanotz, Senior Attorney  
Dixie Van Allen, Staff Services Manager  
Natalie Boyer, Continuing Education Analyst  
Andreia McMillen, Policy Analyst  
Tammi Pitto, Staff Services Analyst

**Call to Order**

Dr. McClain called the meeting to order at 12:08 p.m.

**Roll Call**

Dr. Dehn called roll. All members were present at addresses on the agenda. A quorum was established.

## **Approval of April 16, 2019 Committee Meeting Minutes**

**MOTION: DR. DEHN MOVED TO APPROVE THE MINUTES OF THE APRIL 16<sup>th</sup>, 2019 LICENSING & CONTINUING EDUCATION COMMITTEE MEETING.**

**SECOND: DR. PARIS SECONDED THE MOTION.**

Discussion: Dr. McClain wished for clarification, on page nine, if Dr. Paris was referring to the Council on Chiropractic Education (CCE) or the California Chiropractic Association (CCA) in his statement.

Dr. Paris responded that both were accurate.

Dr. McClain was satisfied with the clarification.

**VOTE: 3-0, (DR. MCCLAIN – AYE, DR. PARIS – AYE, DR. DEHN– AYE)  
MOTION CARRIED.**

## **Review, Discussion and Possible Action on proposed language to CE regulations**

Mr. McCarther introduced the Continuing Education (CE) regulation and staff's recent work. Mr. McCarther began by examining the similarities and differences between the 14 qualifying subject areas identified in the Major Policy Issues document and the eight competencies in the Continuing Education Meta-Competencies document. Most of the 14 qualifying subject areas did have corresponding competencies or objectives within the meta-competencies that board staff had identified and notated.

Mr. McCarther drew the Committee's attention to subject area four, 'evidence-based peer reviewed interventions', whose definition had not been fully determined by the Committee. Staff had identified that meta-competency six would be the best match based on content and intention for this subject area. Mr. McCarther felt this highlighted the benefits of using the meta-competency method as it offered detailed definitions and objectives for providers to create courses from.

Dr. Paris added that meta-competency two would also be a match for this particular subject area, he was not certain if only one competency could be selected.

Mr. McCarther agreed and stated a Continuing Education (CE) provider would have the opportunity to selected multiple competencies for their courses.

Dr. Paris was under the impression that staff were creating a document for providers to assist them in their selection of meta-competencies as it related to their CE courses.

Ms. Boyer agreed that such a document would be created, at a later point, for CE providers. The policy document, currently under review, was specifically for the Committee as a visual to identify similarities between the work already accomplished by the Committee and the newer meta-competency model.

Dr. Paris appreciated the clarification.

Dr. McClain noted that qualifying subject area six was without a correlating competency number and felt that meta-competency two would be appropriate.

Mr. McCarther agreed and went on to further explain that the policy document would be for internal purposes only, should the Board agree, the meta-competency document would be incorporated by reference into the regulations and a separate course application for CE providers would also be included with clearly identifiable instructions for how to utilize the meta-competencies.

Dr. Dehn inquired if the meta-competency document was included by reference, would the Board be required to update regulations every time CCE changed their meta-competencies.

Mr. McCarther responded that several changes had been made to the document to ensure the Board would not be beholden to make the same changes as CCE made in the future.

Mr. McCarther returned to Dr. McClain's statement that subject area six did not have a listed meta-competency primarily because staff was not certain which might be the best match for 'physical medicine modalities and therapeutic procedures'. Additionally, qualifying subject areas 13 and 14 did not have corresponding meta-competencies but Mr. McCarther felt that the content was relevant to CE courses and would not be prohibited from continuing to receive approval.

Dr. McClain agreed and felt that meta-competency two would be most appropriate for subject area six.

Dr. Dehn and Dr. Paris agreed with the recommendation.

Dr. Dehn agreed that subject area 14 'basic sciences' was not identified in the meta-competencies and could potentially be problematic if not properly defined, as it was so vague.

Mr. McCarther inquired of Ms. Boyer, whether 'basic science' was a subject area that was challenging to define and approve for CE credit.

Ms. Boyer responded that 'basic science' was one of the more clearly identifiable subject areas both for providers submitting applications and for staff reviewing courses.

Dr. Paris added that as the current definition included 'as related to clinical practice' that would be extremely helpful in sourcing out any content inappropriately submitted under this subject area.

Dr. McClain wished to return to qualifying subject area 10, she did not feel the definition currently listed on the policy document offered enough clarity.

