



NOTICE OF TELECONFERENCE BOARD MEETING

Board Members

David Paris, D.C., Chair
Laurence Adams, D.C., Vice Chair
Rafael Sweet, Secretary
Janette N.V. Cruz
Pamela Daniels, D.C.

The Board of Chiropractic Examiners (Board) will meet by teleconference on:

Wednesday, October 26, 2022, and Thursday, October 27, 2022

9:00 a.m. to 5:00 p.m.

(or until completion of business)

Teleconference Instructions: The Board will hold a public meeting via Webex Events. Pursuant to the statutory provisions of Government Code section 11133, neither a public location nor teleconference locations are provided.

To access and participate in the meeting via teleconference, attendees will need to click on, or copy and paste into a URL field, the corresponding link below and enter their name, email address, and the event password, or join by phone using the corresponding access information below:

Wednesday, October 26, 2022

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m36b5ebd164f87293dd6ee800827c6235>

If joining using the link above
Webinar number: 2488 749 6532
Webinar password: BCE10262022

If joining by phone
+1-415-655-0001 US Toll
Access code: 248 874 96532
Passcode: 22310262

Thursday, October 27, 2022

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=mfd7446e165876e70e565888cb47c738b>

If joining using the link above
Webinar number: 2490 136 4087
Webinar password: BCE10272022

If joining by phone
+1-415-655-0001 US Toll
Access code: 249 013 64087
Passcode: 22310272

Instructions to connect to the meeting can be found at the end of this agenda.

Members of the public may, but are not obligated to, provide their names or personal information as a condition of observing or participating in the meeting. When signing into the Webex platform, participants may be asked for their name and email address. Participants

who choose not to provide their names will be required to provide a unique identifier, such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make a public comment. Participants who choose not to provide their email address may utilize a fictitious email address in the following sample format: XXXXXX@mailinator.com.

Note: Members of the public may also submit written comments to the Board on any agenda item by Friday, October 21, 2022. Written comments should be directed to chiro.info@dca.ca.gov for Board consideration.

The Board may take action on any agenda item listed on this agenda, including information-only items.

AGENDA

9:00 a.m., Wednesday, October 26, 2022

- 1. Open Session – Call to Order / Roll Call / Establishment of a Quorum**
- 2. Petition Hearings for Reinstatement of Surrendered License**
 - A. Annie My Tran, License No. DC 30508, Case No. AC 2017-1131
 - B. Jeffrey Richard Marrs, License No. DC 24168, Case No. AC 2013-957
 - C. Brent Anthony Hill, License No. DC 18107, Case No. AC 2013-974
- 3. Petition Hearing for Reinstatement of Revoked License**
 - Carlos Van Darrell Seals, License No. DC 10652, Case No. AC 2017-1133
- 4. Petition Hearing for Reinstatement of Surrendered License and Reduction in Penalty**
 - Andrea Jonquil Bradshaw, License No. 24091, Case No. AC 2014-999
- 5. Closed Session – The Board Will Meet in Closed Session to:**
 - A. Deliberate and Vote on Disciplinary Matters, including the Above Petitions, Pursuant to Government Code Section 11126, subd. (c)(3)
 - B. Confer with and Receive Advice from Legal Counsel Regarding *Elizabeth Acosta v. Board of Chiropractic Examiners*, Los Angeles County Superior Court, Case No. BC698162, Pursuant to Government Code Section 11126, subd. (e)
- 6. Reconvene to Open Session and Recess Until October 27, 2022, at 9:00 a.m.**

9:00 a.m., Thursday, October 27, 2022

- 7. Call to Order / Roll Call / Establishment of a Quorum**
- 8. Update on the Department of Consumer Affairs (DCA) by the DCA Office of Board and Bureau Relations**
- 9. Board Chair's Report**
- 10. Review and Possible Approval of August 18-19, 2022 and October 7, 2022 Board Meeting Minutes**
- 11. Review and Possible Ratification of Approved Doctor of Chiropractic License Applications**
- 12. Review and Possible Ratification of Approved Continuing Education Provider Applications**
- 13. Executive Officer's Report and Updates on:**
 - A. Administration, Continuing Education, Enforcement, and Licensing Programs
 - B. Board's Budget and Fund Condition
 - C. Business Modernization Project and Implementation of Connect System
 - D. Status of Board's Pending Rulemaking Packages
- 14. Licensing Committee Report**
 - A. Committee Chair's Update on October 3, 2022 Meeting
 - B. Review, Discussion, and Possible Action Regarding Submission of Comments Regarding Proposed Revisions to Council on Chiropractic Education (CCE) Accreditation Standards and CCE Residency Program Accreditation Standards
- 15. Government and Public Affairs Committee Report**
 - A. Committee Chair's Update on October 4, 2022 Meeting
 - B. Review, Discussion, and Possible Action on Committee's Recommendation Regarding Proposed Changes to the Board's Records Retention Schedule
- 16. Continuing Education Committee Report**
 - Committee Chair's Update on October 6, 2022 and October 25, 2022 Meetings
- 17. Enforcement Committee Report**
 - Committee Chair's Update on October 6, 2022 Meeting
- 18. Review, Discussion, and Possible Action on Proposed Language to Amend California Code of Regulations, Title 16, sections 363 (Approval of Continuing Education Courses) and 363.1 (Distance Learning Courses)**

19. Review, Discussion, and Possible Action on the Implementation of [Senate Bill 1434 \(Roth, Chapter 623, Statutes of 2022\)](#)

20. Review, Discussion, and Possible Adoption of 2022–2026 Strategic Plan

21. Elections of Board Officers for 2023:

- A. Chair
- B. Vice Chair
- C. Secretary

22. Public Comment for Items Not on the Agenda

Note: Members of the public may offer public comment for items not on the agenda. However, the Board may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7(a).]

23. Future Agenda Items

Note: Members of the Board and the public may submit proposed agenda items for a future Board meeting. However, the Board may not discuss or take action on any proposed matter except to decide whether to place the matter on the agenda of a future meeting. [Government Code Section 11125.]

24. Adjournment

This agenda can be found on the Board’s website at www.chiro.ca.gov. The time and order of agenda items are subject to change at the discretion of the Board Chair and may be taken out of order. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public.

The Board plans to webcast this meeting at <https://thedcapage.wordpress.com/webcasts/>. Webcast availability cannot, however, be guaranteed due to limitations on resources or other technical difficulties that may arise. The meeting will not be canceled if webcast is not available. If you wish to participate or to have a guaranteed opportunity to observe, please attend the meeting via Webex Events. Meeting adjournment may not be webcast if adjournment is the only item that occurs after a closed session.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to it taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Board, but the Board Chair may, at their discretion, apportion available time among those who wish to speak. Members of the public will not be permitted to yield their allotted time to other members of the public to make comments. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on these items at the time of the same meeting (Government Code

sections 11125 and 11125.7(a)).

The meeting is accessible to individuals with disabilities. A person who needs a disability-related accommodation or modification to participate in the meeting may make a request by contacting the Board at:

Telephone: (916) 263-5355

Email: chiro.info@dca.ca.gov

Telecommunications Relay Service: Dial 711

Mailing Address:

Board of Chiropractic Examiners

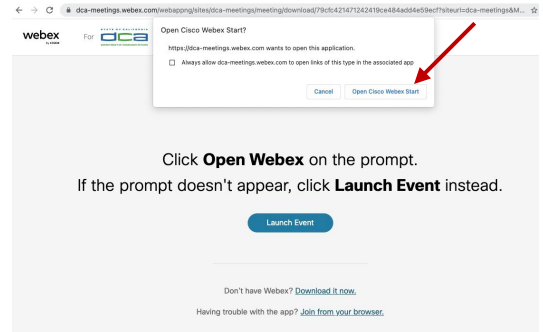
1625 N. Market Blvd., Suite N-327

Sacramento, CA 95834

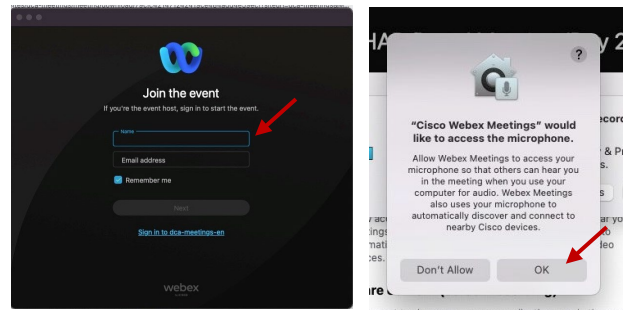
Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.

If joining using the meeting link

- 1 Click on the meeting link. This can be found in the meeting notice you received.
- 2 If you have not previously used Webex on your device, your web browser may ask if you want to open Webex. Click "Open Cisco Webex Start" or "Open Webex", whichever option is presented. DO NOT click "Join from your browser", as you will not be able to participate during the meeting.



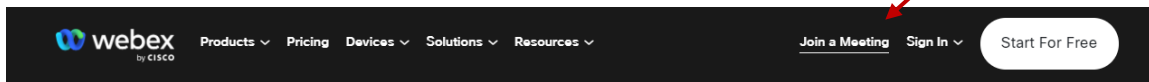
- 3 Enter your name and email address. Click "Join as a guest". Accept any request for permission to use your microphone and/or camera.



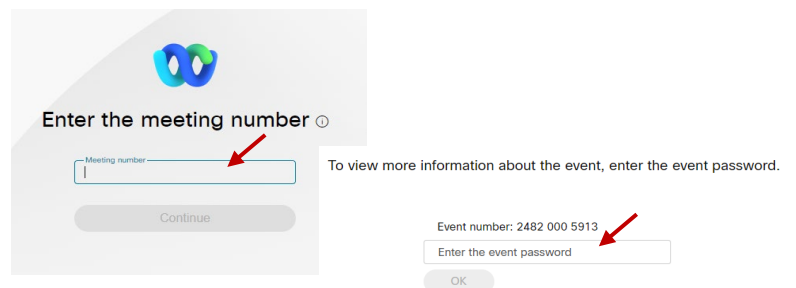
OR

If joining from Webex.com

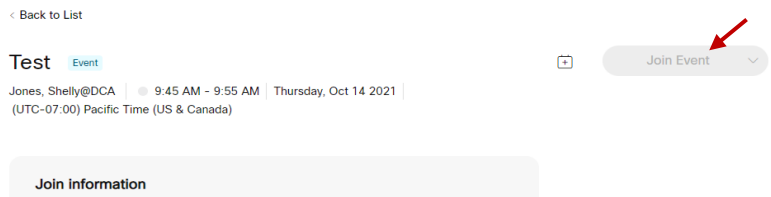
- 1 Click on "Join a Meeting" at the top of the Webex window.



- 2 Enter the meeting/event number and click "Continue". Enter the event password and click "OK". This can be found in the meeting notice you received.



- 3 The meeting information will be displayed. Click "Join Event".



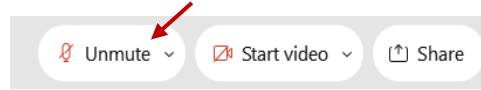
OR

Connect via telephone*:

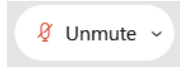
You may also join the meeting by calling in using the phone number, access code, and passcode provided in the meeting notice.

Microphone

Microphone control (mute/unmute button) is located on the command row.

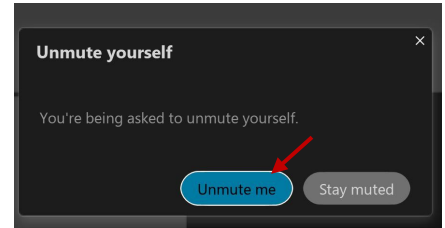


Green microphone = Unmuted: People in the meeting can hear you.



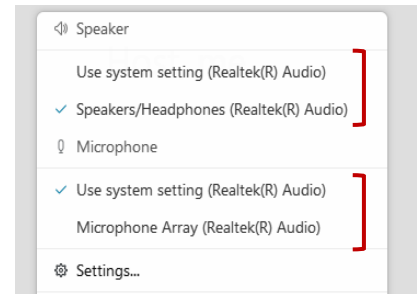
Red microphone = Muted: No one in the meeting can hear you.

Note: Only panelists can mute/unmute their own microphones. Attendees will remain muted unless the moderator enables their microphone at which time the attendee will be provided the ability to unmute their microphone by clicking on "Unmute Me".



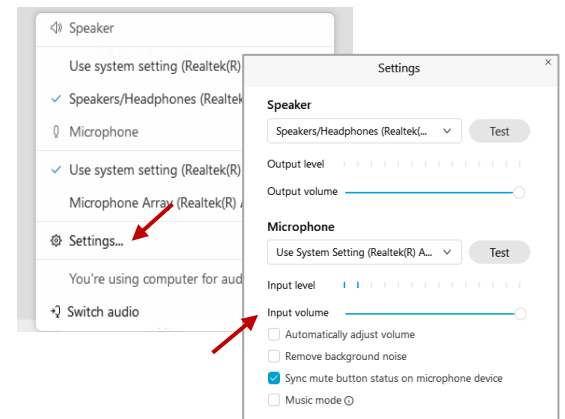
If you cannot hear or be heard

- 1 Click on the bottom facing arrow located on the Mute/Unmute button.
- 2 From the pop-up window, select a different:
 - Microphone option if participants can't hear you.
 - Speaker option if you can't hear participants.



If your microphone volume is too low or too high

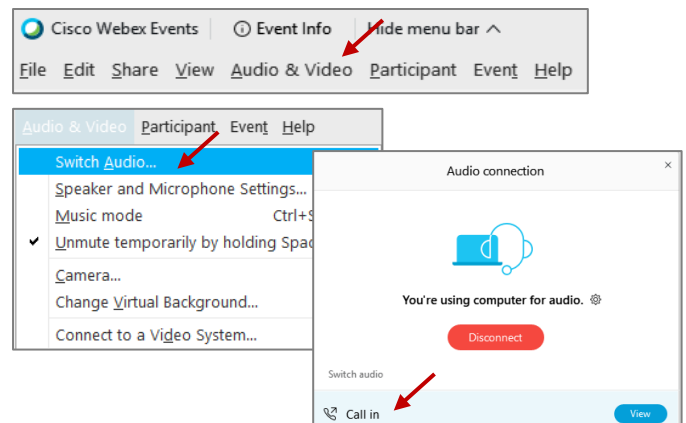
- 1 Locate the command row – click on the bottom facing arrow located on the Mute/Unmute button.
- 2 From the pop-up window:
 - Click on "Settings...":
 - Drag the "Input Volume" located under microphone settings to adjust your volume.



Audio Connectivity Issues

If you are connected by computer or tablet and you have audio issues or no microphone/speakers, you can link your phone through Webex. Your phone will then become your audio source during the meeting.

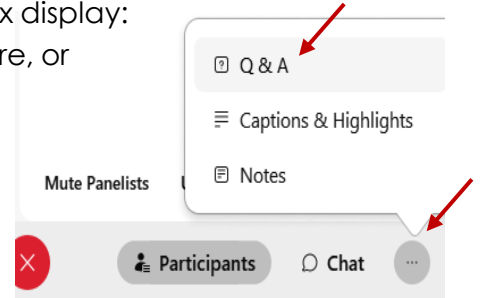
- 1 Click on "Audio & Video" from the menu bar.
- 2 Select "Switch Audio" from the drop-down menu.
- 3 Select the "Call In" option and following the directions.



The question-and-answer feature (Q&A) is utilized for questions or comments. Upon direction of the meeting facilitator, the moderator will open the Q&A panel for meeting participants to submit questions or comments. *NOTE: This feature is not accessible to those joining the meeting via telephone.*

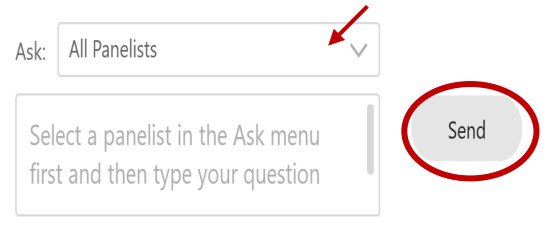
1 Access the Q&A panel at the bottom right of the Webex display:

- Click on the icon that looks like a “?” inside of a square, or
- Click on the 3 dots and select “Q&A”.



2 In the text box:

- Select “All Panelists” in the dropdown menu,
- Type your question/comment into the text box, and
- Click “Send”.



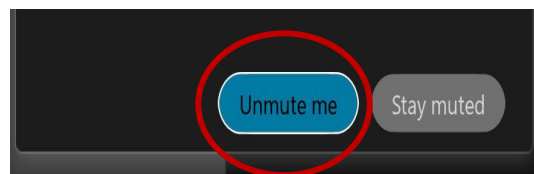
OR

If connected via telephone:

- Utilize the raise hand feature by pressing *6 to raise your hand.
- Repeat this process to lower your hand.

3 The moderator will call you by name and indicate a request has been sent to unmute your microphone. Upon hearing this prompt:

- Click the **Unmute me** button on the pop-up box that appears.

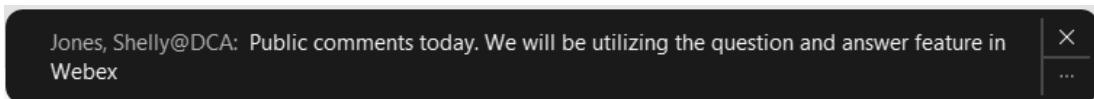


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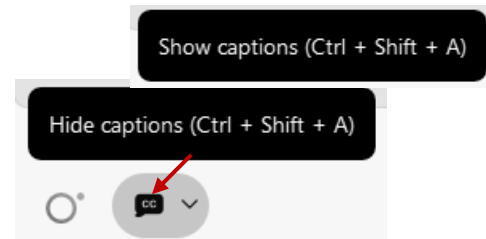
If connected via telephone:

- Press *3 to unmute your microphone.

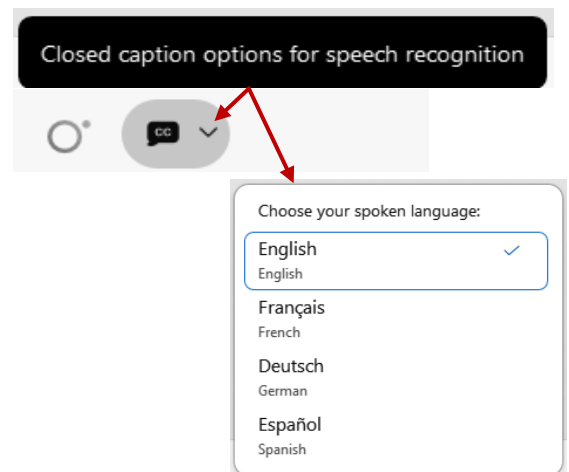
Webex provides real-time closed captioning displayed in a dialog box on your screen. The captioning box can be moved by clicking on the box and dragging it to another location on your screen.



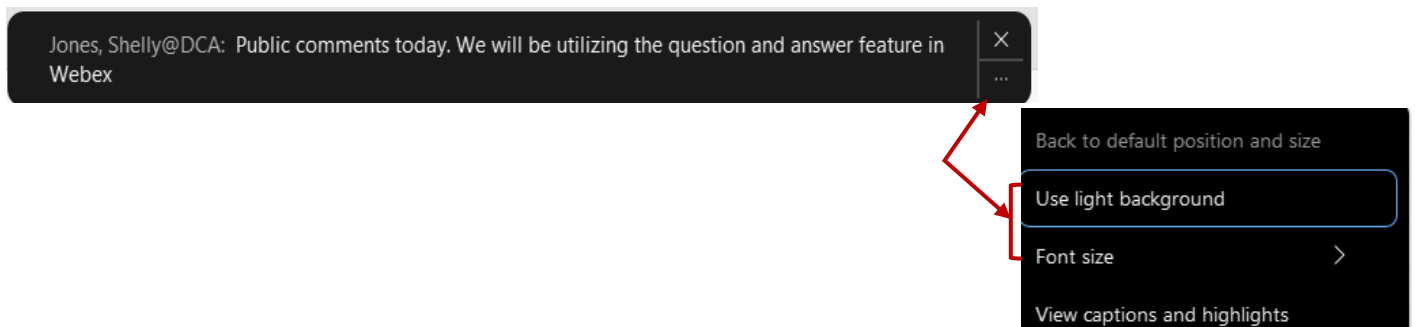
The closed captioning can be hidden from view by clicking on the closed captioning icon. You can repeat this action to unhide the dialog box.



You can select the language to be displayed by clicking the drop-down arrow next to the closed captioning icon.



You can view the closed captioning dialog box with a light or dark background or change the font size by clicking the 3 dots on the right side of the dialog box.





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DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA BOARD OF CHIROPRACTIC EXAMINERS

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Agenda Item 1
October 26-27, 2022

Open Session – Call to Order, Roll Call, and Establishment of a Quorum

Purpose of the Item

David Paris, D.C., Chair of the Board of Chiropractic Examiners, will call the meeting to order. Roll will be called by Board Secretary Rafael Sweet.

Board Members

David Paris, D.C., Chair
Laurence Adams, D.C., Vice Chair
Rafael Sweet, Secretary
Janette N.V. Cruz
Pamela Daniels, D.C.



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Agenda Item 2
October 26-27, 2022

Petition Hearings for Reinstatement of Surrendered License

Purpose of the Item

The Board will conduct hearings on the following petitions for reinstatement of a surrendered license:

- A. Annie My Tran, License No. DC 30508, Case No. AC 2017-1131
- B. Jeffrey Richard Marrs, License No. DC 24168, Case No. AC 2013-957
- C. Brent Anthony Hill, License No. DC 18107, Case No. AC 2013-974



Agenda Item 3
October 26-27, 2022

Petition Hearing for Reinstatement of Revoked License

Purpose of the Item

The Board will conduct a hearing on the following petition for reinstatement of a revoked license:

- Carlos Van Darrell Seals, License No. DC 10652, Case No. AC 2017-1133



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Agenda Item 4
October 26-27, 2022

**Petition Hearing for Reinstatement of Surrendered License and
Reduction in Penalty**

Purpose of the Item

The Board will conduct a hearing on the following petition for reinstatement of a surrendered license and reduction in penalty:

- Andrea Jonquil Bradshaw, License No. DC 24091, Case No. AC 2014-999



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Agenda Item 5
October 26-27, 2022

Closed Session

Purpose of the Item

The Board will meet in closed session to:

- A. Deliberate and Vote on Disciplinary Matters, Including the Above Petitions, Pursuant to Government Code Section 11126, subd. (c)(3)**
- B. Confer with and Receive Advice from Legal Counsel Regarding *Elizabeth Acosta v. Board of Chiropractic Examiners*, Los Angeles County Superior Court, Case No. BC698162, Pursuant to Government Code Section 11126, subd. (e)**



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Agenda Item 6
October 26-27, 2022

Reconvene to Open Session and Recess Until October 27, 2022, at 9:00 a.m.

Time: _____



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Agenda Item 7
October 26-27, 2022

Call to Order, Roll Call, and Establishment of a Quorum

Purpose of the Item

David Paris, D.C., Chair of the Board of Chiropractic Examiners, will call the meeting to order. Roll will be called by Board Secretary Rafael Sweet.

Board Members

David Paris, D.C., Chair
Laurence Adams, D.C., Vice Chair
Rafael Sweet, Secretary
Janette N.V. Cruz
Pamela Daniels, D.C.



Agenda Item 8
October 26-27, 2022

Update on the Department of Consumer Affairs

Purpose of the Item

A representative from the Department of Consumer Affairs (DCA) Office of Board and Bureau Relations will provide the Board with an update on DCA programs and activities.

Action Requested

This agenda item is informational only and provided as a status update to the Board. No action is required or requested at this time.



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Agenda Item 9
October 26-27, 2022

Board Chair's Report

Purpose of the Item

Board Chair David Paris, D.C. will provide an update to the Board on recent activities, including the Federation of Chiropractic Licensing Boards (FCLB) Districts I & IV meeting on September 29, 2022 through October 2, 2022, and the California Chiropractic Roundtable meeting hosted by the California Chiropractic Association on October 1, 2022.

Action Requested

This agenda item is informational only and provided as a status update to the Board. No action is required or requested at this time.



Agenda Item 10
October 26-27, 2022

Review and Possible Approval of Board Meeting Minutes

Purpose of the Item

The Board will review and possibly approve the draft minutes of the Board meetings held on August 18-19, 2022, and October 7, 2022.

Action Requested

The Board will be asked to make a motion to approve the Board meeting minutes.

Attachments

1. August 18-19, 2022, Board Meeting Minutes (Draft)
2. October 7, 2022, Board Meeting Minutes (Draft)



BOARD OF CHIROPRACTIC EXAMINERS MEETING MINUTES

August 18-19, 2022

**Teleconference and
Department of Consumer Affairs, Hearing Room
1625 N. Market Blvd., Ste 102
Sacramento, CA 95834**

Board Members Present

David Paris, D.C., Chair
Laurence Adams, D.C., Vice Chair
Rafael Sweet, Secretary
Janette N.V. Cruz
Pamela Daniels, D.C.

Staff Present

Kristin Walker, Executive Officer
Dixie Van Allen, Licensing & Administration Manager
William Walker III, Enforcement Manager
Valerie James, Enforcement Analyst
Sabina Knight, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)
Heather Hoganson, Regulatory Counsel, Attorney III, DCA

Thursday, August 18, 2022

1. Open Session – Call to Order / Roll Call / Establishment of a Quorum

Dr. Paris called the meeting to order at 9:05 a.m. Mr. Sweet called the roll. All members were present, and a quorum was established.

2. Strategic Planning Session

The Board participated in a strategic planning session that was facilitated and guided by Ann Fisher and Elizabeth Coronel from DCA's SOLID Training and Planning Solutions.

3. Recess Until Friday, August 19, 2022 at 9:00 a.m.

The Board recessed at 3:35 p.m. until Friday, August 19, 2022 at 9:00 a.m.

Friday, August 19, 2022

4. Call to Order / Roll Call / Establishment of a Quorum

Dr. Paris called the meeting to order at 9:07 a.m. Mr. Sweet called the roll. All members were present, and a quorum was established.

5. Board Chair's Report

Dr. Paris informed the Board that former member Dionne McClain, D.C. had resigned, and also congratulated Kristin Walker on her appointment to Executive Officer effective May 23, 2022.

Dr. Paris announced the Board met with stakeholders throughout the summer to discuss the concerns regarding the restructuring of the Board's fees and opportunities for improving existing processes and procedures. He and Ms. Walker also met with representatives from Life University to discuss California curriculum and licensure requirements.

Public Comment: None.

6. Review and Possible Approval of Board Meeting Minutes

- A. April 21-22, 2022 Board Meeting
- B. May 20, 2022 Board Meeting
- C. August 4, 2022 Board Meeting

Motion: Dr. Adams moved to approve the minutes of the April 21-22, 2022, May 20, 2022, and August 4, 2022 Board meetings.

Second: Mr. Sweet seconded the motion.

Discussion: None.

Public Comment: None.

Vote: 5-0 (Dr. Paris-AYE, Dr. Adams-AYE, Mr. Sweet-AYE, Ms. Cruz-AYE, and Dr. Daniels-AYE).

Motion: Carried.

7. Ratification of Approved Doctor of Chiropractic License Applications

Motion: Mr. Sweet moved to ratify the approved doctor of chiropractic license applications.

Second: Dr. Daniels seconded the motion.

Discussion: None.

Public Comment: None.

Vote: 5-0 (Dr. Paris-AYE, Dr. Adams-AYE, Mr. Sweet-AYE, Ms. Cruz-AYE, and Dr. Daniels-AYE).

Motion: Carried.

8. Ratification of Approved Continuing Education Provider Applications

Motion: Mr. Sweet moved to ratify the approved continuing education providers.

Second: Dr. Daniels seconded the motion.

Discussion: Dr. Adams asked if the courses to be offered by these providers were known because the name of one of the applicants included “wealth management.” Ms. Van Allen replied the only information known is what is on the application and current continuing education (CE) regulations only require applicants to be a CE provider to list their name, contact information, a CE oversight contact person, and a designated representative. Dr. Adams asked if staff check whether the applicant holds a license in California. Ms. Van Allen stated that regulations do not require CE providers to be licensed.

Dr. Paris asked if the CE provider application was a fillable document that could be completed online and printed without necessitating the forms be handwritten. Ms. Van Allen answered that it depended on the user’s software but noted that most forms cannot be saved when filled.

Dr. Paris requested the CE Committee review the CE provider application process.

Public Comment: None.

Vote: 5-0 (Dr. Paris-AYE, Dr. Adams-AYE, Mr. Sweet-AYE, Ms. Cruz-AYE, and Dr. Daniels-AYE).

Motion: Carried.

9. Executive Officer’s Report and Updates on:

A. Administration, Continuing Education, Enforcement, and Licensing Programs

Ms. Walker reported that staff developed the statistics for fiscal year (FY) 2021-22, and informed the Board that staff received and reviewed 1,824 CE course applications which is slightly lower than the average of around 2,000 applications in prior years. Ms. Walker shared staff is preparing to resume CE audits starting with the July 2022 license renewals and auditing the prior three renewal years to encapsulate the COVID-19 pandemic and related waivers in a single audit.

Ms. Walker reported that while the Board is continuing to issue new licenses at a steady rate, the total licensee population continues to decline.

Ms. Walker stated the Enforcement Unit has been able to decrease the pending caseload of complaints from 511 cases at the end of FY 2020-21 to 360 cases and acknowledged the hard work by staff. She also explained 53 accusations were filed during FY 2021-22 with 107 pending disciplinary cases. She explained while this is a historical high for the Board, staff expects a significant amount of these disciplinary cases to be resolved through stipulated settlements.

Ms. Walker informed the Board that Andreia McMillen accepted a promotional position at the Department of Justice, and temporary support staff, Linda Brown, Trenton Bourdon, and Kelly Siguenza, have completed their assignments and moved on to other opportunities.

Dr. Daniels asked why there was a gap between the fees assessed and the fees collected in the enforcement statistics. Ms. Walker replied that citation payments are not always collected during the same fiscal year in which the fines were assessed.

B. Board's Budget and Fund Condition

Ms. Walker reported the Board's fund is in a better position than prior updates, with insolvency now projected to occur in FY 2024-25 instead of FY 2023-24.

Dr. Adams asked when the Board can expect the fee increases to become effective and impact the fund condition. Ms. Walker replied that if the fee increase is passed by the Legislature and signed by Governor Newsom, it would become effective on January 1, 2023. She noted the Board would not see the full impact of the fee increase until FY 2023-24 when the new fees would be in effect for a full fiscal year.

C. Business Modernization Project and Implementation of Connect System

Ms. Walker stated staff is working with DCA's Office of Information Services (OIS) to enhance the user experience and increase the system utilization rate by licensees.

D. Status of Board's Pending Rulemaking Packages

Ms. Walker reported over the summer, staff has been evaluating the language of pending rulemaking packages, working with regulatory counsel to set priorities, and preparing proposals for discussion for future committee meetings. Ms. Walker stated progress has been made on the delegation of authority, CE, and Consumer Protection Enforcement Initiative (CPEI) packages.

Public Comment: None.

Dr. Paris asked if the increase in citations was a byproduct of the COVID-19 pandemic and the related advertising issues, and why there is an increase in the number of violations in citations. Ms. Walker stated cases are submitted to chiropractic expert

consultants for review, and they identify violations based on Board regulations. She noted in violations often fall under several regulations and each regulation is detailed in the citation to educate the licensee and prevent further misconduct.

Dr. Daniels asked if licensees are aware of Connect. Ms. Walker responded that extensive outreach has not been done yet because while the Connect system is functional, it is not intuitive for users to navigate. She explained after the system enhancements have been completed, staff will notify licensees and inform them of the benefits of using the online system.

Ms. Walker suggested a future topic for the Licensing Committee to discuss sending a postcard renewal reminder with instructions on how to renew online or through a paper form, instead of mailing the paper license renewal application to each licensee. She noted many other boards have moved to this method of renewal notifications.

Dr. Daniels asked when the implementation of enhancements to Connect is expected to be completed. Ms. Walker stated implementation is estimated for November.

10. Update Discussion, and Possible Action on Legislation

- A. Assembly Bill (AB) 646 (Low) Department of Consumer Affairs: boards: expunged convictions.

Ms. Walker informed the Board that AB 646 has been held under submission at the Senate Appropriations Committee, but the Board may see similar legislation during the next session. AB 646 would have required boards within DCA to remove notice from the online license search that a person's license was revoked because the person was convicted of a crime within 90 days of received a certified copy of expungement order from the person or to post the expungement order notification if the person reapplies for licensure or has been relicensed.

- B. AB 1662 (Gipson) Licensing boards: disqualification from licensure: criminal conviction.

Ms. Walker stated AB 1662 has also been held under submission by the Senate Appropriations Committee and the Board may see it return during the next legislation session. AB 1662 would have established a process for prospective applicants for licensure to request a pre-application determination from the Board to ascertain whether their criminal history information could be cause for denial and require this process be published on the website. The Board took a position to support this bill if amended to authorize the Board to conduct a fingerprint background check as part of the pre-application determination.

C. AB 1733 (Quirk) State bodies: open meetings.

Ms. Walker stated AB 1733 will not be moving forward this year, but staff will continue monitoring for similar bills. AB 1733 would have removed the provision from the Bagley-Keene Open Meetings Act that all teleconference locations be noticed and accessible to the public and, instead, required all meetings be held via teleconference with at least one physical location provided for the public.

Moved to E. Senate Bill (SB) 189 (Committee on Budget and Fiscal Review) State Government.

Ms. Walker noted that SB 189 included provisions to extend the current teleconference allowances due to the COVID-19 pandemic to July 1, 2023. The allowances include the removal of the requirement to notice each Board members' teleconference location. This bill was signed by Governor Newsom on June 30, 2022.

D. AB 2790 (Wicks) Reporting of crimes: mandated reporters.

Ms. Walker informed the Board that AB 2790, has been held under submission in the Senate Appropriations Committee. The bill would have required health care practitioners to provide brief counseling, education, or other support, and a warm handoff as defined, or referral to local and national domestic violence or sexual violence advocacy services.

Dr. Adams stated it is not in a chiropractor's role to provide counseling and that these situations should be reported or referred to appropriately licensed and skilled professionals. Ms. Walker stated staff will monitor next year's legislation for similar bills.

Dr. Paris requested staff consult chiropractic colleges to see if students are receiving any training on counseling and to seek their opinion.

F. SB 1237 (Newman) Licenses: military service.

Ms. Walker stated SB 1237 passed on August 11, 2022 and was submitted to Governor Newsom. SB 1237 clarifies the definition of active duty for purposes of an individual called to active duty as a member of the armed forces or national guard.

G. SB 1434 (Roth) State Board of Chiropractic Examiners.

Ms. Walker stated SB 1434 was included as part of the Sunset Review process. The bill extends the Board's oversight review date by four years, modernizes the Board's directory, strengthens consumer protection by ensuring patients are properly notified of a licensee's probationary status and can make informed decisions prior to receiving chiropractic care, and updates the Board's fee schedule.

Public Comment: None.

11. Discussion and Possible Action to Address Licensees Repeating Continuing Education Courses (CCR, Title 16, sections 361-366)

Ms. Van Allen introduced the topic and requested the Board discuss whether regulatory changes are needed to CE requirements to address licensees earning credit for repeating CE courses. The Board observed that petitions for reinstatement of a revoked or surrendered license and license restoration applications, which require multiple years' worth of CE, often include the same CE course repeatedly taken to meet the number of CE hours required by the application. Ms. Van Allen asked the Board to discuss and determine the frequency and period of time allowable for a CE course to be repeated for credit and how that would apply for a licensee in good standing versus a license restoration application or petition for reinstatement.

Dr. Paris asked how often this scenario is seen in a standard annual license renewal. Ms. Van Allen responded that it is seen in 25 to 30 percent of audits; however audits have not been conducted for the past couple of years due to extensions granted during the COVID-19 pandemic. Dr. Paris asked if that figure was repeated courses within a single renewal cycle or within a multi-year period. Ms. Van Allen affirmed it is the latter.

Dr. Paris asked if staff know it is a repeated course by the course approval number. Ms. Van Allen stated course approval numbers are only valid for one year, but the CE provider and course title are the same; this is confirmed when CE course applications are compared. Additionally, the Board can audit multiple years at a time which allows staff to readily compare courses taken each renewal cycle.

Motion: Dr. Adams moved to refer the topic of repeated CE courses to the Board's Continuing Education Committee.

