

# 2021 SUNSET REVIEW REPORT

**BOARD of  
CHIROPRACTIC  
EXAMINERS**  
STATE OF CALIFORNIA



Prepared for  
California Legislature  
Senate Committee on Business,  
Professions and Economic Development

DEPARTMENT OF CONSUMER AFFAIRS

# **California Board of Chiropractic Examiners**

**Dionne McClain, D.C.**  
Doctor of Chiropractic  
Chair

**David Paris, D.C.**  
Doctor of Chiropractic  
Vice Chair

**Laurence Adams, D.C.**  
Doctor of Chiropractic

**Pamela J. Daniels, D.C.**  
Doctor of Chiropractic

**Janette N.V. Cruz**  
Public Member

**Rafael Sweet**  
Public Member

**Executive Officer of the Board**  
Robert Puleo

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# **Board of Chiropractic Examiners**

## **BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM**

### **As of January 5, 2022**

#### **Section 1**

#### **Background and Description of the Board and Regulated Profession**

**Provide a short explanation of the history and function of the board.<sup>1</sup> Describe the occupations/profession that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).**

The Board of Chiropractic Examiners (“BCE” or the Board) was created on December 21, 1922, through an initiative measure approved by the electors of California on November 7, 1922. BCE regulates the chiropractic profession in California. BCE is committed to consumer safety and protects Californians from licensed and unlicensed individuals who engage in the fraudulent, negligent, or incompetent practice of chiropractic. BCE oversees approximately 12,500 licensees from 18 chiropractic schools and colleges located throughout the United States and one in Canada.

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.

BCE is comprised of three units. The Administrative/Licensing Unit is responsible for license application and renewal processing, continuing education, administrative, and policy functions. The other two units within BCE, the Enforcement Unit (EU) and the Field Investigations Unit (FIU), are responsible for enforcement functions. The EU handles complaint intake, conducts administrative investigations, recommends case dispositions to the executive officer and/or enforcement manager, including those to be forwarded to the Attorney General for disciplinary action, and issues letters of admonishment and citations with fines. The EU also monitors licensees placed on probation due to prior disciplinary action. The EU refers approximately 25% of complaints received to the FIU. The FIU’s non-sworn investigators conduct field administrative investigations.

#### **1. Describe the make-up and functions of each of the board’s committees (cf., Section 13, Attachment B).**

The Board has three standing committees. The Board Chair assigns two or three Board members to serve on each committee. Each committee selects a member to serve as chairperson. The chairperson coordinates the committee’s work, ensures progress toward BCE’s priorities, and presents reports at Board meetings.

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<sup>1</sup> The term “board” in this document refers to a board, bureau, commission, committee, department, division, program, or agency, as applicable. Please change the term “board” throughout this document to appropriately refer to the entity being reviewed.

## Licensing and Continuing Education Committee

This Committee proposes policies and standards regarding chiropractic colleges, doctors of chiropractic, satellite offices, corporation registration, and continuing education providers and courses.

## Enforcement and Scope of Practice Committee

This Committee proposes regulations, policies, and standards to ensure compliance with chiropractic laws and regulations. The Committee continuously seeks ways to improve BCE's Enforcement Program. The Committee also reviews and proposes positions on scope of practice issues.

## Government and Public Affairs Committee

This Committee proposes and reviews policies and procedures to address audit and Sunset Review deficiencies. It works directly with the Executive Officer and staff to monitor budget expenditures, trends and the Contingent Fund level. The Committee reviews and recommends positions on legislative bills that affect BCE and oversees all administrative issues regarding BCE operations. It also develops draft strategic plans and monitors BCE's progress in achieving its goals and objectives.

<b>Table 1a. Attendance</b>			
<b>Sergio Azzolino, D.C.</b>			
Year Appointed:	2012		
<b>Meeting Type</b>	<b>Meeting Date</b>	<b>Meeting Location</b>	<b>Attended?</b>
Board Meeting	July 29, 2016	San Francisco	Y
Board Meeting	August 29, 2016	Sacramento	Y
Board Meeting	October 14, 2016	San Diego	Y
Special Board Meeting	January 12, 2017	Sacramento	Y
Board Meeting	February 16, 2017	Los Angeles	Y
Board Meeting	May 16, 2017	Sacramento	Y
Special Board Meeting	June 14, 2017	Sacramento	Y
Enforcement Committee Meeting	July 19, 2017	Sacramento	Y
Board Meeting	July 25, 2017	Whittier	Y
Board Meeting	October 24, 2017	Hayward	Y
Special Board Meeting	January 31, 2018	Sacramento	Y
Enforcement Committee Meeting	February 8, 2018	Sacramento	Y
Board Meeting	February 22, 2018	Los Angeles	Y
Enforcement Committee Meeting	May 31, 2018	Sacramento	Y
Board Meeting	June 5, 2018	Sacramento	Y
Board Meeting	August 9, 2018	San Diego	Y
Enforcement Committee Meeting	October 10, 2018	Sacramento	Y
Board Meeting	November 8, 2018	Oakland	Y
Special Board Meeting	November 27, 2018	Sacramento	Y
Special Board Meeting	January 8, 2019	Sacramento	Y
Board Meeting	February 15, 2019	Sacramento	Y
Enforcement Committee Meeting	April 19, 2019	Sacramento	Y

Board Meeting	May 21, 2019	Whittier	Y
Board Meeting	July 25, 2019	San Diego	Y
Licensing & CE Committee Meeting	August 22, 2019	Sacramento	Y
Licensing & CE Committee Meeting	October 10, 2019	Sacramento	Y
Board Meeting	October 24, 2019	Oakland	Y
Board Meeting	January 7, 2020	Sacramento	Y
Special Board Meeting	February 18, 2020	Sacramento	Y
Board Meeting	April 16, 2020	Teleconference	Y
Board Meeting	June 4, 2020	Videoconference	Y
Board Meeting	July 16, 2020	Videoconference	Y
Enforcement Committee Meeting	October 16, 2020	Videoconference	Y
Board Meeting	October 29, 2020	Videoconference	Y
Special Board Meeting	December 11, 2020	Videoconference	Y
Board Meeting	January 28, 2021	Videoconference	Y

<b>Table 1a. Attendance</b>			
<b>Heather Dehn, D.C.</b>			
Year Appointed	2012		
<b>Meeting Type</b>	<b>Meeting Date</b>	<b>Meeting Location</b>	<b>Attended?</b>
Licensing/CE/PR Committee Meeting	July 11, 2016	Sacramento	Y
Board Meeting	July 29, 2016	San Francisco	Y
Special Board Meeting	August 29, 2016	Sacramento	Y
Licensing/CE/PR Committee Meeting	August 30, 2016	Sacramento	Y
Board Meeting	October 14, 2016	San Diego	N
Special Board Meeting	January 12, 2017	Teleconference	Y
Board Meeting	February 16, 2017	Los Angeles	Y
Board Meeting	May 16, 2017	Sacramento	Y
Special Board Meeting	June 14, 2017	Teleconference	Y
Board Meeting	July 25, 2017	Whittier	Y
Licensing & CE Committee Meeting	October 6, 2017	Sacramento	Y
Board Meeting	October 24, 2017	Hayward	Y
Special Board Meeting	January 31, 2018	Sacramento	Y
Board Meeting	February 22, 2018	Los Angeles	Y
Government Affairs Committee Meeting	May 21, 2018	Sacramento	Y
Licensing & CE Committee Meeting	June 1, 2018	Sacramento	Y
Board Meeting	June 5, 2018	Sacramento	Y
Board Meeting	August 9, 2018	San Diego	Y
Licensing & CE Committee Meeting	September 25, 2018	Sacramento	Y
Board Meeting	November 8, 2018	Oakland	Y
Special Board Meeting	November 27, 2018	Sacramento	Y
Licensing & CE Committee Meeting	December 17, 2018	Sacramento	Y
Special Board Meeting	January 8, 2019	Sacramento	Y
Board Meeting	February 15, 2019	Sacramento	Y
Licensing & CE Committee Meeting	April 16, 2019	Sacramento	Y

Board Meeting	May 21, 2019	Whittier	Y
Licensing & CE Committee Meeting	June 28, 2019	Sacramento	Y
Board Meeting	July 25, 2019	San Diego	N
Licensing & CE Committee Meeting	August 22, 2019	Sacramento	Y
Licensing & CE Committee Meeting	October 10, 2019	Sacramento	Y
Board Meeting	October 24, 2019	Oakland	Y
Board Meeting	January 7, 2020	Sacramento	Y
Special Board Meeting	February 18, 2020	Sacramento	Y
Board Meeting	April 16, 2020	Teleconference	Y
Board Meeting	June 4, 2020	Videoconference	Y
Board Meeting	July 16, 2020	Videoconference	Y
Licensing & CE Committee Meeting	September 18, 2020	Videoconference	Y
Board Meeting	October 29, 2020	Videoconference	Y
Licensing & CE Committee Meeting	November 6, 2020	Videoconference	Y
Special Board Meeting	December 11, 2020	Videoconference	Y
Board Meeting	January 28, 2021	Videoconference	N

<b>Table 1a. Attendance</b>			
<b>Julie Elginer, DrPH</b>			
Year Appointed	2012		
<b>Meeting Type</b>	<b>Meeting Date</b>	<b>Meeting Location</b>	<b>Attended?</b>
Government Affairs Committee Meeting	July 14, 2016	Sacramento	Y
Board Meeting	July 29, 2016	San Francisco	Y
Special Board Meeting	August 29, 2016	Sacramento	Y
Government Affairs Committee Meeting	September 22, 2016	Sacramento	Y
Board Meeting	October 14, 2016	San Diego	Y
Special Board Meeting	January 12, 2017	Sacramento	Y
Board Meeting	February 16, 2017	Los Angeles	Y
Licensing/CE/PR Committee Meeting	May 1, 2017	Sacramento	Y
Board Meeting	May 16, 2017	Sacramento	N
Special Board Meeting	June 14, 2017	Teleconference	Y
Board Meeting	July 25, 2017	Whittier	Y
Licensing & CE Committee Meeting	October 6, 2017	Sacramento	Y
Board Meeting	October 24, 2017	Hayward	Y