Ms. Van Allen responded that the concerns over courses focused primarily on billing and coding, were those done with the intention of maximizing profit for the chiropractor or using personal injury cases as a method for profit.

Dr. McClain agreed with the concern and asked that the definition be updated for the document.

Mr. McCarther agreed that staff could update the definition but ultimately the policy document was just a guide and that going forward the conversation would surround the meta-competencies document and move away from the policy document.

Public Comment: Ms. Laurie Isenberg, Director of Postgraduate & Continuing Education at Life Chiropractic College West, reiterated Life Chiropractic College's commitment to philosophy as a qualifying subject area. Ms. Isenberg felt that meta-competency seven, objective B and D, correlated with the sentiments of chiropractic philosophy.

Mr. McCarther offered that there would be no objection to a course that could succinctly relate the content back to a meta-competency and its objectives.

Dr. Paris agreed and went on to add that the intent of this model was not to limit providers in their offerings or to include restrictive language to prevent viable course content.

Public Comment: Ms. Dawn Benton, Executive Director of CalChiro, inquired how subject area 14, 'basic science', fit into the meta-competencies.

Mr. McCarther offered that basic sciences permeated throughout multiple of the meta-competencies and it would be up to the provider to make the selection and provide support of their rationale.

Mr. McCarther moved the conversation to the Mandatory Hours in the policy document, the Committee had previously identified a 14 hour requirement to fulfill mandatory subject areas.

Dr. Paris wished to discuss the need for mandating the subject area in 'sexual boundaries'. In his research of other healthcare professional boards he saw no reference to sexual boundaries as a specific CE requirement. Dr. Paris was curious if the Committee had any data or support to justify the need for this specific mandatory subject area.

Mr. Puleo stated that the Enforcement Unit saw regular occurrences of sexual misconduct accusations filed and felt a course identifying appropriate behavior and communication techniques with patients would be prudent.

Dr. McClain added that the Committee was trying to address the significant amount of complaints the Enforcement Unit received regarding inappropriate sexual conduct. Additionally, in the environment of 'Me Too' the Committee wished to be at the forefront of addressing concerns and protecting the public.

Dr. Dehn included that a course of this nature could potentially eliminate poor bedside manner and increase patient communication for medically appropriate procedures.

Dr. Paris understood the rationale from his colleagues but felt that the burden of proof had not been met. As a requirement only for chiropractors it gives the impression of chiropractors as outliers amongst healthcare professions. Dr. Paris suggested updating the language to be

inclusive of all the other communication foibles that this topic was inspired by, versus focusing solely on sexual boundaries.

Dr. Dehn inquired if Dr. Paris' concerns were due, in part, to the potential that chiropractors would be in the spotlight in requiring this mandatory CE, compared to other healthcare professions.

Dr. Paris agreed that was partially his concern, also that the Committee had not substantiated the need for a mandatory course such as this. Dr. Paris would feel more comfortable if the subject area included all the other communication needs and behaviors the Committee identified, versus the singular area of sexual boundaries which had yet to be proven, with data, as an area of concern.

Dr. McClain inquired what type of data or statistics Dr. Paris was interested in reviewing.

Dr. Paris recommended combining the subject areas 'ethics and law' and 'sexual boundaries' and making it a four hour requirement.

Ms. Van Allen proposed changing the title to professional boundaries, which would include sexual boundaries and all other patient communication tactics.

Ms. Boyer wished to point out that in the draft language of the CE regulation document both 'ethics and law' and 'sexual boundaries' were combined into meta-competency five. The meta-competency did have a specific objective of 'knowledge of expected professional conduct' which a provider could interpret as a need for a sexual boundaries course.

Mr. McCarther summarized that there were a significant portion of Enforcement cases that did revolve around sexual misconduct and, ultimately, resulted in discipline. Because of this staff believed there to be valid support for including specific courses regarding sexual misconduct to hopefully positively impact the Enforcement Unit's efforts and ensure consumer protection.

Public Comment: Dr. Brian Porteous, licensee and CE Provider, stated that he offered an ethics and law course with a portion dedicated to sexual boundaries, he had found his participants sorely lacking in their understanding of the Board's regulations relating to professional conduct. Dr. Porteous is in favor of including sexual boundaries as a mandatory requirement.

Mr. Puleo agreed with combining 'ethics and law' and 'sexual boundaries' into one section, for a total of four mandatory hours and requiring one hour, per year, dedicated to sexual boundaries. He also felt that ethics and law needed to be more prescriptive to ensure the content was consistent with the Board's message.

Dr. McClain agreed with combining the two subjects but had concerns that the sexual boundaries portion would be diminished if done so.

