

**Board of Chiropractic Examiners  
TELECONFERENCE MEETING MINUTES  
Licensing & Continuing Education Committee  
March 25, 2021**

Teleconference Meeting

**Committee Members Present**

Dionne McClain, D.C., Chair

Laurence Adams, D.C.

**Staff Present**

Robert Puleo, Executive Officer

Kristin Walker, Assistant Executive Officer

Dixie Van Allen, Staff Services Manager I

Natalie Boyer, Continuing Education Analyst

Amanda Campbell, Continuing Education Analyst

Michael Kanotz, Attorney III

**1. Call to Order & Establishment of a Quorum**

Dr. McClain called the meeting to order at 1:03 pm.

Dr. Adams called roll. All members were present. A quorum was established.

**2. Approval of November 6, 2020, Meeting Minutes**

**MOTION: DR. ADAMS MOVED TO APPROVE THE MINUTES OF THE NOVEMBER 6<sup>th</sup>, 2020 LICENSING & CONTINUING EDUCATION COMMITTEE MEETING.**

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

Discussion: Dr. Adams was curious if further discussion would occur around in-person and video conferencing courses.

Dr. McClain responded that further discussion would occur and that the full Board would have the opportunity to review and approve the language of the continuing education (CE) regulations.

Public Comment: There was none.

**VOTE: 2 - 0, (DR. MCCLAIN – AYE, DR. ADAMS – AYE)  
MOTION CARRIED.**

### **3. Discussion and Possible Action Regarding the Federation of Chiropractic Licensing Boards – Providers of Approved Continuing Education Presentation from the January 28, 2021, Board Meeting**

Ms. Boyer provided a synopsis of the agenda topic to the Committee Members. At the January 28<sup>th</sup>, 2021 Board Meeting, the Board had the opportunity to hear from Dr. Jon Schwartzbauer, Executive Director of Providers of Approved Continuing Education (PACE), and Ms. Kelly Webb, PACE Coordinator. Ms. Boyer went on to describe the two options available to regulatory boards when creating a PACE partnership; accepting all PACE providers and their CE courses or accepting PACE providers and utilizing an alternate CE course application, PACE Pre-Check application, so board staff can continue to review and approve individual CE courses. The Committee currently has the opportunity for further discussion and to potentially determine how they want to incorporate PACE into the California CE regulations.

Dr. McClain shared that several Board Members had raised concerns over the quality assurance of CE courses, as PACE reviews and approves the providers but does not review each specific course that a provider offers. Instead, PACE relies on feedback from licensees to quality check courses.

Ms. Boyer agreed with Dr. McClain's assessment. PACE conducts a very robust review of providers prior to them being certified, but the review does not extend into each individual CE course the provider offers. Dr. Schwartzbauer and Ms. Webb mentioned that among their participating boards and licensees they have a watchdog type network and are notified quickly if a course does not hold up to licensees' expectations.

Mr. Puleo added that the courses might not always align with the subject areas identified in our regulations and it seemed that the Board Members wanted to retain review of courses to ensure the subject areas and content were compatible with our regulation requirements.

Dr. McClain shared that she wished to continue to have input and control of the CE course review, as California has specific requirements in regulations. Dr. McClain went on to inquire if PACE would continue to keep records of licensees' participation in courses if we chose to accept the PACE Pre-Check model.

Mr. Puleo stated that if the Board retained the authority to review CE courses it would fall on the Board to approve the content. PACE acted as an accreditation type model for CE providers, similar to the Council on Chiropractic Education (CCE).

Dr. Adams brought up a concern from the January presentation, that while PACE vets the provider's organization, there was some confusion over if the individual course instructors were vetted for credentials and education.

Mr. Puleo mentioned that PACE would likely ensure that the instructors met a certain standard. He went on to state that Board staff currently reviews CE course instructor's curriculum vitae during the course review process and this process would continue when reviewing PACE provider's courses.