Discussion: Dr. Daniels asked if staff had data on repeated CE courses. Ms. Van Allen stated that data is not readily available as CE auditing is a manual process and audits have not been conducted for a couple of years due to the COVID-19 pandemic. Ms. Van Allen stated staff could begin tracking that metric and provide updates when audits resume.

Dr. Adams asked if the Connect system will ease the CE auditing process. Ms. Walker confirmed it would and noted the goal is for CE providers to upload records from each of their courses to Connect and the system will sync with the licensees' records.

Dr. Paris asked if staff were seeing hesitation by the licensees to upload and manually enter their CE certificates online. Ms. Walker indicated the Connect system has a low utilization rate which staff believe is partially caused by the CE portion of the license renewal process, which currently requires the licensee to upload each CE certificate

and input the data. Staff is working with OIS to remove this requirement to make the renewal process more efficient and increase the utilization rate.

Ms. Knight informed the Board that other health care boards have regulation stating a course cannot be repeated within a single renewal cycle.

Dr. Paris requested the motion be amended to have the CE Committee discuss the specific questions in the item memo.

Motion: Dr. Adams amended his motion and moved to refer this agenda item and its contents, including the questions posed by staff, to the Continuing Education Committee for discussion as part of the comprehensive revisions to the CE regulations.

Second: Mr. Sweet seconded the motion.

Discussion: None.

Public Comment: None.

Vote: 5-0 (Dr. Paris-AYE, Dr. Adams-AYE, Mr. Sweet-AYE, Ms. Cruz-AYE, and Dr. Daniels-AYE).

Motion: Carried.

12. Discussion and Possible Action on the Frequency and Scheduling of Board Meetings

The Board selected the following dates for its 2022-2023 Board and Committee meetings:

Public Board Meetings

October 26-27, 2022, Teleconference (Webex)

January 20, 2023, Teleconference (Webex)

April 20-21, 2023, Hybrid (Northern California and Webex)

July 20, 2023, Teleconference (Webex)

October 19-20, 2023, Hybrid (Southern California and Webex)

Licensing Committee Meetings

October 3, 2022, Teleconference (Webex)

December 9, 2022, Teleconference (Webex)

Government and Public Affairs Committee Meetings

October 4, 2022, Teleconference (Webex)

December 5, 2022, Teleconference (Webex)

Continuing Education Committee Meetings
October 6, 2022, Teleconference (Webex)
December 2, 2022, Teleconference (Webex)

Enforcement Committee Meetings
October 6, 2022, Teleconference (Webex)
December 9, 2022, Teleconference (Webex)

Public Comment: None.

13. Public Comment for Items Not on the Agenda

Public Comment: None.

14. Future Agenda Items

Public Comment: None.

15. Petition Hearing for Reinstatement of Revoked License

Administrative Law Judge Marcie Larson presided over and Deputy Attorney General Mabel Lew appeared on behalf of the people of the State of California on the following hearing:

- Thomas Michael Klassy, License No. DC 23031, Case No. AC 2009-722

16. Petition Hearings for Early Termination of Probation

Administrative Law Judge Marcie Larson presided over and Deputy Attorney General Mabel Lew appeared on behalf of the people of the State of California on the following hearings:

- A. Robert H. Glover Jr., D.C., License No. DC 27573, Case No. AC 2010-808
- B. Lance Michael Mahoney, D.C., License No. DC 32281, Case No. AC 2016-1064

17. Closed Session

The Board met in Closed Session to:

- A. Deliberate and Vote on Disciplinary Matters, including the Above Petitions, Pursuant to Government Code Section 11126, subd. (c)(3)
- B. Confer with and Receive Advice from Legal Counsel Regarding *Elizabeth Acosta v. Board of Chiropractic Examiners*, Los Angeles County Superior Court, Case No. BC698162 and *Elizabeth Acosta v. State of California, et al.*, Los

Angeles County Superior Court, Case No. BC698162, Pursuant to Government Code Section 11126, subd. (e)

18. Adjournment

Dr. Paris adjourned the meeting at 4:15 p.m.

DRAFT

(Attachment A)

**List of Approved Applications for Initial Doctor of Chiropractic Licenses
 Issued from April 1, 2022 to July 31, 2022**

| First Name | Middle Name | Last Name | License No.* | Date Issued |
|-------------------|--------------------|------------------|---------------------|--------------------|
| Joycelyn | | Nguyen | 4/14/2022 | 35129 |
| Claire | Michelle | Kassian | 4/14/2022 | 35130 |
| Alan | Scott | Fecher | 4/14/2022 | 35131 |
| Laura | Elizabeth | Woodhead | 4/14/2022 | 35132 |
| Christian | Gregory | Barresi | 4/14/2022 | 35133 |
| Steve | Baez | Hernandez | 4/14/2022 | 35134 |
| Carole | Setsuko | Yoshiwara | 4/14/2022 | 35135 |
| Alberto | Cruz | Yanez II | 5/13/2022 | 35136 |
| Justin | Pierre | Maia | 5/13/2022 | 35137 |
| Chesica | Danielle | Jones | 5/13/2022 | 35138 |
| Jordan | Pitcher | Brand | 5/20/2022 | 35139 |
| Jennifer | Delores | Robinson | 6/17/2022 | 35140 |
| Woon Min | | Yeo | 7/14/2022 | 35141 |
| Mary | Isabel | Miranda | 7/29/2022 | 35142 |
| Jesse | Aron | Yancosek | 4/12/2022 | 36327 |
| Rebecca | Khiet Hoa | La | 4/12/2022 | 36328 |
| Bradford | | Chew | 4/12/2022 | 36329 |
| Tanner | Michael | Diebold | 4/12/2022 | 36330 |
| Emma | Genevieve | Freeze | 4/12/2022 | 36331 |
| Sena | Angelina | Griffith | 4/12/2022 | 36332 |
| Adam | | Greenberg | 4/12/2022 | 36333 |
| Ryan | | Falcis | 4/12/2022 | 36334 |
| Lacey | | Mendez | 4/12/2022 | 36335 |
| Amninder | | Gill | 4/12/2022 | 36336 |
| Jacqueline | | Noborikawa | 4/26/2022 | 36337 |

| First Name | Middle Name | Last Name | License No.* | Date Issued |
|-------------------|--------------------|------------------|---------------------|--------------------|
| Jessica | Ann | Hambley | 4/26/2022 | 36338 |
| Kathryn | Anne | McCarthy | 4/26/2022 | 36339 |
| Stephanie | Ann | Harris | 4/26/2022 | 36340 |
| Frederick | Siu-Hin | Cheng | 4/26/2022 | 36341 |
| Machesney | Kreay | Thiel | 4/26/2022 | 36342 |
| Jeffrey | Scott | Keysar | 4/26/2022 | 36343 |
| Danildon | | Andres | 4/26/2022 | 36344 |
| Reed | | Barnard | 5/5/2022 | 36345 |
| Andres | Armando | Portillo | 5/5/2022 | 36346 |
| Stephanie | M | Wilson | 5/5/2022 | 36347 |
| Luke | Hyun-Wook | Choi | 5/5/2022 | 36348 |
| Yosef | Yitzchak | Stein | 5/5/2022 | 36349 |
| Kenneth | | Kwong | 5/10/2022 | 36350 |
| Chad | Lucas | Bell | 5/10/2022 | 36351 |
| Joseph | Lister | Belzil | 5/10/2022 | 36352 |
| Fuk | Sang | Wong | 5/10/2022 | 36353 |
| Christina | | Pekar | 5/10/2022 | 36354 |
| Megan | Maureen | Thoma | 5/12/2022 | 36355 |
| Trevor | Ian | Prater | 5/12/2022 | 36356 |
| Anna | | Schroeter | 5/12/2022 | 36357 |
| Kurt | | Schroeter | 5/12/2022 | 36358 |
| Blake | Joseph | Edmonson | 5/20/2022 | 36359 |
| Kurt | Howard | O'Neill | 5/20/2022 | 36360 |
| Yvonne | Yen Kim | Hua | 5/20/2022 | 36361 |
| Laura | Marie | Barnum | 5/20/2022 | 36362 |
| Rachel | Michelle | Howley | 5/20/2022 | 36363 |
| Kent | Winston | Drever | 5/20/2022 | 36364 |
| Erik | | Cabeza | 5/20/2022 | 36365 |

| First Name | Middle Name | Last Name | License No.* | Date Issued |
|-------------------|--------------------|------------------------|---------------------|--------------------|
| Thoan | | Ferguson | 5/20/2022 | 36366 |
| Reinhardt | | Henstock | 6/9/2022 | 36367 |
| Andranik | | Keshishyan | 6/9/2022 | 36368 |
| Miranda | Verlee | Given | 6/9/2022 | 36369 |
| Dominick | | Hernandez Hernandez | 6/9/2022 | 36370 |
| Joel | | Ryman | 6/9/2022 | 36371 |
| Amy | Q | Chin | 6/9/2022 | 36372 |
| Ashley | | Studimire | 6/9/2022 | 36373 |
| Daniel | Roberto | Soto | 6/9/2022 | 36374 |
| Donovan | | Smolich | 6/22/2022 | 36375 |
| Pilar-Sacha | | Harmon | 6/22/2022 | 36376 |
| Gabriel | | Yalda | 6/22/2022 | 36377 |
| Andrew | Tyler | Bown | 6/22/2022 | 36378 |
| Sarah | | O'Hara | 6/22/2022 | 36379 |
| Andrea | Elena | Schwab | 6/22/2022 | 36380 |
| Jacob | | Lilley | 6/30/2022 | 36381 |
| Michael | | Villanueva | 6/30/2022 | 36382 |
| Dalvir | | Atwal | 6/30/2022 | 36383 |
| Jenna | Rachel | Graff | 6/30/2022 | 36384 |
| Stefany | | Monroy | 6/30/2022 | 36385 |
| James | | Pitts | 6/30/2022 | 36386 |
| Daniel | Takhyun | Kim | 6/30/2022 | 36387 |
| Chi | Wa | Chan | 6/30/2022 | 36388 |
| Tanya | | Dejkunchorn | 7/20/2022 | 36389 |
| Swati | Singh | Hans | 7/20/2022 | 36390 |
| Debiante | Jabria | Mincey | 7/20/2022 | 36391 |
| Jerome | Alexis | Cortez | 7/20/2022 | 36392 |

| First Name | Middle Name | Last Name | License No.* | Date Issued |
|-------------------|--------------------|------------------|---------------------|--------------------|
| Jennifer | | Culanag | 7/20/2022 | 36393 |
| Morgan | Kathleen | Popek | 7/20/2022 | 36394 |
| Kulvir | Singh | Nijjar | 7/21/2022 | 36395 |
| Heather | | Brown | 7/21/2022 | 36396 |
| Fritz-Ulrich | | Stolle | 7/21/2022 | 36397 |
| Diana | | Shaboyan | 7/21/2022 | 36398 |
| Garrett | | Woo | 7/21/2022 | 36399 |
| Kelly | | Schweitzer | 7/21/2022 | 36400 |
| Michael | | Baba | 7/21/2022 | 36401 |
| Lorenzo | Javier | Lao | 7/21/2022 | 36402 |
| Myles | | O'Donnell | 7/26/2022 | 36403 |
| Alexis | | Griffith | 7/26/2022 | 36404 |
| Mariem | | Brakache | 7/27/2022 | 36405 |
| Eleni | Anne | LaRue | 7/27/2022 | 36406 |
| Paul | Watchara | Chivabunditt | 7/27/2022 | 36407 |
| Harjot | Kaur | Grewal | 7/27/2022 | 36408 |
| Nicholas | Todd | Teixeira | 7/27/2022 | 36409 |

*License numbers beginning with DC 36327 were issued through the Board's new Connect system.

(Attachment B)

Pending Ratification to Approve New Continuing Education Providers

| Provider Name | CE Oversight Contact Person | Provider Status |
|--|------------------------------------|------------------------|
| Douglas Gillard | Douglas Gillard | Individual |
| Makani Elizabeth Lew, DC, DACRB | Makani Lew, D.C. | Individual |
| National Chiropractic Association | John Schmidt D.C. | Corporation |
| Aristotle Continuing Education | Gregory Katsaros D.C. | Corporation |
| Accurate Medical Billing and Audit | David Martinez | Corporation |
| Legacy Wealth Management LLC | Justin Martin | Corporation |
| Functional Movement Systems, LLC | Jamie Harrill | Partnership |
| Jeanette Y Lomori, DC | Jeanette Lomori, D.C. | Individual |
| Brian Bronk, DC | Brian Bronk, D.C. | Individual |
| Forward Thinking Chiropractic Alliance | Kerri Domingo | Corporation |
| Michael D Allen | Michael D Allen | Corporation |
| Carl Alexander | Carl Alexander | Individual |
| Jennifer Santos | Jennifer Santos | Individual |
| Scott Beavers D.C. | Scott Beavers, D.C. | Individual |
| United States Olympic and Paralympic Committee | Jenna Street | Health Facility |
| SP of South Coastal CA | Melissa Bellis | Corporation |

BOARD OF CHIROPRACTIC EXAMINERS MEETING MINUTES

October 7, 2022

In accordance with the statutory provisions of Government Code section 11133, the Board of Chiropractic Examiners (Board) met via teleconference/Webex Events with no physical public locations on October 7, 2022.

Board Members Present

David Paris, D.C., Chair
Rafael Sweet, Secretary
Janette N.V. Cruz
Pamela Daniels, D.C.

Board Members Absent

Laurence Adams, D.C., Vice Chair (Excused)

Staff Present

Kristin Walker, Executive Officer
Dixie Van Allen, Licensing & Administration Manager
William Walker III, Enforcement Manager
Amanda Ah Po, Enforcement Analyst
Sabina Knight, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)

1. Open Session – Call to Order / Roll Call / Establishment of a Quorum

Dr. Paris called the meeting to order at 12:03 p.m. Mr. Sweet called the roll. Dr. Adams was excused from the meeting. All other members were present, and a quorum was established.

2. Public Comment for Items Not on the Agenda

Public Comment: Falkyn Luouxmont, a student intern, stated he has patients who return for weekly or monthly office visits, but he often finds no subluxations present, so he receives no clinical experience points because he is not performing chiropractic adjustments. Mr. Luouxmont requested the Board amend California Code of Regulations, title 16, section 331.12.2 to allow for partial clinical experience points when no adjustments are necessary during a patient visit.

3. Closed Session

The Board met in Closed Session to:

- Confer with and Receive Advice from Legal Counsel Regarding *Elizabeth Acosta*

v. Board of Chiropractic Examiners, Los Angeles County Superior Court, Case No. BC698162, Pursuant to Government Code Section 11126, subd. (e)

4. Adjournment

Dr. Paris adjourned the meeting at 12:30 p.m.

DRAFT



Agenda Item 11
October 26-27, 2022

Ratification of Approved Doctor of Chiropractic License Applications

Purpose of the Item

The Board will review and ratify the attached list of approved applications for initial Doctor of Chiropractic licenses.

Action Requested

The Board will be asked to make a motion to ratify the attached list of approved license applications.

Background

Staff reviewed and confirmed that the applicants on the attached list of approved applications for initial Doctor of Chiropractic licenses met all statutory and regulatory requirements for licensure.

Attachment

- List of Approved Applications for Initial Doctor of Chiropractic Licenses Issued from August 1, 2022 to September 30, 2022

**List of Approved Applications for Initial Doctor of Chiropractic Licenses
Issued from August 1, 2022 to September 30, 2022**

| First Name | Middle Name | Last Name | Date Issued | License No.* |
|-------------------|--------------------|------------------|--------------------|---------------------|
| Michael | | Terry | 8/25/2022 | 35143 |
| Bridget | Grace | Labus | 8/25/2022 | 35144 |
| Raisa Kristina | Tan | Cipriano | 8/25/2022 | 35145 |
| Rachel | Haley | Sanders | 8/25/2022 | 35146 |
| Daniel | Santos | Inda | 8/25/2022 | 35147 |
| Sunnynaz | | Mohammadizebarlu | 8/16/2022 | 36410 |
| Sarah | | Buonopane | 8/16/2022 | 36411 |
| Emily | | Molnar | 8/16/2022 | 36412 |
| Sophia | Anne | Grandstaff | 8/16/2022 | 36413 |
| Daniel | Buu Ngoc | Le | 8/16/2022 | 36414 |
| Nicole | Hana | Dees | 8/16/2022 | 36415 |
| Zachary | Bren'n | Kelly-Lindsey | 8/16/2022 | 36416 |
| Donald | Anthony | Silecchio | 8/16/2022 | 36417 |
| Jeffrey | | Clark | 8/16/2022 | 36418 |
| Kenneth | Hin | Lam | 8/16/2022 | 36419 |
| Jason | Edward | Valdez | 8/16/2022 | 36420 |
| Matthew | Charles | Jensen | 8/16/2022 | 36421 |
| James | Elliott | Rizer | 8/16/2022 | 36422 |
| Aanand | | Sharma | 9/8/2022 | 36423 |
| Jessica | Elizabeth | Martinez | 9/8/2022 | 36424 |
| Toni | | Campbell | 9/8/2022 | 36425 |
| Ayat | Alzaher | Moses | 9/8/2022 | 36426 |
| Asha | | Fields Brewer | 9/8/2022 | 36427 |
| Marissa | Danielle | Serna | 9/8/2022 | 36428 |
| Tyler | B | Slamans | 9/8/2022 | 36429 |
| Hilary | Alyson | Darling | 9/8/2022 | 36430 |
| Lauren | Ashley | Cortjens | 9/8/2022 | 36431 |

**Agenda Item 11
Attachment**

| First Name | Middle Name | Last Name | Date Issued | License No.* |
|-------------------|--------------------|--------------------|--------------------|---------------------|
| Glen | Anthony | Guinto | 9/8/2022 | 36432 |
| Seunghwan | | Kim | 9/8/2022 | 36433 |
| Babak | | Behmardi-Kalantari | 9/8/2022 | 36434 |
| Cassandra | Joan | Goldberg | 9/8/2022 | 36435 |
| Taylor | Nicole | Schaub | 9/8/2022 | 36436 |
| Charles | Grandson | Parker | 9/9/2022 | 36437 |
| Denicio | | Gonzalez-Drake | 9/9/2022 | 36438 |
| Kathryn | Nichole | Matlack | 9/9/2022 | 36439 |
| Sheldon | Kan Ansel | Steenhuis | 9/9/2022 | 36440 |
| Drake | | Preis | 9/9/2022 | 36441 |
| Miles | | Tsujimoto | 9/9/2022 | 36442 |
| Alford | Raymond | Highsmith | 9/9/2022 | 36443 |
| Ryan | Matthew | Garcia | 9/9/2022 | 36444 |
| Hannah | Kuar | Manhas | 9/15/2022 | 36445 |
| Nicholas | Cruz | Gomez | 9/15/2022 | 36446 |
| Aubrey | Peradilla | Mendoza | 9/15/2022 | 36447 |
| Steven | | Barham | 9/15/2022 | 36448 |
| Jon | | Burleigh | 9/15/2022 | 36449 |
| Danielle | | Geiger | 9/15/2022 | 36450 |
| Mike | | Galstyan | 9/15/2022 | 36451 |
| Allison | | Land | 9/23/2022 | 36452 |
| Rany | Raed | Mousa | 9/23/2022 | 36453 |
| Danielle | | Shefet | 9/23/2022 | 36454 |
| Parastoo | | Rashidian | 9/23/2022 | 36455 |
| Matthew | Christopher | Durant | 9/23/2022 | 36456 |

***License numbers beginning with DC 36410 were issued through the Board's Connect system.**



Agenda Item 12
October 26-27, 2022

Ratification of Approved Continuing Education Providers

Purpose of the Item

The Board will review and ratify the applications for new continuing education (CE) providers.

Action Requested

The Board will be asked to make a motion to ratify the following new CE providers:

| Provider Name | CE Oversight Contact Person | Provider Status |
|----------------------|------------------------------------|------------------------|
| Mark Algee, D.C. | Mark Algee, D.C. | Corporation |
| Mark Zuber, D.C. | Mark Zuber, D.C. | Individual |

Background

Staff reviewed and confirmed that the above CE provider applications meet all regulatory requirements for approval.

Attachment(s)

N/A – To maintain compliance with Assembly Bill 434 (Baker, Chapter 780, Statutes of 2017) [State Web accessibility: standard and reports], the Board is unable to provide scanned documents on its website. To obtain a copy of the CE provider applications through a California Public Records Act request, please email chiro.info@dca.ca.gov or send a written request to the Board's office at the address above.



Agenda Item 13
October 26-27, 2022

Executive Officer's Report and Updates

Purpose of the Item

The Executive Officer and Board staff will provide the Board with an update on:

- A. Administration, Continuing Education, Enforcement, and Licensing Programs**
- B. Board's Budget and Fund Condition**
- C. Business Modernization Project and Implementation of Connect System**
- D. Status of Board's Pending Rulemaking Packages**

Action Requested

This agenda item is informational only and provided as a status update to the Board. No action is required or requested at this time.

Attachments

1. Executive Officer's October 19, 2022 Memo to Board Members
2. Board's Organizational Chart (as of October 1, 2022)
3. Licensing Program Statistics (as of September 30, 2022)
4. Enforcement Program Statistics (as of September 30, 2022)
 - a. Enforcement Statistics Tables
 - b. Chart of Complaints Received by Case Category
 - c. Chart of Accusations Filed by Alleged Violation
 - d. July 2022 Enforcement Actions
 - e. August 2022 Enforcement Actions
 - f. September 2022 Enforcement Actions
5. Board's Fund Condition Statement (October 2022)



MEMORANDUM

**Agenda Item 13
Attachment 1**

| | |
|----------------|--|
| DATE | October 19, 2022 |
| TO | Members of the Board of Chiropractic Examiners |
| FROM | Kristin Walker, Executive Officer |
| SUBJECT | Executive Officer's Report - October 27, 2022 Meeting |

This report provides an overview of recent Board of Chiropractic Examiners (BCE) activities as of October 19, 2022.

Administration

BCE Board and Committee Meetings

The following meetings have been scheduled:

- October 25, 2022 – Continuing Education Committee
- October 26-27, 2022 – Board
- December 2, 2022 – Continuing Education Committee
- December 5, 2022 – Government and Public Affairs Committee
- December 9, 2022 – Licensing and Enforcement Committees
- January 20, 2023 – Board
- April 20-21, 2023 – Board
- July 20, 2023 – Board
- October 19-20, 2023 – Board

Business Modernization Project and Implementation of the Connect System

BCE continues to collaborate with the Department of Consumer Affairs (DCA) Office of Information Services and three other programs (California Acupuncture Board; Board for Professional Engineers, Land Surveyors, and Geologists; and Bureau for Private Postsecondary Education) in the first cohort of a Business Modernization Project to develop and implement a new application, licensing, and enforcement system known as Connect.

Through three phased software releases from September 2020 through June 2021, BCE implemented these licensing functions:

- Initial license applications (doctor of chiropractic and satellite certificates)
- License renewals (doctor of chiropractic and satellite certificates)
- Address changes and cancellation of satellite certificates
- Online payment for all other paper applications

On July 1, 2022, BCE added functionality to the system to waive the application and initial license fees for spouses of active duty members of the military who are assigned to a duty station in California and hold a current license to practice in another state, as required by [Business and Professions Code \(BPC\) section 115.5](#).

In August 2022, BCE implemented the Department of Health Care Access and Information (HCAI) health workforce data survey for licensees to complete during their electronic license renewal process, as required by [BPC section 502](#).

BCE is currently in the maintenance and operations phase of this project and has been focusing on system enhancements to:

- Increase utilization of the system by BCE licensees
- Simplify the online renewal process for doctor of chiropractic licenses
- Make the applicant and licensee dashboards easier and more intuitive for users to navigate
- Provide the ability for licensees to maintain and store their continuing education course records in the system
- Prominently display a list of BCE links and resources and direct contact information for each of BCE's units on the user dashboard

These enhancements are expected to be released in late fall 2022, and after they have been implemented, BCE will work on the development of the continuing education provider and course approval processes in the system.

Legislation Affecting the Board

[Senate Bill 1434 \(Roth, Chapter 623, Statutes of 2022\)](#) State Board of Chiropractic Examiners. This bill requires the Board to: 1) be subject to review by the appropriate policy committees of the Legislature as if the practice act was scheduled to be repealed on January 1, 2027; and 2) include the telephone numbers and email addresses of licensees in the Board's directory and require licensees to immediately notify the Board

of a change of contact information. In addition, this bill removes specified exemptions from the probation status disclosure requirement for licensees placed on probation by the Board. This bill also implements an updated fee schedule for the Board and directs the Board to submit a report to the Legislature that contains an update on the status of the Board's license fee structure and whether the Board needs to consider plans for restructuring its license fees. This bill passed on August 29, 2022, and was signed by Governor Newsom on September 27, 2022.

Proposed Regulations

Approval of Chiropractic Schools and Educational Requirements (California Code of Regulations [CCR], Title 16, Sections 330-331.16): This regulatory proposal will amend curriculum standards to ensure chiropractic colleges are aligned with the metrics identified by the accrediting body, the Council on Chiropractic Education, as well as eliminating any unduly prescriptive content that could be restrictive to the evolving nature of higher education. This rulemaking file is being developed by staff.

Continuing Education Requirements and Mandatory Cardiopulmonary Resuscitation (CPR) Certification for All Licensees (CCR, Title 16, Sections 360, 361, 362, 362.1, 362.2, 362.3, 362.4, 362.5, 363, 363.2, 363.3, 363.4, 365, and 366): This proposal will establish minimum requirements for continuing education (CE) providers, establish parameters for continuing education course approvals, and mandate CPR certification for all licensees. The goal is to protect patients by expanding the background check for continuing education providers and by aligning the mandatory course categories with the core competencies necessary for a doctor of chiropractic to safely practice in California. This proposal is being developed by the Continuing Education Committee.

Approval of CE Courses and Distance Learning (CCR, Title 16, Sections 363 and 363.1) This proposal will define and differentiate between the three learning formats for CE courses – “live and interactive courses given via electronic means,” “in-person learning experiences” and “distance learning.” In addition, this proposal will allow licensees to complete most of their CE hours online with the exception of courses in the subject area of chiropractic adjustive technique or chiropractic manipulation techniques, which must be conducted through an in-person learning experience. The proposed regulatory language for this proposal is being returned to the Board for review and discussion at the October 27, 2022 meeting.

CE Exemptions and Reduction of Requirements (CCR, Title 16, Section 364) This proposal will create a process for granting an exemption from the annual CE requirement for a licensee who provides satisfactory proof to the Board that they have been adversely affected by a natural disaster or a state or federal declared state of emergency. This proposal is planned to be presented to the Continuing Education Committee for further discussion at the December 2, 2022 meeting.

Delegation of Authority to the Assistant Executive Officer and Citation Program (CCR, Title 16, Sections 306, 389, 390, 390.3, 390.4, and 390.5): This regulatory proposal will delegate to the Assistant Executive Officer the authority to expedite enforcement and administrative functions on behalf of the Executive Officer. Additionally, this proposal will ensure consistency with Business and Professions Code section 125.9 regarding BCE's citation program and criteria established for evaluating compliance with a citation and order of abatement. BCE plans to notice this package in FY 2022-23.

Disciplinary Guidelines and Uniform Standards for Substance Abusing Licensees (CCR, Title 16, Section 384): Staff has been developing a regulatory proposal to update the *Disciplinary Guidelines and Model Disciplinary Orders* and implement the Uniform Standards for Substance Abusing Licensees, and has determined that additional changes are necessary prior to proceeding with the regulatory process. Staff is developing necessary updates and revisions to BCE's *Disciplinary Guidelines* and the proposed language to amend CCR, title 16, section 384, incorporate the revised *Disciplinary Guidelines* by reference, and implement the Uniform Standards. Staff will present this proposal to the Enforcement Committee, and ultimately the Board, for review and discussion at future meetings.

Proposals Related to Consumer Protection Enforcement Initiative (CPEI): These regulatory proposals will add or amend 12 sections of BCE's regulations to establish stricter reporting and disclosure requirements for licensees and applicants and increase BCE's enforcement authority. Staff had been working on a single CPEI regulation package and determined that additional changes are necessary to portions of the proposed language prior to proceeding with the regulatory process. To expeditiously move this proposal forward, BCE has divided this proposal into six smaller regulation packages grouped by general topic. Staff is developing each of these proposals for presentation to the Enforcement Committee, and ultimately the Board, for review and discussion at future meetings.

Record Keeping Requirements for Chiropractic Patient Records, Including Retention and Disposition of Records Upon Closure of Practice or Death/Incapacity of Licensee (CCR, Title 16, Section 318): This proposal will update the record keeping requirements to specify the necessary documentation for the patient history, complaint, diagnosis/analysis, and treatment and to differentiate between an initial patient encounter and an established patient visit. In addition, this proposal will specify the retention period and requirements for the disposition of patient records. Staff is working with the Enforcement Committee to develop this proposal.

Strategic Plan

BCE management worked with DCA's SOLID Training and Planning Solutions on preliminary activities for the development of the Board's 2022–2026 strategic plan. In March 2022, BCE distributed a survey to its external stakeholders to gather input and

perspectives about BCE's performance and environment. In addition, SOLID conducted staff focus groups and interviewed Board members and leadership to help shape the framework and agenda for the Board's strategic planning session.

SOLID compiled and analyzed the results of the survey, focus groups, and interviews and prepared an environmental scan document to assist the Board in identifying and developing objectives for its next strategic plan. On August 18, 2022, SOLID facilitated and guided a strategic planning session for Board members. The draft strategic plan will be presented to the Board for adoption during the October 27, 2022 meeting.

Continuing Education

Audits

In fiscal years 2017-18 through 2019-20, staff conducted a total of 3,456 CE audits and found 531 cases, or 15.4%, where licensees had failed to comply with the annual requirement. Audits were temporarily suspended beginning in FY 2020-21 based on the CE waivers that were issued by DCA due to the ongoing COVID-19 pandemic.

Staff is preparing to resume auditing this fall, beginning with July 2022 license renewals and covering the past three renewal cycles.

Continuing Education Course and Provider Applications

CE Course Applications

| | Jul-22 | Aug-22 | Sep-22 | Total |
|-----------------|---------------|---------------|---------------|--------------|
| Received | 174 | 244 | 131 | 549 |
| Approved | 98 | 120 | 222 | 440 |
| Denied | 1 | 0 | 3 | 4 |
| Pending | 340 | 464 | 367 | 390* |

CE Provider Applications

| | Jul-22 | Aug-22 | Sep-22 | Total |
|-----------------|---------------|---------------|---------------|--------------|
| Received | 4 | 2 | 1 | 7 |
| Approved | 0 | 16 | 0 | 16 |
| Denied | 0 | 0 | 0 | 0 |
| Pending | 16 | 2 | 3 | 7* |

*Depicts a monthly average of pending applications.

Enforcement

Expert Recruitment

The Enforcement Committee worked with staff to enhance BCE's expert witness selection criteria, standards, process, training materials, and application. Staff also compiled a sample case and obtained sample reports from three experts, and plans to use this information to create an expert report template and as a baseline to evaluate the writing samples that will be submitted by applicants.

In late fall 2022, BCE will begin the recruitment process for additional expert witnesses for the Enforcement Program with plans to finalize the selections, execute contracts with selected applicants, and conduct a training session in spring 2023.

Review of Enforcement Processes

BCE's Enforcement Unit began a project with DCA's Organizational Improvement Office (OIO) to evaluate BCE's complaint intake, desk investigation, and field investigation processes and to identify strategies that will improve productivity, reduce investigation timeframes, and provide excellent customer service to those involved in the consumer complaint process. The recommendations from this project are expected to be fully implemented throughout fiscal year 2022-23.

Licensing

Review of Licensing Processes

BCE staff has been conducting a comprehensive review of its existing paper-based licensing and CE processes to identify and remove any duplicative or unnecessary steps, improve processing timeframes, and prepare for the integration of these processes into the Connect system.

In addition, staff from each of BCE's units have been cross-trained on most of the licensing functions to better assist applicants, licensees, and members of the public who contact BCE.