<b>Table 1a. Attendance</b>			
<b>Frank Ruffino</b>			
Year Appointed	2012		
<b>Meeting Type</b>	<b>Meeting Date</b>	<b>Meeting Location</b>	<b>Attended?</b>
Government Affairs Committee Meeting	July 14, 2016	Sacramento	Y
Board Meeting	July 29, 2016	San Francisco	Y
Special Board Meeting	August 29, 2016	Teleconference	Y
Government Affairs Committee Meeting	September 22, 2016	Sacramento	Y
Board Meeting	October 14, 2016	San Diego	Y
Special Board Meeting	January 12, 2017	Sacramento	Y
Board Meeting	February 16, 2017	Los Angeles	Y
Board Meeting	May 16, 2017	Sacramento	Y
Special Board Meeting	June 14, 2017	Sacramento	Y
Government Affairs Committee Meeting	July 11, 2017	Sacramento	Y
Board Meeting	July 25, 2017	Whittier	Y
Special Board Meeting	October 24, 2017	Hayward	Y
Special Board Meeting	January 31, 2018	Sacramento	Y
Board Meeting	February 22, 2018	Los Angeles	Y
Board Meeting	June 5, 2018	Sacramento	Y
Board Meeting	August 9, 2018	San Diego	N
Enforcement Committee Meeting	October 10, 2018	Sacramento	Y
Board Meeting	November 8, 2018	Oakland	Y
Board Meeting	November 27, 2018	Sacramento	Y
Board Meeting	January 8, 2019	Sacramento	Y
Board Meeting	February 15, 2019	Sacramento	Y
Government Affairs Committee Meeting	March 26, 2019	Sacramento	Y
Enforcement Committee Meeting	April 19, 2019	Sacramento	Y
Board Meeting	May 21, 2019	Whittier	Y
Board Meeting	July 25, 2019	San Diego	Y
Government Affairs Committee Meeting	August 27, 2019	Sacramento	Y
Board Meeting	October 24, 2019	Oakland	Y
Board Meeting	January 7, 2020	Sacramento	Y
Special Board Meeting	February 18, 2020	Sacramento	N
Board Meeting	April 16, 2020	Teleconference	Y
Board Meeting	June 4, 2020	Videoconference	Y
Board Meeting	July 16, 2020	Videoconference	Y
Enforcement Committee Meeting	October 16, 2020	Videoconference	Y
Board Meeting	October 29, 2020	Videoconference	Y
Special Board Meeting	December 11, 2020	Videoconference	Y
Board Meeting	January 28, 2021	Videoconference	Y
Government Affairs Committee Meeting	April 13, 2021	Videoconference	Y
Board Meeting	April 22, 2021	Videoconference	Y
Board Meeting	May 20, 2021	Videoconference	Y
Board Meeting	June 4, 2021	Videoconference	Y



Government Affairs Committee Meeting	June 28, 2021	Videoconference	Y
Board Meeting	July 16, 2021	Videoconference	Y

<b>Table 1a. Attendance</b>			
<b>Dionne McClain, D.C.</b>			
Year Appointed	2014		
<b>Meeting Type</b>	<b>Meeting Date</b>	<b>Meeting Location</b>	<b>Attended?</b>
Licensing/CE/PR Committee Meeting	July 11, 2016	Sacramento	Y
Board Meeting	July 29, 2016	San Francisco	Y
Special Board Meeting	August 29, 2016	Teleconference	Y
Licensing/CE/PR Committee Meeting	August 30, 2016	Sacramento	Y
Board Meeting	October 14, 2016	San Diego	Y
Special Board Meeting	January 12, 2017	Teleconference	Y
Board Meeting	February 16, 2017	Los Angeles	Y
Licensing/CE/PR Committee Meeting	May 1, 2017	Sacramento	Y
Board Meeting	May 16, 2017	Sacramento	Y
Special Board Meeting	June 14, 2017	Teleconference	Y
Board Meeting	July 25, 2017	Whittier	Y
Licensing & CE Committee Meeting	October 6, 2017	Sacramento	Y
Board Meeting	October 24, 2017	Hayward	Y
Special Board Meeting	January 31, 2018	Sacramento	Y
Board Meeting	February 22, 2018	Los Angeles	Y
Enforcement Committee Meeting	May 31, 2018	Sacramento	Y
Licensing & CE Committee Meeting	June 1, 2018	Sacramento	Y
Board Meeting	June 5, 2018	Sacramento	N
Board Meeting	August 9, 2018	San Diego	Y
Licensing & CE Committee Meeting	September 25, 2018	Sacramento	Y
Board Meeting	November 8, 2018	Oakland	Y
Board Meeting	November 27, 2018	Sacramento	Y
Licensing & CE Committee Meeting	December 17, 2018	Sacramento	Y
Special Board Meeting	January 8, 2019	Sacramento	Y
Board Meeting	February 15, 2019	Sacramento	N
Licensing & CE Committee Meeting	April 16, 2019	Sacramento	Y
Board Meeting	May 21, 2019	Whittier	Y
Licensing & CE Committee Meeting	June 28, 2019	Sacramento	Y
Board Meeting	July 25, 2019	San Diego	Y
Board Meeting	October 24, 2019	Oakland	Y
Board Meeting	January 7, 2020	Sacramento	Y
Special Board Meeting	February 18, 2020	Sacramento	Y
Board Meeting	April 16, 2020	Teleconference	Y
Board Meeting	June 4, 2020	Videoconference	Y
Board Meeting	July 16, 2020	Videoconference	Y
Licensing & CE Committee Meeting	September 18, 2020	Videoconference	Y
Board Meeting	October 29, 2020	Videoconference	Y

Licensing & CE Committee Meeting	November 6, 2020	Videoconference	Y
Special Board Meeting	December 11, 2020	Videoconference	Y
Board Meeting	January 28, 2021	Videoconference	Y
Licensing & CE Committee Meeting	March 25, 2021	Videoconference	Y
Board Meeting	April 22, 2021	Videoconference	Y
Board Meeting	May 20, 2021	Videoconference	Y
Board Meeting	June 4, 2021	Videoconference	Y
Licensing & CE Committee Meeting	May 7, 2021	Videoconference	Y
Licensing & CE Committee Meeting	June 17, 2021	Videoconference	Y
Board Meeting	July 16, 2021	Videoconference	Y
Board Meeting	November 22, 2021	Videoconference	Y
Board Meeting	December 16, 2021	Videoconference	Y

<b>Table 1a. Attendance</b>			
<b>John Roza, Jr. D.C.</b>			
Year Appointed	2014		
<b>Meeting Type</b>	<b>Meeting Date</b>	<b>Meeting Location</b>	<b>Attended?</b>
Board Meeting	July 29, 2016	San Francisco	Y
Special Board Meeting	August 29, 2016	Sacramento	Y
Government Affairs Committee Meeting	September 22, 2016	Sacramento	Y
Board Meeting	October 14, 2016	San Diego	Y
Special Board Meeting	January 12, 2017	Teleconference	Y
Board Meeting	February 16, 2017	Los Angeles	Y
Board Meeting	May 16, 2017	Sacramento	Y
Special Board Meeting	June 14, 2017	Teleconference	Y
Enforcement Committee Meeting	July 19, 2017	Sacramento	Y
Board Meeting	July 25, 2017	Whittier	N
Board Meeting	October 24, 2017	Hayward	Y
Special Board Meeting	January 31, 2018	Sacramento	Y
Enforcement Committee Meeting	February 8, 2018	Sacramento	Y

<b>Table 1a. Attendance</b>			
<b>Corey Lichtman, D.C.</b>			
Year Appointed	2014		
<b>Meeting Type</b>	<b>Meeting Date</b>	<b>Meeting Location</b>	<b>Attended?</b>
Licensing/CE/PR Committee Meeting	July 11, 2016	Sacramento	Y
Board Meeting	July 29, 2016	San Francisco	Y
Special Board Meeting	August 29, 2016	Sacramento	Y
Licensing/CE/PR Committee Meeting	August 30, 2016	Sacramento	Y
Board Meeting	October 14, 2016	San Diego	Y
Special Board Meeting	January 12, 2017	Teleconference	Y
Board Meeting	February 16, 2017	Los Angeles	Y
Board Meeting	May 16, 2017	Sacramento	Y

Special Board Meeting	June 14, 2017	Teleconference	Y
Government Affairs Committee Meeting	July 11, 2017	Sacramento	Y
Board Meeting	July 25, 2017	Whittier	Y
Board Meeting	October 24, 2017	Hayward	Y
Special Board Meeting	January 31, 2018	Sacramento	Y
Board Meeting	February 22, 2018	Los Angeles	Y
Government Affairs Committee Meeting	May 21, 2018	Sacramento	Y
Board Meeting	June 5, 2018	Sacramento	Y
Board Meeting	August 9, 2018	San Diego	Y
Board Meeting	November 8, 2018	Oakland	Y
Board Meeting	November 27, 2018	Sacramento	Y
Special Board Meeting	January 8, 2019	Sacramento	Y
Government Affairs Committee Meeting	March 26, 2019	Sacramento	Y
Board Meeting	May 21, 2019	Whittier	Y
Board Meeting	July 25, 2019	San Diego	Y
Government Affairs Committee Meeting	August 27, 2019	Sacramento	Y
Board Meeting	October 24, 2019	Oakland	Y
Board Meeting	January 7, 2020	Sacramento	Y

<b>Table 1a. Attendance</b>			
<b>Thyonne Gordon, DrPH</b>			
Year Appointed	2018		
<b>Meeting Type</b>	<b>Meeting Date</b>	<b>Meeting Location</b>	<b>Attended?</b>
Board Meeting	August 9, 2018	San Diego	Y
Board Meeting	November 8, 2018	Oakland	Y
Board Meeting	November 27, 2018	Oakland	N
Special Board Meeting	January 8, 2019	Sacramento	Y