Dr. Adams clarified that Board staff would be reviewing and approving the instructors as part of the CE review process even for PACE certified providers.

Mr. Puleo agreed.

Dr. Adams also inquired if PACE provided information on how they tracked participant attendance for online courses or if they offered quizzes throughout the CE courses.

Mr. Puleo couldn't recall but stated that it would be up to the Board to evaluate the course's methods for tracking participant engagement and attendance in a virtual course.

Ms. Boyer added that the PACE website had the proposed criteria revisions for how they vet a provider and one area that would be modified were the requirements surrounding offering a distance learning course. Many areas would be made stricter and hopefully address the concerns raised by Dr. Adams and the other Board Members.

Ms. Boyer went on to highlight the examples that had been included in the meeting packet. The first showcased the PACE Pre-Check application process implemented by the Oklahoma Board of Chiropractic Examiners. They allow PACE approved providers to utilize this alternate CE course application and the Oklahoma Board staff review each course submitted. The second example is from the New Hampshire Board of Chiropractic Examiners where they just recently adopted regulations to accept all PACE approved providers and the CE courses those providers offer. Ms. Boyer concluded that from the conversations by the Committee today and from the Board at the January meeting, it seemed like members were learning towards the Pre-Check model.

Dr. McClain agreed with that assessment.

Dr. Adams agreed and went on to inquire about the fee structure for the PACE Pre-Check application. He asked for the Board's current CE fees.

Ms. Boyer stated that the initial CE provider application fee was \$84 and the biennial renewal fee was \$56. The CE course application fee was \$56.

Dr. McClain inquired how the Board's fees compared to other healthcare professions and other states.

Mr. Puleo responded that the Board's fees were lower than others but the Board's review process for CE providers required minimal workload. Depending on the potential changes made to the CE regulations, if a more robust review process was required, it would be very likely that the Board would need to increase fees.

Dr. Adams mentioned that the CE course review fee listed on the Oklahoma Pre-Check application in the material packet was \$300, the fee would increase with the potential adoption of the PACE Pre-Check model.

Mr. Puleo responded that the \$300 fee was from the Oklahoma Pre-Check application, not the required fee of working with PACE. Mr. Puleo agreed that it was likely the Board would need to increase the course review fee, once a fee analysis occurred.

Dr. Adams inquired about the fee that PACE charged for new providers.

Ms. Boyer responded that PACE charged \$500 for the initial provider application and then \$2,000 every year for continued PACE recognition, for the for-profit organizations. And for the Oklahoma Board example, CE providers would pay an additional \$300 per each CE course they submitted to the Board.

Mr. Puleo acknowledged that the California CE course fee was too low compared to the workload that staff invested in the review process.

Dr. Adams summarized that the PACE process would be available for those California providers who wanted to move on to become a national CE provider. The Board was not removing the process to become an approved provider through the Board's application process.

Mr. Puleo agreed.

Dr. McClain mentioned that the fee was only remaining at \$56 until the CE regulations were completed and adopted by the Board.

Mr. Puleo agreed and went on to explain that there would be a thorough analysis of how the Board came up with a fee change and justification provided to the Office of Administrative Law (OAL), before it could be adopted into the regulations. Mr. Puleo stated that an added benefit of working with PACE is that they would hold their providers accountable for any negative course feedback.

Dr. McClain appreciated the insight and felt it was appropriate to acknowledge there would be a fee change as the Board tried to make the CE course review process more thorough.

Dr. Adams again clarified that the Committee would be recommending adding a PACE partnership into the regulations as an option for CE providers, the Board was not removing the process to become a California CE provider with the current application and \$84 fee.

Ms. Boyer agreed that becoming a PACE provider would be completely optional for California providers. Ms. Boyer added that licensees would also benefit from a broader spectrum of CE class options to choose from.

Dr. Adams inquired if PACE would communicate with their providers about applying to California with the PACE Pre-Check application, to prevent PACE providers from marketing courses to California licensees prior to Board approval.