Board Members (7)
 620-110-8861-901

LEGEND
 Red: **VACANT**

**CURRENT
 BCE STAFFING
 FY 2022/2023**
 Authorized Positions: 19
 Blanket Positions: 0
 Total: 19

Executive Officer
 Kristin Walker
 620-110-8862-001

Assistant Executive Officer (SSMII)
VACANT
 620-110-4801-001

Admin/Licensing/CE Manager (SSMI)
 Dixie Van Allen
 620-110-4800-008

Enforcement Manager (SSMI)
 William Walker III
 620-110-4800-006

Field Operations North
Special Investigator
VACANT
 620-110-8612-001
 Denise Robertson
 620-110-8612-002
Field Operations South
Special Investigator
 Yanti Soliman
 620-110-8612-003

Admin/Licensing/Continuing Education Unit
Admin/Policy
AGPA
VACANT
 620-110-5393-003
Licensing
AGPA
VACANT
 620-110-5393-801
SSA
 Brianna Lauziere
 620-110-5157-008
Office Technician
VACANT
 620-110-1139-009
VACANT
 620-110-1139-010
Continuing Education
SSA
 Syeda As-Salek
 620-110-5157-005

Enforcement Unit
AGPA
 Amanda (Campbell) Ah Po
 620-110-5393-001
 Christina Bell
 620-110-5393-005
 Tomoko "Tammi" Pitto
 620-110-5393-002
 Marlene Valencia
 620-110-5393-800
SSA
 Valerie James
 620-110-5157-009
Office Technician
 Susan Glover-Smith
 620-110-1139-001

 Executive Officer or Designee Date

 Personnel Analyst Date

**BOARD OF CHIROPRACTIC EXAMINERS
LICENSING TRENDS
FY 2022-23**

New Chiropractic Licenses Issued

| Month | Received | Issued |
|-----------|----------|--------|
| July | 38 | 23 |
| August | 28 | 17 |
| September | 40 | 35 |
| October | | |
| November | | |
| December | | |
| January | | |
| February | | |
| March | | |
| April | | |
| May | | |
| June | | |

Total Population of Clear Chiropractic Licenses

| Month | Total Licenses |
|-----------|----------------|
| July | 12,345 |
| August | 12,308 |
| September | 12,302 |
| October | |
| November | |
| December | |
| January | |
| February | |
| March | |
| April | |
| May | |
| June | |

Number of Restored Cancelled Licenses

| Month | Received | Issued |
|-----------|----------|--------|
| July | 2 | 2 |
| August | 3 | 5 |
| September | 1 | 2 |
| October | | |
| November | | |
| December | | |
| January | | |
| February | | |
| March | | |
| April | | |
| May | | |
| June | | |

New Satellite Office Certificates Issued

| Month | Received | Issued |
|-----------|----------|--------|
| July | 126 | 90 |
| August | 148 | 252 |
| September | 149 | 158 |
| October | | |
| November | | |
| December | | |
| January | | |
| February | | |
| March | | |
| April | | |
| May | | |
| June | | |

Corporation Registrations Issued

| Month | Received | Issued |
|-----------|----------|--------|
| July | 5 | 4 |
| August | 6 | 0 |
| September | 4 | 9 |
| October | | |
| November | | |
| December | | |
| January | | |
| February | | |
| March | | |
| April | | |
| May | | |
| June | | |

Licensing Population as of September 30, 2022

| License Type | Clear Licenses |
|------------------------|----------------|
| Doctor of Chiropractic | 12,302 |
| Satellite Offices | 4,361 |
| Corporations | 1,351 |
| Referral Services | 31 |

**BOARD OF CHIROPRACTIC EXAMINERS
ENFORCEMENT STATISTICS**

COMPLAINTS

| Description | FY 18/19 | FY 19/20 | FY 20/21 | FY 21/22 | FY 22/23* |
|--------------------------------|----------|----------|----------|----------|-----------|
| Complaints Received | 642 | 785 | 474 | 507 | 126 |
| Pending Complaints | 592 | 594 | 511 | 360 | 445 |
| Closed: No Violation | 38 | 115 | 36 | 65 | 11 |
| Closed: Insufficient Evidence | 63 | 76 | 106 | 159 | 14 |
| Closed with Merit | 56 | 65 | 45 | 32 | 1 |
| Closed: Letter of Admonishment | 62 | 279 | 6 | 24 | 1 |

CITATIONS

| Description | FY 18/19 | FY 19/20 | FY 20/21 | FY 21/22 | FY 22/23* |
|-----------------------|----------|----------|----------|----------|-----------|
| Citations Issued | 28 | 111 | 34 | 37 | 4 |
| Total Fines Assessed | \$25,200 | \$71,850 | \$48,250 | \$58,500 | \$8,500 |
| Total Fines Collected | \$29,104 | \$64,820 | \$35,635 | \$37,126 | \$17,871 |

ACCUSATIONS

| Description | FY 18/19 | FY 19/20 | FY 20/21 | FY 21/22 | FY 22/23* |
|-------------------|----------|----------|----------|----------|-----------|
| Accusations Filed | 23 | 19 | 28 | 53 | 5 |
| Pending Cases | 47 | 59 | 97 | 107 | 88 |

DISCIPLINARY CASES CLOSED

| Description | FY 18/19 | FY 19/20 | FY 20/21 | FY 21/22 | FY 22/23* |
|--------------------------------|----------|----------|----------|----------|-----------|
| License Revoked | 13 | 4 | 4 | 14 | 2 |
| Revocation Stayed: Probation | 14 | 2 | 8 | 13 | 6 |
| Rev. Stayed: Susp. / Probation | 0 | 1 | 1 | 0 | 0 |
| Voluntary Surrender of License | 15 | 5 | 5 | 13 | 1 |
| Dismissed/Withdrawn | 2 | 0 | 1 | 4 | 1 |

STATEMENTS OF ISSUES

| Description | FY 18/19 | FY 19/20 | FY 20/21 | FY 21/22 | FY 22/23* |
|-----------------------------|----------|----------|----------|----------|-----------|
| SOI Filed | 1 | 0 | 2 | 0 | 0 |
| Withdrawn | 2 | 0 | 1 | 0 | 0 |
| Denied | 1 | 1 | 1 | 0 | 0 |
| Granted | 0 | 0 | 0 | 0 | 0 |
| Probationary License Issued | 1 | 0 | 0 | 0 | 0 |

PETITIONS FOR RECONSIDERATION

| Description | FY 18/19 | FY 19/20 | FY 20/21 | FY 21/22 | FY 22/23* |
|-------------|----------|----------|----------|----------|-----------|
| Filed | 1 | 3 | 0 | 1 | 1 |
| Granted | 0 | 0 | 0 | 0 | 0 |
| Denied | 1 | 3 | 0 | 1 | 1 |

PETITIONS FOR REINSTATEMENT OF LICENSE

| Description | FY 18/19 | FY 19/20 | FY 20/21 | FY 21/22 | FY 22/23* |
|-------------|----------|----------|----------|----------|-----------|
| Filed | 3 | 8 | 5 | 3 | 1 |
| Granted | 0 | 2 | 0 | 1 | 0 |
| Denied | 8 | 5 | 1 | 7 | 1 |

PETITIONS FOR EARLY TERMINATION OF PROBATION

| Description | FY 18/19 | FY 19/20 | FY 20/21 | FY 21/22 | FY 22/23* |
|-------------|----------|----------|----------|----------|-----------|
| Filed | 1 | 1 | 1 | 2 | 0 |
| Granted | 0 | 0 | 0 | 0 | 0 |
| Denied | 1 | 2 | 1 | 3 | 0 |

PETITIONS FOR MODIFICATION OF PROBATION

| Description | FY 18/19 | FY 19/20 | FY 20/21 | FY 21/22 | FY 22/23* |
|-------------|----------|----------|----------|----------|-----------|
| Filed | 0 | 2 | 1 | 0 | 0 |
| Granted | 0 | 2 | 1 | 0 | 0 |
| Denied | 0 | 0 | 0 | 1 | 0 |

PETITIONS BY BOARD TO REVOKE PROBATION

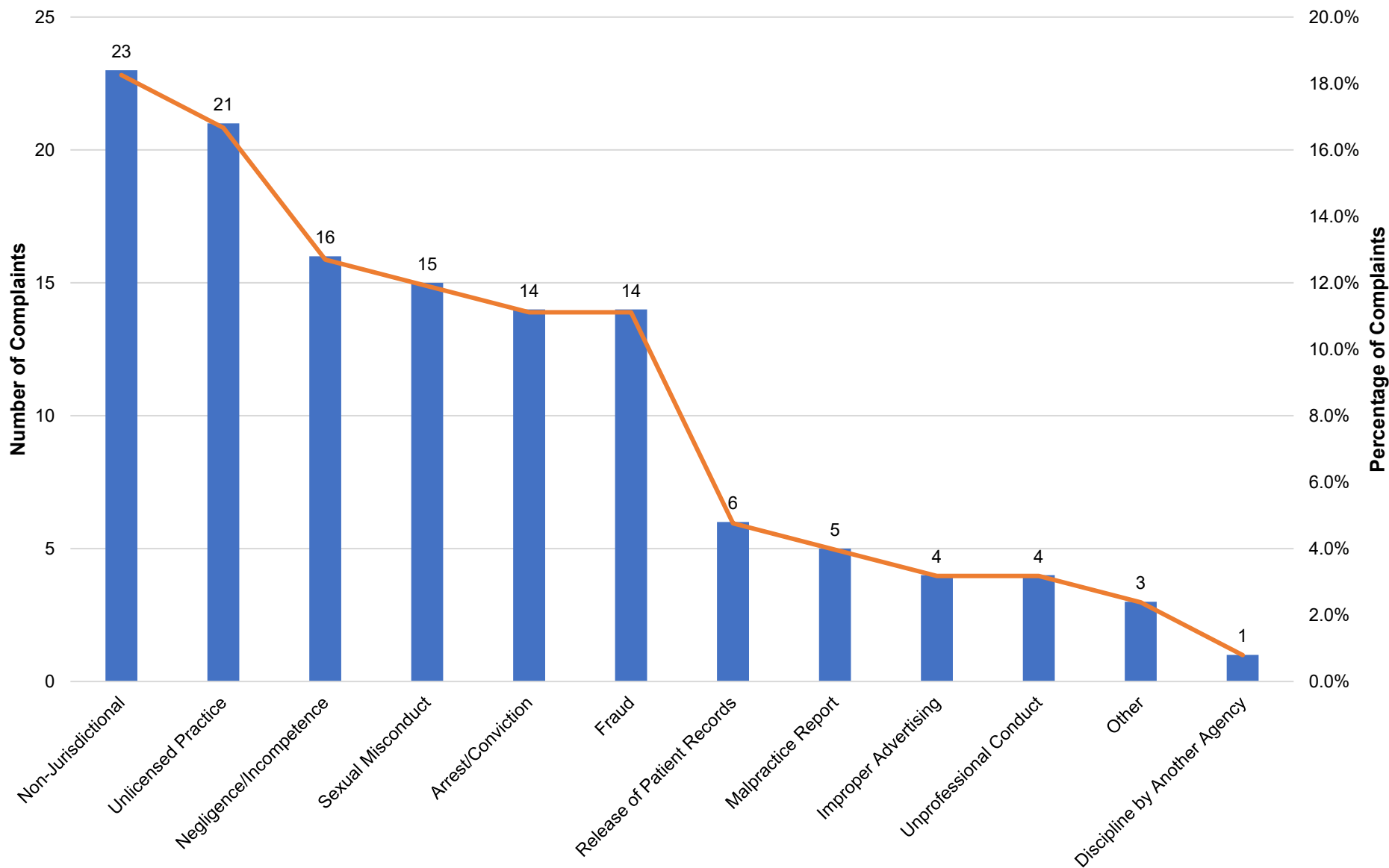
| Description | FY 18/19 | FY 19/20 | FY 20/21 | FY 21/22 | FY 22/23* |
|-----------------|----------|----------|----------|----------|-----------|
| Filed | 7 | 2 | 1 | 1 | 1 |
| License Revoked | 4 | 2 | 1 | 0 | 0 |

PROBATION CASES

| Description | FY 18/19 | FY 19/20 | FY 20/21 | FY 21/22 | FY 22/23* |
|---------------------|----------|----------|----------|----------|-----------|
| Active Probationers | 80 | 67 | 61 | 61 | 66 |

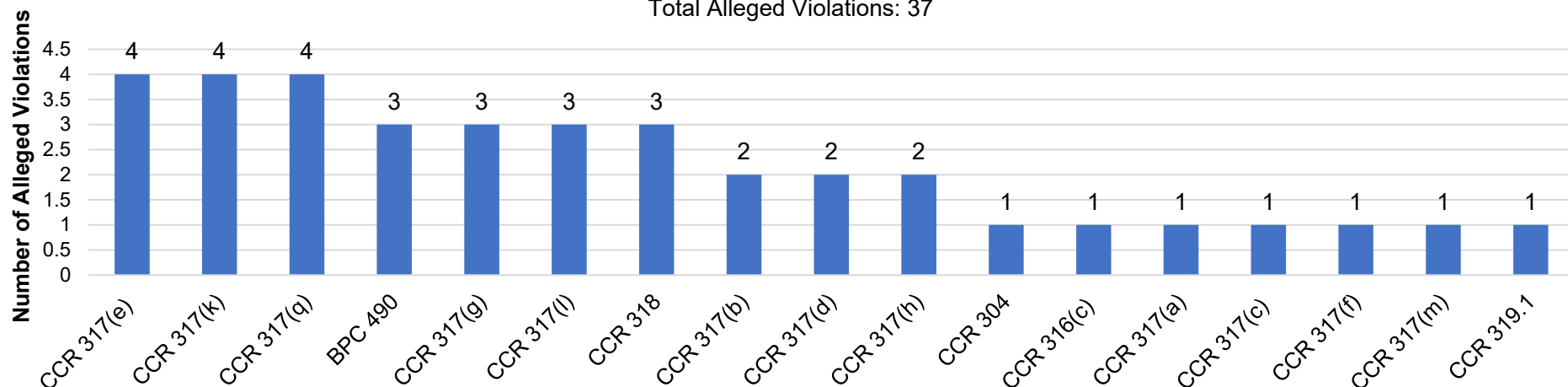
Complaints Received July 1, 2022 - September 30, 2022

(Total Number Received: 126)



Accusations Filed July 1, 2022 - September 30, 2022

Number of Accusations Filed: 5
Total Alleged Violations: 37



Violation Codes/Descriptions

- | | |
|---|---|
| BPC 490 – Conviction of a Substantially Related Crime | CCR 317(e) – Endangering the Health, Welfare, or Safety of Public |
| BPC 650 – Unlawful Referral of Patients | CCR 317(f) – Dangerous Use of Alcoholic Beverages |
| BPC 726 – Sexual Misconduct | CCR 317(g) – Conviction of Substantially Related Crime |
| BPC 810 – Insurance Fraud | CCR 317(h) – Conviction Involving Moral Turpitude, Dishonesty, Etc. |
| BPC 821 – Failure to Comply with Examination Order | CCR 317(i) – More Than One Alcohol-Related Conviction |
| BPC 822 – Impairment Due to Mental or Physical Illness | CCR 317(j) – Violation of Any Provisions of Law Regulating Dispensing or Administration of Narcotics, Dangerous Drugs, or Controlled Substances |
| CCR 303 – Filing of Addresses | CCR 317(k) – Act of Moral Turpitude, Dishonesty, or Corruption |
| CCR 304 – Discipline by Another State | CCR 317(l) – False Representation |
| CCR 308 – Display of License | CCR 317(m) – Violation of Act or Board Regulations |
| CCR 311 – False or Misleading Advertising | CCR 317(q) – Participation in Fraud or Misrepresentation |
| CCR 312 – Unlicensed Practice | CCR 317(r) – Unauthorized Disclosure of Patient Information |
| CCR 315 – Mental Illness That Affects Ability to Practice | CCR 317(s) – Employment or Use of Cappers or Steerers |
| CCR 316(a) – Responsibility for Conduct on Premises | CCR 317(t) – Compensation or Inducement for Referring Patients |
| CCR 316(b)/(c) – Sexual Misconduct | CCR 317(v) – Waiver of Copayment Without Notifying Insurer |
| CCR 317 – Unprofessional Conduct | CCR 317(w) – Failure to Refer Patient |
| CCR 317(a) – Gross Negligence | CCR 318 – Chiropractic Patient Records/Accountable Billings |
| CCR 317(b) – Repeated Negligent Acts | CCR 319.1 – Informed Consent |
| CCR 317(c) – Incompetence | CCR 367.5 – Render Services Without Corporation Certificate |
| CCR 317(d) – Excessive Treatment | |



**Agenda Item 13
Attachment 4d**

JULY 2022 ENFORCEMENT ACTIONS

ACCUSATIONS FILED

| Name and City | License No. | Date Filed | Alleged Violation(s) |
|--|-------------|------------|---|
| Hsu, Austin Dow-Lin Alhambra, CA | DC 28092 | 7/21/2022 | <ul style="list-style-type: none"> • BPC 490 and CCR 17(g) – Unprofessional Conduct: Substantially Related Criminal Conviction (Wire Fraud) • CCR 317(h) – Unprofessional Conduct: Conviction Involving Moral Turpitude, Dishonesty, or Corruption • CCR 317(k) – Unprofessional Conduct: Acts Involving Moral Turpitude and Dishonesty • CCR 317(q) – Unprofessional Conduct: Participation in Acts of Fraud and/or Misrepresentation • CCR 304 – Discipline by State of Washington Department of Health, Chiropractic Quality Assurance Commission |

DISCIPLINARY ACTIONS

| Name and City | License No. | Action | Effective Date | Violation(s) |
|---|-------------|--|----------------|---|
| Cipolone, Richard Alfred Pittsgrove, NJ | DC 13978 | Stipulated Surrender of License | 7/2/2022 | <ul style="list-style-type: none"> • N/A – Voluntary surrender of license while on probation with the Board |
| Ripley, Michael Paul Orinda, CA | DC 18934 | Stayed Revocation, Additional 2 Years' Probation | 7/2/2022 | <ul style="list-style-type: none"> • Failure to comply with the terms and conditions of probation with the Board |

| Name and City | License No. | Action | Effective Date | Violation(s) |
|---|-------------|---------------------------------------|----------------|--|
| Sinay, Elad Van Nuys, CA | DC 33682 | Stayed Revocation, 3 Years' Probation | 7/23/2022 | <ul style="list-style-type: none"> • BPC 810(a) and (b) – Insurance Fraud • CCR 317(q) – Unprofessional Conduct: Fraud or Misrepresentation • CCR 317(l) – Unprofessional Conduct: Knowing Preparation of a Document Containing a Falsehood • CCR 317(k) – Unprofessional Conduct: Commission of a Dishonest Act • CCR 318(b) – Failure to Maintain Accountable Billings |
| Andrus, John Phillip La Jolla, CA | DC 26838 | Stayed Revocation, 5 Years' Probation | 7/24/2022 | <ul style="list-style-type: none"> • CCR 317(a) – Unprofessional Conduct: Gross Negligence • CCR 317(b) – Unprofessional Conduct: Repeated Acts of Negligence • CCR 317(c) – Unprofessional Conduct: Incompetence • CCR 317(e) – Unprofessional Conduct: Conduct Endangering or Likely to Endanger Health, Welfare, or Safety • CCR 317(w) – Unprofessional Conduct: Failure to Refer • CCR 318(a)(2) and (3) – Billing for Services Not Documented/Failure to Maintain Accurate Patient Records • CCR 319.1 – Informed Consent |

FINAL CITATIONS

| Name and City | License No. | Fine Amount | Date Final | Violation(s) |
|--|-------------|-------------|------------|---|
| Ehrlich, Ken Gee Los Angeles, CA | DC 27050 | \$2,500 | 7/14/2022 | <ul style="list-style-type: none"> • CCR 317(a) – Unprofessional Conduct: Gross Negligence • CCR 317(b) – Unprofessional Conduct: Repeated Negligent Acts • CCR 317(k) – Unprofessional Conduct: Act Involving Dishonesty • CCR 317(l) – Unprofessional Conduct: False Representation • CCR 317(q) – Unprofessional Conduct: Participation in Fraud or Misrepresentation • CCR 318(a)(2), (3), (5), and (7) – Chiropractic Patient Records: Required Content • CCR 318(b) – Failure to Ensure Accountable Billings • CCR 319.1 – Informed Consent |
| Diebold, Joseph Thomas San Jose, CA | DC 31303 | \$1,500 | 7/22/2022 | <ul style="list-style-type: none"> • CCR 318(a)(7) – Chiropractic Patient Records: Required Content • CCR 318(b) – Failure to Ensure Accountable Billings • CCR 319.1 – Informed Consent • H&S 123110(b) – Failure to Transmit Copy of Patient Records Within 15 Days of Request |
| Gallagher, Thomas Alan, III Long Beach, CA | DC 21975 | \$2,000 | 7/22/2022 | <ul style="list-style-type: none"> • CCR 317(b) – Unprofessional Conduct: Repeated Negligent Acts • CCR 317(q) – Unprofessional Conduct: Participation in Fraud or Misrepresentation • CCR 318(a)(3) and (7) – Chiropractic Patient Records: Required Content • CCR 319.1 – Informed Consent |

PETITIONS FOR REINSTATEMENT OF LICENSE

No Data to Report

PETITIONS FOR EARLY TERMINATION OR MODIFICATION OF PROBATION

No Data to Report

ACT: Chiropractic Initiative Act
 BPC: Business and Professions Code
 CCR: California Code of Regulations, Title 16
 H&S: Health and Safety Code

STATEMENT OF ISSUES

No Data to Report



**Agenda Item 13
Attachment 4e**

AUGUST 2022 ENFORCEMENT ACTIONS

ACCUSATIONS FILED

| Name and City | License No. | Date Filed | Alleged Violation(s) |
|--|-------------|------------|--|
| An, Christine Jinkyong Los Angeles, CA | DC 23729 | 8/10/2022 | <ul style="list-style-type: none"> • BPC 490 and CCR 317(g) – Unprofessional Conduct: Conviction of a Substantially Related Crime (Insurance Fraud) • CCR 317(h) – Unprofessional Conduct: Conviction Involving Moral Turpitude • CCR 317(l) – Unprofessional Conduct: Knowingly Caused False/Fraudulent Claims • CCR 317(k) – Unprofessional Conduct: Acts Involving Moral Turpitude • CCR 317(m) – Unprofessional Conduct: Violating and/or Abetting Violation of the Act • CCR 317(q) – Unprofessional Conduct: Participation in Fraud or Misrepresentation • CCR 317(e) – Unprofessional Conduct: Conduct Likely to Endanger the Health, Safety, or Welfare of the Public |
| Sermeno, Nathan Michael Whittier, CA | DC 32635 | 8/11/2022 | <ul style="list-style-type: none"> • BPC 490 and CCR 317(g) – Unprofessional Conduct: Conviction of a Substantially Related Crime (DUI) • CCR 317(f) – Unprofessional Conduct: Dangerous Use of Alcohol • CCR 317(e) – Unprofessional Conduct: Conduct Likely to Endanger the Health, Safety, or Welfare of the Public |

| Name and City | License No. | Date Filed | Alleged Violation(s) |
|---|-------------|------------|--|
| Moshrefi, Behrang Riverside, CA | DC 27824 | 8/18/2022 | <ul style="list-style-type: none"> • CCR 317(b) – Unprofessional Conduct: Repeated Acts of Negligence • CCR 317(a) – Unprofessional Conduct: Gross Negligence • CCR 317(c) – Unprofessional Conduct: Incompetence • CCR 316(c) – Sexual Misconduct • CCR 317(e) – Unprofessional Conduct: Conduct Endangering Health, Safety, and Welfare of the Public • CCR 318(a)(3) – Failure to Document Diagnosis • CCR 317(k), (l), and (q) – Unprofessional Conduct: Dishonesty and Misrepresentation • CCR 317(d) – Unprofessional Conduct: Excessive Treatment |

DISCIPLINARY ACTIONS

| Name and City | License No. | Action | Effective Date | Violation(s) |
|---------------------------------------|-------------|---------------------------------------|----------------|---|
| Johnson, Bradley Goleta, CA | DC 19858 | Stayed Revocation, 3 Years' Probation | 8/20/2022 | <ul style="list-style-type: none"> • CCR 317(g) – Unprofessional Conduct: Conviction of Substantially Related Crimes (Cultivate Marijuana Over 6 Plants and Possess Marijuana For Sale) • CCR 317(j) – Unprofessional Conduct: Violation of Laws Regulating Dangerous and/or Controlled Substances • CCR 317(k) – Unprofessional Conduct: Commission of Acts Involving Moral Turpitude and Dishonesty • CCR 317(m) – Unprofessional Conduct: Violating the Provisions of the Chiropractic Act |

| Name and City | License No. | Action | Effective Date | Violation(s) |
|----------------------------------|-------------|---------|----------------|--|
| Han, Vincent Garden Grove, CA | DC 26872 | Revoked | 8/25/2022 | <ul style="list-style-type: none"> • CCR 317(g) – Unprofessional Conduct: Conviction of Substantially Related Crimes (Multiple Felony Sex Crimes Involving a Child) • CCR 317(h) – Unprofessional Conduct: Criminal Conviction Involving Moral Turpitude and Physical Violence • CCR 317(k) – Unprofessional Conduct: Commission of Acts of Moral Turpitude • CCR 317(e) – Unprofessional Conduct: Commission of Acts Endangering Public Health, Safety, and Welfare |

FINAL CITATIONS

| Name and City | License No. | Fine Amount | Date Final | Violation(s) |
|--------------------------------|-------------|-------------|------------|--|
| Krage, Robert S. Corona, CA | DC 24734 | \$2,500 | 8/6/2022 | <ul style="list-style-type: none"> • CCR 317(a) – Unprofessional Conduct: Gross Negligence • CCR 317(b) – Unprofessional Conduct: Repeated Negligent Acts • CCR 317(d) – Unprofessional Conduct: Excessive Treatment • CCR 317(p) – Unprofessional Conduct: Use of False Advertising Relating to Chiropractic • CCR 317(w) – Unprofessional Conduct: Failure to Refer • CCR 318(b) – Failure to Ensure Accurate Billings • CCR 319.1 – Informed Consent |

PETITIONS FOR REINSTATEMENT OF LICENSE

No Data to Report

PETITIONS FOR EARLY TERMINATION OR MODIFICATION OF PROBATION

No Data to Report

STATEMENT OF ISSUES

No Data to Report

ACT: Chiropractic Initiative Act
 BPC: Business and Professions Code
 CCR: California Code of Regulations, Title 16
 H&S: Health and Safety Code



**Agenda Item 13
Attachment 4f**

SEPTEMBER 2022 ENFORCEMENT ACTIONS

ACCUSATIONS FILED

| Name and City | License No. | Date Filed | Alleged Violation(s) |
|---|-------------|------------|---|
| Pomahac, Robert Roman Park City, UT | DC 28324 | 9/23/2022 | <ul style="list-style-type: none"> • CCR 317(k) – Unprofessional Conduct: Acts Involving Dishonesty • CCR 317(q) – Unprofessional Conduct: Fraud or Misrepresentation • CCR 317(l) – Unprofessional Conduct: Making or Signing Documents with False Statements • CCR 317(b) – Unprofessional Conduct: Repeated Acts of Negligence • CCR 317(d) – Unprofessional Conduct: Excessive Treatment or Diagnostic Procedures • CCR 317(e) – Unprofessional Conduct: Conduct That Endangers or is Likely to Endanger the Public • CCR 318(b) – Accountable Billings • CCR 319.1 – Lack of Informed Consent • CCR 318 – Failure to Maintain Complete Chiropractic Patient Records |

DISCIPLINARY ACTIONS

| Name and City | License No. | Action | Effective Date | Violation(s) |
|--|-------------|----------------|----------------|--|
| Tarr, Michael Henry Bend, OR | DC 26154 | Public Repeval | 9/8/2022 | <ul style="list-style-type: none"> • CCR 317(m), 318(a)(7), and 319.1 – Failure to Maintain Signed Written Informed Consent |

| Name and City | License No. | Action | Effective Date | Violation(s) |
|--|-------------|--|----------------|---|
| Abughalya, Adam Ryan Costa Mesa, CA | DC 32332 | Stayed Revocation, 5 Years' Probation | 9/11/2022 | <ul style="list-style-type: none"> • BPC 490 and CCR 317(g) – Unprofessional Conduct: Conviction of a Substantially Related Crime (Domestic Violence and Vandalism) • CCR 317(e) – Unprofessional Conduct: Endanger the Health, Welfare, or Safety of the Public • CCR 317(h) – Unprofessional Conduct: Conviction of a Crime Involving Moral Turpitude, Dishonesty, or Corruption • CCR 317(k) – Unprofessional Conduct: Engage in Acts Involving Moral Turpitude, Dishonesty, or Corruption |
| Angelopoulos, Christopher Victorville, CA | DC 32157 | Stayed Revocation, 5 Years' Probation | 9/23/2022 | <ul style="list-style-type: none"> • CCR 317(e) – Unprofessional Conduct: Committed Acts That Endangered the Public • CCR 317(f) – Unprofessional Conduct: Dangerous Use of Alcohol |
| Haselden, Jarrod Dempsey Fountain Valley, CA | DC 29129 | Revoked | 9/30/2022 | <ul style="list-style-type: none"> • CCR 317(g) – Unprofessional Conduct: Conviction of Crimes Substantially Related to the Practice of Chiropractic (Disorderly Conduct – Secretly Filming Another) • CCR 317(h) and (k) – Unprofessional Conduct: Convictions and Acts Involving Moral Turpitude or Dishonesty • CCR 317(e) – Unprofessional Conduct: Public Engagement • CCR 317(f) – Unprofessional Conduct: Dangerous Use of Drugs • CCR 317 – Unprofessional Conduct |

PETITIONS FOR REINSTATEMENT OF LICENSE

| Name | License No. | Status | Board Action/Decision |
|------------------------------|-------------|---|--|
| Stolyar, Mark Anthony | DC 26249 | License surrendered effective 5/11/2022 | Petition for reinstatement of license denied effective 9/21/2022 |

FINAL CITATIONS

No Data to Report

PETITIONS FOR EARLY TERMINATION OR MODIFICATION OF PROBATION

No Data to Report

STATEMENT OF ISSUES

No Data to Report

0152 - Board of Chiropractic Examiners Analysis of Fund Condition
(Dollars in Thousands)
2022-23 Governor's Budget with 2021-22 End of Year Actuals +Proposed Fee Increase
Effective January 1, 2023

| | PY | CY | BY | BY +1 | BY +2 |
|--|----------------|----------------|----------------|----------------|----------------|
| | 2021-22 | 2022-23 | 2023-24 | 2024-25 | 2025-26 |
| BEGINNING BALANCE | \$ 2,168 | \$ 1,752 | \$ 1,381 | \$ 1,125 | \$ 721 |
| Prior Year Adjustment | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 1 |
| Adjusted Beginning Balance | \$ 2,168 | \$ 1,752 | \$ 1,381 | \$ 1,125 | \$ 722 |
| REVENUES, TRANSFERS AND OTHER ADJUSTMENTS | | | | | |
| Revenues | | | | | |
| 4121200 - Delinquent fees | \$ 58 | \$ 57 | \$ 56 | \$ 56 | \$ 56 |
| 4127400 - Renewal fees | \$ 3,871 | \$ 4,016 | \$ 4,157 | \$ 4,157 | \$ 4,157 |
| 4129200 - Other regulatory fees | \$ 121 | \$ 110 | \$ 124 | \$ 124 | \$ 124 |
| 4129400 - Other regulatory licenses and permits | \$ 428 | \$ 517 | \$ 616 | \$ 616 | \$ 616 |
| 4163000 - Income from surplus money investments | \$ 8 | \$ 16 | \$ 17 | \$ 11 | \$ 2 |
| 4171100 - Other Revenue Cost Recoveries | \$ 4 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| 4171400 - Escheat of unclaimed checks and warrants | \$ 4 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| 4172500 - Miscellaneous revenues | \$ 20 | \$ 1 | \$ 1 | \$ 1 | \$ 1 |
| 4173500 - Settlements and Judgements - Other | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Totals, Revenues | \$ 4,514 | \$ 4,717 | \$ 4,971 | \$ 4,965 | \$ 4,956 |
| TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS | \$ 4,514 | \$ 4,717 | \$ 4,971 | \$ 4,965 | \$ 4,956 |
| TOTAL RESOURCES | \$ 6,682 | \$ 6,469 | \$ 6,352 | \$ 6,090 | \$ 5,678 |
| Expenditures: | | | | | |
| 1111 Department of Consumer Affairs Regulatory Boards, Bureaus, Divisions (State Operations) | \$ 4,548 | \$ 4,624 | \$ 4,763 | \$ 4,906 | \$ 5,053 |
| 9892 Supplemental Pension Payments (State Operations) | \$ 85 | \$ 85 | \$ 85 | \$ 85 | \$ 85 |
| 9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations) | \$ 297 | \$ 379 | \$ 379 | \$ 379 | \$ 379 |
| TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS | \$ 4,930 | \$ 5,088 | \$ 5,227 | \$ 5,370 | \$ 5,518 |
| FUND BALANCE | | | | | |
| Reserve for economic uncertainties | \$ 1,752 | \$ 1,381 | \$ 1,125 | \$ 721 | \$ 160 |
| Months in Reserve | 4.1 | 3.2 | 2.5 | 1.6 | 0.3 |

NOTES:

Assumes workload and revenue projections are realized in BY +1 and ongoing.
Expenditure growth projected at 3% beginning BY +1.
Expenditures General Salary 4.55% increase.
Assumes interest rate is 1.5%
Assumes no payment to the VIRF loan.
Outstanding VIRF loan balance of \$1,448,000.



**Agenda Item 14
October 26-27, 2022**

Licensing Committee Report

Purpose of the Item

The Board will:

- A. Receive an update from Committee Chair Pamela Daniels, D.C. on the October 3, 2022 Licensing Committee meeting; and
- B. Review, discuss, and possibly act on the submission of comments regarding proposed revisions to the Council on Chiropractic Education (CCE) Accreditation Standards and CCE Residency Program Accreditation Standards.

Action Requested

The Board will be asked to consider the Committee's recommendation for the submission of comments regarding proposed revisions to CCE Accreditation Standards and CCE Residency Program Accreditation Standards and make a motion to submit the identified areas of interest as public comments to CCE.

Background

The Committee met by teleconference (Webex) on October 3, 2022, and discussed the following items:

Application for New Chiropractic College Approval by Keiser University – College of Chiropractic Medicine (KUCCM)

The Committee reviewed the application for New Chiropractic College Approval submitted by KUCCM and found the following deficiencies or discrepancies:

1. KUCCM does not have physiology labs or 660 hours of "true" electives. (California Code of Regulations [CCR], title 16, section 331.12.2(b) and (c))
2. KUCCM does not currently quantify 250 patient treatments, written interpretation of at least 30 x-ray views, or 518 hours of practical clinical experience. (CCR, title 16, section 331.12.2(b) and (e)(2-4))
3. The current graduate catalog and course syllabi state students must attend 80% of classes in order to be considered to sit for the final examination(s). CCR, title 16, section 331.11(f) requires presence in class at least 90% of the time to obtain credit for a course unless evidence of illness or other excusable reasons can be submitted.

4. KUCCM does not offer clinical experience in psychological counseling. (CCR, title 16, section 331.12(e))

Board staff is in the process of obtaining responses and clarification from KUCCM on these issues, and plans to bring this item back to the Licensing Committee at a future meeting.

Existing Requirements for Filing Practice Addresses with the Board and Displaying Licenses or Satellite Certificates at Places of Practice (CCR, Title 16, Sections 303 and 308)

The Committee discussed the Board's existing requirements for filing practice addresses and displaying licenses or satellite certificates at places of practice and compared those requirements to other healing arts boards. The Board's current regulations do not define a "place of practice" or address temporary practice settings, such as locum tenens arrangements, sporting events or fairs, mobile practices, house calls, or consultations at other facilities. Licensees currently are not required to file the name of their place of practice with the Board unless they have an established chiropractic corporation; this makes it challenging for the public to readily access information regarding chiropractic practices.

The Committee discussed various options to address the identified issues and determined the first step is to define the different terms of practice in regulation. The Committee directed staff to draft the definitions of place of practice, mobile chiropractic, and temporary practice settings. Board staff will present these definitions to the Committee for review and discussion at a future meeting.

Public Comment on Non-Agenda Item

During public comment session, the Committee received written and verbal public comments from Falkyn Luouxmont, a student intern, who requested the Board consider amending CCR, title 16, section 331.12.2, subd. (e)(2), to allow chiropractic students to receive partial credit for patient treatments or visits where no subluxation is identified, such as when utilizing the protocol of the National Upper Cervical Chiropractic Association (NUCCA).

Submission of Comments Regarding Proposed Revisions to CCE Accreditation Standards and CCE Residency Program Accreditation Standards

CCE is conducting a 60-day public comment period through October 31, 2022, regarding proposed revisions to the CCE Accreditation Standards and CCE Residency Accreditation Standards.

The Committee reviewed and discussed the proposed revisions at this meeting and identified three areas of interest regarding the CCE Accreditation Standards:

Licensing Committee Report
October 26-27, 2022
Page 3

1. The proposed revisions indicate that the “Examples of Evidence” within the requirements for doctor of chiropractic degree educational programs are being removed from the accreditation standards and will be published in a guidance document.
2. Within Meta-Competency 1 (Assessment & Diagnosis), the phrase “perform a case-appropriate examination” is used within Curricular Objective C and Outcome 2, but the term “case-appropriate examination” is not clearly defined.
3. Within Meta-Competency 2 (Management Plan), in addition to training students to “Determine the need for emergency care, referral, and/or collaborative care,” students should also be trained in emergency procedures and the risks and complications of chiropractic care. In addition, the outcomes for this meta-competency should include that students are able to demonstrate their knowledge of red flags and how to proceed in emergency situations and/or when red flags have been identified.

At this meeting, the Board is asked to review and discuss the proposed revisions to the accreditation standards and consider a motion to submit a public comment to CCE on these revisions.

Attachments

1. October 3, 2022 Licensing Committee Notice and Agenda
2. CCE Proposed Standards – Summary of Revisions
3. Proposed Revisions to the CCE Accreditation Standards (Track Changes Version)
4. Proposed Revisions to the CCE Residency Accreditation Standards (Track Changes Version)



NOTICE OF TELECONFERENCE LICENSING COMMITTEE MEETING

Committee Members

Pamela Daniels, D.C., Chair
Janette N.V. Cruz

The Board of Chiropractic Examiners' (Board) Licensing Committee will meet by teleconference on:

**Monday, October 3, 2022
12:00 p.m. to 2:00 p.m.**
(or until completion of business)

The Committee may take action on any agenda item.

Note: Pursuant to the statutory provisions of Government Code section 11133, neither a public location nor teleconference locations are provided. Due to potential technical difficulties or time constraints, members of the public may also submit written comments to the Board on any agenda item by Thursday, September 29, 2022. Written comments should be directed to chiro.info@dca.ca.gov for Board consideration.

Important Notice to the Public: The Committee will hold a public meeting via Webex Events. To access and participate in the meeting, please click on, or copy and paste into a URL field, the link below:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=mf530425c59b629a7b195cab166b01dbd>

If joining using the link above

Webinar number: 2492 173 3516
Webinar password: BCE10032022

If joining by phone

+1-415-655-0001 US Toll
Access code: 249 217 33516
Passcode: 22310032

Instructions to connect to the meeting can be found at the end of this agenda.

AGENDA

- 1. Call to Order / Roll Call / Establishment of a Quorum**
- 2. Update on Board's Licensing Program**

3. **Review, Discussion, and Possible Recommendation Regarding Submission of Comments Regarding Proposed Revisions to Council on Chiropractic Education (CCE) Accreditation Standards and CCE Residency Program Accreditation Standards**
4. **Review, Discussion, and Possible Recommendation Regarding the Application for New Chiropractic College Approval by Keiser University - College of Chiropractic Medicine**
5. **Review, Discussion, and Possible Recommendation Regarding Existing Requirements for Filing Practice Addresses with the Board and Displaying Licenses or Satellite Certificates at Places of Practice (California Code of Regulations, Title 16, Sections 303 and 308)**

6. **Public Comment for Items Not on the Agenda**

Note: Members of the public may offer public comment for items not on the agenda. However, the Committee may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7(a).]

7. **Future Agenda Items**

Note: Members of the Committee and the public may submit proposed agenda items for a future Committee meeting. However, the Committee may not discuss or take action on any proposed matter except to decide whether to place the matter on the agenda of a future meeting. [Government Code Section 11125.]

8. **Adjournment**

This agenda can be found on the Board's website at www.chiro.ca.gov. The time and order of agenda items are subject to change at the discretion of the Committee Chair and may be taken out of order. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Committee prior to it taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Committee, but the Committee Chair may, at their discretion, apportion available time among those who wish to speak. Members of the public will not be permitted to yield their allotted time to other members of the public to make comments. Individuals may appear before the Committee to discuss items not on the agenda; however, the Committee can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125 and 11125.7(a)).