<b>Table 1a. Attendance</b>			
<b>David Paris, D.C.</b>			
Year Appointed	2018		
<b>Meeting Type</b>	<b>Meeting Date</b>	<b>Meeting Location</b>	<b>Attended?</b>
Special Board Meeting	January 8, 2019	Sacramento	Y
Board Meeting	February 15, 2019	Sacramento	Y
Licensing & CE Committee Meeting	April 16, 2019	Sacramento	Y
Enforcement Committee Meeting	April 19, 2019	Sacramento	Y
Board Meeting	May 21, 2019	Whittier	Y
Licensing & CE Committee Meeting	June 28, 2019	Sacramento	Y
Board Meeting	July 25, 2019	San Diego	Y
Licensing & CE Committee Meeting	August 22, 2019	Sacramento	Y
Licensing & CE Committee Meeting	October 10, 2019	Sacramento	Y
Board Meeting	October 24, 2019	Oakland	Y
Board Meeting	January 7, 2020	Sacramento	Y
Special Board Meeting	February 18, 2020	Sacramento	Y

Board Meeting	April 16, 2020	Teleconference	Y
Board Meeting	June 4, 2020	Videoconference	Y
Board Meeting	July 16, 2020	Videoconference	Y
Licensing & CE Committee Meeting	September 18, 2020	Videoconference	Y
Enforcement Committee Meeting	October 16, 2020	Videoconference	Y
Board Meeting	October 29, 2020	Videoconference	Y
Licensing & CE Committee Meeting	November 6, 2020	Videoconference	Y
Special Board Meeting	December 11, 2020	Videoconference	Y
Board Meeting	January 28, 2021	Videoconference	Y
Board Meeting	April 22, 2021	Videoconference	Y
Licensing & CE Committee Meeting	May 7, 2021	Videoconference	Y
Board Meeting	May 20, 2021	Videoconference	Y
Board Meeting	June 4, 2021	Videoconference	Y
Licensing & CE Committee Meeting	June 17, 2021	Videoconference	Y
Board Meeting	July 16, 2021	Videoconference	Y
Board Meeting	November 22, 2021	Videoconference	Y
Enforcement Committee Meeting	December 3, 2021	Videoconference	Y
Board Meeting	December 16, 2021	Videoconference	Y

<b>Table 1a. Attendance</b>			
<b>Laurence Adams, D.C.</b>			
Year Appointed	2020		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	October 29, 2020	Videoconference	Y
Special Board Meeting	December 11, 2020	Videoconference	Y
Board Meeting	January 28, 2021	Videoconference	Y
Licensing & CE Committee Meeting	March 25, 2021	Videoconference	Y
Board Meeting	April 22, 2021	Videoconference	Y
Licensing & CE Committee Meeting	May 7, 2021	Videoconference	Y
Board Meeting	May 20, 2021	Videoconference	Y
Board Meeting	June 4, 2021	Videoconference	Y
Licensing & CE Committee Meeting	June 17, 2021	Videoconference	Y
Board Meeting	July 16, 2021	Videoconference	Y
Board Meeting	November 22, 2021	Videoconference	N
Enforcement Committee Meeting	December 3, 2021	Videoconference	Y
Board Meeting	December 16, 2021	Videoconference	Y

<b>Table 1a. Attendance</b>			
<b>Rafael Sweet</b>			
Year Appointed	2021		
Meeting Type	Meeting Date	Meeting Location	Attended?
Government Affairs Committee Meeting	April 13, 2021	Videoconference	Y
Board Meeting	April 22, 2021	Videoconference	Y
Board Meeting	May 20, 2021	Videoconference	Y

Board Meeting	June 4, 2021	Videoconference	Y
Government Affairs Committee Meeting	June 28, 2021	Videoconference	Y
Board Meeting	July 16, 2021	Videoconference	Y
Board Meeting	November 22, 2021	Videoconference	Y
Enforcement Committee Meeting	December 3, 2021	Videoconference	Y
Board Meeting	December 16, 2021	Videoconference	Y

<b>Table 1a. Attendance</b>			
<b>Janette N.V. Cruz</b>			
Year Appointed	2021		
<b>Meeting Type</b>	<b>Meeting Date</b>	<b>Meeting Location</b>	<b>Attended?</b>
Board Meeting	November 22, 2021	Videoconference	Y
Board Meeting	December 16, 2021	Videoconference	Y

<b>Table 1a. Attendance</b>			
<b>Pamela J. Daniels, D.C.</b>			
Year Appointed	2021		
<b>Meeting Type</b>	<b>Meeting Date</b>	<b>Meeting Location</b>	<b>Attended?</b>
Board Meeting	November 22, 2021	Videoconference	Y
Board Meeting	December 16, 2021	Videoconference	Y

<b>Table 1b. Board/Committee Member Roster</b>					
Member Name (Include Vacancies)	Year First Appointed	Year Re-appointed	Year Term Expires	Appointing Authority	Type (public or professional)
Sergio Azzolino, D.C.	2012	2016	2020	Governor	Professional
Heather Dehn, D.C.	2012	2016	2020	Governor	Professional
Julie Elginer, DrPH	2012	2012	2016	Governor	Public
Frank Ruffino	2012	2016	2020	Governor	Public
Corey Lichtman, D.C.	2014	2015	2019	Governor	Professional
Dionne McClain, D.C.	2014	2018	2022	Governor	Professional
John Roza, D.C.	2014	N/A	2018	Governor	Professional
Thyonne Gordon, DrPH	2018*	N/A	2022	Governor	Public
David Paris, D.C.	2018	N/A	2022	Governor	Professional
Laurence Adams, D.C.	2020	N/A	2024	Governor	Professional
Rafael Sweet	2021	N/A	2024	Governor	Public
Janette N.V. Cruz	2021	N/A	2024	Governor	Public
Pamela J. Daniels, D.C.	2021	N/A	2024	Governor	Public
Vacancy	2021**				

\*Appointed August 2018 and separated February 2019

\*\*Vacant since February 3, 2021

**2. In the past four years, was the board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?**

Yes, the Board was unable to hold its September 23, 2021 board meeting after two of the five sitting board members had unexpected conflicts that prevented them from being able to attend the meeting. As a result, the Board had to cancel the meeting due to a lack of quorum. This cancellation required the Board to reschedule hearings regarding petitions for reinstatement of revoked licenses, which negatively impacted the petitioners and their legal counsel, the Attorney General’s office, and the Office of Administrative Hearings.

**3. Describe any major changes to the board since the last Sunset Review, including, but not limited to:**

- **Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning)**

Appointment of New Board Members

Since the last review, six new members were appointed to the Board. Governor Brown appointed David Paris, D.C. and Frank Ruffino, a public member. Governor Newsom appointed Laurence Adams, D.C. and Pamela J. Daniels, D.C., and public members Janette N.V. Cruz and Rafael Sweet.

Change in Leadership

BCE’s former Executive Officer, Robert Puleo, recently retired effective December 30, 2021, after 31 years of state service. Mr. Puleo had served as executive officer since November 2009. Recruitment efforts are currently underway to search for and select a new BCE executive officer.

## Office Relocation

On December 1, 2021, BCE relocated from its downtown Sacramento office space to a suite within the Department of Consumer Affairs (“DCA” or the Department) headquarters building in Natomas. The office move resulted in a cost savings of approximately \$1,600 per month and provides BCE with convenient access to all DCA resources and services.

## Business Modernization

BCE has been collaborating with three other programs and the Department’s Office of Information Services on the development and implementation of a new application, licensing, and enforcement system known as “Connect”. Through four phased software releases from September 2020 through November 2021, BCE implemented these functions:

- Initial license applications;
- License renewals;
- Address changes and cancellations of satellite certificates;
- Online payment for all other paper applications;
- An online complaint form for consumers; and
- Complaint intake, investigation, cite and fine, discipline, and probation monitoring processes.

## Enforcement Expert Witness Program

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 January 2022, BCE began the recruitment process for additional expert witnesses for its Enforcement Program and plans to finalize the selections, execute contracts with selected applicants, and conduct a training session in spring 2022.

## Strategic Plan

The Board typically completes a strategic plan every three years. In October 2016, the Board adopted its 2017-2019 Strategic Plan. Due to multiple Board member vacancies and the ongoing COVID-19 pandemic, which shifted resources from DCA’s Office of Strategic Organization, Leadership, and Individual Development (SOLID) to online meeting facilitation, BCE had to postpone the development of its 2020-2022 strategic plan. Now that the Board is almost fully appointed and SOLID’s strategic planning facilitation services have resumed, BCE plans to conduct its next strategic planning session in May 2022.

- **All legislation sponsored by the board and affecting the board since the last sunset review.**

**Assembly Bill (AB) 1706 (Business and Professions Committee, Chapter 454, Statutes of 2017)** extended the sunset date of the Board of Occupational Therapy, the Physical Therapy Board, and the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board to January 1, 2022, and allows the Legislature to conduct a review of the Board of Chiropractic Examiners.

**Senate Bill (SB) 547 (Hill, Chapter 429, Statutes of 2017)** made numerous noncontroversial and substantive changes to a number of boards and bureaus including the Board of Chiropractic Examiners. Specifically, this bill temporarily raised renewal fees for BCE licensees to \$300 and sunset on January 1, 2019. This bill also required BCE to submit a legislative report by July 1, 2018, regarding the status of its fee audit, an update on restructuring of fees, and other related items.

**AB 1659 (Low, Chapter 249, Statutes of 2018)** clarified issues relating to inactive licenses, including: 1) prohibiting a licensee with an inactive license from representing that he or she has an active license; 2) authorizing a healing arts board to establish a lower renewal fee for an inactive license; and 3) reorganizing existing provisions of law without substantive change.

**AB 2138 (Chiu, Chapter 995, Statutes of 2018)** restricts the discretion of programs within the Department of Consumer Affairs in using prior criminal history as grounds for licensing determinations and established new prohibitions relating to the denial, suspension, and revocation of licensure. Under this bill, programs may not use acts involving dishonesty, fraud, or deceit that did not result in a conviction as a basis for the denial of a license. Other revisions included the adoption of a seven-year limitation on convictions eligible for licensure denial, subject to specified exemptions, and a ban on requiring applicants to self-disclose prior convictions unless the application is made for a listed license type that does not require a fingerprint background check. Finally, this bill requires Department programs, as specified, to track data relating to licensure denials, publish that data on its website, and submit an annual report to the Legislature, among other provisions.