Mr. Puleo stated that PACE approval did not mean the states would accept all the provider's courses.

Mr. Kanotz advised the Committee that the fee structure could be found in Business and Professions Codes and that a statutory change would be needed for any future fee changes.

Dr. McClain inquired if there was any more discussion on the topic.

Ms. Boyer responded that she did not have anything else to include but wanted the Committee to know that Ms. Kelly Webb from PACE was on the WebEx call, and if the Committee wished, they could ask more questions.

Dr. McClain requested comments from Ms. Kelly Webb.

Ms. Kelly Webb greeted the Committee and stated that Board staff had a very good understanding of the PACE program.

Dr. McClain inquired about the changes PACE was proposing to the monitoring process for distance learning courses.

Ms. Webb responded that they would be requiring providers to have a mechanism to verify how long an individual was engaged in a virtual course, items like keyboard timeouts and periodic exams. They would require verification that a licensee couldn't earn credit in multiple courses simultaneously and would require technology that tracked the participant's engagement in the course in real time with date stamps.

Dr. McClain thanked Ms. Webb for her participation.

Mr. Kanotz advised the Committee that it would be appropriate to pass a motion recommending the Committee's decision to the full Board.

**MOTION: DR. MCCLAIN MOVED TO RECOMMEND TO THE FULL BOARD THE ADOPTION OF LANGUAGE INTO THE CONTINUING EDUCATION REGULATIONS TO ACCEPT PACE CERTIFIED PROVIDERS, WHILE MAINTAINING CONTROL OVER THE REVIEW AND APPROVAL OF CONTINUING EDUCATION COURSES THROUGH USE OF THE PACE PRE-CHECK APPLICATION.**

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

Discussion: There was none.

Public Comment: Dr. Marcus Strutz, chiropractor and CE provider with Back to Chiropractic CE Seminars, had several questions for the Committee. Dr. Strutz was not clear why the Board would want to give up authority in vetting CE providers, he felt it had minimal workload but still earned a fee for the Board. Dr. Strutz went on to say that approving PACE providers would flood the state with PACE providers, which would not be agreeable to many California based providers. Dr. Strutz reminded the Committee that PACE had a commission structure tied to each of their CE courses. A per person fee that PACE collected from the providers, so any California provider choosing to move to the national level would also incur that cost. Dr. Strutz suggested not having providers renew their status every two years, instead allow

providers and courses to be approved for several years, which would reduce the overall workload for staff.

Public Comment: Dr. Cynthia Tays, California licensee, former Board Chair of the Texas Board of Chiropractic Examiners and current PACE reviewer, shared her views that the PACE provider review process was extensive and surpassed what many state regulatory boards were able to provide. Dr. Tays acknowledged that she had denied providers during the PACE review, due to inadequate documentation, but those same providers are offering courses in other states that did not have PACE.

Discussion: Dr. Adams sought clarification that PACE would not be tasked with re-vetting all California's current providers. Working with PACE would be optional for California providers.

Ms. Boyer and Mr. Puleo confirmed Dr. Adams' statement.

**VOTE: 2 - 0, (DR. MCCLAIN – AYE, DR. ADAMS – AYE)  
MOTION CARRIED**

**4. Review, Discussion and Possible Action to Article 6. Continuing Education Sections 361 – 366.**

Ms. Boyer introduced the review process the Committee had undergone for Article 6. Continuing Education over the past several Committee Meetings. It was brought before the Committee to review all proposed changes in the CE regulations document, including new forms, applications and resources that Board staff has developed.

Dr. McClain advised the public that while the document was lengthy, the Committee would be diligent in their review and any items not covered at the present meeting would be picked up at a later date.

Ms. Boyer began on the first page of the draft document: Article 6. Continuing Education Sections 361-366.

Ms. Boyer pointed out the reference to the Business and Professions Code that lists the current fees. Any future changes to the fee schedule would be notated in Section 360.