This meeting is being held via Webex Events. The meeting is accessible to individuals with disabilities. A person who needs a disability-related accommodation or modification to participate in the meeting may make a request by contacting the Board at:

Telephone: (916) 263-5355

Email: chiro.info@dca.ca.gov

Telecommunications Relay Service: Dial 711

Mailing Address:

Board of Chiropractic Examiners

1625 N. Market Blvd., Suite N-327

Sacramento, CA 95834

Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.

Council on Chiropractic Education (CCE)[®]

Proposed Standards – Summary of Revisions

Section 1: CCE Principles and Processes of Accreditation

- CCE is recognized by the US Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA)
- CCE staff consulted with a higher education expert/legal counsel to align Section 1 with USDE requirements and CHEA guidelines
- Throughout Section 1, the term “reaffirmation” is eliminated and replaced with “continued” accreditation to align to the language found in USDE and CHEA guidelines.
- Additionally, changes in Section 1 include clarifying language and changes in wording, recommended by our accreditation legal expert, in consideration of changes in USDE CFR 602

Section 1: II.B-C

- In these sections pertaining to *Application for Continued Accreditation* and *Processes of Accreditation*, there are numerous areas where the term “reaffirmation” is replaced with “continued” accreditation, to align to the language found in USDE and CHEA guidelines.

Section 1: II.C: Process of Accreditation

- In this section, regarding *Process of Accreditation*, several section headers were added to describe the steps in the accreditation process; from the *Council Status Meeting* with the program, to the Council’s process of reviewing a self-study, the site team’s report, the program’s response to the site team report, to the Council’s accreditation decision, which will lead to the next comprehensive review cycle.

Section 1: II.D-F Additional Reports and Visits – Interim and Focused Site Visits

- In this section regarding *Additional Reports and Visits*, *Interim and Focused Site Visits*, and *Progress Review Meeting*, language was carried over from the *Comprehensive Site Visit* section with regard to providing the program with the opportunity to respond to the site team report, which is consistent across comprehensive, interim, and focused site visit processes.

Section 1: III. Accreditation Actions

- Added language regarding notifying the program of findings of noncompliance for consistency throughout the document.

Section 2: Introduction

- At the July 2022 meeting the Council recommended the removal of “*Examples of Evidence*” from Section 2 of the Standards, and to move the “*Examples of Evidence*” to a Guidance document
- The rationale for this change was derived from the feedback received from both programs and site team members that indicates some mis-interpretation, for example, whether the “*Examples of Evidence*” represent required evidence, which they do not.
- Therefore, a Guidance document will be developed in the future in lieu of having the “*Examples of Evidence*” in the Standards and provided on our website for program use and reference.

Section 2: Process/Overview:

- The Council Chair appointed two (2) workgroups to develop recommendations to the SRTF on areas related to 1) Student Outcomes and 2) Diversity Equity, and Inclusion.
- CCE Staff collected data from approximately 21 programmatic & institutional accreditors, those with recognition from USDE and others with only CHEA recognition, for review/analysis by each Workgroup.

- The Student Outcomes Workgroup also conducted a program survey re student and program outcomes, to include specific questions about the DCP completion rates, NBCE and CCEB success rates, licensure and employment data collections, and feedback on the meta-competency curricular objectives and outcomes.
- Survey responses were collected from program deans, chief academic officers, presidents, and accreditation liaisons. These data were reviewed by the SOW and incorporated in their recommendations to the SRTF.
- Then, the SRTF was divided into three (3) sub-committees to review each of the Standards, A-J.
- Each of the sub-committees reviewed data from approximately 21 programmatic accreditors to compare requirements for each Standard, and reviewed feedback on the Standards collected from site team members and program personnel over the last 4 years.
- The changes presented in DRAFT 1 of the Standards, are the product of the analysis of qualitative and quantitative data from multiple sources and the collective work of these workgroups and sub-committees, in addition to the Council.

Standard A.1-2: Mission & Planning

- CCE is a programmatic accreditor; and in reviewing the requirements and standards of other programmatic accreditors, the SRTF sought to remove institutional requirements and to add clarifying language that focuses on the DCP; this shift from an institutional focus to a programmatic focus, occurs throughout the Standards.
- The changes in the bold language of Standard A and under the A.2 Planning sub-component, clarifies that these requirements pertain to the *DCPs* mission, planning, and goals/objectives, not an institutional mission or institutional planning, as these areas will be reviewed by the programs' Institutional Accreditor.
- References to assessment of student learning were removed from the Planning section, since this is covered in more detail under A.3 Program Effectiveness
- Additional language was added to planning, to specify that planning processes are *informed by performance results and data analysis to identify program goals and objectives*.

Standard A.3-4: Program Effectiveness & Student Outcomes

- The changes in A.3 *Program Effectiveness* and A.4 *Student Outcomes*, were recommended by the Student Outcomes Workgroup, based on the program survey results, feedback from team members, and a review of the requirements of other programmatic accreditors.
- The changes provide more direction to programs on required Program Effectiveness (PE) metrics, especially to demonstrate data analyses and review that informs program improvement activities/program changes.
- Program effectiveness metrics provide a global/comprehensive evaluation of the DCP that includes assessment of student learning, and is not limited to NBCE performance.
- Standard A.3 broadly allows for a variety of academic and non-academic measures; however, the new language requires program effectiveness metrics to include program-level student learning outcomes and the achievement of the MCOs, as related the program's learning outcomes/objectives and the required learning outcomes in Standard H.
- This ties or links elements of A.3 program effectiveness to elements of Standard H, because program effectiveness/assessment measures and monitors the *program's* performance, and a central component of the program is student learning and the achievement of the MCOs.
- Another new addition in this section requires the programs to measure *retention or attrition rates*, in addition to the DCP completion rate and NBCE/CCEB/licensure rates.
- The changes to A.4 Student Outcomes, reiterates the requirements outlined in CCE Policy 56 re the thresholds and required publication of these outcomes; this links Policy 56 to the Standards, so this area is addressed in the program's self-study, during the site visit, and Council's review processes.

Standard B: Ethics & Integrity

- Changes to Standard B: *Ethics & Integrity*, include the removal of references to the institution or institutional-level items, such as the governing body. Again, this this focusing the CCE Standards on the program and not duplicating the requirements of the institutional accreditor.
- Additional changes, were the removal of language that didn't state a requirement or items that are difficult to evidence, such as "manifest". The changes to this Standard focus on the *policies and procedures* related to ethics and integrity, across the program.

Standard C: Administration

- Based on the review 21 other programmatic-accreditors' standards, changes were made to focus Standard C: *Governance & Administration* from institutional to programmatic requirements.
- *Governance* was wholly removed, so Standard C becomes *Administration*;
- And *Administration* is focused on the administrative structure of the DCP.
- The last paragraph was removed b/c it was redundant to the first line under *Administration*, that outlines the requirements for "*The administration and administrative structure to promote and facilitate the achievement of the DCP mission, allocate resources adequate to support and improve the program, and to assess the effectiveness of the DCP.*"

Standard D: Resources

- "Human" resources were removed from both the Bold language and as the sub-component, D.3, b/c "human resources" is already an existing component/requirement under the Standards for Administration, Faculty, and Student Services.
- References to "strategic" planning were removed b/c strategic planning may occur at the institutional level vs. program-level planning, (this is a carry-over from changes under A.2: Planning)
- Changes to the language in D1 *Financial*, focus on financial resources and fiscal responsibility of the DCP vs. the institution, including the removal of items related to the institutional-level financial audits.
- D2 *Learning Resources*: broadly captures 'learning resources' and eliminates duplicate references to student services found under Standard F.
- Changes to D4 *Physical*, seek to remove items that were specific/prescriptive examples, since many other items are not specifically listed. Broadly stating the requirements of the Standard allows the DCPs to address this based on their structure and environment.
- This section, contains one of the few instances where an *institutional* requirement is maintained, b/c in a university structure, the institution often manages or allocates the physical resources for a DCP.

Standard E: Faculty

- The Diversity Equity Inclusion (DEI) Workgroup reviewed approximately 21 other programmatic accreditors standards, along with higher education publications on the topic of Diversity, Equity & Inclusion.
- New requirements in the area of Diversity, Equity & Inclusion are incorporated in this standard
- The other changes to this Standard reflect the re-arrangement of items to better fit the sub-components of 1) Attributes; 2) Expectations; 3) Evaluation
- Duplicate requirements, such as research & scholarship and ethics were removed, b/c these are covered under Standards B (Ethics & Integrity) and I (Research & Scholarship).

Standard F: Student Support Services

- The Diversity Equity Inclusion (DEI) Workgroup added requirements to this Standard
- "Campus safety" was removed b/c institutional accreditors monitor policies and procedures related to the Clery Act and campus crime reporting
- Other changes included the removal of areas that are difficult to measure/evidence, such as "broad based commitment" and replace this with language that requires the DCP to use data from student support service metrics/measures to *inform program improvements*.

Standard G. Student Admissions

- The Bold language Standard G. *Student Admissions* includes minor word edits to improve clarity. Many of these changes were direct feedback from programs and site team members.
- The Diversity Equity Inclusion (DEI) Workgroup added requirements in section G.1: *Alignment with Program*, to address this area.

Standard H.1-2: Curriculum, Competencies and Outcomes Assessment

- Based on feedback from programs and site team members, the SRTF thoroughly reviewed Standard H to identify all the references to the “meta-competencies”, and clarified if the reference was to the meta-competency curricular objectives or the meta-competency outcomes.
- Additional changes throughout Standard H were made to provide more clarity on the meta-competency curricular objectives and the meta-competency outcomes
- Under H.1 *Curricular Content and Delivery*, the DEI Workgroup recommended additional language
- The section regarding *DCP-managed clinic site, or at DCP-approved external sites*, was moved from H.1 to H.2.
- Under H.2: *Assessment of Learning Outcomes and Curricular Effectiveness*, key points are incorporated into the Standard to provide specific guidance in best practices in the assessment of clinical competency.
- The section related to utilization of the student learning assessment data, was shortened as elements related to ‘*utilizing aggregate student learning data and the meta-outcomes*’ are now specified under A.3 Program Effectiveness where it has ties to program planning and resource allocation.

Standard H.3: Quality Patient Care

- Feedback from programs and site team members indicated a wide-range of interpretations of H.3 *Quality Patient Care*
- In comparing the Standards of other programmatic accreditors, the Council found that some standards relating to quality patient care clearly outlined the specific elements for a quality assurance system, so, these specific elements and the format were incorporated in this standard.

Meta-Competency 1-5: ASSESSMENT & DIAGNOSIS; MANAGEMENT PLAN; HEALTH PROMOTION AND DISEASE PREVENTION; COMMUNICATION AND RECORD KEEPING; PROFESSIONAL ETHICS AND JURISPRUDENCE:

- As a general overview, these Meta-Competencies were revised to eliminate overlaps/redundancies; and also clarify what needs to be measured in the MCOs

Meta-Competency 6: ~~Information & Technology Literacy~~ CULTURAL COMPETENCY

- Info & Tech Lit were reviewed and most items were folded into other MCs, paving the way for a new MC 6, *Cultural Competency*, as recommended by the DEI Workgroup
- The DEI Workgroup felt strongly that there was a need for the addition of a cultural competency meta-competency to allow for student outcomes in this area. The recommendation is made in such a way as to minimize changes in mapping for programs.
- Cultural competency includes the knowledge, skills, and core professional attributes needed to provide care to patients with diverse values, beliefs and behaviors, including the tailoring of health care delivery to meet patients' social, cultural and linguistic needs. This competency requires the acknowledgement of the importance of culture, recognizing the potential impact of cultural differences, and adapting services to meet unique needs of patients in an effort to reduce disparities in healthcare delivery.
- This new Meta=Competency includes two Curricular Objectives and two Outcomes.

Meta-Competency 7: CHIROPRACTIC ADJUSTMENT/MANIPULATION:

- No changes recommended in this area

Meta-Competency 8: INTER-PROFESSIONAL EDUCATION:

- Minor recommendations to clarify what needs to be measured in the MCOs

Meta-Competency 9: ADJUNCTIVE TREATMENT:

- Newly added MC 9, Adjunctive Treatment, to...

Standard I. Research & Scholarship

- In the Bold language of Standard I, the reference to strategic planning is removed, again, b/c strategic planning may be an institutional-level element vs. program-level terminology.
- Under the sub-components sections 1) *Scope*; 2) *Support*; and 3) *Outcomes*, many of the requirements were simply re-arranged to better fit with each of these sub-components.
- Also, “Support” was moved above “Outcomes” for a more logical sequencing.
- Additional changes, such as the removal of the definitions for *Discovery*, *Application*, *Integration*, and *Teaching* were replaced with “*research and scholarship as defined by the DCP*”, to be less prescriptive in this area.

Standard J: Service

- In reviewing the standards for 21 other programmatic-accreditors, the SRTF found that none of the agencies have a stand-alone standard for *Service*; references to service requirements, if any, were included under the requirements for faculty members.
- In addition, feedback from programs and site team members indicated that the expectations for *service* were so broadly written in the CCE Standards that it was difficult to determine if a program had met specific requirements;
- Therefore, the SRTF eliminated this Standard entirely.

Standard K: Distance or Correspondence Education

- Standard K was modified in Spring of 2021 and approved by the Council in July 2021.
- The 2021 changes to the standards for *Distance or Correspondence Education* were guided by our higher education expert/legal counsel to align with recent changes to the USDE requirements in this area.
- As such, the SRTF did not make any new or additional changes to Standard K.



THE COUNCIL ON CHIROPRACTIC EDUCATION

CCE Accreditation Standards

Principles, Processes & Requirements
for Accreditation

September 1, 2022 Proposed Revisions
to the CCE Accreditation Standards
(Track Changes Version)

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Foreword

This document presents the process and requirements for The Council on Chiropractic Education (CCE) accreditation of Doctor of Chiropractic degree programs (DCPs) within the U.S., and equivalent (as determined by CCE) chiropractic educational programs offered outside the U.S., in accordance with CCE's Mission. CCE accreditation relies on a peer-review process that is mission driven, evidence informed, and outcome based. The attainment of CCE accreditation provides a DCP with expert evaluation and recommendations for improvement. Accreditation provides assurances of educational quality and institutional integrity to governments, jurisdictional licensing and regulatory bodies, institutions, professional organizations, students, other accrediting agencies, and the public at large.

The CCE is an autonomous, programmatic specialized accrediting agency. It is recognized by the United States Department of Education and the Council for Higher Education Accreditation to accredit programs leading to the Doctor of Chiropractic degree. The Council administers the process of accreditation, renders accreditation decisions, and establishes bylaws, policies, procedures, and accreditation requirements.

The purpose of CCE is to promote academic excellence and to ensure the quality of chiropractic education. The CCE values educational freedom and institutional autonomy. The CCE does not define or support any specific philosophy regarding the principles and practice of chiropractic, nor do the CCE *Standards* support or accommodate any specific philosophical or political position. The *Standards* do not establish the scope of chiropractic practice. They specify core educational requirements but do not otherwise limit the educational process, program curricular content, or topics of study. The processes of accreditation are intended to encourage innovation and advancement in educational delivery.

Accreditation requirements focus on student learning outcomes that prepare DCP graduates to serve as competent, caring, patient-centered, and ethical doctors of chiropractic/chiropractic physicians qualified to provide independent, quality, patient-focused care to individuals of all ages and genders by: 1) providing direct access, portal of entry care that does not require a referral from another source; 2) establishing a partnership relationship with continuity of care for each individual patient; 3) evaluating a patient and independently establishing a diagnosis or diagnoses; and, 4) managing the patient's health care and integrating health care services including treatment, recommendations for self-care, referral and/or co-management.

The CCE systematically monitors the adequacy and relevance of the accreditation requirements to substantiate their validity and reliability in measuring DCP effectiveness. The accreditation process is periodically assessed to ensure consistency and proficiency in certifying the quality and integrity of DCPs. CCE employs processes and practices that satisfy due process.

The CCE publishes a list of accredited DCPs and informs its stakeholders and the public regarding the accreditation requirements and process. Communications with the public regarding specific accreditation actions are appropriately transparent, taking into consideration applicable laws and practices (including rights to privacy) and the integrity of the accreditation process. CCE policy references in these *Standards* are not all inclusive and may be delineated in other CCE publications. They are intended only to assist the reader for quick reference.

CCE Mission Statement

Mission

To ensure the quality and integrity of doctor of chiropractic and residency programs.

Values

The Council on Chiropractic Education is recognized by the United States Department of Education and the Council for Higher Education Accreditation as the accrediting body for chiropractic programs. In fulfilling its Mission and the requirements of these oversight agencies, the CCE is committed to the following values:

- **Integrity** as the foundation in all interactions
- **Accountability** to students and the public
- **Collaboration** in community of people with a culture of respect
- **Quality** as informed by the use of evidence
- **Improvement** to advance excellence

Section 1 – CCE Principles and Processes of Accreditation

I. Accreditation by CCE

The role of accreditation as defined by the US Department of Education is to provide assurance of quality and integrity to stakeholders. CCE accreditation of Doctor of Chiropractic Programs (DCPs) promotes the highest standards of educational program quality in preparing candidates for licensure, advocating excellence in patient care, and advancing and improving the chiropractic profession and its practitioners. The CCE acknowledges that DCPs exist in a variety of environments, distinguished by differing jurisdictional regulations, demands placed on the profession in the areas served by the DCPs, and diverse student populations. CCE accreditation is granted to DCPs deemed by the Council to comply with the eligibility requirements and requirements for accreditation.

CCE accreditation standards serve as indicators by which DCP's are evaluated by peers. They are designed to guide programs in a process of self-reflection and serve as a framework for improvement as well as a threshold for initial ~~accreditation~~ and ~~reaffirmation of~~ continued accreditation.

The Council specifically reviews compliance with all accreditation requirements.

- It is dedicated to consistency while recognizing program differences in mission, in the strategies adopted and evidence provided to meet these requirements.
- It bases its decisions on a careful and objective analysis of all available evidence.
- It follows a process that is as transparent as possible, honoring the need for confidentiality when appropriate.
- It discloses its final decisions to appropriate authorities and the public, ~~as well as to other appropriate authorities~~, in accordance with CCE Policy 111.

While it is the responsibility of the DCP to demonstrate and maintain compliance with the standards, CCE provides assistance through training, guidance contained in written materials provided to the DCP and published on its website, and through formal meetings with program leadership as part of the accreditation process. ~~The Council provides information and assistance to any DCP seeking accreditation, in accordance with CCE policies and procedures.~~

II. Process of Accreditation for a DCP

Any DCP seeking to achieve or maintain CCE accredited status must apply for such status, and provide evidence that the DCP meets the eligibility requirements and complies with the requirements for accreditation.

A. Application for Initial Accreditation

1. Letter of Intent

A DCP seeking initial accreditation must send a letter of intent from the institution's governing body to the CCE Administrative Office stating its intention to pursue ~~accreditationed status~~, providing written evidence that it meets the eligibility requirements for accreditation and submitting initial accreditation fees in accordance with CCE Policy 14.

2. Requirements for Eligibility

The eligibility requirements provide an initial foundation for the development of a DCP within the context of the CCE requirements for accreditation. In addressing the eligibility requirements, applicants are advised to be familiar with the CCE *Standards*, Section 2.A through Section 2.KJ.

To be eligible for ~~initial~~ accreditation, the application must include evidence to support the following:

~~a.~~ a. Accreditation of the institution by an accrediting agency in the U.S. recognized by the U.S. Department of Education or Council for Higher Education Accreditation (or equivalent outside the U.S. as determined by the Council). Provide the most recent letter from the institutional accrediting agency confirming the institution's accreditation status and term. ~~to include, the most recent accreditation action letter. Identify the accrediting agency that accredits the institution and the institution's current accreditation status with this body.~~

~~a.b.~~ a.b. Provide evidence that the institution has, or has applied for, approval to develop/offer a doctor of chiropractic program/degree from its institutional accrediting agency. If approval is not necessary from the institutional accrediting agency, documentation from that accrediting agency MUST include written communication to program representatives or CCE that confirms approval to offer the program/degree is not required. NOTE: Under no circumstances will ~~the Council~~ will not, with no exceptions, grant ~~initial~~ accreditation to a program that is part of an institution/organization which is ~~the~~ subject to ~~of~~ an action by a recognized institutional accrediting agency, that includes: 1) a final decision to place the institution/organization on probation; or, 2) a final decision to deny, withdraw, revoke, or terminate accreditation.

~~b.c.~~ b.c. A governing body that includes representation adequately reflecting the public interest.

~~e.d.~~ e.d. Description of the administrative structure of the program, including the individual responsible for the DCP and their credentials.

~~e.e.~~ e.e. A mission (or equivalent) statement, approved by the appropriate institutional body, that provides for an educational program leading to the doctor of chiropractic degree and describes the overall purpose(s) of the program.

~~e.f.~~ e.f. A process ~~to~~ for ~~assessing~~ programmatic effectiveness to include, a description of how the program will analyze and use ~~the~~ assessment results.

~~e.g.~~ e.g. ~~Description of the p~~Program length ~~and a curriculum~~ with a minimum of 4,200 instructional hours, and a curriculum that includes, but is not limited to, the following subject matter:

Foundations – principles, practices, philosophy, and history of chiropractic.

Basic Sciences – anatomy; physiology; biochemistry; microbiology and pathology.

Clinical Sciences – physical, clinical, and laboratory diagnosis; diagnostic imaging; spinal analysis; orthopedics; biomechanics; neurology; spinal adjustment/manipulation; extremities manipulation; rehabilitation and therapeutic modalities/procedures (active and passive care); toxicology/pharmacology; patient management; nutrition; organ systems; special populations; first aid and emergency procedures; wellness and public health; and clinical decision-making.

Professional Practice – ethics and integrity; jurisprudence; business and practice management, and professional communications.

- gh. An assessment plan that includes defined competencies and programmatic learning outcomes; identification of the methods to measure achievement of meta-competencies and outcomes; and, a description of how the program will use the assessment results.
 - hi. Operational description of clinic practicum courses and DCP managed and/or approved clinic site(s).
 - ij. ~~Number and credentials of c~~Current faculty and hiring plans for additional faculty leading up to the graduation date of the first cohort of students. Include number of current faculty and their credentials.
 - jk. Number of students currently enrolled in the program and total enrollment projections leading up to the graduation date of the first cohort of students.
 - kl. ~~Provide the~~An operational financial plan and documentation (income, revenue sources, and expenses) for the DCP from the beginning of the process through the anticipated graduation date of the first cohort of students.
3. CCE Response

Upon application by the DCP for accreditation:

- a. The CCE Administrative Office staff, reviews the evidence of eligibility documents submitted by the DCP. If further documentation is necessary to complete the application, CCE staff notifies the program prior to forwarding to the Council. Upon receipt of the completed application, CCE staff forwards to the Council for review at the next regularly scheduled meeting to determine if the eligibility requirements are met.
- b. The Council may approve, defer or deny the application. If the application is deferred, the Council will request additional documentation be provided in a follow-up report. If the application is approved, the Council establishes timelines regarding the self-study, comprehensive site visit and Status Review Meeting in coordination with the CCE Administrative Office and the DCP, according to CCE policies and procedures.

NOTE: Approval of the initial accreditation application does not constitute accredited status of the program, the Council will determine the accreditation status of the program at the Status Review Meeting following the self-study and comprehensive site visit processes.

B. Application for ~~Reaffirmation of~~Continued Accreditation

1. Letter of Intent

A DCP seeking ~~reaffirmation of~~continued accreditation must send a letter of intent from the individual responsible for the program to the CCE Administrative Office stating its intention to pursue ~~reaffirmation~~continuation of its accredited status.

2. Requirements for Eligibility

The DCP need not submit evidence of eligibility documents required for initial accreditation unless eligibility requirements have changed ~~from~~since the last ~~reaffirmation~~comprehensive site visit. However, the DCP must maintain documentation that it complies with the eligibility requirements. This information must be available for review by appropriate representatives of CCE and/or the Council.

3. CCE Response

The Council establishes timelines regarding the DCP self-study, comprehensive site visit and Status Review Meeting in coordination with the CCE Administrative Office and the DCP, according to CCE policies and procedures.

C. Process of Accreditation (Initial/~~Continued~~Reaffirmation)

1. DCP Self-Study

The DCP must develop and implement a comprehensive self-study process that involves all constituencies of the DCP, ~~and~~ relates to effectiveness regarding its mission, goals, and objectives ~~and culminates in a written~~ The self-study report which must:

- a. Provide clear evidence that the DCP complies with the CCE requirements for accreditation (Section 2, *Requirements for Doctor of Chiropractic Degree Educational Programs*).
- b. Focus attention on the ongoing assessment of outcomes for the continuing improvement of academic quality.
- c. Demonstrate that the DCP has processes in place to ensure that it will continue to comply with the CCE Standards and other requirements for accreditation.
- d. Be submitted to the CCE Administrative Office no later than nine months prior to the CCE Council meeting wherein a decision regarding accreditation will be considered.

2. Comprehensive Site Visit and Report to CCE

Following receipt of the self-study report, the Council appoints a site team to review evidence contained within the eligibility documentation and self-study report relative to compliance with the CCE *Standards*. The comprehensive site visit and report to the CCE are an integral part of the peer-review process that uses the DCP's self-study as the basis for an analysis of the strengths, challenges, and distinctive features of the DCP. This process is designed to ensure that, in the best judgment of a group of qualified professionals, the DCP complies with the requirements for eligibility and requirements for accreditation and that the DCP is fulfilling its mission and goals. In addition to ensuring quality, an enduring purpose of CCE accreditation is to encourage ongoing improvement.

- a. The DCP must provide the site team with full opportunity to inspect its facilities, to interview all persons within the campus community, and to examine all records maintained by or for the DCP and/or institution of which it is a part (including but not limited to financial, corporate and personnel records, and records relating to student credentials, grading, advancement in the program, and graduation).
 - b. A draft report is prepared by the site team and sent by the CCE Administrative Office to the individual responsible for the program for correction of factual errors only.
 - c. Following the response of the DCP to correction of factual errors, a final report is sent by the CCE Administrative Office to the individual responsible for the program, governing body chair and site team members.
 - d. The DCP is provided the opportunity to submit a written response to the site team report, and it must submit a written response if the report identifies areas of concern. The DCP sends the response to the CCE Administrative Office which distributes it to the CCE President and Council. Any DCP response to the site team report must be submitted to the CCE no less than 30 days prior to the Status Review Meeting which is the next step in the review (or accreditation) process.
3. CouncilCE Status Review Meeting
- a.—The objective of the Status Review Meeting is to provide an opportunity for the Council to meet with DCP representatives to discuss the findings of the site team report and DCP response in accordance with CCE policies and procedures. The Site Team Chair or other members of the site team may also be present at the request of the Council Chair.

4. Council Review, Action, and Notification

- b.—The Council reviews the self-study and supporting documentation furnished by the DCP, the site team report, the program's response to the report, and any other appropriate information, consistent with CCE policies and procedures, to determine whether the program complies with the CCE *Standards*.
- c.—The Council's action concludes with a written decision regarding accreditation status that is sent to the individual responsible for the program, governing body chair, and CCE Councilors.

5. Next Comprehensive Review

- ~~d.~~—The next comprehensive site visit normally is four years following the award of initial accreditation, or eight years following the award of ~~reaffirmation of~~continued accreditation.

D. Additional Reports and Visits

In accordance with CCE policies and procedures, the Council monitors continuing compliance with accreditation standards and requirements through requiring additional reports, applications~~may require additional reports from~~, and/or visits to, a DCP ~~to confirm its continued compliance with the accreditation requirements.~~ Monitoring reports and processes require ~~the~~ DCP must to critically evaluate its efforts in ~~the~~any area(s) of concern, initiate measures that address those concerns, and provide evidence of the degree of its success in rectifying the area(s) of concern. Failure on the part of a DCP to furnish a required application, requested report or to host a site visit on the date specified by the Council constitute cause for sanction or adverse action. These actions are at the discretion of the Council, following appropriate notification.

1. Program Characteristics Report (PCR)

Biennial PCRs must be submitted to the Council in accordance with the CCE policies and procedures. PCRs are required as one of the reporting requirements the Council utilizes to continue its monitoring and reevaluation of its accredited programs, at regularly established intervals, to ensure the programs remain in compliance with the *CCE Standards*.

2. Program Enrollment and Admissions Report (PEAR)

Annual PEARs must be submitted to the Council in accordance with the CCE policies and procedures. PEARs are required as one of the reporting requirements the Council utilizes to continue its monitoring and reevaluation of its accredited programs, at regularly established intervals, to ensure the programs remain in compliance with the *CCE Standards*.

3. Progress Reports

Progress Reports must be submitted to the Council, on a date established by the Council. Progress reports address previously identified areas of non-compliance with accreditation requirements or areas that require monitoring.

4. Program Changes Requiring Notification and/or Reporting

Accreditation is granted or continued~~reaffirmed~~ according to curricula, services, facilities, faculty, administration, finances and conditions existing at the time of that action in accordance with the *CCE Standards*. To ensure programs maintain compliance with the eligibility and accreditation requirements of the *Standards*, the CCE requires prior approval of specific changes before each change can be included in the doctor of chiropractic degree program accredited status. For this reason, all CCE-accredited programs are required to notify (in writing) or submit applications to the Council as identified in CCE Policy 1.

5. Interim and Focused Site Visits

- a. Interim Site Visits focus on monitoring specific requirements in the CCE *Standards*, and also provide an opportunity for dialogue with the program and the Council. At the discretion of the Council, visits are normally conducted at the midway point of the eight-year accreditation cycle in accordance with CCE policies and procedures.

~~6. Focused Site Visits~~

- ~~b. At the discretion of the Council,~~ Focused Site Visits are conducted in order to review progress of identified areas that require monitoring; compliance with accreditation standards or policies; or, circumstances that may prompt action to protect the interests of the public.

If an interim or focused site visit was conducted, the DCP is provided the opportunity to submit a written response to the site team report, and it must submit the written response if the report identifies areas of concern. The DCP sends the response to the CCE Administrative Office which distributes it to the Council for review. Any DCP response to the site team report must be submitted to the CCE no less than 30 days prior to the Progress Review Meeting which is the next step in the review (or accreditation) process.

E. Progress Review Meeting

In the event an additional report or visit has been required, A Progress Review Meeting ~~is~~will be conducted by the Council to ~~review any additional reports submitted as outlined in sections 1-6 above. The Council~~ determines the adequacy of ongoing progress, the sufficiency of evidence provided regarding such progress ~~on areas of concern~~, whether any other significant concerns have emerged, and what, if any, subsequent interim reporting activities are required. ~~If a site visit was made, the site team report is discussed.~~

F. Council Action and Notification

A written decision conveying the Council's action regarding continued accreditation status is sent to the individual responsible for the program and governing body chair (when applicable). The Council also determines if an appearance, or if participation via conference call, is necessary by DCP representatives at the next a subsequent Council meeting. ~~The Council then sends a follow up letter to the DCP identifying the status of previous concerns (if any), and/or a substantive change application, and the requirements for any additional interim activities. The DCP must continue to submit PCRs in accordance with CCE policies and procedures.~~

EG. Withdrawal from Accreditation

1. Voluntary Withdrawal of Initial Application

A DCP may withdraw its application for accreditation at any time prior to the Council decision regarding initial accreditation by notifying the CCE Council of its desire to do so.

2. Voluntary Withdrawal from Accredited Status

An accredited DCP desiring to withdraw from CCE accreditation forfeits its accredited status when the Council receives official notification of the sponsoring institution's clearly stating its desire to withdraw from accredited status together with a resolution to that effect of its governing board's resolution clearly stating its desire to withdraw.

3. Default Withdrawal from Accredited Status

When a DCP fails to submit a timely application for reaffirmation~~continuation~~ of its accredited status, the Council acts at its next meeting to remove the DCP's accredited status. This meeting of the Council normally occurs within six months of the date when the DCP application for reaffirmation~~continuation~~ was due. Involuntary withdrawal of accreditation is an adverse action that is subject to appeal (see CCE Policy 8).

4. Notification

In cases of voluntary withdrawal and default withdrawal CCE makes appropriate notification in accordance with CCE Policy 111.

F.H. Reapplication for Accreditation

A DCP seeking CCE accreditation that has previously withdrawn from accredited status, withdrawn its accreditation~~or~~ application for accreditation, ~~or~~ had its accreditation revoked ~~or terminated~~, or had its application for accreditation denied, follows the process for initial accreditation.

III. Accreditation Actions

A. Decisions and Actions

Based on evidence, when considering the accreditation status of a program, the Council may take any of the following actions at any time:

1. Award ~~or reaffirm~~of initial accreditation
2. Defer the decision
3. Continue accreditation
4. Impose Warning
5. Impose Probation
6. Deny or revoke accreditation
7. Withdraw accreditation

In addition to regular reporting requirements and scheduled evaluation visits, the Council may also require one or more follow-up activities (site visits, reports, and/or appearance); if, a) the Council has identified areas that require monitoring where the final outcome could result in noncompliance with accreditation standards or policies; or, b) the Council determines that the program is not in compliance with accreditation standards or policies.

B. CCE Notifications

The CCE makes notifications of Council accreditation decisions and actions in accordance with CCE Policy 111.

C. Enforcement and Time Frames for Noncompliance Actions

1. The U.S. Department of Education requires the enforcement of standards for all recognized accrediting agencies. If the Council's review of a program regarding any accreditation standard and/or policy indicates that the program is not in compliance with that accreditation standard and/or policy, the Council must:
 - a. Immediately initiate adverse action against the program or institution; or,
 - b. Notify the program of the finding(s) of noncompliance and ~~Require~~ the program to take appropriate action to bring itself into compliance with the accreditation standard and/or policy within a time period that must not exceed two years. ~~NOTE: If the program, or the longest program offered by the institution, is at least two years in length.~~
2. If the program does not bring itself into compliance within the initial two-year time limit, the Council must take immediate adverse action unless the Council extends the period for achieving compliance for "good cause". Such extensions are only granted in unusual circumstances and for limited periods of time not to exceed two years in length. The program must address the three (3) conditions for "good cause" listed below.
 - a. the program has demonstrated significant recent accomplishments in addressing non-compliance (e.g., the program's cumulative operating deficit has been reduced significantly and its enrollment has increased significantly), *and*
 - b. the program provides evidence that makes it reasonable for the Council to assume it will remedy all non-compliance items within the extended time defined by the Council, *and*
 - c. the program provides assurance to the Council that it is not aware of any other reasons, other than those identified by the Council, why the program should not be continued for "good cause."
3. The Council may extend accreditation for "good cause" for a maximum of one year at a time (not to exceed two years in total). If accreditation is extended for "good cause," the program must be placed or continued on sanction and may be required to host a site visit. At the conclusion of the extension period, the program must appear before the Council at a meeting to provide further evidence if its period for remedying non-compliance items should be extended again for "good cause."
4. Adverse accrediting action or adverse action means the denial, withdrawal, or ~~revocation, or termination~~ of accreditation, ~~or any comparable accrediting action the Council may take against the program.~~

In all cases, the program bears the burden of proof to provide evidence why the Council should not remove its accreditation. The Council reserves the right to either grant or deny an extension when addressing good cause.

IV. Deferral

In cases where additional information is needed in order to make a decision regarding the accreditation of a program, ~~for programs~~ seeking initial accreditation or ~~reaffirmation of~~ continued accreditation, the Council may choose to defer a final decision regarding accreditation status. The additional information requested through the deferral process may relate to information submitted by a program following an on-site evaluation which raises additional questions, requires clarification or additional evidence from the program. ~~must be linked to insufficient evidence submitted by the site team in the final site team report; failure of the site team to follow established CCE policies or procedures; or, consideration of additional information submitted by the program following the on-site evaluation.~~

The Council may require the DCP to submit a report, host a site visit and/or make an appearance before the Council to provide such information. When a decision is deferred, the program retains its current accreditation status until a final decision is made. Deferral shall not exceed twelve (12) months. Deferral is not a final action and is not subject to appeal.

V. Noncompliance Actions

When the Council determines that a DCP is not in compliance with CCE *Standards*, including eligibility and accreditation requirements, and policies and related procedures, the Council may apply any of the following actions. In all instances, each action is included in the 24-month time limit as specified in Section 1.III.C, *Enforcement and Time Frames for Noncompliance Actions*.