**SB 1448 (Hill, Chapter 570, Statutes of 2018)** requires licensees of the Medical Board of California, Board of Podiatric Medicine, Osteopathic Medical Board of California, Naturopathic Medicine Committee, California Acupuncture Board, and Board of Chiropractic Examiners to make a separate disclosure to their patients or patients' guardian if licensees are on probation related to their professional license. This bill also requires increased reporting of licensee information on the websites of the affected boards.

**SB 1480 (Hill, Chapter 571, Statutes of 2018)** codified the Board of Chiropractic Examiners' new fee schedule into section 1006.5 of the Business and Professions Code, where all of the Board's fees can be easily found.

**AB 1076 (Ting, Chapter 578, Statutes of 2019)** requires the Department of Justice (DOJ), as of January 1, 2021, to review its criminal justice databases on a monthly basis and identify persons who are eligible to have certain arrests and convictions sealed, as specified. The bill requires the DOJ to grant relief to an eligible person without requiring the eligible person to file a petition for such relief.

**SB 425 (Hill, Chapter 849, Statutes of 2019)** requires health care facilities who receive allegations, written by patients or their representatives, accusing healing arts licensees of sexual



abuse or misconduct to report the allegations to the relevant licensing agency. It also makes several changes to the Medical Board of California processes including probationary license disclosure requirements, interview attendance requirements, and licensee file disclosure requirements.

**SB 601 (Morrell, Chapter 854, Statutes of 2019)** allows state licensing entities, including the Department's programs, to reduce or waive licensing fees for people or businesses who have been displaced or affected by a proclaimed or declared emergency in the previous year. Licensing fees include those for certificates, registrations, or other documents required to engage in business, and also applies to fees for renewal or replacement of a physical license for display.

**AB 2113 (Low, Chapter 186, Statutes of 2020)** requires DCA boards and bureaus to expedite the initial licensure process for an applicant who supplies satisfactory evidence that they are a refugee, have been granted asylum, or have a special immigrant visa, as specified. This law also allows boards and bureaus to assist these applicants during the initial licensure process. This law further specifies that persons applying for expedited licensure will still be required to meet all applicable statutory and regulatory licensure requirements.

**AB 2520 (Chiu, Chapter 101, Statutes of 2020)** prohibits, among other things, a health care provider from charging a fee to a patient for filling out forms or providing information responsive to forms that support a claim or appeal regarding eligibility for a public benefit program. The bill requires the health care provider to provide information responsive to those portions of the form for which the health care provider has the information necessary to provide a medical opinion, as specified. The bill authorizes a health care provider to honor a request to disclose a patient record or complete a public benefit form that contains the written or electronic signature of the patient or the patient's personal representative.

**SB 878 (Jones, Chapter 131, Statutes of 2020)** requires each DCA board and bureau that issues licenses to prominently display on their websites each quarter either the current average timeframe for processing initial and renewal license applications, or the combined current average timeframe for processing both initial and renewal license applications, beginning July 1, 2021. This law also requires each board or bureau to post quarterly on their websites either the current average processing timeframe for each licensing type administered by the program, or the combined current average timeframe for processing all license types administered by the program.

**SB 1474 (Business, Professions & Economic Development Committee, Chapter 312, Statutes of 2020)**, among other things, extends the operations for the following DCA programs until January 1, 2023: Board of Chiropractic Examiners, Naturopathic Medicine Committee, Board of Occupational Therapy, Respiratory Care Board, and Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.

- **All regulation changes approved by the board since the last sunset review. Include the status of each regulatory change approved by the board.**

### **Regulations Promulgated by BCE**

**Application for Licensure (California Code of Regulations [CCR], Title 16, Sections 321 and 364; Effective October 1, 2018 – Mandated by the Legislature):** This regulation amended BCE's application for licensure to comply with AB 1588 (Atkins, Chapter 742, Statutes of 2012), AB 1904 (Block, Chapter 399, Statutes of 2012), AB 258 (Chavez, Chapter 227, Statutes of 2013), AB 1057 (Medina, Chapter 693, Statutes of 2013), SB 1159 (Lara, Chapter 752, Statutes of 2014),

and SB 1226 (Correa, Chapter 657, Statutes of 2014). The revisions assist BCE in identifying past or present members of the military and their spouses in order to expedite the licensure process for these individuals. Additionally, the regulation amended the continuing education (CE) regulations for consistency with the provisions of Business and Professions Code (BPC) section 114.3 to waive renewal fees, CE requirements, and other requirements for active duty members of the United States military. Also, the regulation allows BCE to award up to 16 hours of CE credit to licensees who participate in the review and revision of the California Chiropractic Law Examination.

**Expedited Licensure and Application Requirements (CCR, Title 16, Section 321; Effective September 10, 2021 – Mandated by the Legislature):** This regulation amended BCE's application for licensure to comply with AB 2113. The revisions assist BCE in identifying applicants who are refugees, have been granted asylum, or have a special immigrant visa, and expedites the licensure process for these individuals. Additionally, the regulation included minor changes to provide applicants with clarity regarding application requirements.

**Denial of Application, Revocation, or Suspension of Licensure (CCR, Title 16, Sections 316.5, 326, and 327; Effective November 22, 2021 – Mandated by the Legislature):** This regulation conforms to the intent of AB 2138, which limits BCE's discretion in using prior criminal convictions and underlying acts as grounds for licensing determinations and establishes new prohibitions related to the denial, suspension, and revocation of licensure.

#### **Proposed Regulations:**

**Approval of Chiropractic Schools and Educational Requirements (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. BCE plans to notice this package in FY 2022/23.

**Chiropractic Records Retention/Disposition of Patient Records Upon Closure of Practice or Death/Incapacity of Licensee:** This regulatory proposal will amend BCE's minimum record keeping requirements to specify the retention period and disposition of patient records.

**Consumer Protection Enforcement Initiative (CPEI):** This regulatory proposal 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. BCE staff has been working on the CPEI regulation package and has 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 is dividing it into six smaller regulation packages grouped by general topic. BCE staff plans to work with DCA Regulations Unit legal counsel to develop and update proposed language for each of the regulation packages and present them to the Enforcement Committee, and ultimately the Board, for review and discussion at future meetings in 2022.

**Continuing Education Requirements and Mandatory Cardiopulmonary Resuscitation (CPR) Certification for All Licensees (CCR, Title 16, Sections 361-366):** This regulatory proposal will establish minimum requirements for CE providers, establish parameters for CE course approvals, and mandate CPR certification for all licensees. This proposal is currently under development.

**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 BPC 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:** BCE 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 plans to collaborate with DCA Regulations Unit legal counsel to make necessary updates and revisions to BCE's *Disciplinary Guidelines* and present proposed language to amend CCR, title 16, section 384, incorporate the revised *Disciplinary Guidelines* by reference, and implement the Uniform Standards to the Enforcement Committee, and ultimately the Board, for review and discussion at future meetings in 2022.

#### **4. Describe any major studies conducted by the board (cf. Section 13, Attachment C).**

##### Occupational Analysis of the Chiropractor Profession – March 2017

BCE, in collaboration with the Department's Office of Professional Examination Services (OPES), conducted an occupational analysis to identify critical job activities performed by California licensed chiropractors. The occupational analysis was part of BCE's comprehensive review of chiropractic practice in California. The purpose of the occupational analysis was to define practice for chiropractors in California in terms of actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis provide a description of practice for the profession that can then be used as the basis for the licensing examination in California.

BCE selected California licensed chiropractors to participate as subject matter experts (SMEs) during various phases of the occupational analysis. These SMEs were selected from a broad range of practice settings, geographic locations, and experience backgrounds. The SMEs provided information regarding the different aspects of current chiropractor practice during the development phase of the occupational analysis, and they participated in workshops to review the content of task and knowledge statements for technical accuracy prior to administration of the occupational analysis questionnaire. Following administration of the occupational analysis questionnaire, groups of SMEs were convened at OPES to review the questionnaire results, finalize the description of practice, and develop the preliminary examination plan for the California Chiropractic Law Examination.

##### BCE Fee Study – December 2021

BCE's current budget is structurally imbalanced and BCE's expenditures continue to outpace the revenue received. Without an increase in revenue, BCE is projected to have a 0.7 month reserve balance at the end of FY 2022/23 and will become insolvent by FY 2023/24.

In order to substantiate budget concerns and provide a factual basis for any future increase in fees charged to licensees, BCE contracted with Matrix Consulting Group to conduct a fee audit to assess the current fees charged by BCE and determine what the fees should be based upon the actual workload incurred by staff. Following their study of BCE, Matrix concluded that BCE is under-

recovering its costs by approximately \$1.4 million and the majority of these costs relate to CE applications.

**5. List the status of all national associations to which the board belongs.**

BCE is a member of the Association of Chiropractic Board Administrators, Federation of Chiropractic Licensing Boards (FCLB), and National Board of Chiropractic Examiners (NBCE).

- **Does the board's membership include voting privileges?**

Yes.

- **List committees, workshops, working groups, task forces, etc., on which the board participates.**

One Board member attends NBCE's annual Test Committee Meeting. The purpose of this committee meeting is to select clinical cases and test questions for the biannual administrations for Part IV Practical Examinations.

- **How many meetings did board representative(s) attend? When and where?**

During past four fiscal years, Board representatives attended the following five meetings:

- April 2016 NBCE/FCLB Annual Meeting (Phoenix, Arizona) – One Board Member
- May 2017 NBCE/FCLE Annual Meeting (Orlando, Florida) – Board Chair and Executive Officer
- September 2018 NBCE/FCLB District Meeting (Palm Springs) – Board Chair and Executive Officer
- May 2019 NBCE/FCLB Annual Meeting (San Diego) – Two Board Members and Executive Officer
- May 2021 NBCE/FCLB Annual Meeting (Virtual) – Two Board Members

- **If the board is using a national exam, how is the board involved in its development, scoring, analysis, and administration?**

DCA boards and bureaus are required to ensure that examination programs being used in the California licensure process comply with psychometric and legal standards. BCE requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of the National Board of Chiropractic Examiners (NBCE) examination program. The purpose of the OPES review was to evaluate the suitability of the NBCE examinations for continued use in California.