Dr. Adams inquired how the fee changes had been determined and how long the process took back when they were changed in 2019.

Mr. Puleo responded that an independent auditing firm analyzed staff work and processes relative to the Board fees for that work and provided a suggested fee increase. The Board then took the fee analysis to the Legislature for bill sponsorship.

Ms. Boyer added that the fee schedule was proposed in SB 1480 (Hill), which was approved by the California Legislature and signed by Governor Brown on September 2018. The fees went into effect on January 1, 2019.

Ms. Van Allen mentioned that the CE fees were not considered as in-depth as other Board processes and fees because the changes to the CE regulations were not finalized.

Ms. Boyer went on to Section 361, noting the title change. This change would ensure licensees knew this specific section related to their CE requirements. Ms. Boyer brought the Committee's attention to subsection (e) (1) – (4) that identified the mandatory hours and competencies.

Ms. Boyer reminded the Committee of the public comment provided at the November 2020 Committee Meeting by Dr. Marcus Strutz, where he encouraged the Committee to re-evaluate the mandatory hours associated with Competency 2: Chiropractic Adjustment/Manipulation. Dr. Strutz proposed six to eight mandatory hours in Competency 2 versus the four hours currently listed.

Dr. McClain inquired if the full Board had already discussed the breakdown for mandatory hours.

Ms. Boyer responded that the Board discussed mandatory CE hours at the June or July 2018 full Board Meeting. Ms. Boyer reminded the Committee that the full Board had not discussed mandatory CE hours since that meeting.

Dr. McClain recalled that mandatory hours was a topic decided on by all Board Members, she did not have further thought on changing the breakdown in hours.

Dr. Adams stated that based on all the required competencies, he wasn't sure where hours could be removed to increase those dedicated to Competency 2, while still keeping the total amount at fourteen.

Dr. McClain recalled that the Board had come to a decision for mandatory hours and subject areas based on what the Board was seeing in disciplinary issues, areas of concern and progress towards the future. Dr. McClain also advised that licensees were able to take as many hours as they wished in adjustive technique but these were the minimum requirements set by the Board.

Dr. Adams appreciated the history on the Board's decision and went on to state that he was in agreement with keeping the four hours in Competency 2 but, as it dealt with the core discipline of chiropractors, he would also be in favor of increasing that number as well.

Ms. Boyer stated that she had highlighted this discussion for future Committee and Board input. Ms. Boyer went on to subsection (g) and the methods that a licensee could earn CE credit. The previous subject areas have been stricken from the regulation and had been replaced with the competencies model.

Dr. Adams inquired why some of the subject areas were removed from the regulations.

Ms. Boyer responded that the competency model was based on the competencies that the CCE utilized when evaluating a new chiropractic program or college for accreditation. The competency model was more robust and expansive than the subject areas currently identified



in regulation and staff had reviewed each subject area to determine there was a fit within the new competency model. Ms. Boyer went on to explain that it would be up to the provider to determine how their curriculum matched the learning objectives under the competency and provide adequate documentation to support their requested competency in their application.

Dr. McClain added that in the current regulations the subject areas were provided in a list without any details about the objectives that needed to be reached which was why the Committee switched to the competency model as it provided more information about learning objectives.

Dr. Adams provided the example of nutrition and asked if it would be up to the provider to determine which competency area nutrition could be taught under.

Ms. Boyer agreed and with the example of nutrition a provider could choose, based on the learning objectives, to present the material under Competency 6: Health Promotion and Disease Prevention. It would be up to the provider to offer the rationale and research to support their request.

Dr. Adams agreed.

Dr. McClain inquired about subsection (g) (5), for how licensees could earn credit when participating as an examiner for the National Board of Chiropractic Examiners (NBCE) exams, she thought more clarification would be needed as the examination day was broken up into several parts but the regulation stated earning six hours for an examination period.

Ms. Boyer stated that this language was previously in another section of the regulation and had not been changed, she went on to state that the language could include more parameters to make it clearer.