A. Warning

The intent of issuing a Warning is to alert the DCP of the requirement to address specific Council concerns regarding its accreditation. The Council may decide to issue a Warning if the Council concludes that a DCP:

1. Is in noncompliance with the accreditation standards or policies and the Council determines that the deficiency(ies) do not compromise the overall program integrity and can be corrected by the DCP within the permissible timeframe; or
2. Has failed to comply with reporting or other requirements and/or provide requested information.

Following a notice of Warning, the Council may require additional reporting, a site visit and/or the DCP to submit a report, host a site visit and/or make an appearance before the Council to permit the DCP to provide additional information and/or evidence of compliance. Warning is a sanction, that is not subject to appeal, and shall not exceed twelve (12) months.

The Council will make notification of a final decision to impose Warning by notifying the individual responsible for the program and governing body chair that a program has been placed on Warning in accordance with CCE policy and procedures.

B. Probation

Probation is an action reflecting the conclusion of the Council that a program is in significant noncompliance with accreditation standards or policy requirements. Such a determination may be based on the Council's conclusion that:

1. The noncompliance compromises program integrity; for example, the number of areas of noncompliance, financial stability, or other circumstances cause reasonable doubt ~~on~~ ~~whether~~that compliance can be achieved in the permissible timeframe; or
2. The noncompliance reflects recurrent noncompliance with one or more particular standard(s) and/or policy(ies); or
3. The noncompliance reflects an area for which notice to the public is required in order to serve the best interests of students and prospective students.

The Council may require the DCP to submit a report, host a site visit and/or make an appearance before the Council to provide evidence of compliance. Probation is a sanction, subject to appeal (see CCE Policy 8), and shall not exceed twenty-four (24) months. The Council will make public notice of a final decision to impose Probation by notifying the U.S. Department of Education, institutional accrediting agency, jurisdictional licensing boards, and the public that a program has been placed on Probation in accordance with CCE policy and procedures.

C. Show Cause Order

A Show Cause Order constitutes a demand that the DCP provide evidence to inform the Council and demonstrate why the program's accreditation should not be revoked. The Council may require the DCP to submit a report, host a site visit and/or make an appearance before the Council to provide such evidence. If the DCP does not provide evidence sufficient to demonstrate resolution of the Council's concerns within the time frame established by the Council, the DCP's accreditation is revoked. A Show Cause Order is a sanction, subject to appeal (see CCE Policy 8), and shall not exceed twelve (12) months. The Council makes public notice of a final decision to impose a Show Cause Order by notifying the U.S. Department of Education, ~~regional~~ ~~(institutional)~~ accrediting agency, jurisdictional licensing boards, and the public that a program has been placed on Show Cause Order in accordance with CCE policy and procedures.

D. Denial or Revocation

An application for initial accreditation or ~~reaffirmation of~~ ~~continued~~ accreditation may be denied if the Council concludes that the DCP has significantly failed to comply and is not expected to achieve compliance within a reasonable time period. Denial of an application for Initial Accreditation or ~~a Reaffirmation of~~ ~~Continued~~ Accreditation constitutes Initial Accreditation not being awarded or Revocation of Accreditation, respectively.

Denial or Revocation of accreditation is an Adverse Action and subject to appeal (see CCE Policy 8). A DCP seeking CCE accreditation that has previously withdrawn its accreditation or its application for accreditation, or had its accreditation revoked or terminated, or had its application for accreditation denied, follows the process for initial accreditation. The Council makes public notice of a final decision to deny or revoke accreditation by notifying the U.S. Department of Education, institutional accrediting agency, jurisdictional licensing boards, and the public in accordance with CCE policy and procedures.

E. Accreditation is a privilege, not a right. Any of the above actions may be applied in any order, at any time, if the Council determines that DCP conditions warrant them. If the Council imposes any of the

following actions: Deferral; Warning; Probation; a Show Cause Order; or Revocation of Accreditation, the Council provides a letter to the DCP stating the reason(s) for the action taken.

VI. Status Description

A DCP accredited by the Council must describe its accreditation status in accordance with CCE Policy 22.

The Council updates the accredited status of the programs it currently accredits on its official website following each Council Meeting, to include:

- a. Month/Year of initial accreditation status awarded by CCE and all subsequent years ~~reaffirmation of~~continued accreditation following a status review meeting was awarded;
- b. Location and official website link to the program;
- c. Most recent accreditation activity, to include the bases and reasons for the decision;
- d. Next accreditation cycle reporting, to include, the year the Council is scheduled to conduct its next comprehensive site visit review for ~~reaffirmation of~~continued accreditation and the next scheduled Council Status Review Meeting regarding that comprehensive site visit review; and,
- e. Any public disclosure notices regarding the accreditation status of the program.

VII. Complaint and Contact Information

Complaint procedures are established to protect the integrity of the CCE and to ensure the avoidance of improper behavior on the part of those individuals acting on behalf of the CCE, the Council and the CCE-accredited DCPs. By establishing formal complaint procedures, the CCE provides responsible complainants the opportunity to submit specific grievances and deal with them through a clearly defined process. CCE Policy 64 outlines the complaint procedures and may be obtained via the CCE website and/or through the CCE Administrative Office.

Information describing the organization and operation of the CCE and its Council may be obtained from the CCE Administrative Office, 10105 E Via Linda, Ste 103 PMB 3642, Scottsdale, AZ 85258, Telephone: 480-443-8877, E-Mail: cce@cce-usa.org, or Website: www.cce-usa.org.

Introduction

Section 2 A. through ~~K.~~ consist of bold-faced language that cites the particular Requirement in overarching terms. This is followed by ~~(1)~~ a Context section that further clarifies the requirements of each section, ~~and (2) an Examples of Evidence section that provides documentation examples for the DCP to evidence compliance with the Requirement. The examples listed are not all inclusive, and the DCP may choose to use all, some, or none of the examples of documentation. A DCP, at its discretion and where it feels warranted, may provide alternate or other forms of evidence to demonstrate compliance with a particular Requirement. However~~ In all instances, the DCP is required to submit appropriate documentation as evidence of addressing the Requirement.

The Requirements listed in Sections 2.A, Mission, Planning and Program Effectiveness and 2.G, Student Admissions, refer to CCE Policies that are to be considered as essential components of the Requirements themselves.

Section 2 – Requirements for Doctor of Chiropractic Degree Educational Programs

A. Mission, Planning, and Program Effectiveness

The DCP has a mission or equivalent statement, approved by the appropriate institutional body, and made available to all stakeholders. Measurable DCP planning goals and objectives congruent with the DCP mission must be developed. These goals and objectives both shape the DCP and guide the creation of a plan that establishes programmatic and operational priorities, and program resource allocations. The plan is structured, implemented, and reviewed in a manner that enables the DCP to assess the effectiveness of its goals and objectives, and permits the DCP to implement those changes necessary to maintain and improve program quality.

Context

1. Mission

The mission provides for an educational program leading to the Doctor of Chiropractic degree. A DCP has a published programmatic mission statement that describes the overall purpose(s) of the program and is periodically reviewed by the appropriate institutional body.

2. Planning

~~The DCP links its processes for assessment of student learning, evaluation of operations, planning, and budgeting.~~ The DCP's is guided by a strategic plan reflects and is an outcome of a ~~and~~ planning process, that focuses on the achievement of the DCP mission, and includes timelines for achievement of DCP goals and objectives. The planning process is informed by ~~uses~~ performance results and, data analysis to identify program goals and objectives, ~~and assessment as they relate to each of the requirements noted in Sections 2.A-K.~~ The DCP demonstrates that its systems and processes are aligned with its mission, making certain that the necessary resources – human, physical, fiscal and capital – are allocated and used to support program ~~strategic~~ priorities ~~as well as the overall mission.~~

3. Program Effectiveness

The DCP evaluates its program effectiveness by utilizing both academic and non-academic performance measures with established thresholds. Results are tracked, disseminated internally, and analyzed in a timely fashion, to support data-informed decision making for program improvements and program planning. The DCP demonstrates periodic reviews of its program effectiveness measures and assessment processes to make appropriate changes.

Evaluation of program effectiveness includes cohort analysis of student achievement data used to inform program improvements. Measures must include, but need not be limited to, program level student learning outcomes as well as the achievement of CCE meta-competency outcomes, student success measures (retention or attrition rates, program completion rate), and performance data from at least one of the following: 1) National Board of Chiropractic Examiners (NBCE), 2) Canadian Chiropractic Examining Board (CCEB), or 3) licensure rates.

~~The DCP evaluates its operations to identify strategic priorities and improve performance through institutional and program effectiveness processes. The DCP develops performance metrics for academic and non-academic operations and the results obtained are tracked, analyzed, and regularly reviewed to inform planning. Periodic reviews are conducted to ensure the effectiveness of performance measures and planning processes.~~

~~The DCP systematically reviews its program effectiveness to make appropriate changes. The program review process includes an analysis of aggregate outcome data. The DCP establishes thresholds for student outcome data to measure performance and improvement over time. Program effectiveness data are disseminated internally in a timely fashion and incorporated in institutional effectiveness, planning and decision-making processes to revise and improve the program and support services, as needed.~~

4. Student Achievement Outcomes – CCE Policy 56 Thresholds and Public Disclosure Requirements

The DCP demonstrates student outcomes are at or above performance data that includes, but is not limited to, licensing exam success rates and program completion rates at or above established thresholds identified in compliance with CCE Policy 56. The DCP also publishes current, accurate student outcomes data on its website performance data annually as required by CCE Policy 56. Data must include but need not be limited to: 1) program completion rates, and 2) performance rates on licensing exams or licensure rates.

Examples of Evidence Related to Mission, Planning, and Assessment

- ~~• The mission statement for the DCP and examples of where the mission statement is available.~~
- ~~• A record of a mission statement approval by the governing body.~~
- ~~• A record of periodic reviews of the mission statement, and any modifications made resulting from these activities.~~
- ~~• A clear, concise description of the strategic planning process.~~
- ~~• A copy of the most recent version of the DCP strategic plan.~~
- ~~• Documentation that links DCP priorities and resource allocations to strategic planning process outcomes.~~
- ~~• A copy of policies regarding planning, budget and resource allocation both institutionally and specific to the DCP.~~
- ~~• Institutional effectiveness report or similar document, which tracks performance metrics or key performance indicators, for academic and non-academic operations.~~

- ~~Program effectiveness or review report or similar document that tracks and analyzes program-level outcome data; such as, student achievement of the program's learning outcomes and the meta-competencies; retention and completion rates; NBCE performance; licensing and/or placement rates; and program satisfaction.~~

B. Ethics and Integrity

The DCP demonstrates integrity and adherence to ethical standards ~~as they relate~~**ing** to all aspects of policies, functions, and interactions regarding stakeholders of the ~~program~~**institution** to include the ~~governing body~~; administration; faculty; staff; students; patients; accrediting, educational, professional, and regulatory organizations; and the public at large.

Context

1. Ethics

Ethics ~~represent rules of conduct that are vital, indispensable and critical components of an effective DCP and should be~~ **are** evident in the conduct of all members of a DCP as they strive to fulfill the mission and graduate doctors of chiropractic/chiropractic physicians capable of, and committed to, practicing in an ethical and professional manner. ~~Ethical behaviors and actions are demonstrated and guided by~~ **Policies and procedures include those** related to codes of conduct and grievance procedures; academic freedom; sensitivity to equity, discrimination, and diversity issues; safety and welfare of the academic community and patients in administering healthcare to the public; and provisions of assistance and mechanisms to promote student academic and professional success. Ethical issues, especially ~~as they relate~~**ing** to personal behavior when engaged in chiropractic practice, are addressed throughout the curriculum in both classroom and clinical settings.

2. Integrity

~~Integrity and transparency are manifested throughout the DCP's culture and actions with respect~~ **The DCP's policies and procedures promote integrity and transparency including, but not limited to,** avoidance of conflicts of interest; advertising and marketing activities; student admissions and financial aid processes; recruiting; development and delivery of the DCP curriculum; identity verification in both student enrollment and student course assessments, ~~wherever offered and however delivered~~; grading policies and grade appeal processes; protection of student and patient privacy; research ~~and service~~ activities; hiring; performance reviews; and catalogs and publications. ~~High levels of integrity are exhibited in the DCP environment and serve as positive examples to students.~~ Policies and procedures related to these matters are accurate, ~~up to date~~**current** and readily available to all constituencies.

Examples of Evidence Related to Ethics and Integrity

- ~~Institutional policies and procedures that document commitment to ethics and integrity including but not limited to:~~
 - ~~Governing board bylaws and institutional policies and procedures that address conflicts of interest by governing body members, administrators, and faculty, and staff of the DCP and institution.~~
 - ~~Policies and procedures that convey expected ethical and professional behaviors, and that ensure proper investigation and response to reported violations of ethics and integrity on~~

- ~~the part of faculty members, students, staff members, administrators, and members of the governing body.~~
- ~~○ Policies and procedures that govern hiring (including appropriate anti-discrimination policies), performance review, promotion or advancement in rank decisions, and grievances for faculty, staff, and administrators.~~
 - ~~○ Policies and procedures that articulate the role of faculty, students and administrators in course and curriculum development, and related academic matters including statement(s) of academic freedom.~~
 - ~~○ Policies, procedures and information regarding the DCP curriculum that address student admission, academic prerequisites and technical standards, degree requirements, course descriptions and syllabi, academic calendar, academic standards and standing, tuition, fees and financial aid.~~
 - ~~○ Policies and procedures that govern identity verification in both student enrollment and student assessments in coursework; class attendance; grading and other forms of student evaluation; grade appeal; course withdrawal; withdrawal from and re-admission to the DCP and/or institution; tuition refund, access to tutoring, health, counseling and professional development services; course syllabi documenting coverage of ethics and integrity with learning outcomes that are assessed, a student code of conduct; and a student grievance process.~~
 - ~~○ Policies for student interns that identify the elements and boundaries related to ethical and professional interactions with patients.~~
 - ~~○ Policies and procedures addressing the safety of students, faculty and employees.~~
 - ~~○ Documentation that all policies and procedures are implemented and consistently followed, using the system in place to address violations.~~
 - ~~○ Documentation that all policies and procedures are readily available to all appropriate DCP constituencies.~~
 - ~~○ Documentation of the use of a process to assess the effectiveness of, and improve, ethics, professionalism, and integrity policies, procedures, and activities.~~
 - ~~○ Documentation of compliance with relevant governmental regulations.~~

C. Governance and Administration

~~The DCP is housed in an institution with an appropriate governing body that is vested with the authority, structure, and organization necessary to ensure appropriate transparency and accountability, ensure program viability, fulfill its responsibility for policy and resource development, and approve or delegate approval of the mission of the DCP.~~ **The DCP's administrative structure and personnel facilitate the achievement of the mission and goals of the DCP and foster programmatic quality and improvement.**

Context

~~1. Governance~~

~~The governance of the DCP is vested in an appropriate governing body composed of a diverse group of individuals appropriate to support the DCP's and institution's mission. The governing body has the authority, structure, and organization necessary to ensure good stewardship, accountability and appropriate transparency; ensure its integrity and an absence of conflicts of interest; fulfill its responsibility for policy and resource development, and grant sufficient autonomy for the program to develop and be of high quality to address the expectations of its stakeholders.~~

~~The functions of the governing body or its delegated authority with respect to the DCP include: formulation of policy to oversee strategic planning to achieve the programmatic mission and goals; approval of the mission; appointment of the chief executive officer of the institution housing the DCP; appropriate fiduciary oversight; active participation in resource development; establishment of, and adherence to, a conflict of interest policy that ensures no member of the governing body directly or indirectly profits from, or inappropriately influences, the functioning of the DCP; and monitoring and periodic assessment of the effectiveness of the strategic plan, the chief executive officer, and the governing body and governance of the institution housing the DCP.~~

~~While the chief executive officer of the institution housing the program may serve as a member of the governing body, that individual may not chair the governing body. Additionally, if a DCP is governed by a body responsible for a parent institution, the DCP may, but is not required to, establish an advisory body, subject to the authority of the institution's governing body.~~

~~2. Administration~~

~~The administration and administrative structure promote and facilitate the achievement of the mission and goals of the DCP, allocate resources adequate to support and improve the program, and assess the effectiveness of the DCP. The chief administrative officer of the DCP is qualified by training and experience to lead the DCP. If not the CEO of the parent institution, the individual responsible for the DCP leadership must have ready access to the institutional CEO or appropriate senior administrator within the institution's reporting structure. There is a sufficient number of academic and staff administrators with appropriate training and experience to carry out their responsibilities, assist the DCP to fulfill its mission, and guide activities relevant to programmatic improvement. Clear lines of authority, responsibility, and communication among faculty and staff exist concurrently with systems for decision-making that support the work of the leadership. There is a periodic assessment of administrator performance and service.~~

~~While the curriculum and experiences of the program, the faculty, and the students are the heart of any Doctor of Chiropractic degree program, excellence and strong outcomes also require responsible, experienced ethical leadership at the governance and administrative levels of the program.~~

Examples of Evidence Related to Governance and Administration

- ~~• Governing body bylaws and policies.~~
- ~~• Brief biographical sketches or resumes/*Curriculum vitae* of governing body members.~~
- ~~• A minimum five-year historical record of membership on the governing body with sufficient detail to document diversity, length of service, and overlap of service.~~
- ~~• Minutes of the appropriate institutional body covering the past five years indicating approval of the DCP mission statement.~~
- ~~• Minutes of the governing board meetings covering the past five years indicating approval of the DCP budget on a periodic basis.~~
- ~~• Evidence of selection (if applicable) and periodic evaluation of the chief administrative officer of the DCP.~~
- ~~• Minutes of DCP advisory body meetings covering the last five years, if applicable.~~
- ~~• Organizational charts sufficiently detailed to clearly depict the reporting structure of all DCP components.~~

- ~~• Evidence of sufficiently qualified senior administrative and academic officers as demonstrated by Curriculum vitae and position descriptions.~~
 - ~~• Descriptions of administrative decision-making processes.~~
 - ~~• Documentation of evaluations or other forms of assessments of the performance and effectiveness of administrative personnel and the governing body.~~
- (NOTE: Reference items 3, 4 & 5; a DCP, less than five years old, will submit its complete records.)

D. Resources

The DCP provides and maintains financial, learning, ~~human~~ and physical resources that support the DCP mission, goals, and objectives, ~~and strategic plan~~.

Context

1. Financial

~~The recent financial history of the institution demonstrates adequacy and stability of financial resources to support the DCP mission, goals, objectives and strategic plan.~~ Financial resources of the DCP are adequate to achieve the DCP's mission, goals, and objectives. The DCP has and maintains a current, institutionally approved operating and capital allocations budget(s) ~~approved by the governing body,~~ and develops long-term budget projections congruent with its planning activities. The DCP also demonstrates that it utilizes sound financial procedures and exercises appropriate control over its allocated financial resources. ~~An independent certified public accountant, or its equivalent, conducts and submits an annual audit, prepared in compliance with appropriate standards and employing the appropriate audit guide. An annual financial aid audit is conducted and submitted in like manner if the DCP participates in such programs.~~

2. Learning

The DCP demonstrates adequate access to contemporary learning resources (e.g., ~~library and information technology systems, either internally operated or externally provided~~) with personnel, facilities, collections, and services sufficientrelevant to support the mission, goals, and objectives ~~and strategic plan~~ of the program. ~~The DCP offers opportunities for all students to receive assistance such as academic advisement, tutoring, and reasonable accommodations to address their needs, and in particular the needs of students with disabilities.~~

~~3. Human~~

~~The DCP demonstrates appropriate investment in and allocation of human resources, with appropriate qualifications, to achieve the DCP's mission, goals, objectives and strategic plan.~~

~~4.3. Physical~~

The DCP demonstrates appropriate investment in and allocation of physical resources to ensure successful curricular and co-curricular outcomes, and clinical operations ~~and clinical services~~. The institution provides, and adequately manages and maintains, physical facilities, instructional and clinical equipment, information technology, supplies, and other physical resources that are necessary and appropriate for meeting the mission, goals, and objectives ~~and strategic plan~~ of the DCP in accordance with institutional policies. ~~The DCP has appropriate affiliation agreements for clinical or other facilities that it operates in but does not own, lease, or otherwise control.~~

Examples of Evidence Related to Resources

- ~~Current budget supporting operational and capital activities and long-term budget projections that show revenue streams and financial allocations correlated to the strategic plan.~~
- ~~Evidence of periodic assessment of the effectiveness of DCP and institutional support activities, and the required investments, with timelines, necessary to sustain and improve these activities.~~
- ~~Appropriate policies and procedures that control the allocation of assets; and an allocation approach that ensures adequate human resources to support the DCP's mission and outcomes expectations.~~
- ~~An institutional investment policy approved by the governing body.~~
- ~~Policies, documentation of strategies, and outcomes relevant to institutional advancement and support activities.~~
- ~~The two most recent annual audit reports of the institution housing the DCP.~~
- ~~The two most recent annual financial aid program audits.~~
- ~~A detailed compilation of DCP physical and learning resources, policies that govern the operations of these resources, and evidence regarding the frequency of their utilization and constituent satisfaction.~~
- ~~A comprehensive infrastructure master plan to include academic, clinic and administrative computer hardware and software, and facilities management and maintenance plans.~~
- ~~Staffing plan demonstrating adequate administrative, faculty, and support staff to advance the DCP's mission, goals, objectives, and strategic plan.~~

E. Faculty

The DCP employs a sufficient cohort of faculty members who are qualified by their academic and professional education, training, and experience to develop, deliver, and revise the courses and curriculum of its educational program, wherever offered and however delivered, and to assess both student learning and program effectiveness. **The program engages in efforts to recruit and retain a diverse faculty.** With the support of the **program institution**, the faculty is engaged in research and scholarship, **service**, professional development, and governance activities.

Context

1. Cohort Attributes

The faculty is of sufficient size and ability, with appropriate experience and expertise, to effectively design, deliver, and revise the DCP curriculum, regardless of instructional modality, and to effectively assess student learning. The faculty enable the DCP to meet its mission **and program learning objectives, goals, and objectives in instruction, research and scholarship, and service.** **A faculty that reflects the diverse characteristics of the population in the geographic region can help to overcome educational barriers and promote enrollment, matriculation, and achievement of students from diverse groups. The policies, procedures and practices of a program should encourage the inclusion of personnel who contribute to the diversity of the faculty.** The determination of the number of full-time and part-time faculty members is based on sound pedagogical rationales in both physical and virtual classroom, laboratory, and patient care settings. Faculty members have appropriate credentials, including licensure where required in clinical and didactic instructional settings, academic expertise, and experience to fulfill their responsibilities as instructors, mentors, subject matter/content experts, clinical educators, and student intern supervisors. ~~Faculty members demonstrate integrity and a commitment to high~~

~~ethical standards in dealing with students and colleagues, in their research and scholarship and in their interactions with external constituencies.~~

2. ~~Curricular Attributes~~ **Expectations**

The faculty are involved in the development, assessment and refinement of the curriculum. In addition, they demonstrate ~~currency in their discipline, ongoing development of expertise and~~ use of resources in teaching theory and instructional methodology, effective curriculum and course design and development, and assessment of student achievement in both didactic subject matter and in the attainment of clinical competencies. Faculty members are provided opportunities for professional development to improve their content expertise and competence, their instructional skills, and their capabilities in research and scholarship. Faculty members are afforded ~~appropriate~~ academic freedom and utilize a curriculum delivery model/method endorsed by the DCP as appropriate for the instructional content being delivered.

3. ~~Professional Development and~~ Evaluation

~~Faculty members are provided opportunities for professional development to improve their content expertise and competence, their instructional skills, and their capabilities in research and scholarship.~~ Faculty members are evaluated on a regular basis, and appropriate processes and criteria are in place to govern advancement in rank based upon performance expectations.

Examples of Evidence Related to Faculty

- ~~• Faculty handbook, collective bargaining agreement or equivalent document(s), written policies and other documents that address: faculty workload; faculty responsibilities with respect to instruction, research and scholarship, service, student assessment, and professional development; faculty recruitment and hiring procedures; performance evaluation, advancement in rank, terms and conditions of employment; academic freedom; integrity; conflicts of interest; non-discrimination; and grievances and dismissal.~~
- ~~• Planning and budget allocation documents related to faculty professional development activities.~~
- ~~• Committee minutes and/or other documents related to faculty participation in DCP planning and assessment, formulation and implementation of academic policy, course and curriculum development and implementation, and student and curricular assessment.~~
- ~~• Position descriptions and personnel files for faculty members, to include documentation of relevant academic credentials, licensure, expertise and experience.~~
- ~~• Search committee procedures, minutes, and other documents related to the recruitment and employment of qualified faculty members.~~
- ~~• Workload calculation and assignments for classroom, laboratory, and clinical instruction that also reflect time allotted for research and scholarship and service activities.~~
- ~~• Records of implementation of faculty performance evaluation processes.~~
- ~~• Documentation of the use of student ratings of instruction, faculty performance evaluation and professional development activities to improve the quality of the faculty and the academic program.~~
- ~~• Minutes of faculty governance bodies, faculty surveys, or other documents that denote faculty participation in academic and institutional governance matters.~~
- ~~• Documentation of adjudication of faculty conduct and grievance matters.~~

F. Student Support Services

The DCP provides support and services that help students maximize their potential for success in the program.

Context

1. Supported Functions

Student support services include the following areas: registration, orientation, academic advising and tutoring; financial aid and debt management counseling; disability services; career counseling; processes for addressing academic standing reviews and student complaints, grievances, disciplinary issues, and appeals matters. Confidentiality of student records is ensured. The program ensures a welcoming, supportive, and encouraging learning environment for all students, including students with diverse backgrounds and from underrepresented communities. As determined by the DCP, student services may also include, but not be limited to, support for a student governance system, student organizations and activities, cultural programming, athletic activities, and child care. The DCP has policies and procedures to monitor and respond to ~~campus safety and~~ student life issues, including mental health and safety. Students are also provided opportunities for curricular and co-curricular activities that facilitate their development as ethical doctors of chiropractic/chiropractic physicians and engaged citizens.

2. Effectiveness

~~A broad-based commitment to student services supports the program's educational goals and promote the comprehensive development of students as doctors of chiropractic/chiropractic physicians.~~ Student services support all learning activities in the context of the DCP's mission and chosen educational delivery system. Student support services are provided~~The DCP provides student support services in ways that~~to meet the needs of each of its student populations ~~and evaluates the effectiveness of these support services through processes designed to promote continuous improvement.~~ Measures and thresholds for student support services are set, ~~and~~ tracked, and used to inform program improvement by the DCP.

3. Record of Student Complaints

The DCP maintains a record of student complaints, its processing of those complaints and ensures the process adheres to its policies and procedures established for addressing complaints and/or grievances. The DCP establishes a periodic review process to identify whether a systemic problem has, or is, occurring and demonstrates action steps for improvement when applicable.

Examples of Evidence Related to Student Support Services

- ~~• An organization chart of qualified personnel in a structure appropriate to the delivery of student support services.~~
- ~~• An orientation program to introduce entering students to the DCP.~~
- ~~• Student advisement processes and procedures.~~
- ~~• Policies and procedures that address tutoring and other services that support students requiring academic assistance.~~
- ~~• Financial aid counseling and assistance policies and procedures to include debt management programs.~~

- ~~Policies and procedures that equitably address student complaints and grievances, student conduct issues and academic standing reviews, documented by records of hearings and proceedings related to student conduct.~~
- ~~Personal counseling policies and procedures.~~
- ~~Policies and procedures governing career counseling services.~~
- ~~Policies and procedures related to student governance and student organizations.~~
- ~~Policies and procedures related to student housing.~~
- ~~Policies and procedures related to disability services and accommodation and resource allocation for students with disabilities.~~
- ~~Policies and procedures related to campus safety.~~

G. Student Admissions

The DCP admits students who possess academic and personal attributes consistent with the DCP's mission, and who Admitted students have completed the equivalent of three academic years of undergraduate study (a minimum of 90 semester hours) of undergraduate coursework at an institution(s) accredited by an agency recognized by the U.S. Department of Education or an equivalent foreign agency. The cumulative GPA for these 90 semester hours is not less than 3.0 on a 4.0 scale. The 90 semester hours will include a minimum of 24 semester hours in life and physical science courses appropriate as undergraduate preparation for chiropractic education as determined by the DCP. The science courses fulfilling the 24 semester hours will provide an adequate background for success in the DCP, and at least half of these three (3) courses will have a substantive laboratory component. The student's undergraduate preparation also includes a well-rounded general education program in the humanities and social sciences, and other coursework deemed relevant by the DCP for students to successfully complete the DCP curriculum. Students admitted with advanced standing or transfer credit must earn not less than 25% of the total program credits from the DCP that confers the degree.

A DCP may admit students who do not meet the requirements stated above under the terms and conditions of CCE Policy 7.

Context

1. Alignment with Program

The DCP's admissions criteria and policies are aligned with the key educational outcomes, as identified in the requirements of Section H, and as directed by the DCP's mission, goals and objectives. A DCP engages in ongoing, systematic, and focused recruitment and retention activities as a means to enhance diversity of the student body. Program policies, procedures, and practices related to student recruitment and admission are based on appropriate and equitable criteria, are written and made available to prospective students, and are applied consistently and equitably. The DCP's admissions policies and practices are documented and designed to ensure that admitted students meet the admissions criteria and possess the academic and personal attributes for success in the academic program and pass the exams necessary to obtain a license to practice as a doctor of chiropractic/chiropractic physician.

2. Informed Applicants

Applicants are informed of any technical standards and/or special undergraduate preparatory coursework required for admission to the DCP, to include a notification at the time of enrollment of any projected additional charges associated with verification of identity. The DCP informs applicants that educational and licensure requirements and scope of practice parameters are specific for each regulatory jurisdiction and provides applicants with access to such available information. The DCP has and follows policies addressing transfer credit, advanced placement, non-institutionally based learning experiences, financial aid, scholarships, grants, loans, and refunds and makes such policies available to applicants.

Examples of Evidence Related to Student Admissions

- ~~Published admissions requirements and policies that support and reflect the enrollment of students qualified to achieve the educational outcomes consistent with the DCP's mission.~~
- ~~Admissions records documenting each admitted student meets the minimum criteria as established in the context of Requirement G or CCE Policy 7.~~
- ~~Institutional alternative admissions track plan for students admitted under CCE Policy 7.~~
- ~~Individualized academic plan for each student admitted under the alternative admissions track plan as defined in CCE Policy 7.~~
- ~~Outcomes analysis correlating admissions decisions with students' DCP GPA, course completion rates, performance on internal benchmark and external national board exams and graduation rates.~~
- ~~Evidence that each applicant who received higher education and training in an international institution has (1) competence in the language of DCP instruction (2) documented legal entry into the host country of the DCP for purposes of academic study, and (3) demonstrated academic preparation substantially equivalent to that possessed by either newly admitted or transfer students from institutions in the DCP host country.~~
- ~~Documentation of implementation and ongoing reviews and assessments of the effectiveness of admissions and financial aid policies, along with evidence of implementation of changes that improve their effectiveness.~~
- ~~Published admissions requirements and admissions records demonstrating compliance with state regulations for college admission criteria for institutions located within states with such state regulations.~~

H. Curriculum, Competencies and Outcomes Assessment

The DCP curriculum contains a minimum of 4,200 instructional hours for the doctor of chiropractic degree, thus ensuring the program is commensurate with professional doctoral level education in a health science discipline. The didactic and clinical education components of the curriculum, wherever offered and however delivered, are structured and integrated in a manner that enables the graduate to demonstrate attainment of all required meta-competencies outcomes necessary to function as a doctor of chiropractic/chiropractic physician. Best practices in assessment of student learning, regardless of instructional modality, measure student proficiency in the identified meta-competency outcomes and produce data that are utilized to guide programmatic improvements.

A portion of the instructional hours will be accomplished in a patient care setting and will

involve the direct delivery of patient care. The DCP has a health care quality management system that measures the structure, process and outcomes of care and uses these data to improve the quality of patient care and inform curricular improvements and student learning.

Context

1. Curricular Content and Delivery

~~The curriculum is consistent with the mission, goals, and objectives of the DCP. The meta-competency curricular objectives for each meta-competency are described in a manner that allows the DCP flexibility in the development of curriculum incorporating teaching techniques and strategies that address the variety of learning needs of students. Curriculum design allows that meta-competency requirements are met through didactic education and supervised student experiences at a DCP-managed clinic site, or at DCP-approved external sites or both. In the case of external sites, student learning outcomes are identified and evaluation of these outcomes and the meta-competencies are consistent with those that exist in the DCP settings.~~

There is a clear linkage between the design of specific courses and learning activities aligned with the meta-competency curricular objectives, and the articulated goals of the DCP. DCP course offerings display academic content, breadth, rigor and coherence that are appropriate to its mission. and Course offerings identify student learning goals and objectives, including knowledge, and skills, and abilities, while promoting synthesis of learning in a sequence or series that is conducive to providing explicit opportunities for students to achieve the required meta-competency outcomes and any additional learning outcomes identified by the DCP. The DCP demonstrates that it addresses the ~~M~~meta-competency curricular objectives through instructional content and measures individual and aggregate~~the~~ student achievement in of the M meta-competency outcomes defined below.

2. Assessment of Learning Outcomes and Curricular Effectiveness

Curriculum design allows that meta-competencies are met through didactic education and supervised student experiences at a DCP-managed clinic site, or at DCP-approved external sites or both. In the case of external sites, student learning outcomes are identified and evaluation of these meta-competency outcomes are consistent with those that exist in the DCP settings. The DCP employs best practices to assess and demonstrate each student's achievement of meta-competency outcomes. The DCP determines its own method of meta-competency delivery and assessment to document student competency and curricular effectiveness. Best practices are employed to assess and demonstrate each student's clinical skills and achievement of meta-competency outcomes. Assessment of clinical competency is performed in the context of the clinical workplace and criterion-referenced. Competency assessment is based on authentic encounters, frequent direct observations by multiple qualified evaluators, and promoted by the use of multiple tools and strategies. Assessment instruments and methods are valid and align with the meta-competency outcomes. The evaluation of knowledge, skills, and abilities align appropriately with broadly accepted frameworks such as Bloom's taxonomy and/or Miller's Model of Clinical Competence (Miller's Pyramid). Documented and systematic processes are used to review each student's meta-competency outcomes achievement data prior to graduation. Additionally, performance expectations and thresholds are communicated to students. Systematic mechanisms are used to identify and remediate students when deficiencies are identified.

Aggregate student learning and meta-competency outcomes D data related to assessment of student learning and are utilized to evaluate curricular effectiveness ~~are utilized for program improvement and are factors in institutional planning and program resource allocation. Ultimately, the DCP is accountable~~

~~for the quality and quantity of its evidence of compliance with the meta-competencies and its curricular objectives and outcomes.~~

3. Quality Patient Care

The DCP employs a quality assurance system to ~~obtain,~~ evaluate and utilize data to improve the structure, process and outcomes of patient care. This system must demonstrate evidence of: ~~includes measurable outcomes and thresholds for performance set and tracked by the DCP. The delivery of patient care will comply with state and federal laws and regulations and applicable/accepted industry standards.~~

- a. standards of care that are patient-centered, evidence-informed, consistent with accepted industry standards, complies with applicable jurisdictional laws and regulations, and are provided in a format that facilitates assessment with measurable criteria;
- b. an ongoing review of a representative sample of patient records to assess the appropriateness, necessity, and quality of the care provided;
- c. thresholds for performance that are set, tracked, and reviewed by the DCP to inform improvements to patient care and the curriculum, where appropriate;
- d. mechanisms to identify treatment deficiencies and implement corrective measures as appropriate; and,
- e. regular review of the instruments used and training of reviewers, at a minimum annually to improve the validity and reliability of the patient records audit process.

CCE Clinical Education Meta-Competencies

A graduate of a CCE accredited DCP is competent in the areas of:

META-COMPETENCY 1 - ASSESSMENT & DIAGNOSIS

Assessment and diagnosis require developed clinical reasoning skills. Clinical reasoning consists of data gathering and interpretation, hypothesis generation and testing, and critical evaluation of diagnostic strategies. This dynamic process includes the collection and assessment of data through history, physical examination, imaging, laboratory tests and case-related clinical services.

CURRICULAR OBJECTIVE:

The program prepares students to -

- A. Compile a case-appropriate history that evaluates the patient's health status, including a history of any present illness, systems review, and review of past, family and psychosocial histories for the purpose of constructing a differential diagnosis and directing clinical decision-making.
- B. Determine the need for and availability of external health records.
- C. Perform case-appropriate examinations that include evaluations of body regions and organ systems, including the spine and any subluxation/segmental dysfunction that assist ~~the clinician~~ in developing the diagnosis/es.
- D. Perform and utilize/interpret diagnostic studies ~~and consultations when appropriate~~, inclusive of imaging, clinical laboratory, and specialized testing procedures based on clinical needs, and refer to other providers for consultations when appropriate ~~to obtain objective clinical data.~~

- E. Formulate an evidence-informed diagnosis/es supported by information gathered from the history, examination, ~~and~~ diagnostic studies, and relevant scientific literature to inform patient care.