OPES received and reviewed documents provided by NBCE. The NBCE examination program consists of the following five examinations: Part I, Part II, Part III, Part IV, and Physiotherapy. Follow-up email and phone communications were held to clarify the procedures and practices used to validate and develop the NBCE examinations. A comprehensive evaluation of the documents was made to determine whether the following NBCE examination components met professional guidelines and technical standards: (a) occupational analysis; (b) examination development; (c) passing scores; (d) test administration; (e) examination scoring and performance; (f) information available to candidates; and (g) test security procedures. OPES

found the procedures used to establish and support the validity and defensibility of the NBCE examination program components listed above meet professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing* (2014) and BPC section 139.

In addition, one Board member attends NBCE's annual Test Committee Meeting. The purpose of this committee meeting is to select clinical cases and test questions for the biannual administrations for Part IV Practical Examinations.

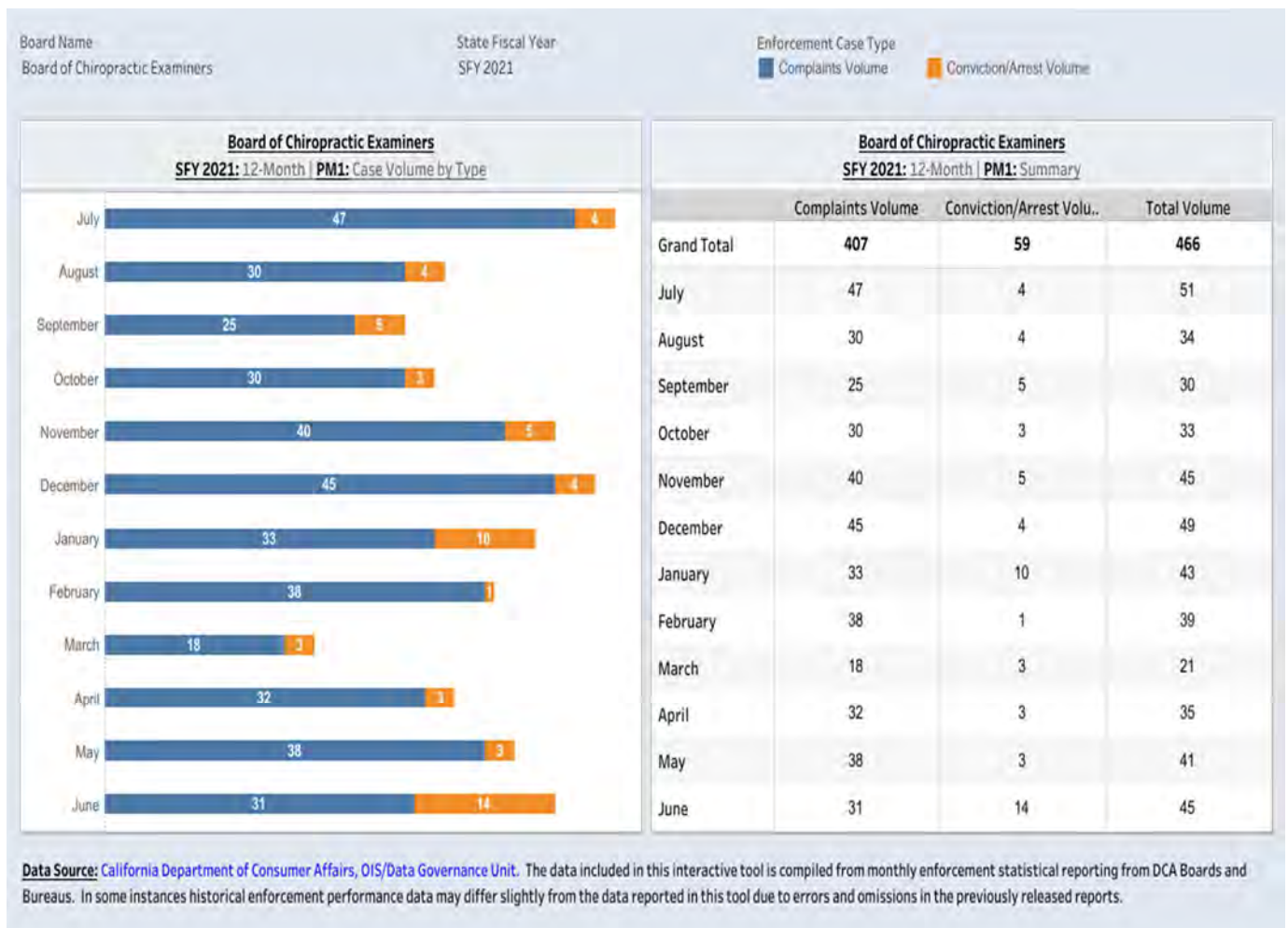
## Section 2 Performance Measures and Customer Satisfaction Surveys

### 6. Provide each quarterly and annual performance measure report for the board as published on the DCA website.

The quarterly and annual Enforcement Performance Measure reports and annual Licensing Performance Measure reports published by the Department of Consumer Affairs for FYs 2017/18, 2018/19, 2019/20, and 2020/21 are included in Section 13, Attachment E. Below are the annual reports for FY 2020/21.