Ms. Van Allen responded that she would look back at the original regulation document to determine how that definition was decided on.

Dr. McClain offered that if the language could be clearer, like it was in subsection (g) (4), that it would be helpful for licensees.

Ms. Boyer directed the Committee's attention to the Continuing Education Competency document included in the meeting materials. Ms. Boyer introduced the eight competencies that would make up the subjects that licensees would take for CE credit and what a provider could offer courses in.

Dr. Adams asked for clarification for why Curricular Objective B. "Acknowledge the need for, and apply cultural sensitivity in, communications with patients and others" was included in Competency 3: Communication and Record Keeping. He inquired if the Board could potentially get in trouble if a participant in a course did not feel comfortable with the nature of the course content. He also inquired if this content was directed at the practitioner's interactions with patients.



Dr. McClain responded that when the Board originally discussed the changes surrounding the CE subject areas, they discussed the need for there to be diverse cross-cultural sensitivity training for practitioners. Dr. McClain acknowledged that the future of medical care required healthcare providers were competent in cross-cultural sensitivity and diversity.

Ms. Boyer added that in light of some of the enforcement cases that the Board has seen, the Committee wanted an avenue for the nuances of appropriate interactions to be covered for practitioners.

Dr. Adams inquired what type of infractions licensees have received in this area. Dr. Adams also asked what type of content an instructor would cover with a 'cultural sensitive' objective.

Dr. McClain stated that similar to private organizations, diversity training or the lack thereof, could create situations that could become problematic. It behooves the Committee to recommend diversity and cultural sensitivity training. Dr. McClain went on to say that in Competency 6: Health Promotion and Disease Prevention, there was an objective to "identify public health issues in diverse populations". There were health disparities in diverse populations where there should be training for licensees and their staff to foster better interactions and outcomes in treating and protecting the public.

Dr. McClain also added that while she did not have a particular enforcement case to share, she did feel cultural considerations were similar to any other contraindication when treating a patient.

Dr. Adams feared that without specific enforcement examples of what this curricular objective described, it could be left open to interpretation.

Dr. McClain responded that the Committee was attempting to not be overly rigid with the language because there was a broad scale of what could fall into 'cultural sensitivity'. Dr. McClain brought forward two examples of religious sensitivity with a Muslim patient and gender sensitivity with a transgender patient and how these two scenarios could differ in approach to patient care.

Dr. Adams acknowledged the need for cultural sensitivity, but from a Board perspective, he felt concerned in how it would be incorporated into a CE course.

Dr. McClain stated that should a provider wish to offer a course on record keeping, they should include components regarding cultural sensitivity and how to ensure there are no problematic questions on the patient forms. The topic could include both written and spoken communication.

Dr. McClain went on to acknowledge the time constraints the Committee was working under for the meeting and that this topic could be continued at a later time.

Dr. Adams agreed. He went on to state his hopes that the Committee could meet for a longer period of time and schedule a meeting sooner to continue the regulations discussion.

Ms. Boyer acknowledged that the Committee would resume where they had left off at the next scheduled meeting.

Dr. McClain called for public comment but advised the meeting moderator that comments would be kept at one minute.

Public Comment: Dr. Strutz shared that he had been providing continuing education courses for 20 years and he would like to be invited to be a consultant for the regulations process, as he feels he is involved with many topics the Committee has not considered. He also feels that Committee Meetings should be more frequent to complete the regulations process.

### **5. Public Comment on Items Not on the Agenda**

Public Comment: Zakaria Yehia, student at Life Chiropractic College West, shared his desires that minor surgery and pharmacology be added to the curriculum at Life Chiropractic College. He felt that students did not have advanced emergent skills for their careers, he also has concerns over the limited scope of practice for chiropractic.

### **6. Future Agenda Items**

There were none.

### **7. Adjournment**

Dr. McClain adjourned the meeting at 3:06 p.m.