OUTCOMES:

Students will be able to -

~~1) Develop a list of differential diagnosis/es and corresponding exams from a case appropriate health history and review of external health records.~~

1) Perform a case-appropriate history that evaluates the patient's health status.

~~2) Identify~~ Perform a case-appropriate examination that leads to the identification of significant findings ~~that may indicate~~ and determine the need for ~~follow-up through~~ additional examination, ~~application of~~ diagnostic and/or confirmatory tests, ~~and tools~~, and ~~any~~ consultations.

3) Perform/order and interpret clinical laboratory, imaging, and other diagnostic studies required for patient management.

~~3)4)~~ Demonstrate effective clinical reasoning to ~~generate a~~ corresponding problem list ~~with of~~ current/active diagnosis/es.

META-COMPETENCY 2 - MANAGEMENT PLAN

Management involves the development, implementation and monitoring of a patient care plan for positively impacting a patient's health and well-being, including specific healthcare goals and prognoses. It may include case follow-up, referral, and/or collaborative care.

CURRICULAR OBJECTIVE:

The program prepares students to -

A. Develop a management plan appropriate to the diagnosis/es, the patient's health status, obstacles to improvement, specific goals, and prognoses, while incorporating patient values and expectations of care.

B. Evaluate the clinical indications and rationale for selecting an adjunctive modality or procedure that support the ~~Determine the need for~~ chiropractic adjustment/manipulation ~~or other forms of passive and goals of~~ care.

~~C. Determine the need for active care.~~

~~C~~. Determine the need for changes in patient behavior and activities of daily living.

~~E~~. Determine the need for emergency care, referral, and/or collaborative care.

~~F~~. Provide information to patients of risks, benefits, natural history and alternatives to care regarding the proposed management plan.

~~G~~. Obtain informed consent.

~~H.G.~~ Monitor patient progress and alter management plans accordingly as new clinical information becomes available.

~~H.~~ Recognize the point of a patient’s maximum improvement and release the patient from care, or determine rationales for any ongoing care.

I. Use evidence to support management plan decisions.

OUTCOMES:

Students will be able to -

- 1) Develop an evidence-informed management plan appropriate to the diagnosis, including elements such as obstacles to improvement, measurable healthcare goals, prognoses and target endpoint of care in consideration of bio-psychosocial factors, natural history and alternatives to care.
- 2) Identify the need and Rrefer for emergency care ~~and/or collaborative care~~ as appropriate.
- 3) Perform a review of findings and an informed consent that outlines benefits, risks, and thoroughly discusses alternatives to care ~~Present a management plan that includes obtaining informed consent.~~
- 4) ~~Deliver~~ Formulate a plan for appropriate chiropractic adjustments/manipulations, and/or other forms of passive care ~~as identified in the management plan.~~
- 5) ~~Implement~~ Formulate a plan for appropriate active care ~~as identified in the management plan.~~
- 6) Make recommendations for changes in lifestyle behaviors, including activities of daily living and/or dietary and nutritional habits as appropriate.
- ~~7) Implement changes to the management plan as new clinical information becomes available.~~
- ~~8~~7) Identify maximum improvement and document the endpoint of care or determine rationales for continuing care or referral.

META-COMPETENCY 3 - HEALTH PROMOTION AND DISEASE PREVENTION

Health promotion and disease prevention requires an understanding and application of epidemiological principles regarding the nature and identification of health issues in diverse populations and recognition of the impact of biological, chemical, behavioral, structural, psychosocial and environmental factors on general health.

CURRICULAR OBJECTIVE:

The program prepares students to -

- A. Identify the importance of primary, secondary, and tertiary prevention in population health, including health promotion, disease prevention, and screening ~~appropriate hygiene in a clinical environment.~~

- B. Explain the major causes and trends in chronic disease, comorbidity, and mortality~~health risk factors, leading health indicators and public health issues to patients.~~including those from diverse backgrounds and from underrepresented communities.
- C. ~~Identify public health issues in~~Recognize the importance of social determinants and impact of health care disparities within diverse populations.
- D. ~~Understand their~~Recognize reporting responsibilities~~iesy~~ regarding public health risks and issues.

OUTCOMES:

Students will be able to -

- 1) Manage health risks and public health issues, including reporting, as required.
- 2) Identify, R~~re~~commend, and/or provide resources (educational, community-based, etc.) ~~and instruction regarding~~for influencing public health-~~issues.~~
- 3) ~~Address~~Apply appropriate hygiene practices in the ~~clinical~~community and practice environment.
- 4) ~~Communicate health improvement strategies with other health professionals.~~

META-COMPETENCY 4 - COMMUNICATION AND RECORD KEEPING

Effective communication includes oral, written and nonverbal skills with appropriate sensitivity, clarity and control for a wide range of healthcare related activities, to include patient care, professional communication, health education, record keeping and reporting.

CURRICULAR OBJECTIVE:

The program prepares students to -

- A. Communicate effectively, accurately and appropriately, with a diverse population of patients, their families, colleagues, and a variety of health care and community professionals~~in writing and interpersonally with diverse audiences.~~
- B. ~~Acknowledge the need for, and apply~~Understand the importance and practical application of cultural sensitivity in communications with patients, families, and others.
- C. Create and maintain accurate, appropriate and legible records.
- D. Comply with regulatory standards and responsibilities for patient and business records.

OUTCOMES:

Students will be able to -

- 1) Document health risks and management options considering the patient's health care needs and goals.
- 2) Consider the patient's ethnicity, cultural beliefs, and socio-economic status when communicating.

- 3) Generate accurate, concise, appropriate and legible patient records, narrative reports, and correspondence.
- 4) Safeguard and keep confidential the patient's protected health and financial information.
- 5) Generate patient records that are in compliance with state and federal laws and regulations and applicable/accepted industry standards.

META-COMPETENCY 5 - PROFESSIONAL ETHICS AND JURISPRUDENCE

Professionals are expected to comply with the law and exhibit ethical behavior.

CURRICULAR OBJECTIVE:

The program prepares students to -

- A. Apply knowledge of ethical principles and boundaries.
- B. Apply knowledge of applicable health care laws and regulations.
- C. Apply knowledge of expected professional conduct.

OUTCOMES:

Students will be able to -

- 1) Maintain appropriate physical, communication (verbal and non-verbal), and emotional boundaries with patients.
- 2) Maintain professional conduct with patients, peers, staff, and faculty.
- 3) Comply with the ethical and legal dimensions of clinical practice.

~~**META-COMPETENCY 6 – INFORMATION AND TECHNOLOGY LITERACY**~~

~~Information literacy is a set of abilities, including the use of technology, to locate, evaluate and integrate research and other types of evidence to manage patient care.~~

~~**CURRICULAR OBJECTIVE:**~~

~~The program prepares students to—~~

- ~~A. Locate, critically appraise and use relevant scientific literature and other evidence.~~

~~**OUTCOMES:**~~

~~Students will be able to—~~

- ~~1) Use relevant scientific literature and other evidence to inform patient care.~~

META-COMPETENCY 6 –CULTURAL COMPETENCY

Cultural competency includes the knowledge, skills, and core professional attributes needed to provide care to patients with diverse values, beliefs, and behaviors, including the tailoring of health care delivery to meet patients' social, cultural, and linguistic needs. This competency requires the

acknowledgement of the importance of culture, recognizing the potential impact of cultural differences, and adapting services to meet unique needs of patients in an effort to reduce disparities in healthcare delivery.

CURRICULAR OBJECTIVE:

The program prepares students to -

A. Locate, critically appraise, and use relevant scientific literature and other evidence designed to bring awareness of each student's own personal biases and the social determinants of health that impact the delivery of care to a diverse population.

B. Apply, analyze, and evaluate the role of sociocultural, socioeconomic, and diversity factors in contemporary society to meet the healthcare needs of persons, groups, and populations.

OUTCOMES:

Students will be able to -

1) Communicate respectfully and effectively to patients of diverse social, cultural, and linguistic backgrounds in a manner that recognizes, affirms, and protects the dignity of individuals, families, and communities.

2) Design a care plan that considers and respects the culture of the patient and the patient's family.

META-COMPETENCY 7 – CHIROPRACTIC ADJUSTMENT/MANIPULATION

Doctors of chiropractic employ the adjustment/manipulation to address joint and neurophysiologic dysfunction. The adjustment/manipulation is a precise procedure requiring the discrimination and identification of dysfunction, interpretation and application of clinical knowledge; and the use of cognitive and psychomotor skills.

CURRICULAR OBJECTIVE:

The program prepares students to –

- A. Assess normal and abnormal structural, neurological and functional articular relationships.
- B. Evaluate the clinical indications and rationale for selecting a particular chiropractic adjustment/manipulation.
- C. Determine, based on clinical indications and risk factors, the appropriateness of delivering chiropractic adjustment/manipulation.
- D. Demonstrate the knowledge, mechanical principles, and psychomotor skills necessary to safely perform chiropractic adjustment/manipulation.
- E. Assess the patient outcome(s) of the chiropractic adjustment/manipulation.

OUTCOMES:

Students will be able to -

- 1) Identify subluxations/segmental dysfunction of the spine and/or other articulations.
- 2) Analyze and interpret findings indicating the need for chiropractic adjustment/manipulation.
- 3) Identify indications, contraindications, and risk factors for the chiropractic adjustment/manipulation; and, explain the anticipated benefits, potential complications and effects to patients.
- 4) Apply chiropractic adjustment/manipulation to patients while ensuring patient safety.
- 5) Identify the effects following the chiropractic adjustment/manipulation.

META-COMPETENCY 8 – INTER-PROFESSIONAL EDUCATION

Students have the knowledge, skills, abilities, and values necessary to function as part of an inter-professional team to provide patient-centered collaborative care. Inter-professional teamwork may be demonstrated in didactic, clinical, or simulated learning environments.

CURRICULAR OBJECTIVE:

The program prepares students to –

A. Work with other health professionals to maintain a climate of mutual respect and shared values, placing the interests of patients at the center of inter-professional health care delivery.

~~B. Use the knowledge of one's own role and other professions' roles to effectively interact with team members.~~

BC. Understand/Identify different models of inter-professional care, organizational, and administrative structures, and the decision-making processes that accompany them.

C. Explain the roles and responsibilities of each member of the health care team.

D. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.

~~D. Understand the principles of team dynamics to perform effectively on an inter-professional team influencing patient-centered care that is safe, timely, efficient, effective and equitable.~~

~~E. Organize and communicate with patients, families, and healthcare team members to ensure common understanding of information, treatment and care decisions.~~

OUTCOMES:

Students will be able to -

- 1) Communicate information with patients, families, community members, and health team members in a manner that is understandable, avoiding discipline-specific terminology when possible~~Explain their own roles and responsibilities and those of other care providers and how the team works together to provide care.~~

- 2) Use available evidence to inform effective teamwork~~appropriate team building~~ and collaborative strategies with ~~other~~ members of the healthcare team to support a team approach to patient centered care.

META-COMPETENCY 9 – ADJUNCTIVE TREATMENT

Doctors of chiropractic employ adjunctive active care and passive treatments to support chiropractic adjustment/manipulation and achieve specific patient goals and outcomes. Delivering active and passive care is based on the needs of the patient, education and training of the doctor of chiropractic/chiropractic physician, jurisdictional law, and the mission of the DCP.

CURRICULAR OBJECTIVE:

The program prepares students to –

- A. Demonstrate the knowledge, mechanical principles, and psychomotor skills necessary to safely perform adjunctive active care and passive modalities and procedures.
- B. Assess the patient outcome(s) following application of the adjunctive active care and passive modalities and procedures.

OUTCOMES:

Students will be able to –

- 1) Apply adjunctive active care procedures while ensuring patient safety.
- 2) Apply adjunctive passive modalities while ensuring patient safety.
- 3) Identify the effects following adjunctive active care/passive modalities and procedures.

Examples of Evidence Related to Curriculum, Competencies, and Outcomes Assessment

- ~~An organizational chart or similar graphic representation, with accompanying description, that displays a structure appropriate to the delivery of the educational program for the Doctor of Chiropractic degree.~~
- ~~A curriculum map or similar representation with accompanying analysis that displays where topics related to the various meta-competencies are presented and assessed.~~
- ~~Published syllabi with learning objectives for all courses and other components of the curriculum that include methods of evaluating student learning.~~
- ~~Data derived from assessment tools such as rubrics, performance observation notes, file reviews and audits, surveys, and external exams.~~
- ~~A description of the healthcare quality management system including outcomes and thresholds for performance.~~
- ~~Examples of the use of assessment data such as remediation programs, curricular change proposals, strategic planning and budgeting documents, etc.~~
- ~~Published policies and procedures related to student intern and supervising clinician duties, responsibilities, and conduct in clinic environments that are managed by the DCP and in external settings, as noted in manuals/policies applicable to those environments.~~
- ~~Documentation that the rights of patients regarding their care and privacy are displayed,~~

~~promoted, and enforced in the clinics as evidenced by file reviews, postings of appropriate notices, and patient survey results.~~

I. Research and Scholarship

The DCP **supports and** conducts ~~and supports~~ research and scholarly activities congruent with its mission, goals, **and** objectives ~~and strategic plan~~.

Context

1. Scope

Processes involving the DCP's faculty and administration establish the expectations for research and scholarship through specific elements in the mission, goal and objective statements, ~~strategic plan~~, and/or program documents. Additionally, research and scholarship informs the instructional objectives and content of the DCP with respect to research methodology and values, and guide faculty clinicians in the care of their patients.

2. Support

Research and scholarship are supported by appropriate levels of physical, financial, and human resources. The DCP provides the infrastructure and resources, including access to an Institutional Review Board (IRB), necessary to meet its commitments to research and scholarship and to foster the outcomes it expects of its personnel. Appropriate policies and procedures are in place to manage and guide the conduct and management of internally and externally supported research projects and scholarly activities and for the protection of human and/or animal subjects.

3. Outcomes

Research and scholarship within as defined by the DCP ~~occurs in one or more of the following areas: (1) Discovery—the development and creation of new knowledge resulting from basic science, clinical, psychosocial, and educational methodology studies; (2) Application—the integration and application of existing knowledge to clinical practice and teaching; (3) Integration—the critical analysis and review of existing literature; and (4) Teaching—the critique, analysis, and dissemination of knowledge about teaching, learning, evaluation and assessment.~~ Measures and thresholds for research and scholarship outcomes are set, ~~and tracked~~ and used to inform program improvement by the DCP.

~~3. Support~~

~~Research and scholarship are supported by appropriate levels of physical, financial and human resources. The DCP provides the infrastructure and resources, including an Institutional Review Board (IRB), necessary to meet its commitments to research and scholarship and to foster the outcomes it expects of its personnel. Appropriate policies and procedures are in place to manage and guide the conduct and management of internally and externally supported research projects and scholarly activities and for the protection of human and/or animal subjects.~~

Examples of Evidence Related to Research and Scholarship

- ~~• Demonstrated institutional support for research and scholarship to include the budget for research and scholarship activities, itemization of research faculty and staff, faculty release time, physical facilities, equipment and technology, coupled with ongoing assessments of the effectiveness of such support.~~

- ~~The record of external funding from government, foundation, and private sector business/vendor sources.~~
- ~~Documentation of research and scholarship outcomes for the most recent three-year period as evidenced by reports, peer-reviewed publications, presentations, and grant awards and applications submitted, which may include collaborative efforts with other institutions.~~
- ~~Curriculum content that introduces students to the value of evidencebased scientific and practice research studies, the fundamental aspects of research processes, the development and analysis of research data, and critical appraisal skills.~~
- ~~Evidence that students and faculty are provided with opportunities to participate in research and scholarship.~~
- ~~Documentation of activities that promote faculty professional development in the areas of research and scholarship.~~
- ~~The use of a process to evaluate, improve, and implement growth in DCP research and scholarship.~~
- ~~Evidence of an effectively functioning Institutional Review Board (IRB).~~

J.—Service

~~The DCP conducts and supports service activities congruent with its mission, goals, objectives and strategic plan.~~

Context

1.—Scope

~~Service represents a variety of activities that involve faculty, staff, and students that are dependent upon a DCP or an institutional affiliation and/or sponsorship. The DCP defines the scope of service activities in alignment with its mission, goals and objectives.~~

2.—Outcomes

~~Measures and thresholds for service are set and tracked by the DCP. Service may be manifested in a number of ways and typically occurs in one, or more, of three major categories: (1) programmatic/institutional, (2) professional, or (3) public/community.~~

3.—Support

~~The DCP provides the infrastructure and resources necessary to meet its commitments to service and to foster the outcomes it expects of its personnel. Policies and procedures are in place to manage and guide service activities.~~

Examples of Evidence Related to Service

- ~~A description of the scope of service activities engaged in by the DCP.~~
- ~~Policies and procedures germane to services provided by the DCP or its associated groups or individuals.~~
- ~~Demonstrated institutional support for the service component of the DCP mission to include the budget for service activities, itemization of faculty and staff release time, institutional facilities, equipment, and technology to support the service activities, coupled with ongoing assessments of the effectiveness of such support.~~
- ~~Documentation of service activity outcomes for the most recent three-year period.~~

- ~~• The use of a process to evaluate, improve and implement growth in DCP service activities.~~
- ~~• Documentation of leadership or participatory roles in local, state or federal professional organizations, in community and civic organizations and/or in educational and governmental task forces, committees, organizations and conferences.~~
- ~~• Documentation of the provision of low cost or free health care to underserved populations, and/or the offering of health related seminars, conferences and forums to the public.~~

K. Distance or Correspondence Education (if applicable)

The DCP has processes in place to verify and confirm that the student who registers in a distance education or correspondence education course is the same student who participates in and completes the course and receives the academic credit; and ensures regular interaction between a student and an instructor(s) in distance education courses.

Context

1. Identity Verification

The DCP verifies the identity of a student who participates in class or coursework, clarifies in policy(s) and uses processes that protect student privacy and notifies students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.

2. Regular Interaction

A DCP offering courses by distance education ensures regular interaction between a student and an instructor or instructors prior to the student's completion of a course or competency, by—

- Providing the opportunity for *substantive interactions* with the student on a predictable and regular basis commensurate with the length of time and the amount of content in the course or competency; and
- Monitoring the student's *academic engagement* and success and ensuring that an instructor is responsible for promptly and proactively engaging in substantive interaction with the student when needed on the basis of such monitoring, or upon request by the student.

Examples of Evidence Related to Distance or Correspondence Education

- ~~• Policies and procedures for secure login and pass code.~~
- ~~• Policies and procedures for proctored examinations.~~
- ~~• New or other technologies and practices that are effective in verifying student identity.~~
- ~~• Course syllabi that demonstrate regular interaction between the student and instructor.~~
- ~~• Learning Management System design features/functions that support and/or track student participation in course work, discussion boards, assignments, etc.~~
- ~~• Student evaluations of distance or correspondence courses.~~
- ~~• A copy of the program's definition of Academic Engagement and a copy of the institutional accreditor's requirements or guidelines for Academic Engagement, if applicable.~~

The following definitions apply to this Standard:

Academic engagement: Active participation by a student in an instructional activity related to the student's course of study that--

- (1) Is defined by the program in accordance with any applicable requirements of its institutional accrediting agency;
- (2) Includes, but is not limited to--
 - (i) Attending a synchronous class, lecture, recitation, or field or laboratory activity, physically or online, where there is an opportunity for interaction between the instructor and students;
 - (ii) Submitting an academic assignment;
 - (iii) Taking an assessment or an exam;
 - (iv) Participating in an interactive tutorial, webinar, or other interactive computer-assisted instruction;
 - (v) Participating in a study group, group project, or an online discussion that is assigned by the program; or
 - (vi) Interacting with an instructor about academic matters; and
- (3) Does not include, for example--
 - (i) Living in campus housing;
 - (ii) Logging into an online class or tutorial without any further participation; or
 - (iii) Participating in academic counseling or advisement.

Correspondence Course: A course provided by a program under which the program provides instructional materials, by mail or electronic transmission, including examinations on the materials, to students who are separated from the instructors. Interaction between instructors and students in a correspondence course is limited, is not regular and substantive, and is primarily initiated by the student. A correspondence course is not distance education and cannot be self-paced.

Distance Education - Education that uses one or more technologies to deliver instruction to students who are separated from the instructor and to support **regular and substantive interaction** between the students and the instructor, either synchronously or asynchronously.

Substantive interaction - engaging students in teaching, learning, and assessment, consistent with the content under discussion, and also includes at least two of the following--

- (1) Providing direct instruction;
- (2) Assessing or providing feedback on a student's coursework;
- (3) Providing information or responding to questions about the content of a course or competency;
- (4) Facilitating a group discussion regarding the content of a course or competency; or
- (5) Other instructional activities approved by the CCE.



Residency Program Accreditation Standards

Principles, Processes & Requirements
for Accreditation

September 1, 2022 Proposed Revisions
to the CCE Residency Accreditation Standards
(Track Changes Version)

July 2017

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Foreword

This document presents the process and requirements for The Council on Chiropractic Education (CCE) accreditation of chiropractic residency programs (“residency”). CCE accreditation relies on a peer-review process that is mission driven, evidence informed and outcome based. The attainment of CCE accreditation provides a residency with expert evaluation and recommendations for improvement. Accreditation provides assurances of educational quality and institutional integrity to governments, jurisdictional licensing and regulatory bodies, institutions, professional organizations, residents, other accrediting agencies and the public at large.

The purpose of the accreditation of residencies is to improve health care by assessing and advancing the quality of chiropractic residency education and to accredit those residencies which meet the minimum requirements as outlined in the Residency Program Accreditation Standards and provide for training programs of good educational quality in each specialty.

Accreditation of residency programs is a voluntary process of evaluation and review performed by a non-governmental agency of peers. The goals of the process are to evaluate, improve and publicly recognize programs that are in compliance with standards of educational quality established by CCE. Accreditation of residencies was developed to benefit the public, protect the interests of residents, and improve the quality of teaching, learning, research and professional practice.

CCE publishes a list of accredited residencies and informs its stakeholders and the public regarding the accreditation requirements and process. Communications with the public regarding specific accreditation actions are appropriately transparent, taking into consideration applicable laws and practices (including rights to privacy) and the integrity of the accreditation process.

CCE policy references in these Standards are not all inclusive and may be delineated in other CCE publications. They are intended only to assist the reader for quick reference.

Terminology and Definitions:

Affiliated Organization: an institution or organization that operates independently of the residency but is directly or indirectly involved with the residency. The affiliated institution or organization may provide guidance to the residency and/or formal services such as instruction, resident support services, library, information technology, etc. Formal services provided by the affiliated institution or organization are outlined in a contractual agreement.

Governing or Administrative Authority: a body or an administrative unit of the sponsoring organization that has ultimate responsibility for resources, policies, and quality of education provided by the residency.

Governing Official: the representative for the *governing or administrative authority* over the residency. For example, this could be a senior administrator of the sponsoring organization that oversees the residency Director and/or has ultimate responsibility for resources, policies, and quality of education provided by the residency.

Program Director: The program director is the person responsible for the direction, conduct and oversight of the residency.

Residency: A chiropractic residency is a post-doctoral education program centered on clinical training that results in the residents' attainment of advance competencies. Specific to the area of training, the residency expands and builds on the competencies attained through completion of the doctor of chiropractic degree program.

Sponsoring Organization: An organization, institution or facility dedicated to health care or education that assumes ultimate responsibility for the residency. If more than one organization sponsors the residency, there must be a contractual agreement between the organizations that outlines specific responsibilities and ownership for the residency.

Section 1 – CCE Principles and Processes of Accreditation

I. Residency Accreditation by CCE

CCE accreditation of residencies is designed to promote the highest standards of educational program quality in preparing candidates for an advanced level of training, advocating best practices and excellence in patient care, while advancing and improving the profession and its practitioners. The Council takes steps to ensure that accreditation requirements are consistent with the realities of sound practices in residencies and currently accepted standards of good practice for chiropractic care. This reflects a recognition that residencies exist in different environments. These environments are distinguished by such differing factors as purpose of the program, jurisdictional regulations, demands placed on the profession in the areas served by the residencies, and the diversity of resident populations. CCE accreditation is granted to residencies deemed by the Council to comply with the eligibility requirements and requirements for accreditation.

1. The Council specifically reviews compliance with all accreditation requirements.
 - It is dedicated to consistency while recognizing residency differences.
 - It bases its decisions on a careful and objective analysis of all available evidence.
 - It follows a process that is as transparent as possible, honoring the need for confidentiality when appropriate.
 - It discloses its final decisions to the public, as well as to other appropriate authorities, in accordance with CCE Policy 111.
2. The Council provides information and assistance to any residency seeking accreditation, in accordance with CCE policies and procedures.

II. Process of Accreditation for a Residency

Any residency seeking to achieve or maintain CCE accredited status must apply for such status, and provide evidence that the residency meets the eligibility requirements and complies with the requirements for accreditation.

A. Application for Initial Accreditation

1. Letter of Intent

A residency seeking initial accreditation must send a letter of intent to the CCE Administrative Office stating its intention to pursue accredited status, and provide written evidence that it meets the eligibility requirements.

Since residencies may operate under different settings and systems, provide a description and organizational chart of the residency's responsibilities and authority within the context of its sponsoring organization. Also include the name and title of the governing official. (The definitions for *governing official*, *sponsoring organization*, and *governing or administrative authority* are provided in the Terminology and Definitions section.)

2. Requirements for Eligibility

- a. Sponsorship of a residency is under the administrative responsibility of a healthcare institution or doctor of chiropractic program, which develops, implements, and monitors the residency. The sponsoring organization also ensures the availability of appropriate facilities and resources for the residency.
- b. Formal authorization to operate the residency from the appropriate governmental agency of the jurisdiction in which the residency legally resides, if applicable (e.g. state-level commission or board of higher education).
- c. The residency and/or the sponsoring organization is legally incorporated as an educational corporation, if required by the state-level commission or board of higher education, in its jurisdictional residence.
- d. A program director of the residency qualified by education and/or experience, as demonstrated by his/her Curriculum Vitae and position descriptions and minimum requirements. The program director~~and~~ is provided authority from the sponsoring organization to manage the residency (e.g. contract or job description).
- e. Formal action from the governing or administrative authority that commits the residency to comply with the CCE requirements for accreditation.
- f. The residency's mission/purpose, and program goals, and objectives, ~~which~~ are consistent with the CCE Residency Program Accreditation Standards and required core competencies.
- g. A plan and process for the assessment of resident outcomes.
- h. Disclosure of accreditation status with any agency other than CCE, to include the most recent action letter.

3. CCE Response

Upon application by the residency for accreditation:

- a. The Council Chair, with assistance from the CCE Administrative Office staff, reviews the evidence of eligibility documents submitted by the residency. If further documentation is necessary, the Council Chair notifies the residency that such documentation must be submitted with the residency self-study report.
- b. The Council establishes timelines regarding the self-study, site visit and Status Review Meeting in coordination with the CCE Administrative Office and the residency, according to CCE policies and procedures. If the residency's sponsoring organization is a CCE accredited DC program, the CCE Administrative Office will make every effort to coordinate self-study, site visit and Status Review Meetings with the ongoing CCE accreditation cycle for the DC program. This effort is designed to maximize practical efficiencies and cost reduction efforts.

B. Application for ~~Continued~~~~Reaffirmation of~~ Residency Accreditation

1. Letter of Intent

A residency seeking ~~continued~~~~reaffirmation of~~ accreditation must send a letter of intent from the residency's designated officer to the CCE Administrative Office stating its intention to pursue ~~continued~~~~reaffirmation of its~~ accredited status. If the residency's sponsoring organization is a CCE accredited DC program, this intent may be incorporated into the DC program application for ~~continued accreditation~~~~reaffirmation~~ letter.

2. Requirements for Eligibility

The residency need not submit evidence of eligibility documents required for initial accreditation unless eligibility requirements have changed ~~since from~~ the last ~~reaffirmation~~~~comprehensive~~ visit. However, the residency must maintain documentation that it complies with the eligibility requirements. This information must be available for review by appropriate representatives of CCE and/or the Council. Specifically related to the residency, the program must provide the following information to the Council:

- a. A program director of the residency is qualified by education and/or experience; and is provided authority from the sponsoring organization to oversee the residency (e.g. contract and/or job description).
- b. Formal action from the governing or administrative authority that commits the residency to comply with the CCE requirements for accreditation.
- c. The residency's mission/purpose and program, goals, and objectives, ~~which~~ are consistent with the CCE Residency Program Accreditation Standards.
- d. A plan and process for the assessment of resident outcomes.
- e. Disclosure of accreditation status for the residency with any agency other than CCE, to include the most recent action letter.

3. CCE Response

The Council establishes timelines regarding the residency's self-study, site visit and Status Review Meeting in coordination with the CCE Administrative Office and the residency, according to CCE policies and procedures.

C. Process of Residency Accreditation (Initial/~~Continued~~~~Reaffirmation~~)

1. Residency Self-Study

The residency must develop and implement a self-study process that involves all constituencies of the residency and demonstrates achievement of ~~relates to effectiveness regarding~~ its mission/purpose and goals and objectives. The self-study report must:

- a. Provide clear evidence that the residency complies with the CCE requirements for residency program accreditation.
- b. Focus attention on the ongoing assessment of program outcomes, including those

developed to demonstrate resident achievement of the core competencies, for the continuing improvement of academic quality.

- c. Demonstrate that the residency has processes in place to ensure that it will continue to comply with the CCE requirements for accreditation.
- d. Be submitted to the CCE Administrative Office no later than nine months prior to the CCE meeting wherein a decision regarding accreditation will be considered.

2. Site Team Visit and Report to CCE

Following receipt of the residency self-study report, the Council appoints a site team to review evidence contained within the eligibility documentation and self-study report relative to compliance with the CCE Residency Program Accreditation Standards. The site visit and report to the CCE are an integral part of the peer review process that uses the residency's self-study as the basis for an analysis of the strengths, challenges, and distinctive features of the residency. This process is designed to ensure that, in the best judgment of a group of qualified professionals, the residency complies with the requirements for eligibility and accreditation and that the residency is fulfilling its mission/purpose and goals. An enduring purpose of CCE accreditation is to encourage ongoing improvement.

- a. The residency must provide the site team with full opportunity to inspect its facilities and rotation sites, where feasible, and to interview all persons at the site/facilities related to the residency, and to examine all records maintained by or for the residency of which it is a part (including but not limited to budget and personnel records, and records relating to resident credentials, resident assessment of learning, resident advancement in the program, and program completion (degree, certificate, etc.)).
- b. A draft report is prepared by the site team and sent by the CCE Administrative Office to the residency Director and/or designated officer for correction of factual errors only.
- c. Following the response of the residency to correction of factual errors, a final report is sent by the CCE Administrative Office to the residency Director and/or designated officer, governing official and site team members.
- d. The residency may submit a written response to the site team report, and it must submit a written response if the report identifies areas of concern. The residency sends the response to the CCE Administrative Office which distributes it to the CCE President, Councilors and Site Team Chair. Any residency response to the site team report must be submitted to the CCE no less than 30 days prior to the Status Review Meeting.

3. CCE Status Review Meeting

- a. The objective of the status review meeting is to provide an opportunity for the Council to meet with the residency representatives (if applicable) to discuss the findings of the site team in accordance with CCE policies and procedures. The Site Team Chair or other members of the site team may also be present at the request of the Council Chair.

- b. Following the status review meeting, the Council reviews the self-study and supporting documentation furnished by the residency, the report of the on-site review, the residency's response to the report, and any other appropriate information, consistent with CCE policies and procedures, to determine whether the residency complies with the CCE Residency Program Accreditation Standards.
- c. The Council's action concludes with a written decision regarding accreditation status that is sent to the residency Director and/or designated officer, the governing official, and CCE Councilors.
- d. The next comprehensive evaluation site visit normally is three years following the award of initial accreditation, or six years following the award of ~~continued~~reaffirmation-of accreditation. If the residency's sponsoring organization is an institution housing a CCE accredited DC program, every effort will be made to ensure the cycle of comprehensive visits coincides with the accreditation cycle of the DC program.

D. Additional Reports and Visits

In accordance with CCE policies and procedures the Council may require additional reports from, and/or visits to a residency, to confirm its continued compliance with the accreditation requirements. The residency must critically evaluate its efforts in the area(s) of concern, initiate measures that address those concerns, and provide evidence of the degree of its success in rectifying the area(s) of concern. Failure on the part of a residency to furnish a requested report or host a site visit on the date specified by the Council constitute cause for sanctions or revocation of accreditation. These actions are at the discretion of the Council, following appropriate notification.

1. Program Interim Report (PIR)

Periodic PIRs must be submitted to the Council in accordance with CCE policies and procedures at the mid-point of the ~~accreditation~~reaffirmation cycle, with first report due three years after ~~continued~~reaffirmation-of accreditation has been granted. PIRs are required as one of the reporting requirements the Council utilizes to continue its monitoring and reevaluation of its accredited residencies, at regularly established intervals, to ensure the residencies remain in compliance with the CCE Residency Program Accreditation Standards.

2. Progress Reports

Progress Reports must be submitted to the Council, on a date established by the Council. Progress reports address previously identified areas of non-compliance with accreditation requirements or concerns arising from review of the residency PIR.

3. Substantive Change Reports

Substantive Change applications must be submitted to the Council to provide evidence that any substantive change to the educational mission or residency does not adversely affect the capacity of the residency to continually comply with the CCE Residency Standards. The residency must obtain Council approval of the substantive change request prior to implementing the change in accordance with CCE Policy 1.

4. Focused Site Visits

At the discretion of the Council, Focused Site Visits are conducted based upon previous concerns not yet satisfactorily addressed for the residency to be in compliance with accreditation requirements, substantive change requirements, or extraordinary circumstances in which violation of accreditation requirements may prompt action to protect the interests of the public.

A progress review meeting by the Council regarding any additional reports submitted is conducted to discuss and make a decision regarding the adequacy of ongoing progress, the sufficiency of evidence provided regarding progress on issues of concern, whether any other significant concerns have emerged, and what, if any, subsequent interim reporting activities are required. If a site visit was conducted, the site team report is also discussed.

The Council determines if an appearance, or if participation via conference call, is necessary by the residency representatives at the next Council meeting. The Council then sends a follow-up letter to the residency identifying the status of previous concerns (if any), and/or a substantive change application, and the requirements for any additional interim activities. The residency must continue to submit PIRs in accordance with CCE policies and procedures.

E. Withdrawal from Accreditation

1. Voluntary Withdrawal of Initial Application

A residency may withdraw its application for accreditation at any time prior to the Council decision regarding initial accreditation by notifying the CCE Council of its desire to do so.

2. Voluntary Withdrawal from Accredited Status

An accredited residency desiring to withdraw from CCE accreditation forfeits its accredited status when the Council receives a certified copy of the residency's governing official's resolution clearly stating its desire to withdraw.

3. Default Withdrawal from Accredited Status

When a residency fails to submit a timely application for ~~reaffirmation of~~ continued accreditation accredited status, the Council acts at its next meeting to remove the residency's accredited status. This meeting of the Council normally occurs within six months of the date when the residency application for ~~reaffirmation~~ continued accreditation was due.

4. Notification

In cases of voluntary withdrawal and default withdrawal CCE makes appropriate notification in accordance with CCE Policy 111.

F. Reapplication for Accreditation

A residency seeking CCE accreditation that has previously withdrawn its accreditation or application for accreditation, or had its accreditation revoked or terminated, or had its application for accreditation denied, follows the process for initial accreditation.

III. Accreditation Decisions and Actions

A. CCE Decisions

The Council makes a decision regarding the application for initial or ~~continued reaffirmation of~~ accreditation following the status review meeting. When considering the accreditation status of a residency, the Council may take any of the following actions at any time~~Council decisions may include:~~

1. ~~To a~~Award or reaffirm initial accreditation
2. ~~To d~~Defer the decision
- ~~2.~~3. Continue accreditation
4. ~~To i~~Impose Warning a sanction
- ~~3.~~5. Impose Probation
6. ~~To d~~Deny or revoke accreditation
- ~~4.~~7. Withdraw accreditation

B. CCE Notifications

The CCE makes notifications of Council accreditation decisions and actions in accordance with CCE Policy 111.