#### Enforcement Performance Measures FY 2020/2021:

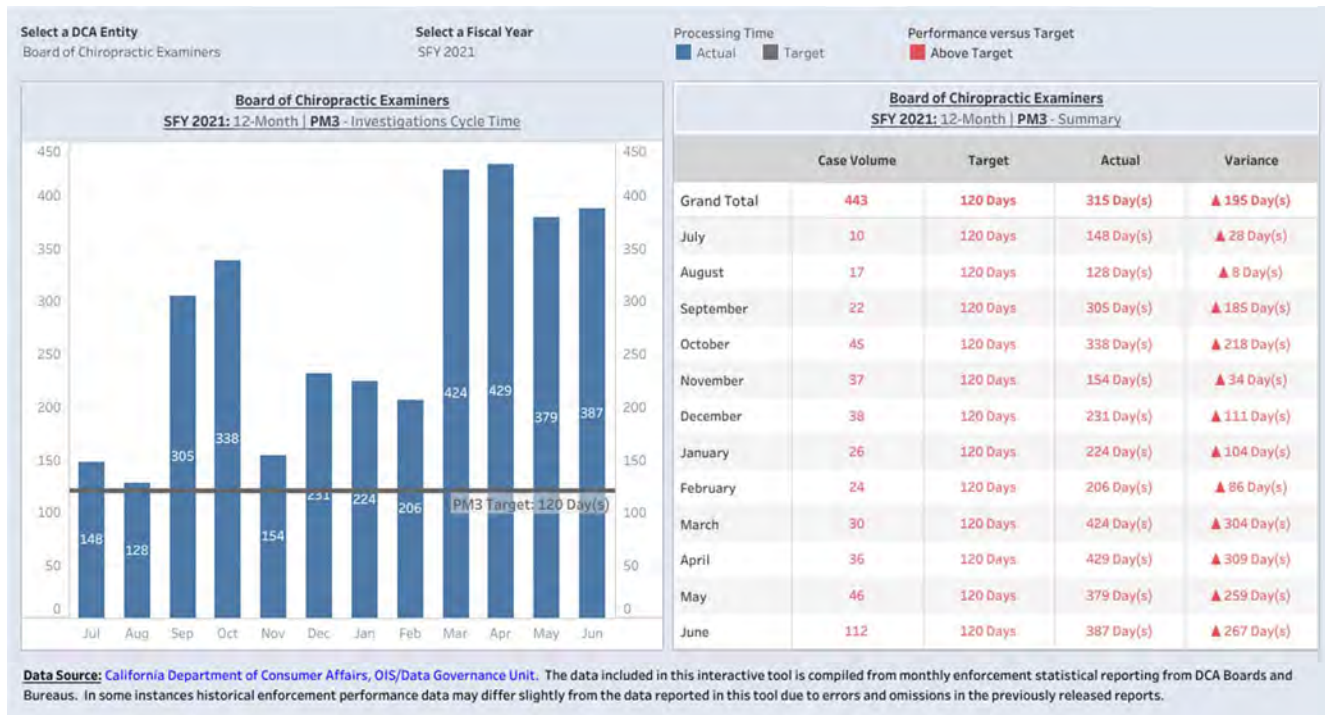
##### PM1: Case Volume by Type



## PM2: Intake Cycle Time



## PM3: Investigations Cycle Time



## PM4: Formal Discipline Cycle Time

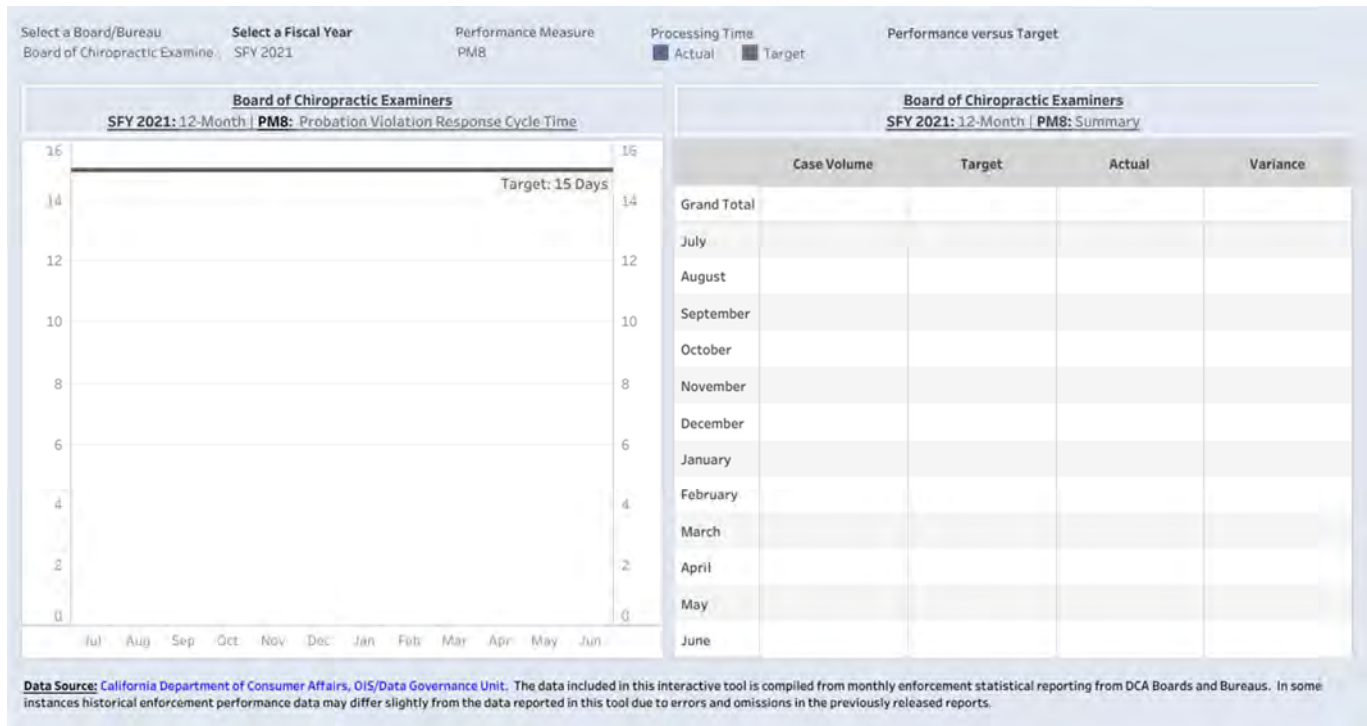


## PM7: Probation Intake Cycle Time





## PM8: Probation Violation Response Cycle Time



## Licensing Performance Measures FY 2019/2020:

Select a Fiscal Year: FY19/20 | Select a DCA Entity: Board of Chiropractic Examiners | Select a License Type: All | Highlight by Trend: No items highlighted | New Applications Annual Change: Increase (green), Decrease (red)

Data last refreshed on 10/05/2020

DCA Entity	License Type	Current Year Applications	Prior Year Applications	Year-Over-Year Change	Year-Over-Year % Change
<b>Grand Total</b>		1,554	1,833	▼ -279	▼ -15.22%
Board of Chiropractic Examiners	<b>Total</b>	1,554	1,833	▼ -279	▼ -15.22%
	Chiropractic Corporations	103	86	▲ 17	▲ 19.77%
	Doctor of Chiropractic	326	306	▲ 20	▲ 6.54%
	Satellite Offices (BCE)	1,125	1,439	▼ -314	▼ -21.82%

Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from the DCA annual reports. In some instances, the data contained in this tool may differ slightly from the information published in the annual report due to report release timing. Please refer to the PDF version of the annual report for reporting methodology and description about the data.

**7. Provide results for each question in the BCE customer satisfaction survey broken down by fiscal year. Discuss the results of the customer satisfaction surveys.**

BCE solicits feedback on its enforcement process by including a link to an online complaint process survey conducted by the Department in the closure letters that are sent to complainants at the conclusion of its enforcement cases.

During the past four fiscal years, BCE sent notifications about the survey to approximately 800 complainants and received a total of 10 responses. In the survey responses, two complainants expressed their satisfaction with BCE’s complaint process and eight complainants expressed their dissatisfaction with BCE’s handling of their complaint. Due to the low survey response rate, it is difficult for BCE to draw meaningful conclusions from the survey results.

Below are the survey results received for FYs 2017/18 through 2020/21.

**Complaint Process Survey:**

**Question 1: Please enter the complaint number listed on the letter you recently received.**

Response	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21
Answer provided	2	3	3	2

**Question 2: How did you find out about our Board?**

Response	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21
Web search	2 (100%)	2 (67%)	3 (100%)	2 (100%)
Friend or relative	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Medical provider	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Other government agency	0 (0%)	1 (33%)	0 (0%)	0 (0%)

**Question 3: How did you initially contact our Board about your complaint?**

Response	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21
Phone	0 (0%)	0 (0%)	1 (33%)	1 (50%)
In person	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Regular mail	1 (50%)	3 (100%)	2 (67%)	1 (50%)
Email	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Website	1 (50%)	0 (0%)	0 (0%)	0 (0%)
No Response	0 (0%)	0 (0%)	0 (0%)	0 (0%)

**Question 4: Was our service courteous?**

Response	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21
Yes, strongly agree	1 (50%)	0 (0%)	1 (33%)	1 (50%)
Somewhat agree	0 (0%)	1 (33%)	1 (33%)	0 (0%)
Somewhat disagree	1 (50%)	1 (33%)	1 (33%)	1 (50%)
No, strongly disagree	0 (0%)	0 (0%)	0 (0%)	0 (0%)
No Response	0 (0%)	1 (33%)	0 (0%)	0 (0%)

**Question 5: How satisfied were you with the time it took for us to resolve your complaint?**

Response	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21
Very satisfied	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Somewhat satisfied	0 (0%)	0 (0%)	1 (33%)	0 (0%)
Somewhat dissatisfied	1 (50%)	0 (0%)	1 (33%)	2 (100%)
Very dissatisfied	1 (50%)	3 (100%)	1 (33%)	0 (0%)

**Question 6: Overall, how satisfied were you with the way in which we handled your complaint?**

Response	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21
Very satisfied	0 (0%)	0 (0%)	1 (33%)	0 (0%)
Somewhat satisfied	0 (0%)	0 (0%)	1 (33%)	0 (0%)
Somewhat dissatisfied	0 (0%)	3 (100%)	0 (0%)	0 (0%)
Very dissatisfied	2 (100%)	0 (0%)	1 (33%)	2 (100%)

**Question 7: Would you contact us again for a similar situation?**

Response	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21
Definitely	0 (0%)	0 (0%)	2 (67%)	2 (100%)
Probably	1 (50%)	1 (33%)	0 (0%)	0 (0%)
Probably not	1 (50%)	1 (33%)	0 (0%)	0 (0%)
Absolutely not	0 (0%)	1 (33%)	1 (33%)	0 (0%)

**Section 3  
Fiscal and Staff**

**Fiscal Issues**

**8. Is the board’s fund continuously appropriated? If yes, please cite the statute outlining this continuous appropriation.**

No, BCE’s fund is not continuously appropriated. The Department prepares BCE’s annual budget for inclusion in the Governor’s proposed budget and BCE’s appropriation is part of the Budget Act.

**9. Describe the board’s current reserve level, spending, and if a statutory reserve level exists.**

For FY 2021/22, BCE has a balance of \$2.4 million in reserves, projected revenue of \$4.5 million, and projected expenditures of \$4.9 million.

**10. Describe if/when a deficit is projected to occur and if/when a fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the board.**

Based on current projections, a deficit will occur in FY 2023/24. To avoid insolvency, BCE will need to increase fees in FY 2022/23.

In order to substantiate budget concerns and determine a factual basis for the increase in fees charged to licensees, BCE has contracted with Matrix Consulting Group to conduct a fee analysis, assess the current fees charged, and determine what the fees should be based on actual workload and expenditures. The anticipated fee changes are specified in the table below. A detailed description of the fee changes can be found in the fee study report prepared by Matrix Consulting Group (Section 13, Attachment C-III).

<b>Fee Name</b>	<b>Current Fee</b>	<b>Total Cost Per Unit</b>	<b>Surplus / (Deficit) per Unit</b>
Biennial continuing education provider fee	\$56	\$118	(\$62)
Continuing education provider application fee	\$84	\$291	(\$207)
Continuing education course application fee	\$56	\$558	(\$502)
Corporation registration application fee	\$186	\$171	\$15
Corporation special report filing fee	\$31	\$98	(\$67)
Corporation renewal filing fee	\$31	\$62	(\$31)
Corporation duplicate certificate fee	\$50	\$70	(\$20)
Duplicate license fee	\$50	\$71	(\$21)
Initial license fee	\$186	\$137	\$49
License application fee	\$371	\$345	\$26
License certification / Out-of-state license verification	\$124	\$83	\$41
License renewal fee	\$313	\$336	(\$23)

Petition for early termination of probation or reduction of penalty fee	\$371	\$3,195	(\$2,824)
Petition for reinstatement of a revoked license fee	\$371	\$4,185	(\$3,814)
Preceptor fee	\$31	\$72	(\$41)
Reciprocal license application fee	\$371	\$283	\$88
Referral service application fee	\$557	\$279	\$278
Satellite certificate application fee	\$62	\$69	(\$7)
Satellite certificate renewal fee	\$31	\$50	(\$19)
Satellite certificate replacement fee	\$50	\$71	(\$21)

**Table 2. Fund Condition**

(Dollars in Thousands)	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	FY 2022/23
Beginning Balance	2,022	2,161	2,086	2,364	2,168	1,402
Revenues and Transfers	3,726	3,962	4,659	4,662	4,268	4,086
<b>Total Revenue</b>	<b>\$3,726</b>	<b>\$3,962</b>	<b>\$4,659</b>	<b>\$4,662</b>	<b>\$4,518</b>	<b>\$4,336</b>
Budget Authority	4,218	4,328	5,086	5,046	4,522*	4,522**
Expenditures	4,217	3,669	4,038	4,772	5,034	5,170
Loans to General Fund	0	0	0	0	0	0
Accrued Interest, Loans to General Fund	0	0	0	0	0	0
Loans Repaid From General Fund	0	0	0	0	0	0
<b>Fund Balance</b>	<b>\$1,285</b>	<b>\$2,151</b>	<b>\$2,364</b>	<b>\$2,168</b>	<b>\$1,402</b>	<b>\$318</b>
<b>Months in Reserve</b>	<b>3.9</b>	<b>5.9</b>	<b>5.9</b>	<b>5.2</b>	<b>3.3</b>	<b>0.7</b>

\* 2021-22 Budget Act; \*\* Currently still building the 2022-23 Governor's Budget

**11. Describe the history of general fund loans. When were the loans made? When have payments been made to the board? Has interest been paid? What is the remaining balance?**

BCE has not made any loans to the general fund.

**12. Describe the amounts and percentages of expenditures by program component. Use Table 3. Expenditures by Program Component to provide a breakdown of the expenditures by the board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.**

During the past four fiscal years, BCE has spent approximately \$7.5 million, or 47%, of its total expenditures on the Enforcement Program. BCE spent \$2 million, or 13%, on its Licensing Program, and \$3.1 million, or 20%, on administration costs. BCE also spent \$3.2 million, or 20%, on pro rata. In addition, on average, BCE’s expenditures have been increasing annually at a rate of 10%.