Mr. Puleo agreed with mandating the time allotment and specific content that providers would need to cover in sexual boundaries courses.

Dr. McClain inquired what the next steps would be for this particular topic.

Dr. Paris was comfortable with combining 'ethics and law' and 'sexual boundaries' as one section and mandating one hour, every year, dedicated to content in sexual boundaries and defining the course expectations in more detail as Mr. Puleo suggested.

Mr. McCarther agreed to have this section reviewed for the next Committee Meeting.

Mr. McCarther moved the meeting to discuss the draft language in the CE regulations document. Mr. McCarther inquired if there were any issues or areas of concern regarding the document.

Dr. Paris wished to point out an inconsistency in the numbering hierarchy used in Section §361.

Dr. Paris also pointed out in Section §361.1, the new Cardiopulmonary Resuscitation (CPR) section, the language should clarify that instructors are able to be certified through equivalent organizations.

Mr. Puleo proposed reducing the total CE hours by two hours every year, to accommodate licensees renewing CPR certification as a condition of license renewal.

Dr. Dehn suggested offering CE credit every year if licensees chose to take a CPR course every year.

Dr. McClain agreed with the option of annual CPR credit and also wished to remind the Committee that eventually the Board would have access to more advanced technology that would assist with CE credit tracking.

Mr. Puleo agreed that the technology was available and eventually the Board would have it's own system in place.

Mr. McCarther requested time to allow staff to revisit the language of the CPR section for the next meeting.

The Committee agreed.

Mr. McCarther pointed out some sections still left to be determine in the draft CE regulations document. Such as the denial and appeal process for CE providers, the definition of a CE course and the fee structure for a CE course. Mr. McCarther felt that a new fee structure and definition to a course could be addressed at a later time, away from this particular regulatory package, as there would be largescale research endeavors to determine these answers.

Dr. Dehn sought clarification behind not pursuing changes to the fee structure and defining a course.

Mr. McCarther felt that with the proposed changes to the meta-competency structure, there were enough new parameters in place that would curb some of the issues to the administrative approval process staff has been experiencing.

Dr. Dehn inquired if the CE provider application would also be outside of this regulation package.

Mr. McCarther responded that both the CE provider application and the CE course application would be changed and included in this regulatory package.

Ms. Van Allen inquired if the CE course application would be amended to include the meta-competency structure but exclude any fees changes.

Mr. McCarther agreed and went on to assure the Committee that in upcoming meetings there would be plenty of opportunity to review draft regulatory language, the updated CE provider application, the updated CE course application and the updated meta-competency document.

Dr. Paris suggested maintaining the positive momentum for the Committee by scheduling meetings every month.

Dr. Dehn agreed.

**MOTION: DR. PARIS MOVED TO SCHEDULE THE LICENSING AND CE COMMITTEE MEETINGS MONTHLY UNTIL THE CE REGULATION WAS SUBMITTED TO THE OFFICE OF ADMINISTRATIVE LAW.  
SECOND: DR. DEHN SECONDED THE MOTION.**

Discussion: Ms. Boyer wished the Committee to consider the time needed to post agendas for public viewing prior to a meeting, which might require a standing agenda and prompt responses from Committee Members.

Dr. McClain suggested amending the motion to include a four to six weeks scheduling timeframe.

Dr. Paris accepted her amendment to the motion.

**AMENDED MOTION: DR. PARIS MOVED TO SCHEDULE THE LICENSING AND CE COMMITTEE MEETINGS EVERY FOUR TO SIX WEEKS UNTIL THE CE REGULATION WAS SUBMITTED TO THE OFFICE OF ADMINISTRATIVE LAW.  
SECOND: DR. DEHN SECONDED THE MOTION.**

**VOTE: 3-0, (DR. MCCLAIN – AYE, DR. PARIS – AYE, DR. DEHN– AYE)  
MOTION CARRIED.**

Mr. McCarther acknowledged that staff would reach out at the beginning of the week, following a meeting, to start the scheduling process for an upcoming meeting.

**Public Comment on Items Not on the Agenda**

Public Comment: Ms. Isenberg wished to offer a teleconference site in the Bay Area at Life Chiropractic College West, so staff and students could potential participate in the Committee.

Mr. Kanotz agreed that as long as the location was agendized, a Board Member did not need to be present to offer a location as a teleconference site.

Public Comment: Dr. Porteous thanked the Committee for their efforts.

**Future Agenda Items**

None.

**Adjournment**

Dr. McClain adjourned the meeting at 1:27 p.m.