C. Enforcement of Standards

The U.S. Department of Education requires the enforcement of standards for all recognized accrediting agencies. If the Council's review of a residency regarding any standard indicates that the residency is not in compliance with that standard (area of concern), the Council must:

1. Immediately initiate adverse action against the residency; or
2. Notify the residency of the finding(s) of noncompliance and Rrequire the residency to take appropriate action to bring itself into compliance with the standards within a time period that must not exceed 18 months. NOTE: If the residency is at least one year but less than two years in length.

If the residency does not bring itself into compliance within the 18-month time limit, the Council must take immediate adverse action unless the Council extends the period for achieving compliance for "good cause". Such extensions are only granted in unusual circumstances and for limited periods of time not to exceed 18 months in length. The residency must address the three (3) conditions for "good cause" listed below.

Definition and Conditions for Good Cause

The Council will review the information/rationale provided and grant an extension for "good cause" if;

1. The residency has demonstrated significant recent accomplishments in addressing non-compliance, and
2. The residency provides evidence that makes it reasonable for the Council to assume it will remedy all non-compliance items within the extended time defined by the Council, and
3. The residency provides assurance to the Council that it is not aware of any other reasons, other than those identified by the Council, why the residency should not be continued for "good cause."

The Council may extend accreditation for "good cause" for a maximum of one year at a time (not to exceed 18 months in total). If accreditation is extended for "good cause," the residency must be placed or continued on sanction (Probation) and may be required to host an on-site evaluation visit. At the conclusion of the extension period, the residency must appear before the Council at a meeting to provide further evidence if its period for remedying non-compliance items should be extended again for good cause.

In all cases, the residency bears the burden of proof to provide evidence why the Council should not remove its accreditation. The Council reserves the right to either grant or deny an extension when addressing good cause.

Adverse accrediting action or adverse action means the denial, withdrawal, ~~suspension, or~~ revocation, ~~or termination~~ of accreditation, ~~or any comparable accrediting action the Council may take against the residency.~~

IV. Non-Compliance Decisions and Actions/Appeals

When the Council determines that a residency is not in compliance with CCE Residency Program Accreditation Standards, including eligibility and accreditation requirements, and policies and related procedures, the Council may apply any of the following actions.

A. Required Follow-up

In addition to regular reporting requirements and scheduled evaluations, the Council may require a residency to provide additional follow-up information, reports, host focused site visits, and/or make an appearance before the Council to provide evidence of compliance. Required follow-up is a procedural action which is not subject to appeal.

B. Deferral

In cases where additional information is needed in order to make a ~~final~~ decision regarding the accreditation of a residency seeking initial or continued accreditation, the Council may choose to defer a final decision regarding accreditation status. The additional information requested through the deferral process may relate to information submitted by the residency following an on-site evaluation which raises additional questions, requires clarification or additional evidence from the residency.

The Council may require the residency to submit a report, host a site visit and/or make an appearance before the Council to provide such information. When a decision is deferred, the residency retains its current accreditation status until a final decision is made~~A notice of deferral is confidential.~~ Deferral ~~may be continued up to~~ shall not exceed twelve (12) months. Deferral is not a final ~~action~~ decision and is not subject to appeal.

C. Warning

The intent of issuing a ~~confidential~~ Warning is to alert the residency of the ~~need~~ requirement to address specific Council concerns regarding its accreditation. The Council may decide to issue a ~~confidential~~ Warning if the Council concludes that a residency:

1. is in non-compliance with the accreditation standards and the Council determines that the deficiency ~~y(ies)~~ do not compromise the overall integrity of the residency and can be corrected by the residency within the permissible timeframe ~~in a short period of time~~; or
2. has failed to comply with reporting or other requirements and/or provide requested information.

Following a notice of Warning, the Council may require additional reporting ~~the residency to submit a report, host a site visit and/or make an appearance before the Council to permit the residency~~ to provide additional information and/or evidence of compliance. Warning is a sanction, that is not subject to appeal, and shall not exceed twelve (12) months. ~~A notice of Warning is a confidential action. Warning may be continued for up to twelve (12) months. Warning is a procedural action which is not subject to appeal.~~

The Council will make notification of a final decision to impose Warning by notifying the residency Director and/or designated officer, and the governing official that the residency has been placed on Warning in accordance with CCE policy and procedures.

D. Probation

Probation is an action reflecting the conclusion of the Council ~~may be imposed at any time when the Council concludes~~ that the residency is in significant non-compliance with ~~one or more eligibility requirements, accreditation standards, requirements, or CCE policy requirements.~~ Such a determination may be based on the Council's conclusion that:

1. The noncompliance compromises the integrity of the residency; for example, the number of areas of noncompliance, or other circumstances cause reasonable doubt that compliance can be achieved in the permissible timeframe; or
2. The noncompliance reflects recurrent noncompliance with one or more particular standard(s); or
3. The noncompliance reflects an area for which notice to the public is required in order to serve the best interests of residents and prospective residents.

The Council may require the residency to submit a report, host a site visit and/or make an appearance before the Council to provide evidence of compliance. Probation is a sanction, subject to appeal (see CCE Policy 8), and ~~may be continued for up to~~ shall not exceed eighteen (18) months. The Council will make a public notice of a final decision to impose Probation by notifying the appropriate agencies that the residency has been placed on Probation in accordance with CCE policy and procedures.

E. Show Cause Order

A Show Cause Order constitutes a demand that the residency provide evidence to inform the Council and demonstrate why the program's accreditation should not be revoked. The Council may require the residency to submit a report, host a site visit and/or make an appearance before the Council to provide such evidence. If the residency does not provide evidence sufficient to demonstrate resolution of the Council's concerns within the time frame established by the Council, the residency's accreditation is revoked. A Show Cause Order is a sanction, subject to appeal (see CCE Policy 8), and may be continued

for up to twelve (12) months. The Council makes public notice of a final decision to impose a Show Cause Order in accordance with CCE policy and procedures.

F. Denial or Revocation

An application for initial accreditation or ~~continued reaffirmation of~~ accreditation may be denied if the Council concludes that the residency has significantly failed to comply and is not expected to achieve compliance within a reasonable time period. Denial of an application for ~~initial Accreditation or a Reaffirmation of continued~~ Accreditation constitutes ~~initial Accreditation not being awarded or~~ Revocation of Accreditation, respectively.

Denial or Revocation of accreditation is an Adverse Action and subject to appeal (see CCE Policy 8). A residency seeking CCE accreditation that has previously withdrawn its accreditation or its application for accreditation, or had its accreditation revoked or terminated, or had its application for accreditation denied, follows the process for initial accreditation. The Council makes public notice of a final decision to deny or revoke accreditation by notifying the appropriate agencies in accordance with CCE policy and procedures.

G. Accreditation is a privilege, not a right. Any of the above actions may be applied in any order, at any time, if the Council determines that residency conditions warrant them. If the Council imposes any of the following actions: Deferral; Warning; Probation; a Show Cause Order; or Revocation of Accreditation, the Council provides a letter to the residency stating the reason(s) for the action taken.

~~Any sanction or adverse action, as defined in this section, is subject to appeal in accordance with CCE Policy 8.~~

V. Status Description

A residency or an institution accredited by the Council must describe its accreditation status in accordance with CCE Policy 22.

The Council updates the accredited status of the programs/institutions it currently accredits on its official website following each Council Meeting, to include:

- a. Month/Year of initial accreditation status awarded by CCE.
- b. The year the Council is scheduled to conduct its next comprehensive site visit review for ~~continued reaffirmation of~~ accreditation and the next scheduled Council Status Review Meeting regarding that comprehensive site visit review.

VI. Complaint and Contact Information

Complaint procedures are established to protect the integrity of the CCE and to ensure the avoidance of improper behavior on the part of those individuals acting on behalf of the CCE, the Council and the CCE-accredited residencies. By establishing formal complaint procedures, the CCE provides responsible complainants the opportunity to submit specific grievances and deal with them through a clearly defined process. CCE Policy 64 outlines the complaint procedures and may be obtained from the CCE Administrative Office and/or is available on the CCE website.

Information describing the organization and operation of the CCE and its Council may be obtained from the CCE Administrative Office, 10105 E Via Linda, Ste 103 PMB 3642, Scottsdale, AZ 85258, Telephone: 480-443-8877, E-Mail: cce@cce-usa.org, or Website: www.cce-usa.org.

Preface

An accredited chiropractic residency program (residency) is a full time program that provides its graduate doctors of chiropractic an advanced level of clinical training. The CCE applies the understanding that in order for a residency to be recognized as an accredited program, the residency itself must prepare the graduate for advanced or focused practice and where applicable, be recognized by a national or international chiropractic specialty group with an independent examining board.

Section 2 – CCE Requirements for Accreditation of Residency Programs

A. Mission/Purpose and Program Effectiveness

The residency has a statement of mission/purpose, approved by the sponsoring organization, which describes the program's specific advanced clinical training focus. The residency must develop **learning goals with measurable objectives** and **demonstrate** program outcomes congruent with **its**the mission/purpose **and the required CCE core competencies**. Each residency effectively measures its performance through regularly performed program evaluation and uses these results to improve the program quality.

Context

Mission/Purpose Statement(s):

Residency's provide graduate professional health care education. By articulating a purpose, each residency clarifies its outcomes, which will vary from residency to residency, based on the residency's focus and **learning objectives**goals. Each residency has its mission/purpose statement approved by the sponsoring organization and is made available to all stakeholders. The mission/purpose is periodically evaluated, with any revisions supported by evidence for needed change.

Program Effectiveness:

The residency evaluates program performance against stated outcomes through formal program effectiveness processes. The residency develops performance metrics and the results obtained are tracked, analyzed, disseminated, regularly reviewed, and incorporated in decision-making processes to revise and improve the program, as needed. The program evaluation process includes an analysis of resident competency assessment data. The residency establishes thresholds for competency assessments and program outcomes to inform curricular improvements. Periodic reviews are conducted to ensure the effectiveness of performance measures.

Residency Program Outcomes – CCE Policy 56 Thresholds and Public Disclosure Requirements:
Program outcomes must include, but need not be limited to: (1) program completion rate, and (2) resident employment rate. The residency demonstrates its program completion and resident employment rates are at or above established thresholds in compliance with CCE Policy 56. The residency publishes its current program completion and resident employment rates on its website in compliance with the CCE Policy 56 public disclosure requirements.

Examples of Evidence Related to Mission/Purpose and Program Effectiveness

- ~~1. The mission/purpose for the residency and examples of where it is published.~~

- ~~2. A record of approval of the mission/purpose statement by the sponsoring organization.~~
- ~~3. Statement of the program's goals, objectives and outcomes that support successful achievement of the residency's mission/purpose.~~
- ~~4. Evidence of connectivity between the residency's mission/purpose, program outcomes, and competencies.~~
- ~~5. Evidence of the overall effectiveness of the program including, but not limited to, clinical performance evaluations, graduation rates, applicable specialty board exam scores, and job placement.~~
- ~~6. Description (i.e. measures, thresholds, data and analysis) and evidence of use of the residency program effectiveness process and cycle (e.g. quarterly and annual review meetings).~~
- ~~7. Evidence of use of program effectiveness outcomes and analysis to make program improvements.~~

B. Ethics and Integrity

The residency demonstrates integrity, adherence to, and promotion of ethical standards as they relate to all aspects of policies, functions, and interactions.

Context

The residency or sponsoring organization have and adhere to ethics and integrity policies and procedures.

Examples of Evidence Related to Ethics and Integrity

- ~~1. Program and/or institutional policies and procedures that document commitment to ethics and integrity. Commitment to exemplary ethics and integrity that is present in policies as well as materials used by administration, faculty and residents in the program. (e.g. reference to program and/or institutional policies in this area or commitment to the policies of a professional organization associated with the residency mission/purpose) This commitment should be inclusive of the following ethical/integrity areas:
 - ~~• Management and avoidance of conflict of interest with patients, colleagues, vendors and third party payers~~
 - ~~• Commitment to ethical and professional care of patients~~
 - ~~• Commitment to fairness, objectivity and accountability in selection of residents~~
 - ~~• Commitment to Academic Freedom and faculty centrality in programmatic educational content selection; and~~
 - ~~• Documented processes and policies to adjudicate violations of ethical standards, including academic, clinical regulatory and behavioral concerns~~~~
- ~~2. Evidence of investigation and disciplinary actions for violations of ethics or integrity, if present~~

C. Governance and Administration

The sponsoring organization must include the residency within its governance structures to ensure its authority, representation, and appropriate transparency and accountability, within the organization's milieu. The residency's administrative structure and personnel facilitate the achievement of the mission/purpose and goals of the program.

Context

The administration and administrative structure of the residency must be sufficient (in qualified personnel, and authority) to achieve its mission/purpose and goals. There must be a periodic assessment of administrative performance. Clear lines of authority, responsibility, and communication among faculty and program administration staff must exist concurrently with systems for decision-making that support the work of the program.

Examples of Evidence Related to Governance and Administration

- ~~1.—Evidence of sufficiently qualified residency administrator(s) as demonstrated by Curriculum Vitae and position descriptions.~~
- ~~2.—Descriptions of residency governance and administrative structures~~
- ~~3.—Evidence of administrative decision-making and associated processes that are supportive of the goals and objectives of the program.~~
- ~~4.—Documentation of evaluations or other forms of assessments of the performance and effectiveness of residency administrative personnel.~~
- ~~5.—Organizational charts sufficiently detailed to clearly depict the reporting structure of all residency components.~~

D. Facilities and Resources

The sponsoring organization ensures the availability of appropriate facilities and resources to achieve the mission/purpose of the residency.

Context

The sponsoring organization demonstrates appropriate facilities and equipment, and adequate access to learning resources (e.g. library and information technology systems, either internally operated or externally provided) sufficient to support the goals and objectives of the residency. Additionally, the sponsoring organization offers reasonable accommodations to address the needs of residents, in particular the needs of residents with disabilities.

Examples of Evidence Related to Facilities and Resources

- ~~1.—Descriptions and copies of affiliation agreements with the residency where residents obtain clinical or other types of experiences with external practitioners and facilities, as applicable.~~
- ~~2.—Reasonable accommodation plans and resource allocation for residents with disabilities.~~
- ~~3.—A compilation of residency learning resources to include personnel responsible for administration and staffing, and/or an academic affiliate agreement, contract, or policies that govern the operations of these resources.~~

E. Faculty

The residency has appropriately credentialed faculty mentors who are qualified by virtue of their academic and professional training and experience to instruct and supervise residents. The faculty oversee all clinical services, develop, deliver and monitor the curricula of the residency, and assess resident learning and participate in assessment of the effectiveness of the program. ~~With the support of~~ **The sponsoring organization provides opportunities for the faculty to be engaged in research and scholarship and professional development.**

Context

At each participating site, there must be an appropriate number of faculty with documented qualifications to ~~instruct and~~ supervise and instruct, if applicable, all residents at that location. The determination of the number of full-time and part-time faculty members is based on sound pedagogical rationales in both physical and virtual classroom, and patient care settings. The faculty enable the residency to meet its mission/purpose, goals, and objectives. Faculty members must devote sufficient time to the residency to fulfill their supervisory and mentoring~~teaching~~ responsibilities. Faculty members must have appropriate credentials, including licensure where required in clinical and didactic instructional settings, and academic expertise, and experience to fulfill their assigned responsibilities as instructors, mentors, subject matter/content experts, and clinical educators. Faculty members are provided with opportunities for professional development to improve content expertise in their areas of interest and competence, their instructional skills, and their capabilities in research and scholarship. Faculty members' performance is evaluated on a regular basis.

Faculty members are involved in the development, assessment, and refinement of the curriculum, as well as decisions regarding resident admission and advancement.

Examples of Evidence Related to Faculty

- ~~1. A faculty handbook or equivalent document(s), written policies and other documents that address: workload; clinical services responsibilities, instruction, research and scholarship, service, resident assessment, and professional development; faculty selection and hiring procedures; advancement in rank, terms and conditions of employment; academic freedom; integrity; conflicts of interest; non-discrimination; and grievances and dismissal.~~
- ~~2. Evidence that policies are implemented, assessed for effectiveness, and revised as necessary to improve their effectiveness.~~
- ~~3. Committee minutes and/or other documents related to faculty participation in residency evaluation and assessment, and academic/clinical policy development and implementation.~~
- ~~4. Documentation of faculty evaluation processes, to include:
 - ~~a) Review of the faculty's clinical and/or teaching performance with respect to resident activities.~~
 - ~~b) Professional development activities to improve faculty performance.~~~~
- ~~5. Documentation of faculty scholarship.~~
- ~~6. Documentation of concerns for performance with appropriate avenues for performance correction.~~

F. Resident Support Services

The residency, in a manner consistent with its mission/purpose, provides support services to enable resident's opportunities to achieve their academic/clinical goal(s).

Context

These services promote the comprehensive development of residents and ensure compliance with grievance and due process procedures as set forth by the governing or administrative authority and communicated to all residents.

Resident support services may include the following areas: formal matriculation, orientation, advising and mentoring, and processes for handling clinical or academic performance reviews and appeals matters, resident grievances and disciplinary issues.

Examples of Evidence Related to Resident Support Services

- ~~1. An orientation program to introduce entering residents to the residency.~~
- ~~2. Resident advisement of applicable processes and procedures.~~
- ~~3. Policies governing any services that maximize resident performance.~~
- ~~4. Policies and procedures that equitably address resident complaints and grievances, resident conduct issues and performance reviews, and tracking and analysis of resident complaints and grievances.~~
- ~~5. Documentation of implementation and assessment of the effectiveness of the policies and procedures noted above, along with periodic revisions to increase their effectiveness.~~

G. Resident Selection

The residency selects individuals who have graduated from a CCE accredited program or its equivalent, and are eligible to hold a DC license or currently are licensed to practice chiropractic.

Context

The efficacy of the selection process is demonstrated by the ability of admitted residents to demonstrate success in key educational outcomes areas directed by the residency's mission/purpose, goals and objectives. The residency's selection practices are designed to ensure that admitted residents' possess the academic, clinical and personal attributes for success in developing the skills, knowledge, attitudes and behavior that are necessary to succeed in the rigors of the academic/clinical program.

Examples of Evidence Related to Resident Selection

- ~~1. Published resident selection policies and procedures that facilitate the enrollment of residents qualified to achieve the educational outcomes consistent with the residency's purpose.
 - ~~a. Policies including, but not limited to minimum academic, experience, technical standards and licensing requirements applicable to the residency.~~~~
- ~~2. Evidence that each applicant who received higher education and training in an international institution has:
 - ~~a. competence in the language of residency instruction;~~
 - ~~b. documented legal entry into the host country for purpose of academic study for residency's offered in the host country, and;~~
 - ~~c. demonstrated academic preparation substantially equivalent to that possessed by newly-admitted residents from institutions in the host country.~~~~
- ~~3. Documentation of compliance with policies and procedures and assessment of the effectiveness of resident selection process along with evidence of implementation of changes, as appropriate, that improve their effectiveness.~~

H. Curriculum, Clinical Training and Competencies

A residency is a post-doctoral, educational program centered on clinical training and development of advanced clinical skill sets that results in the resident's attainment of an advanced level of clinical knowledge. Specific to the area of training, the residency expands and builds on the entry-level competencies attained through completion of the Doctor of Chiropractic degree through a comprehensive clinical education program.

Context

The program must develop outcomes for each of the required CCE core competencies that are tailored to the program's specific advanced clinical training focus~~Competencies and outcomes must be identified by the residency~~, so that graduates will be prepared to serve in the area of their specialty or in an educational practice specialty setting. The competency outcomes result in the attainment of advanced proficiency in areas of clinical knowledge and patient care specific to the mission/purpose of the residency.

The competency requirements are designed so that each residency can develop its own parameters regarding the requirements of its program and the evidence of achievement by which it wishes to be evaluated for compliance. In addition, the residency may opt to allow for clinical competency requirements to be met through a combination of supervised resident experiences at institutionally managed clinic sites and external sites. In the case of external sites, policies and procedures for the activities and evaluation of resident competence are comparable or equivalent to those that exist in the residency's own settings. The residency documents the progress of each resident in meeting the stated program objectives.

Program Duration:

A residency is a program with a minimum duration of 12 months. The duration of the residency must be appropriate for the intended outcome as postgraduate training leading to specialty certification or qualification. The residency must demonstrate that the residency ensures a coherent, integrated and progressive educational program with evidence of increasing professional responsibility. The resident must be considered full time by the terms of the sponsoring organization.

Scope of Training:

The goal of chiropractic residency programs is to produce fully competent chiropractors with advanced or focused clinical training capable of providing high quality care. Accordingly, the programs must be specifically designed to meet the educational needs of Doctors of Chiropractic intending to become providers of clinical care. The programs must be full-time and physically located in an educational and/or healthcare environment, and they must include clinical care of actual patients, providing experiential opportunities for progressively increasing professional responsibility. The residency must provide experiential opportunities and responsibilities for the residents that are appropriate to their practices.

Program Design and Curriculum:

The curriculum and design of a residency must be developed by faculty members with expertise and qualifications in the specific field of study. The residency should contain structured educational experiences with written learning goals and objectives/outcomes, instructional strategies and methods of evaluation appropriate to the field of study. A residency curriculum committee must develop, approve and review the program and any major changes to an existing curriculum, format or design.

Core Competencies:

The residency program evidences that each resident has attained each of the competency outcomes identified by the program, at the performance threshold(s) established by the program. All residencies must meet at least the following seven core competencies and show evidence of attainment of these competencies in the context of the area of training of the residency. All residencies must demonstrate through its established outcomes it meets at least the following seven core competencies:

1. *Clinical Service*: residents must be able to diagnose and manage complex, subtle or infrequently encountered clinical presentations by using patient-centered diagnostic and treatment modalities;
2. *Advanced or Focused Healthcare Knowledge*: residents must research and analyze current scientific information and integrate this knowledge into patient care through evidence-based clinical decision making;
3. *Practice-Based Learning and Improvement*: residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve patient care through self-assessment and documented quality assurance activities;
4. *Interpersonal and Communication Skills*: residents must be able to demonstrate interpersonal and communication skills through culturally competent patient education, communication and shared decision making;
5. *Professionalism*: residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population;
6. *Collaborative Practice*: residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and collaborate with other professionals to assure that appropriate resources are utilized for well-coordinated patient care;
7. *Evidence-informed Advanced or Focused Practice*: residents must demonstrate competency in the application of knowledge of accepted standards in clinical practice appropriate to their specialty training. The resident must promote and disseminate knowledge through scholarly activities, such as lectures, presentations, publications, posters or research.

Quality Patient Care:

The residency must utilize a formal system of quality assurance for patient care. This system includes a systematic patient chart audit process with measurable chart audit criteria/elements, outcomes and thresholds for performance, set, and tracked, and reviewed by the residency or sponsoring organization to inform improvements to patient care and the residency program, as needed. The delivery of patient care will comply state and federal laws and regulations and applicable/acceptable industry standards.

Examples of Evidence Related to Curriculum, Clinical Training and Competencies

1. A curriculum map or similar representation demonstrating a curriculum that provides a coherent, integrated and progressive educational program with appropriate experiences and progressive responsibility for the residents, aligned with the competencies and outcomes, as identified by the program.

- ~~2. Published syllabi, documentation showing program goals and objectives, instructional strategies and methods of assessment of residents' progress and achievement.~~
- ~~3. Evidence that faculty have a central role in curriculum development, management and approval, and that they participate in program assessment and are included in efforts to affect changes based on that assessment.~~
- ~~4. Examples of assessment tools and methods that measure competency development and learning.~~
- ~~5. Resident portfolios and/or reports, which tracks and demonstrates each resident's achievement of the competencies.~~

I. Duty Hours

~~The residency must be committed to and be responsible for promoting patient safety and resident well-being throughout the educational environment. The residency must ensure sufficient staff of qualified faculty for appropriate resident supervision, recognizing that faculty and residents collectively have responsibility for providing appropriate patient care.~~ The residency must specify reasonable resident duty hours required for all clinical and academic activities spent in-house at any of the residency's locations.

Context

Duty hours include administrative responsibilities related to patient care, but do not include reading and preparation time spent away from the duty site. The residency must have policy addressing moonlighting, call, and avoidance of resident fatigue and sleep deprivation.

Examples of Evidence Related to Duty Hours

- ~~1. Resident handbook or equivalent that outlines schedules, including call schedules and total workload expectations per week, particularly as it relates to clinical responsibilities.~~
- ~~2. Copies of resident schedules.~~

J. Completion Designation

The successful completion of the residency program culminates in a formally recognized certificate or degree. The residency, governing or administrative authority, or sponsoring organization must provide **and maintains** formal documentation of the educational record of residents, ~~a registry of those who successfully complete the residency,~~ and recognition of completion of their residency by awarding a certificate or degree.

Context

~~The residency process should culminate in a formally recognized certificate or degree. The residency, governing or administrative authority, or sponsoring organization has a policy and/or procedures to maintain the educational records of residents, including a registry of~~ This codifies for the resident, the governing or administrative authority and/or the sponsoring organization who has, and who has not successfully completed the residency. ~~The credibility gained through recognition of this achievement is an important factor for future practice.~~

Examples of Evidence Related to Completion Designation

1. Example of Certificate or Degree conferred to graduates of the residency.



Agenda Item 15
October 26-27, 2022

Government and Public Affairs Committee Report

Purpose of the Item

The Board will:

- A. Receive an update from Committee Chair Janette N.V. Cruz on the October 4, 2022 Government and Public Affairs Committee meeting; and
- B. Review, discuss, and possibly act on the Committee's recommendation to the Board regarding proposed changes to the Board's records retention schedule.

Action Requested

The Board will be asked to consider the Committee's recommendation to increase the retention periods for the Board's meeting minutes to 100 years, continuing education records to five years, and disciplinary case files to 75 years.

Background

The Committee met by teleconference (Webex) on October 4, 2022, and discussed the following items:

Update and Discussion on Legislation

The Committee received updates from staff on the following bills:

- [Assembly Bill \(AB\) 1102 \(Low, Chapter 684, Statutes of 2022\)](#) Telephone medical advice services. Signed by Governor Newsom on September 28, 2022.
- [AB 1604 \(Holden, Chapter 313, Statutes of 2022\)](#) Civil service: the Upward Mobility Act of 2022. Signed by Governor Newsom on September 13, 2022.
- [Senate Bill \(SB\) 731 \(Durazo, Chapter 814, Statutes of 2022\)](#) Criminal records: relief. Signed by Governor Newsom on September 29, 2022.
- [SB 1237 \(Newman, Chapter 386, Statutes of 2022\)](#) Licenses: military service. Signed by Governor Newsom on September 17, 2022.
- [SB 1434 \(Roth, Chapter 623, Statutes of 2022\)](#) State Board of Chiropractic Examiners. Signed by Governor Newsom on September 27, 2022.

Review, Discussion, and Possible Recommendation Regarding the Onboarding Process for New Board Members

The Board Member Administrative Procedure Manual provides the following regarding the onboarding and orientation process for new Board members:

Board Member Onboarding and Orientation **(Board Policy - 2013 BCE Strategic Plan)**

Within six months of initial appointment, each new Board Member shall travel to the Board office in Sacramento for orientation and onboarding meetings with the EO and one Board Member (as assigned by the Board Chair). Prior to the orientation, the new Board Member shall review their Board Member binder (provided by Board staff) and prepare questions for discussion. Items to be covered in this meeting include introductions to Board staff, review of staff roles and responsibilities, administrative processes, historical information about the Board, collaboration between staff and Board Members and overall expectations. The EO shall notify the Board Chair once the meeting has occurred.

The Committee discussed ideas for improving the onboarding process, including:

- Providing a meet-and-greet with the Executive Officer and Board Chair prior to an orientation.
- Covering Board member roles and responsibilities and Board functions during a structured orientation session with the Executive Officer, an existing Board member, and legal counsel.
- Assigning an existing Board member to act as a mentor and point-of-contact for the new Board member.
- Including the option to conduct the meet-and-greet and orientation session virtually.
- Preparing and providing a comprehensive binder of materials on Board functions, committees and their roles, pertinent regulations (i.e., the Bagley-Keene Open Meetings Act), chiropractic colleges, and the other agencies or associations involved with the Board (i.e., the Department of Consumer Affairs, the Federation of Chiropractic Licensing Boards, state and national associations, etc.).
- Designating a Board staff member as the single point-of-contact and creating a clear list of the deadlines for onboarding paperwork and training requirements.

Based on the Committee's feedback, staff is drafting an updated onboarding and orientation policy for inclusion in the Board Member Procedure Manual for the Committee's review at a future meeting.

Review, Discussion, and Possible Recommendation Regarding Proposed Changes to the Board's Records Retention Schedule

At the meeting, the Committee discussed three issues pertaining to the Board's previous records retention schedule. Staff recommended increasing the period of retention for Board meeting minutes, continuing education records, and disciplinary case files.

- **Board Meeting Minutes:** Meeting minutes contain a historical record of all formal action taken by the Board. The last schedule specified meeting minutes be retained for a total of 27 years. Staff recommended increasing the retention period to 100 years.
- **Continuing Education Records:** The previous schedule specified continuing education records be retained for just one year. Staff recommended increasing the retention period to five years to align with the Board's auditing period for licensees' continuing education records.
- **Disciplinary Case Files (Administrative Cases):** The last schedule specified the retention of disciplinary case files, including cases resulting in the revocation or surrender of a license, for a total of 25 years. A former licensee could potentially file a new application for licensure or petition the Board for reinstatement of their revoked or surrendered license after the disciplinary case has been destroyed. Staff recommended raising the retention period for disciplinary case files that result in the revocation or surrender of a license to 75 years.

The Committee voted to recommend to the Board that the proposed changes to the Board's records retention schedule be adopted to retain meeting minutes for 100 years, continuing education records for five years, and disciplinary case files resulting in revoked or surrendered licenses for 75 years.

At this meeting, the Board is asked to consider the Committee's recommendation.

Attachment

- October 4, 2022 Government and Public Affairs Committee Notice and Agenda



NOTICE OF TELECONFERENCE **GOVERNMENT AND PUBLIC AFFAIRS COMMITTEE MEETING**

Committee Members

Janette N.V. Cruz, Chair
Rafael Sweet

The Board of Chiropractic Examiners' (Board) Government and Public Affairs Committee will meet by teleconference on:

Tuesday, October 4, 2022
11:00 a.m. to 1:00 p.m.
(or until completion of business)

The Committee may take action on any agenda item.

Note: Pursuant to the statutory provisions of Government Code section 11133, neither a public location nor teleconference locations are provided. Due to potential technical difficulties or time constraints, members of the public may also submit written comments to the Board on any agenda item by Friday, September 30, 2022. Written comments should be directed to chiro.info@dca.ca.gov for Board consideration.

Important Notice to the Public: The Committee will hold a public meeting via Webex Events. To access and participate in the meeting, please click on, or copy and paste into a URL field, the link below:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m2ca6774d25b9ca3e62377e04d736c754>

If joining using the link above

Webinar number: 2490 463 5431
Webinar password: BCE10042022

If joining by phone

+1-415-655-0001 US Toll
Access code: 249 046 35431
Passcode: 22310042

Instructions to connect to the meeting can be found at the end of this agenda.

AGENDA

- 1. Call to Order / Roll Call / Establishment of a Quorum**
- 2. Review and Possible Approval of June 28, 2021 Committee Meeting Minutes**

- 3. Update on Board's Administration Program, Including Budget and Fund Condition, Business Modernization and Implementation of Connect System, and Status of Board's Pending Rulemaking Packages**
- 4. Update and Discussion on Legislation:**
 - A. [Assembly Bill \(AB\) 1102 \(Low\)](#) Telephone medical advice services.
 - B. [AB 1604 \(Holden, Chapter 313, Statutes of 2022\)](#) Civil service: the Upward Mobility Act of 2022.
 - C. [Senate Bill \(SB\) 731 \(Durazo\)](#) Criminal records: relief.
 - D. [SB 1237 \(Newman, Chapter 386, Statutes of 2022\)](#) Licenses: military service.
 - E. [SB 1434 \(Roth\)](#) State Board of Chiropractic Examiners.
- 5. Review, Discussion, and Possible Recommendation Regarding Proposed Changes to the Board's Records Retention Schedule**
- 6. Review, Discussion, and Possible Recommendation Regarding the Onboarding Process for New Board Members**
- 7. Public Comment for Items Not on the Agenda**

Note: Members of the public may offer public comment for items not on the agenda. However, the Committee may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7(a).]
- 8. Future Agenda Items**

Note: Members of the Committee and the public may submit proposed agenda items for a future Committee meeting. However, the Committee may not discuss or take action on any proposed matter except to decide whether to place the matter on the agenda of a future meeting. [Government Code Section 11125.]
- 9. Adjournment**

This agenda can be found on the Board's website at www.chiro.ca.gov. The time and order of agenda items are subject to change at the discretion of the Committee Chair and may be taken out of order. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Committee prior to it taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Committee, but the Committee Chair may, at their discretion, apportion available time among those who wish to speak. Members of the public will not be permitted to yield their allotted time to other members of the public to make comments. Individuals may appear before the Committee to discuss items not on the agenda; however, the Committee can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125 and 11125.7(a)).

This meeting is being held via Webex Events. The meeting is accessible to individuals with disabilities. A person who needs a disability-related accommodation or modification to participate in the meeting may make a request by contacting the Board at:

Telephone: (916) 263-5355

Email: chiro.info@dca.ca.gov

Telecommunications Relay Service: Dial 711

Mailing Address:

Board of Chiropractic Examiners

1625 N. Market Blvd., Suite N-327

Sacramento, CA 95834

Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.



**Agenda Item 16
October 26-27, 2022**

Continuing Education Committee Report

Purpose of the Item

Committee Chair David Paris, D.C. will provide the Board with an update on the October 6, 2022 and October 25, 2022 Continuing Education Committee meetings.

Action Requested

This agenda item is informational only and provided as a status update to the Board. No action is required or requested at this time.

Background

The Committee met by teleconference (Webex) on October 6, 2022, and discussed the following items:

Repetition of Continuing Education (CE) Courses

The Committee discussed how the Board's current regulations do not restrict or prohibit a licensee from earning CE credit multiple times by repeating a course, and their observations of petitioners for reinstatement of a revoked or surrendered license repeating the same CE courses multiple times to satisfy the coursework requirement rather than completing separate courses from a variety of providers.

The Committee directed staff to develop proposed language that will prevent licensees from receiving CE credit for repeated courses within a single renewal cycle for review and discussion at a future meeting.

The Committee also recommended that the Enforcement Committee discuss limiting the repetition of CE courses by petitioners and that the Licensing Committee evaluate the requirements for the restoration of a license in forfeiture or cancelled status.

Proposed Changes to Annual CE Requirements for Licensees, Including Revised Subject Areas (California Code of Regulations [CCR], Title 16, Section 361)

The Committee reviewed a summary of the proposed annual CE requirements for licensees that had been previously discussed and developed by the Committee during a series of meetings. Following this review, the Committee determined the coursework in Competency 1 (Evaluation and Management) and Competency 3 (Adjustment, Technique, or Manipulation) must be completed either in-person or through a live and interactive course given via electronic means.

Continuing Education Committee Report
October 26-27, 2022
Page 2

The Committee directed staff to develop proposed language to amend CCR, title 16, section 361 to reflect the updated requirements developed by the Committee and present the language for review and discussion at a future Committee meeting.

Proposed Changes to the Board's CE Course Review and Approval Process, Including a Potential Renewal Process for Previously Approved Courses (CCR, Title 16, Sections 363 and 363.1)

The Committee will continue its discussion regarding proposed revisions to the CE course approval process and determine whether any additional changes may be necessary, such as the implementation of a renewal process for courses that have been previously reviewed and approved by the Board.

Attachments

1. October 6, 2022 Continuing Education Committee Notice and Agenda
2. October 25, 2022 Continuing Education Committee Notice and Agenda



NOTICE OF TELECONFERENCE **CONTINUING EDUCATION COMMITTEE MEETING**

Committee Members

David Paris, D.C., Chair
Laurence Adams, D.C.
Pamela Daniels, D.C.

The Board of Chiropractic Examiners' (Board) Continuing Education Committee will meet by teleconference on:

Thursday, October 6, 2022
12:00 p.m. to 2:00 p.m.
(or until completion of business)

The Committee may take action on any agenda item.

Note: Pursuant to the statutory provisions of Government Code section 11133, neither a public location nor teleconference locations are provided. Due to potential technical difficulties or time constraints, members of the public may also submit written comments to the Board on any agenda item by Tuesday, October 4, 2022. Written comments should be directed to chiro.info@dca.ca.gov for Board consideration.