Table 3 below provides a breakdown of expenditures for each of BCE's programs during the past four years.

	FY 2017/18		FY 2018/19		FY 2019/20		FY 2020/21	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	\$903	\$777	\$967	\$835	\$937	\$927	\$896	\$1,274
Examination	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Licensing	\$361	\$78	\$387	\$96	\$375	\$145	\$358	\$222
Administration *	\$595	\$98	\$632	\$120	\$621	\$182	\$593	\$278
DCA Pro Rata**	\$0	\$610	\$0	\$751	\$0	\$935	\$0	\$912
Diversion (if applicable)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTALS</b>	<b>\$ 1,859</b>	<b>\$ 1,563</b>	<b>\$1,986</b>	<b>\$1,802</b>	<b>\$1,933</b>	<b>\$2,189</b>	<b>\$1,847</b>	<b>\$ 2,686</b>

\*Administration includes costs for executive staff, board, administrative support, and fiscal services.  
 \*\* Includes Division of Investigation internal affairs + enforcement costs.

**13. Describe the amount the board has contributed to the BreZE program. What are the anticipated BreZE costs the board has received from DCA?**

The BreZE program was approved in 2009 and was intended to address deficiencies in DCA legacy systems. BCE was originally scheduled for Release 3 of the BreZE system and contributed a total of approximately \$502,000 to BreZE development through FY 2017/18. After technical delays and issues with the BreZE project, BCE and the other Release 3 boards and bureaus were eliminated from the project. As a result, BCE was reimbursed \$148,000 for the BreZE program. A summary of BCE’s actual BreZE expenditures can be found in the table below.

FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17	FY 2017/18
\$3,674	\$11,274	\$62,212	\$4,827	\$96,308	\$48,922	\$47,859	\$125,751	\$101,212

**14. Describe license renewal cycles and history of fee changes in the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citation) for each fee charged by the Board.**

BCE’s three license types – doctor of chiropractic license, satellite location certificate, and corporation certificate – expire on the last day of a licensee’s birth month and must be renewed annually. BCE’s fee authority can be found in Section 12 of the Chiropractic Initiative Act and CCR, title 16, section 370, and BCE’s current fee schedule is codified in BPC section 1006.5.

The annual renewal fee for BCE's primary license type – doctor of chiropractic – has been increased three times in the last 10 years. AB 1996 (Hill, Chapter 539, Statutes of 2010) increased the annual renewal fee for this license from \$150 to \$250. SB 547 (Hill, Chapter 429, Statutes of 2017) temporarily raised the fee from \$250 to \$300 in 2018. Additionally, effective January 1, 2019, SB 1480 (Hill, Chapter 571, Statutes of 2018) increased the renewal fee from \$300 to \$313 and set the fees charged for other services provided by BCE.

<b>Table 4. Fee Schedule and Revenue</b>							
(list revenue dollars in thousands)							
Fee	Current Fee Amount	Statutory Limit	FY 2017/18 Revenue	FY 2018/19 Revenue	FY 2019/20 Revenue	FY 2020/21 Revenue	% of Total Revenue
Renewal Chiro License Fee	\$313.00	\$313.00	\$3,508,050.00	\$3,772,471.00	\$3,817,661.00	\$3,839,571.00	85.3%
Forfeiture Fee	\$313.00	\$313.00	\$31,700.00	\$36,937.00	\$39,751.00	\$71,364.00	1.5%
Renewal Satellite Certificate	\$31.00	\$31.00	\$15,245.00	\$49,650.00	\$66,526.00	\$93,372.00	2.07%
Renewal Corp Registration	\$31.00	\$31.00	\$12,680.00	\$22,816.00	\$33,945.00	\$45,787.00	1.01%
Application Fee	\$371.00	\$371.00	\$30,600.00	\$65,449.00	\$120,946.00	\$134,673.00	2.99%
Licensure Fee	\$186.00	\$186.00	\$31,500.00	\$45,478.00	\$52,452.00	\$61,752.00	1.37%
Corporation Application	\$186.00	\$186.00	\$8,600.00	\$15,546.00	\$19,158.00	\$23,064.00	0.5%
Reciprocity Application	\$371.00	\$371.00	\$250.00	\$596.00	\$371.00	\$742.00	0.016%
Referral Service Registration	\$557.00	\$557.00	\$582	\$0	\$0	\$0	0.00%
Continuing Education Provider Application	\$84.00	\$84.00	\$2,625.00	\$3,123.00	\$2,352.00	\$1,848.00	0.041%
Continuing Education Application	\$56.00	\$56.00	\$78,800.00	\$94,978.00	\$108,584.00	\$118,608.00	2.5%
Dup/Replacement License Fee	\$50.00	\$50.00	\$9,175.00	\$11,575.00	\$10,950.00	\$14,450.00	0.32%
Satellite Application Fee	\$62.00	\$62.00	\$7,195.00	\$33,182.00	\$69,750.00	\$73,904.00	1.6%
Fingerprint Reimbursements	\$49.00	\$49.00	\$2,450.00	\$2,989.00	\$1,813.00	\$2,009.00	0.04%
Miscellaneous	Varies	Varies	\$75.00	\$28.00	\$1,050.10	\$177.00	0.003%
Cost Recovery	Varies	Varies	\$58,963.00	\$116,277.00	\$59,360.00	\$65,323.00	1.4%
Dishonored Check Fee	\$25.00	\$25.00	\$675.00	\$900.00	\$950.00	\$575	0.008%
Cite and Fine	Various	Various	\$29,646.00	\$29,104.00	\$64,820.00	\$33,985.00	0.75%

**15. Describe Budget Change Proposals (BCPs) submitted by the board in the past four fiscal years.**

BCE has not submitted any budget change proposals in the past four fiscal years.

Table 5. Budget Change Proposals (BCPs)			NONE						
BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E		
			# Staff Requested (include classification)	# Staff Approved (include classification)	\$ Requested	\$ Approved	\$ Requested	\$ Approved	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Staffing Issues**

**16. Describe any board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.**

Until recently, BCE had not been experiencing staffing issues. During the past four fiscal years, position vacancy rates were between 11% to 17%, or approximately two to three staff positions. These vacancy rates were primarily the result of promoting existing staff into higher level positions within BCE based on the knowledge, skills, and abilities they developed during their time at BCE, which created openings in the entry-level positions these staff members vacated.

BCE management regularly reviews its staff positions and works with DCA's Office of Human Resources to reclassify positions as needed to ensure BCE's business processes and operations remain efficient and to effectively fulfill BCE's consumer protection mission.

Due to the ongoing COVID-19 pandemic, it has been difficult for BCE to recruit and hire qualified staff for its vacant office technician, staff services analyst, associate governmental program analyst, and staff services manager positions. As a temporary solution to this issue, BCE has hired seasonal clerks and retired annuitants to assist with performing key business functions.

In addition, during this timeframe, BCE experienced a loss of key personnel, including the former assistant executive officer and a seasoned licensing/administration analyst. Although the enforcement manager was prepared to assume the assistant executive officer duties, BCE has yet to find a qualified candidate to assume the vacated enforcement manager position. BCE is also experiencing difficulty recruiting a qualified associate governmental program analyst to fill the vacant licensing/administration analyst position.

**17. Describe the board's staff development efforts and total spent annually on staff development (cf., Section 13, Attachment D).**

BCE encourages continuous training and development for all staff. BCE believes providing staff with training opportunities will allow them to develop the essential skills to effectively perform their jobs, enhance their performance, and enable them to be viable candidates for future promotional opportunities at BCE and other agencies. BCE understands the importance of its staff and is very supportive of every effort to keep them knowledgeable and performing at their best.



DCA's Strategic Organization, Leadership, and Individual Development (SOLID) offers a range of training and services, including individual, workgroup, and leadership development programs. In addition to skills training courses, BCE staff has participated in SOLID's Analyst Certification Training program, which includes a series of courses to develop analytical strategies and techniques, and the Enforcement Academy, which includes a series of courses focused on DCA's enforcement processes.

BCE's executive officer has also devoted his time and effort into mentoring employees and supporting their career development, and served as a steering committee member and mentor for DCA's Future Leadership Development (FLD) Program. BCE's current and former assistant executive officers both completed the FLD program.

BCE staff have also participated in leadership development and training courses offered by the California Department of Human Resources (CalHR) and the California Department of Rehabilitation (DOR).

Trainings provided by SOLID are included in BCE's pro rata expenditures. Over the past four fiscal years, BCE spent the following on training outside of SOLID:

- FY 2017/18: \$0
- FY 2018/19: \$6,885
- FY 2019/20: \$3,034
- FY 2020/21: \$1,000

BCE's year-end organization charts for the last four fiscal years are provided in Section 13, Attachment D.

## Section 4 Licensing Program

**18. What are the board's performance targets/expectations for its licensing<sup>2</sup> program? Is the board meeting those expectations? If not, what is the board doing to improve performance?**

BCE has no regulations mandating application processing timeframes. However, BCE set a target of three to five months to process new applications and is meeting these expectations with an average processing time of 2.5 months.

**19. Describe any increase or decrease in the board's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the board to address them? What are the performance barriers and what improvement plans are in place? What has the board done and what is the board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?**

Since the last review, BCE's average processing timeframe for applications has decreased by approximately one month due to efficiencies gained as a result of BCE's Business Modernization Project and the implementation of BCE's new application, licensing, and enforcement system, Connect.

BCE staff expeditiously processes all initial and renewal applications and there has been no backlog of pending applications.

**20. How many licenses or registrations has the board denied over the past four years based on criminal history that is determined to be substantially related to the qualifications, functions, or duties of the profession, pursuant to BPC § 480? Please provide a breakdown of each instance of denial and the acts the board determined were substantially related.**

In the past four years, BCE has denied one license based on an applicant's criminal history that was determined to be substantially related to the qualifications, functions, or duties of a doctor of chiropractic. This license was denied in FY 2019/20 due to an applicant's 2017 felony conviction for Medicare fraud and the applicant was still on criminal probation at the time of application.