Important Notice to the Public: The Committee will hold a public meeting via Webex Events. To access and participate in the meeting, please click on, or copy and paste into a URL field, the link below:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m9932726f13c053a674b5fb31fe37236f>

If joining using the link above

Webinar number: 2498 688 3862
Webinar password: BCE10062022

If joining by phone

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Access code: 249 868 83862
Passcode: 22310062

Instructions to connect to the meeting can be found at the end of this agenda.

AGENDA

- 1. Call to Order / Roll Call / Establishment of a Quorum**
- 2. Review and Possible Approval of May 7, 2021 and February 9, 2022 Licensing and Continuing Education Committee Meeting Minutes**

3. **Update on Board's Continuing Education (CE) Program**
4. **Review, Discussion, and Possible Recommendation Regarding the Repetition of CE Courses**
5. **Review, Discussion, and Possible Recommendation Regarding Proposed Changes to Annual CE Requirements for Licensees, Including Revised Subject Areas (California Code of Regulations [CCR], Title 16, section 361)**
6. **Review, Discussion, and Possible Recommendation Regarding Proposed Changes to the Board's CE Course Review and Approval Process, Including a Potential Renewal Process for Previously Approved Courses (CCR, Title 16, sections 363 and 363.1)**
7. **Public Comment for Items Not on the Agenda**
Note: Members of the public may offer public comment for items not on the agenda. However, the Committee may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7(a).]
8. **Future Agenda Items**
Note: Members of the Committee and the public may submit proposed agenda items for a future Committee meeting. However, the Committee may not discuss or take action on any proposed matter except to decide whether to place the matter on the agenda of a future meeting. [Government Code Section 11125.]
9. **Adjournment**

This agenda can be found on the Board's website at www.chiro.ca.gov. The time and order of agenda items are subject to change at the discretion of the Committee Chair and may be taken out of order. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public.

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1625 N. Market Blvd., Suite N-327

Sacramento, CA 95834

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NOTICE OF TELECONFERENCE **CONTINUING EDUCATION COMMITTEE MEETING**

Committee Members

David Paris, D.C., Chair
Laurence Adams, D.C.
Pamela Daniels, D.C.

The Board of Chiropractic Examiners' (Board) Continuing Education Committee will meet by teleconference on:

Tuesday, October 25, 2022
12:00 p.m. to 1:00 p.m.
(or until completion of business)

The Committee may take action on any agenda item.

Teleconference Instructions: The Continuing Education Committee will hold a public meeting via Webex Events. Pursuant to the statutory provisions of Government Code section 11133, neither a public location nor teleconference locations are provided.

To access and participate in the meeting via teleconference, attendees will need to click on, or copy and paste into a URL field, the link below and enter their name, email address, and the event password, or join by phone using the access information below:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m5348124638414afab60164874bd24aea>

If joining using the link above

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Webinar password: BCE10252022

If joining by phone

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Access code: 249 915 49245
Passcode: 22310252

Instructions to connect to the meeting can be found at the end of this agenda.

Members of the public may, but are not obligated to, provide their names or personal information as a condition of observing or participating in the meeting. When signing into the Webex platform, participants may be asked for their name and email address. Participants who choose not to provide their names will be required to provide a unique identifier, such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make a public comment. Participants who choose not to provide their email address may utilize a fictitious email address in the following sample format: XXXXX@mailinator.com.

Note: Members of the public may also submit written comments to the Committee on any agenda item by Friday, October 21, 2022. Written comments should be directed to chiro.info@dca.ca.gov for Committee consideration.

AGENDA

- 1. Call to Order / Roll Call / Establishment of a Quorum**
- 2. Review, Discussion, and Possible Recommendation Regarding Proposed Changes to the Board's Continuing Education Course Review and Approval Process, Including a Potential Renewal Process for Previously Approved Courses (California Code of Regulations, Title 16, sections 363 and 363.1)**
- 3. Public Comment for Items Not on the Agenda**
Note: Members of the public may offer public comment for items not on the agenda. However, the Committee may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7(a).]
- 4. Future Agenda Items**
Note: Members of the Committee and the public may submit proposed agenda items for a future Committee meeting. However, the Committee may not discuss or take action on any proposed matter except to decide whether to place the matter on the agenda of a future meeting. [Government Code Section 11125.]
- 5. Adjournment**

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**Agenda Item 17
October 26-27, 2022**

Enforcement Committee Report

Purpose of the Item

Committee Chair Laurence Adams, D.C. will provide the Board with an update on the October 6, 2022 Enforcement Committee meeting.

Action Requested

This agenda item is informational only and provided as a status update to the Board. No action is required or requested at this time.

Background

The Committee met by teleconference (Webex) on October 6, 2022, and discussed the following items:

Proposed Changes to the Record Keeping Requirements for Chiropractic Patient Records (California Code of Regulations [CCR], Title 16, Section 318)

The Committee discussed how the Board's current record keeping regulation – CCR, title 16, section 318 – does not: 1) delineate the necessary documentation for the patient history, complaint, diagnosis/analysis, and treatment; 2) differentiate between an initial patient encounter and established patient visit; or 3) address the handling of records upon the closure, relocation, or sale of a chiropractic practice or following the death of a licensee.

The Committee directed staff to work with regulatory legal counsel to draft proposed language to amend CCR, title 16, section 318 that addresses these issues for the Committee's review at a future meeting. The Committee also designated Dr. Paris to assist staff with the technical review of the proposed changes to ensure they are appropriate for all areas of chiropractic practice and consistent with the standard of care.

Proposed Changes to the Board's *Disciplinary Guidelines and Model Disciplinary Orders* and Implementation of the Uniform Standards for Substance Abusing Licensees (CCR, Title 16, Section 384)

The Committee reviewed and discussed proposed updates to the standard and optional terms and conditions of probation within the Board's Disciplinary Guidelines to strengthen the probation monitoring program. In addition to clarifying the language

within the existing terms and conditions of probation and removing redundant requirements, the proposed changes include:

- Adding new standard conditions of probation requiring probationers to maintain a current and active license, reimburse the Board for its probation monitoring costs, practice a minimum of 24 hours per week while on probation, not serve as a continuing education instructor while on probation, file their current contact information and employment status, and notify their patients of their probation status, as required by Business and Professions Code section 1007.
- Adding new optional conditions of probation for the Part IV national examination, an ethics assessment/examination, and limitations on practice locations.
- Bolstering the optional conditions of probation for practice monitoring and third-party chaperone requirements.

Staff will incorporate the Committee's discussion and feedback on the probation terms and conditions into the proposed language to amend the Board's Disciplinary Guidelines, which will be presented to the Committee for review and discussion at a future meeting.

Proposed Regulations for Disciplinary Decisions Involving Sexual Contact with a Patient and Required Actions Against Registered Sex Offenders (Add CCR, Title 16, Sections 384.1 and 384.2)

The Committee reviewed and discussed proposed language regarding disciplinary decisions involving sexual contact with a patient and required actions against sex offenders from the comprehensive Consumer Protection Enforcement Initiative (CPEI) regulatory package that had been approved by the Board at the August 29, 2016 meeting.

The Committee discussed concerns with the proposed language as there are circumstances where it may be necessary for the Board to retain its discretion when determining the appropriate disciplinary action for these offenses.

The Committee directed staff to gather additional information on similar regulations by other healing arts programs and registration requirements, prepare options and proposed language for the Committee's consideration, and return this item to the Committee for review and discussion at a future meeting.

Attachment

- October 6, 2022 Enforcement Committee Notice and Agenda



NOTICE OF TELECONFERENCE ENFORCEMENT COMMITTEE MEETING

Committee Members

Laurence Adams, D.C., Chair
David Paris, D.C.
Rafael Sweet

The Board of Chiropractic Examiners' (Board) Enforcement Committee will meet by teleconference on:

**Thursday, October 6, 2022
2:30 p.m. to 4:30 p.m.
(or until completion of business)**

The Committee may take action on any agenda item.

Note: Pursuant to the statutory provisions of Government Code section 11133, neither a public location nor teleconference locations are provided. Due to potential technical difficulties or time constraints, members of the public may also submit written comments to the Board on any agenda item by Tuesday, October 4, 2022. Written comments should be directed to chiro.info@dca.ca.gov for Board consideration.

Important Notice to the Public: The Committee will hold a public meeting via Webex Events. To access and participate in the meeting, please click on, or copy and paste into a URL field, the link below:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m9932726f13c053a674b5fb31fe37236f>

If joining using the link above

Webinar number: 2498 688 3862
Webinar password: BCE10062022

If joining by phone

+1-415-655-0001 US Toll
Access code: 249 868 83862
Passcode: 22310062

Instructions to connect to the meeting can be found at the end of this agenda.

AGENDA

- 1. Call to Order / Roll Call / Establishment of a Quorum**
- 2. Review and Possible Approval of December 3, 2021 Committee Meeting Minutes**

3. Update on Board's Enforcement Program

4. Review, Discussion, and Possible Recommendation Regarding Proposed Changes to the Record Keeping and Retention Requirements for Chiropractic Patient Records (California Code of Regulations [CCR], Title 16, section 318)

5. Review, Discussion, and Possible Recommendation Regarding Proposed Changes to the Board's *Disciplinary Guidelines and Model Disciplinary Orders* and Implementation of the Uniform Standards for Substance Abusing Licensees (CCR, Title 16, section 384)

6. Review, Discussion, and Possible Recommendation Regarding Proposed Regulations for Disciplinary Decisions Involving Sexual Contact with a Patient and Required Actions Against Registered Sex Offenders (add CCR, Title 16, sections 384.1 and 384.2)

7. Public Comment for Items Not on the Agenda

Note: Members of the public may offer public comment for items not on the agenda. However, the Committee may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7(a).]

8. Future Agenda Items

Note: Members of the Committee and the public may submit proposed agenda items for a future Committee meeting. However, the Committee may not discuss or take action on any proposed matter except to decide whether to place the matter on the agenda of a future meeting. [Government Code Section 11125.]

9. Adjournment

This agenda can be found on the Board's website at www.chiro.ca.gov. The time and order of agenda items are subject to change at the discretion of the Committee Chair and may be taken out of order. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Committee prior to it taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Committee, but the Committee Chair may, at their discretion, apportion available time among those who wish to speak. Members of the public will not be permitted to yield their allotted time to other members of the public to make comments. Individuals may appear before the Committee to discuss items not on the agenda; however, the Committee can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125 and 11125.7(a)).

BCE Enforcement Committee Meeting Agenda

October 6, 2022

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This meeting is being held via Webex Events. The meeting is accessible to individuals with disabilities. A person who needs a disability-related accommodation or modification to participate in the meeting may make a request by contacting the Board at:

Telephone: (916) 263-5355

Email: chiro.info@dca.ca.gov

Telecommunications Relay Service: Dial 711

Mailing Address:

Board of Chiropractic Examiners

1625 N. Market Blvd., Suite N-327

Sacramento, CA 95834

Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.



**Agenda Item 18
October 26-27, 2022**

Review, Discussion, and Possible Action on Proposed Language to Amend California Code of Regulations, Title 16, sections 363 (Approval of Continuing Education Courses) and 363.1 (Distance Learning Courses)

Purpose of the Item and Action Requested

The Board will be asked to review and approve updates to the proposed regulatory language to amend California Code of Regulations (CCR), title 16, sections 363 (Approval of Continuing Education Courses) and 363.1 (Distance Learning Courses).

Background

At the April 22, 2022 Board meeting, the Board adopted proposed regulatory language to amend CCR, title 16, sections 363 (Approval of Continuing Education Courses) and 363.1 (Distance Learning Courses) and initiate the rulemaking process.

Through this regulatory proposal, the Board is seeking to:

1. Clearly define the three learning formats for Board-approved continuing education courses – “in-person learning experience,” “live and interactive course given via electronic means,” and “distance learning.”
2. Narrow the definition of “distance learning” to asynchronous coursework, thereby allowing courses delivered via live, interactive videoconferencing platforms or other electronic means the same standing as a traditional, in-person learning environment, with the exception of chiropractic adjustive or manipulation techniques, which must be completed in-person.

Staff has been preparing the rulemaking package for this proposal and determined the existing [Continuing Education Course Application](#) form, which is incorporated by reference in CCR, title 16, section 363(a), must also be updated for consistency with the proposed text within the regulation.

Staff is working with regulatory legal counsel on necessary updates to the course application form and regulatory language to ensure consistency in the proposal, and will provide these items as a supplemental handout to the meeting materials.

In addition, at the October 6, 2022 Continuing Education Committee meeting, the Committee directed staff to draft language would require courses on chiropractic adjustive or manipulation techniques to be completed in-person or through live and interactive courses given via electronic means.

Proposed Language on Approval of CE Courses and Distance Learning
October 26-27, 2022
Page 2

Therefore, staff also recommends the Board discuss and consider whether to amend the proposed text requiring a course in the subject area of chiropractic adjustive techniques or chiropractic manipulation techniques, as specified in CCR, title 16, section 361(g)(5), to be conducted through an in-person learning experience, to reflect the Committee's latest discussion on this issue.

The Committee is scheduled to continue its discussion on the course review and approval process during its October 25, 2022 meeting, and may develop additional recommendations for the Board.



Agenda Item 19
October 26-27, 2022

Review, Discussion, and Possible Action on the Implementation of
[Senate Bill 1434 \(Roth, Chapter 623, Statutes of 2022\)](#)

Purpose of the Item

Staff will provide the Board with an update on the implementation of Senate Bill (SB) 1434 (Roth, Chapter 623, Statutes of 2022).

Action Requested

This agenda item is informational only and provided as a status update to the Board. No action is required or requested at this time.

Background

The Board's sunset bill, SB 1434, passed the Legislature on August 29, 2022, was signed by Governor Newsom on September 27, 2022, and becomes effective January 1, 2023.

Below is a summary of the provisions within this bill and implementation plan:

- **Extends the Board's sunset review date by four years (Business and Professions Code [BPC] section 1000)**

Staff will work with the Board's committees to address the issues identified by the Legislature during the 2022 sunset review. In addition, staff will work with the Government and Public Affairs Committee on the preparation of the Board's next sunset review report in 2025.

- **Requires the Board to include licensees' telephone numbers and email addresses in its directory of licensees and licensees must immediately report changes in their contact information to the Board (BPC section 1001)**

Licensees who utilize the Connect system have already provided the Board with their telephone numbers and email addresses and are able to update their contact information with the Board in real-time through their Connect accounts. Staff is working with the Department of Consumer Affairs Office of Information Services (OIS) to include information regarding this requirement with the renewal notifications that are mailed to licensees' addresses of record. This information will also be posted on the Board's website and communicated to licensees through the Board's email subscriber list and social media channels.

Implementation of Senate Bill 1434

October 26-27, 2022

Page 2

- **Requires the Board to submit a report to the Legislature by January 1, 2027, that contains an update on the status of the Board's license fee structure and whether the Board needs to consider plans for restructuring its license fees (BPC section 1006)**

Staff will continue to work with the Government and Public Affairs Committee to monitor the Board's budget and fund condition and assess the impacts of the updated fee schedule. Beginning in fiscal year 2023-24, staff and the Committee will begin developing recommendations for the Board.

- **Updates the Board's fee schedule (BPC section 1006.5)**

Staff is working with OIS to add the updated fee amounts to the CAS and Connect systems, applications, and forms. Additionally, the updated fee schedule will be posted on the Board's website in early November and staff will communicate this information to applicants, licensees, continuing education providers, and other stakeholders through the Board's email subscriber list and social media channels.

- **Removes prior exemptions for visits in urgent care facilities, unscheduled visits, and visits where the treating licensee is not known to the patient until immediately prior to the start of the visit, from the patient notification requirement for licensees placed on probation by the Board (BPC section 1007)**

The Board's probation monitors will notify all probationers of these changes to the patient notification requirement and staff will ensure all stipulated settlements contain this updated language. In addition, staff is working with the Enforcement Committee to incorporate this language into the updated Disciplinary Guidelines.

Attachments

1. Senate Bill 1434 (Roth, Chapter 623, Statutes of 2022)
2. Board of Chiropractic Examiners' Fee Schedule Effective January 1, 2023

Senate Bill No. 1434

CHAPTER 623

An act to amend Sections 1000, 1001, 1006, 1006.5, and 1007 of the Business and Professions Code, relating to chiropractors, and making an appropriation therefor.

[Approved by Governor September 27, 2022. Filed with
Secretary of State September 27, 2022.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1434, Roth. State Board of Chiropractic Examiners.

Existing law, the Chiropractic Act, enacted by an initiative measure, provides for the licensure and regulation of chiropractors in this state by the State Board of Chiropractic Examiners. Existing law requires that the powers and duties of the board, as provided, be subject to review by the appropriate policy committees of the Legislature as if that act were scheduled to be repealed on January 1, 2023.

This bill would instead require that the powers and duties of the board, as provided, be subject to review by the appropriate policy committees of the Legislature as if that act were scheduled to be repealed on January 1, 2027.

Existing law requires the board to annually compile a complete directory of all licensees within the state that contains, among other things, the names and addresses of licensees, and requires a licensee to report immediately any change in residence, as specified.

This bill would require the directory to additionally include the telephone numbers and emails of licensees, and would require a licensee to report immediately any change in residence or contact information, as specified.

Existing law requires the board to submit a report to the appropriate policy and fiscal committees of the Legislature that contains, but is not limited to, the status of the board's fee audit and an update on the board's plans for restructuring its license fees, among other things, by July 1, 2018.

This bill would instead require the board to submit a report to the appropriate policy and fiscal committees of the Legislature that contains, but is not limited to, an update on the status of the board's license fee structure and whether the board needs to consider plans for restructuring its license fees by January 1, 2027.

Existing law establishes a schedule of regulatory fees necessary to carry out the responsibilities required by the Chiropractic Initiative Act, including, among others, application and renewal fees for licensure, fees to apply for approval for a continuing education course, and satellite office certificate fees. Existing law authorizes the Legislature to fix the amounts of the fees payable by applicants and licensees, and directs the deposit of these fees

into the State Board of Chiropractic Examiners' Fund, a continuously appropriated fund.

This bill would change the amount of those fees, as provided. By increasing specified fees for deposit into a continuously appropriated fund, the bill would make an appropriation.

Existing law requires the board to require a licensee to provide a separate disclosure to a patient, patient's guardian, or patient's health care surrogate that includes specified information on the licensee's probationary status, subject to certain exemptions.

This bill would remove specified exemptions from the requirement on licensees to provide the above-described separate disclosure.

Appropriation: yes.

The people of the State of California do enact as follows:

SECTION 1. Section 1000 of the Business and Professions Code is amended to read:

1000. (a) The law governing practitioners of chiropractic is found in an initiative act entitled "An act prescribing the terms upon which licenses may be issued to practitioners of chiropractic, creating the State Board of Chiropractic Examiners and declaring its powers and duties, prescribing penalties for violation hereof, and repealing all acts and parts of acts inconsistent herewith," adopted by the electors November 7, 1922.

(b) The State Board of Chiropractic Examiners is within the Department of Consumer Affairs.

(c) Notwithstanding any other law, the powers and duties of the State Board of Chiropractic Examiners, as set forth in this article and under the act creating the board, shall be subject to review by the appropriate policy committees of the Legislature. The review shall be performed as if this chapter were scheduled to be repealed as of January 1, 2027.

SEC. 2. Section 1001 of the Business and Professions Code is amended to read:

1001. In each year, the State Board of Chiropractic Examiners shall compile and may thereafter publish and sell a complete directory of all persons within the state who hold unforfeited and unrevoked certificates to practice chiropractic, and whose certificate in any manner authorizes the treatment of human beings for diseases, injuries, deformities, or any other physical or mental conditions.

The directory shall contain:

(a) The following information concerning each such person:

(1) The name, address, telephone number, and email of such person.

(2) The names and symbols indicating their title.

(3) The school, attendance at which qualified them for examination or admission to practice.

(4) The date of the issuance of their certificate.

(b) The annual report of the board for the prior year.

(c) Information relating to other laws of this state and the United States which the board determines to be of interest to persons licensed to practice chiropractic.

(d) Copies of opinions of the Attorney General relating to the practice of chiropractic.

(e) A copy of the provisions of this chapter and a copy of the act cited in Section 1000.

The board may require the persons designated in this section to furnish such information as it may deem necessary to enable it to compile the directory. Every person so designated shall report immediately each and every change of residence or contact information, giving both their old and new address or contact information, as applicable.

The directory shall be evidence of the right of the persons named in it to practice unless their certificate to practice chiropractic has been canceled, suspended, or revoked. The board may collect from each person who voluntarily subscribes to or purchases a copy of the directory the cost of publication and distribution thereof, except that one copy of the directory shall be distributed without charge to each certificate holder of the board.

SEC. 3. Section 1006 of the Business and Professions Code is amended to read:

1006. (a) By January 1, 2027, the State Board of Chiropractic Examiners shall submit a report to the appropriate policy and fiscal committees of the Legislature that contains, but is not limited to, an update on the status of the State Board of Chiropractic Examiners' license fee structure and whether the board needs to consider plans for restructuring its license fees.

(b) The report to the Legislature under subdivision (a) shall be submitted in compliance with Section 9795 of the Government Code.

SEC. 4. Section 1006.5 of the Business and Professions Code is amended to read:

1006.5. Notwithstanding any other law, the amount of regulatory fees necessary to carry out the responsibilities required by the Chiropractic Initiative Act and this chapter are, unless a lower fee is adopted by the board by regulation, fixed in the following schedule:

(a) Fee to apply for a license to practice chiropractic: three hundred forty-five dollars (\$345).

(b) Fee for initial license to practice chiropractic: one hundred thirty-seven dollars (\$137).

(c) The fee to renew an active or inactive license to practice chiropractic shall be three hundred thirty-six dollars (\$336) and may be increased to not more than five hundred dollars (\$500) and, if a lower fee is fixed by the board, shall be an amount sufficient to support the functions of the board in the administration of the Chiropractic Initiative Act and this chapter.

(d) Fee to apply for approval as a continuing education provider: two hundred ninety-one dollars (\$291).

(e) Biennial continuing education provider renewal fee: one hundred eighteen dollars (\$118).

- (f) Fee to apply for approval of a continuing education course: one hundred sixteen dollars (\$116) per hour of instruction.
- (g) Fee to apply for a satellite office certificate: sixty-nine dollars (\$69).
- (h) Fee to renew a satellite office certificate: fifty dollars (\$50).
- (i) Fee to apply for a license to practice chiropractic pursuant to Section 9 of the Chiropractic Initiative Act: two hundred eighty-three dollars (\$283).
- (j) Fee to apply for a certificate of registration of a chiropractic corporation: one hundred seventy-one dollars (\$171).
- (k) Fee to renew a certificate of registration of a chiropractic corporation: sixty-two dollars (\$62).
- (l) Fee to file a chiropractic corporation special report: ninety-eight dollars (\$98).
- (m) Fee to apply for approval as a referral service: two hundred seventy-nine dollars (\$279).
- (n) Fee for an endorsed verification of licensure: eighty-three dollars (\$83).
- (o) Fee for replacement of a lost or destroyed license: seventy-one dollars (\$71).
- (p) Fee for replacement of a satellite office certificate: seventy-one dollars (\$71).
- (q) Fee for replacement of a certificate of registration of a chiropractic corporation: seventy dollars (\$70).
- (r) Fee to restore a forfeited or canceled license to practice chiropractic: double the annual renewal fee specified in subdivision (c).
- (s) Fee to apply for approval to serve as a preceptor: seventy-two dollars (\$72).
- (t) Fee to petition for reinstatement of a revoked license: four thousand one hundred eighty-five dollars (\$4,185).
- (u) Fee to petition for early termination of probation: three thousand one hundred ninety-five dollars (\$3,195).
- (v) Fee to petition for reduction of penalty: three thousand one hundred ninety-five dollars (\$3,195).

SEC. 5. Section 1007 of the Business and Professions Code is amended to read:

1007. (a) Except as otherwise provided in subdivision (c), the board shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information internet website, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order.

(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.

(c) A licensee shall not be required to provide a disclosure pursuant to subdivision (a) if any of the following applies:

(1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.

(2) The visit occurs in an emergency room.

(3) The licensee does not have a direct treatment relationship with the patient.

(d) The board shall provide the following information, with respect to licensees on probation and licensees practicing under probationary licenses, in plain view on the licensee's profile page on the board's online license information internet website.

(1) For probation imposed pursuant to a stipulated settlement, the causes alleged in the operative accusation along with a designation identifying those causes by which the licensee has expressly admitted guilt and a statement that acceptance of the settlement is not an admission of guilt.

(2) For probation imposed by an adjudicated decision of the board, the causes for probation stated in the final probationary order.

(3) For a licensee granted a probationary license, the causes by which the probationary license was imposed.

(4) The length of the probation and end date.

(5) All practice restrictions placed on the license by the board.

(e) "Board" for purposes of this section means the State Board of Chiropractic Examiners.

BCE Fee Schedule**Page 2**

| Fee Description | Current Fee Amount | New Fee Amount (on or after 1/1/2023) |
|--|---------------------------|--|
| Petition for Reinstatement of a Revoked or Surrendered License | \$371 | \$4,185 |
| License Certification | \$124 | \$83 |
| Continuing Education Provider Application | \$84 | \$291 |
| Continuing Education Provider Renewal (Biennial) | \$56 | \$118 |
| Continuing Education Course Application | \$56 per course | \$116 per hour of instruction |
| Preceptor | \$31 | \$72 |
| Referral Service Application | \$557 | \$279 |



Agenda Item 20
October 26-27, 2022

Review, Discussion, and Possible Adoption of 2022–2026 Strategic Plan

Purpose of the Item and Action Requested

The Board will review and possibly adopt the draft 2022–2026 Strategic Plan.

Background

Throughout 2022, the Board has been working with the Department of Consumer Affairs SOLID Training and Planning Solutions on the development of the Board's next strategic plan. In March 2022, the Board surveyed its external stakeholders about the Board's performance and environment. Additionally, SOLID conducted staff focus groups and interviewed Board members and leadership to help shape the framework and agenda for the Board's strategic planning session.

On August 18, 2022, SOLID facilitated and guided a strategic planning session for Board members. During this session, the Board updated its mission, vision, and values and identified specific goals and objectives for its next strategic plan.

Following the strategic planning session, SOLID prepared a draft 2022–2026 Strategic Plan for the Board's review and possible adoption at this meeting.

Attachment

- Board of Chiropractic Examiners' 2022–2026 Strategic Plan (Draft for Board Approval)

2022



BOARD *of*
CHIROPRACTIC
EXAMINERS
STATE OF CALIFORNIA

Strategic Plan 2022 - 2026

Adopted: [possibly October 27, 2022]

SOLID PLANNING



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For Approval

Board of Chiropractic Examiners Members

Dr. David Paris, D.C., Board Chair

Dr. Laurence Adams, D.C., Vice President

Rafael Sweet, Secretary

Janette N. V. Cruz, Public Member

Dr. Pamela Daniels, D.C.

FOR APPROVAL

Gavin Newsom, Governor

Lourdes M. Castro Ramírez, Secretary, Business, Consumer Services and Housing Agency

Kimberly Kirchmeyer, Director, Department of Consumer Affairs

Kristin Walker, Executive Officer, Board of Chiropractic Examiners

Message from the Board Chair

On behalf of the Board of Chiropractic Examiners, I am pleased to share our 2022–2026 Strategic Plan.

The planning process included gathering feedback and suggestions from the public, licensees, continuing education providers, Board members, and staff, and we thank all who shared their thoughtful perspectives with us.

For the past 100 years, the Board has been committed to protecting Californians through the regulation of the chiropractic profession. We are proud to have accomplished most of our goals from our last strategic plan, and look forward to focusing on our new goals in five main areas:

1. Licensing and Professional Qualification
2. Enforcement
3. Public Relations and Outreach
4. Laws and Regulations
5. Organizational Development

We welcome and encourage your ideas and contributions as we collaborate to achieve the goals and objectives of this plan.

As always, we invite you to participate in the meetings of the Board and our four committees – Continuing Education, Enforcement, Government and Public Affairs, and Licensing – or share your comments and suggestions with our staff.

David Paris, D.C.
Chair, Board of Chiropractic Examiners

About the Board

The Board of Chiropractic Examiners (Board) regulates the chiropractic profession in California.

The Board protects the public by overseeing approximately 12,500 licensees and 19 chiropractic colleges located throughout the United States and Canada, approving continuing education providers and courses, and taking enforcement action against licensees and unlicensed individuals who violate the Act or Board regulations.

The Board was created through the Chiropractic Initiative Act of California (Act) on December 21, 1922, as the result of an initiative measure approved by the people on November 7, 1922. Governed by a seven-member board appointed by the governor, the Board is comprised of five licensed doctors of chiropractic and two members who represent the public. Board members serve four-year terms.

The Board has four standing committees:

Continuing Education Committee

This committee proposes regulations, policies, and standards regarding continuing education providers and courses and oversees staff's auditing of annual continuing education requirements.

Enforcement Committee

This committee proposes regulations, policies, and standards to ensure compliance with chiropractic law and regulations and continuously seeks ways to improve the Board's enforcement activities.

Government and Public Affairs Committee

This committee proposes and reviews policies and procedures to address sunset review issues, monitors the Board's budget, reviews and recommends positions on legislative bills, develops strategies to communicate with the public through various forms of media, oversees all administrative issues regarding the Board's operations, and monitors the Board's progress in achieving strategic plan goals and objectives.

Licensing Committee

This committee proposes regulations, policies, and standards regarding chiropractic colleges, doctors of chiropractic, satellite offices, and corporation registrations.

The Board employs an executive officer to lead a professional staff responsible for licensing, continuing education, enforcement, administrative, and other regulatory responsibilities. The Board's annual budget is funded exclusively by the chiropractic profession through licensing and other regulatory fees. The Board does not receive any general fund monies. The Board allocates approximately 70% of its total operating budget to enforcement related activities.

For Approval

Prior Accomplishments

Since the adoption of the Board's prior strategic plan, the Board achieved the following significant accomplishments:

- Collaborated with the Department of Consumer Affairs Office of Information Services and three other programs on the planning, development, and implementation of the new Connect licensing and enforcement system
- Participated in additional outreach opportunities with stakeholders to share insights and solicit feedback
- Developed comprehensive updates and improvements to the continuing education requirements
- Enhanced the Board's expert witness selection criteria, standards, application and review process, and training materials
- Strengthened the patient notification requirement for licensees placed on probation by the Board

Mission, Vision, and Values

Our Mission

Our mission is to protect the health, welfare, and safety of the public through licensure, education, engagement, and enforcement in chiropractic care.

Our Vision

Ensuring California consumers receive high-quality, patient-centered collaborative care.

Our Values

- Collaboration – Working together with the public, licensees, government agencies, and stakeholders to carry out the Board’s mission.
- Excellence – Focusing on continuous improvement through a growth mindset.
- Professionalism – Serving the public with integrity and respect.
- Public Protection – Dedication to consumer safety through effective regulation.
- Responsive – Proactively and efficiently addressing emerging issues and trends in the chiropractic profession.

Goal 1: Licensing and Professional Qualification

Ensure the continuous competency of all Doctors of Chiropractic by promoting licensing standards, professional conduct, and requirements for continuing education.

- 1.1 Complete comprehensive updates to the Board's continuing education program and regulations to provide clarity and accessibility, and to ensure continuing licensee competency and public protection.
- 1.2 Establish a robust, effective Licensing Committee to identify issues and increase efficiency.
- 1.3 Review reciprocity requirements to minimize barriers to licensure in California.
- 1.4 Continue to monitor the Board's license fee structure and resulting impacts and trends regarding the licensee population and other stakeholders to ensure the Board's financial stability, maintain access to the Board's services, and determine whether the Board needs to consider plans for restructuring its fees.

Goal 2: Enforcement

Enforce laws and regulations to ensure public protection.

- 2.1 Update the Board's disciplinary guidelines and implement the Uniform Standards for Substance Abusing Licensees and Consumer Protection Enforcement Initiative (CPEI) regulations, to provide consistency and clarity in disciplinary penalties, help educate licensees and the public, and deter violations.
- 2.2 Streamline internal enforcement processes and standards, including complaint intake, investigations, and case management activities, to increase efficiency and ensure timely action.
- 2.3 Implement Expert Witness program enhancements, including recruitment, training, and ongoing assessment of subject matter experts in specific areas of chiropractic practice, to make the Enforcement Program more effective.
- 2.4 Develop and implement clearly defined standards for licensee recordkeeping through updated regulations to provide consistency and clarity to licensees, the public, and other stakeholders.

Goal 3: Public Relations and Outreach

Consistently communicate with consumers, licensees, governmental entities, and stakeholders about the current and evolving practice of chiropractic and the regulation of the profession.

- 3.1 Continue to foster relationships with legislators, other healing arts boards, professional organizations, and government agencies to allow stakeholders to share ideas and perspectives.
- 3.2 Continue to increase the Board's presence through outreach opportunities where the Board can collaborate and engage with stakeholders to allow for sharing of feedback, input, and suggestions.
- 3.3 Build an interactive social media presence and website to engage with stakeholders and assess stakeholder sentiment of the Board.
- 3.4 Create an outreach plan to communicate with stakeholders to share the Board's role and helpful information.

Goal 4: Laws and Regulations

Ensure that statutes and regulations strengthen and support the Board's mandate and mission.

- 4.1 Increase efficiency in rulemaking processes to move pending regulatory packages forward, prevent a backlog of packages, and improve staff and Board effectiveness.
- 4.2 Perform a comprehensive review of existing regulations to identify and address any unnecessary or obsolete regulations and to clarify current regulations as needed.

For Approval

Goal 5: Organizational Development

Effective development of staff and utilization of resources to meet goals and objectives.

- 5.1 Update processes and procedures, key staff roles, and staff organizational structure to establish clear responsibilities and increase efficiency.
- 5.2 Promote a high-performance and engaged culture focused on effective training, individual development, and continuous improvement, to recruit and retain quality staff.
- 5.3 Improve inter-organizational communication amongst staff and board members to facilitate effective collaboration.
- 5.4 Re-design the board member onboarding procedures and orientation process to create effective board members.

Strategic Planning Process

Information for the Board's environmental scan report was gathered by surveying external stakeholders and internal stakeholders (board members and executive management). All stakeholders were asked to assess the Board's internal strengths and weaknesses and as well as external opportunities and threats.

- Interviews were conducted with all board members and board executive management during the month of March 2022.
- Two focus groups were held with staff on March 2, 2022.
- An online survey was available to external stakeholders from March 1 – 29, 2022. A total of 446 external stakeholders participated in the survey.

Board members and board executive staff were provided the results of the environmental scan, along with an objectives worksheet, before the strategic planning session on Thursday, August 18, 2022. This information guided the Board in the review of its mission, vision, and values while directing the strategic goals and objectives outlined in its new strategic plan.

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**Agenda Item 21
October 26-27, 2022**

Elections of Board Officers for 2023: Nominations

Purpose of the Item and Action Requested

The Board will nominate members for consideration to serve in the Board officer positions of Chair, Vice Chair, and Secretary for 2023.

The election of Board officers for 2023 will be held during the January 20, 2023 Board meeting.

Nomination Process

- The Board's legal counsel will preside over the nomination of officers.
- Board members will be asked to nominate another member or themselves for each officer position. If nominated for a position by another Board member, the nominee will be asked if they accept the nomination.
- Nominations will be requested for each officer position, beginning with the Chair, followed by the Vice Chair, and then Secretary.
- Nominations will be requested from members in alphabetical order, with the current Chair announcing their nomination last.
- Nominees for officer positions will provide their statement of qualifications to the Board during the election of officers at the January 20, 2023 Board meeting.

Roll Call for Nomination of Board Officers

- Laurence Adams, D.C., Vice Chair
- Janette N.V. Cruz
- Pamela Daniels, D.C.
- Rafael Sweet, Secretary
- David Paris, D.C., Chair



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Agenda Item 22
October 26-27, 2022

Public Comment for Items Not on the Agenda

Purpose of the Item

At this time, members of the public may offer public comment for items not on the meeting agenda.

The Board may not discuss or take action on any matter raised during this public comment section that is not included on the agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7, subd. (a).]



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Agenda Item 23
October 26-27, 2022

Future Agenda Items

Purpose of the Item

At this time, members of the Board and the public may submit proposed agenda items for a future Board meeting.

The Board may not discuss or take action on any proposed matter except to decide whether to place the matter on the agenda of a future meeting. [Government Code Section 11125.]



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Agenda Item 24
October 26-27, 2022

Adjournment

Time: _____