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<sup>2</sup> The term "license" in this document includes a license certificate or registration.

**Table 6. Licensee Population**

		FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21
Doctor of Chiropractic	Active <sup>3</sup>	13,075	12,943	12,771	12,579
	Out of State	847	828	803	794
	Out of Country	85	81	76	375
	Delinquent/Expired	1,076	1,156	1,265	1,404
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	1,407	1,411	1,391	1,355
	Other <sup>4</sup>	N/A	N/A	N/A	N/A
Chiropractic Corporation	Active	1,338	1,371	1,397	1,379
	Out of State	0	1	1	0
	Out of Country	0	0	0	0
	Delinquent/Expired	1,172	1,209	1,259	1,363
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	0	0	0	0
	Other	N/A	N/A	N/A	N/A
Satellite Office	Active	4,304	4,247	4,082	4,194
	Out of State	0	0	0	0
	Out of Country	0	0	0	0
	Delinquent/Expired	5,716	6,195	6,798	7,265
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	18	17	17	18
	Other	N/A	N/A	N/A	N/A
Referral Service	Active	34	31	31	31
	Out of State	0	0	0	0
	Out of Country	0	0	0	0
	Delinquent/Expired	0	0	0	0
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	0	0	0	0
	Other	N/A	N/A	N/A	N/A

Note: 'Out of State' and 'Out of Country' are two mutually exclusive categories. A licensee should not be counted in both.

<sup>3</sup> Active status is defined as able to practice. This includes licensees that are renewed, current, and active.

<sup>4</sup> Other is defined as a status type that does not allow practice in California, other than retired or inactive.

Table 7a. Licensing Data by Type										
Application Type	Received	Approved/Issued	Closed	Pending Applications			Cycle Times			
				Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	combined, IF unable to separate out	
FY 2018/19	(Exam)	257	273	39	84	NDA	NDA	16	76	N/A
	(License)	310	310	310	310	NDA	NDA	29	57	N/A
	(Renewal)	12,312	12,427	N/A	NDA	NDA	NDA	NDA	NDA	NDA
FY 2019/20	(Exam)	221	239	33	117	NDA	NDA	17	88	N/A
	(License)	272	272	272	0	NDA	NDA	27	29	N/A
	(Renewal)	12,197	12,197	N/A	NDA	NDA	NDA	NDA	NDA	NDA
FY 2020/21	(Exam)	263	279	29	16	NDA	NDA	37	84	N/A
	(License)	341	341	0	0	NDA	NDA	28	30	N/A
	(Renewal)	12,267	12,267	N/A	NDA	NDA	NDA	NDA	NDA	NDA

\* Optional. List if tracked by the board.

Table 7b. License Denial			
	FY 2018/19	FY 2019/20	FY 2020/21
License Applications Denied (no hearing requested)	0	0	0
SOIs Filed	1	0	1
Average Days to File SOI (from request for hearing to SOI filed)	190	N/A	176
SOIs Declined	1	0	1
SOIs Withdrawn	2	1	0
SOIs Dismissed (license granted)	0	1	1
License Issued with Probation / Probationary License Issued	1	0	0
Average Days to Complete (from SOI filing to outcome)	292	124	196

**21. How does the board verify information provided by the applicant?**

BCE carefully reviews the official pre-chiropractic hours form submitted directly from BCE-approved chiropractic colleges to ensure that all pre-chiropractic coursework has been completed prior to enrollment in chiropractic college. Additionally, the college registrar submits the Chiropractic College Certificate directly to BCE which certifies the number of hours completed by the applicant in each required educational subject.

- a. What process does the board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant? Has the board denied any licenses over the last four years based on the applicant’s failure to disclose information on the application, including failure to self-disclose criminal history? If so, how many times and for what types of crimes (please be specific)?**

BCE requires all applicants to submit fingerprints via Live Scan for a background check through the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). BCE also checks the National Board Practitioner Databank for any actions against reciprocal applicants.

BCE has not denied any licenses over the last four years based on an applicant’s failure to disclose information on the application.

**b. Does the board fingerprint all applicants?**

Yes.

**c. Have all current licensees been fingerprinted? If not, explain.**

Yes. CCR, title 16, section 321.1 became effective January 14, 2011, and requires the fingerprinting of all licensees via Live Scan. If an applicant resides out of state and is unable to complete the Live Scan requirement at the time of application, they are permitted to submit fingerprint cards for an initial criminal background check. However, they are required to submit to Live Scan within their first year of licensure and are prohibited from renewing their license without completing the Live Scan requirement.

**d. Is there a national databank relating to disciplinary actions? Does the board check the national databank prior to issuing a license? Renewing a license?**

Yes, there is a National Practitioner Data Bank (NPDB) which BCE checks for applicants applying for a reciprocal license from another state. In addition, BCE requires all applicants to disclose disciplinary actions for all professional licenses they hold prior to issuing a license.

BCE previously started the promulgation of regulations containing provisions that would have required BCE to check NPDB and the Healthcare Integrity and Protection Data Bank prior to the issuance of a new license or renewal; however, the Department of Finance informed the BCE that it would not approve the proposed regulations because the cost of conducting the data bank checks would be \$46,391 initially, and \$90,350 ongoing, which cannot be absorbed within BCE's existing budget appropriation. As a result, BCE withdrew this provision from the Omnibus Consumer Protection Regulations package (now known as the Consumer Protection Enforcement Initiative [CPEI] regulations) and will pursue this authority in a separate regulation package if sufficient additional appropriation is approved.

**e. Does the board require primary source documentation?**

Yes.

**22. Describe the board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.**

Through the Act and Board regulations, BCE provides for reciprocal licensure for candidates licensed in other states. The candidate must have graduated from a BCE-approved chiropractic college and completed the minimum number of hours and subjects as required by California law at the time the candidate's license was issued. The candidate must also have passed an equivalent examination in each of the subjects examined in California in the same year as the candidate was issued a license in the state from which they are applying. Additionally, they must have five years of chiropractic practice and hold a valid and up-to-date license from the state from which they are reciprocating, and the state from which they are licensed must offer reciprocal licensure to California chiropractors. BCE does not have the authority to grant reciprocal licensure to applicants who are licensed in another country.

**23. Describe the board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.**

**a. Does the board identify or track applicants who are veterans? If not, when does the board expect to be compliant with BPC § 114.5?**

Yes. BCE asks applicants to identify if they have ever served in the United States military on their applications and expedites the processing of military veterans' license applications.

**b. How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the board?**

Graduation from a Council on Chiropractic Education (CCE) accredited chiropractic college is a requirement for licensure as a doctor of chiropractic in California. The United States military does not currently offer education, training, or experience in the practice of chiropractic.

**c. What regulatory changes has the board made to bring it into conformance with BPC § 35?**

As noted above, the United States military does not currently offer education, training, or experience in the practice of chiropractic.

**d. How many licensees has the board waived fees or requirements for pursuant to BPC § 114.3, and what has the impact been on board revenues?**

Over the last four fiscal years, BCE waived renewal fees and/or continuing education requirements for eight applicants pursuant to BPC section 114.3, resulting in a total loss in revenue of \$4,069.

**e. How many applications has the board expedited pursuant to BPC § 115.5?**

BCE has expedited seven applications for licensure for military spouses pursuant to BPC section 115.5 over the past four fiscal years.

**24. Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.**

BCE sends no longer interested notifications to DOJ on a regular and ongoing basis, and there is currently no backlog. As part of BCE's Business Modernization Project, BCE plans to automatically send these no longer interested notifications directly to DOJ electronically via the Connect system by late 2022.

## Examinations

<b>Table 8. Examination Data<sup>5</sup></b>		
<b>California Examination (include multiple language) if any: Only offered in English</b>		
License Type		Doctor of Chiropractic
Exam Title		California Chiropractic Law Examination (CCLE)
FY 2017/18	Number of Candidates	452
	Overall Pass %	68.8%
	Overall Fail %	31.2%
FY 2018/19	Number of Candidates	378
	Overall Pass %	85.5%
	Overall Fail %	14.5%
FY 2019/20	Number of Candidates	386
	Overall Pass %	75.7%
	Overall Fail %	24.3%
FY 2020/21	Number of Candidates	380
	Overall Pass %	87.4%
	Overall Fail %	12.6%
Date of Last OA		2017
Name of OA Developer		OPES
Target OA Date		2022

<b>National Examination (include multiple language) if any: Only offered in English</b>						
License Type		Doctor of Chiropractic				
Exam Title		National Board of Chiropractic Examiners (NBCE) Examination				
Examination Part:		I	II	III	IV	PT
FY 2017/18	Number of Candidates	2,374	2,255	2,268	2,359	2,189
	Overall Pass %	88.0%	88.5%	82.1%	87.4%	88.7%
	Overall Fail %	12.0%	11.5%	17.9%	12.6%	11.3%
FY 2018/19	Number of Candidates	2,211	2,176	2,202	2,398	2,040
	Overall Pass %	83.6%	88.6%	80.0%	94.3%	88.0%
	Overall Fail %	16.4%	11.4%	20.0%	5.7%	12.0%
FY 2019/20	Number of Candidates	2,566	2,695	2,623	2,418	2,552
	Overall Pass %	90.2%	89.3%	76.5%	92.7%	88.1%
	Overall Fail %	9.8%	10.7%	23.5%	7.3%	11.9%
FY 2020/21	Number of Candidates	2,547	2,529	2,501	2,471	2,244
	Overall Pass %	89.9%	87.8%	78.6%	91.2%	88.6%
	Overall Fail %	10.1%	12.2%	21.4%	8.8%	11.4%
Date of Last OA		2020				
Name of OA Developer		NBCE				
Target OA Date		2025				

<sup>5</sup> This table includes all exams for all license types as well as the pass/fail rate. Include as many examination types as necessary to cover all exams for all license types.

**25. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required? Are examinations offered in a language other than English?**

The examinations required for licensure as a doctor of chiropractic include Parts I through IV and Physiotherapy of the national examination administered by the National Board of Chiropractic Examiners (NBCE) and the California Chiropractic Law Examination (CCLE) that was developed by BCE and is offered through a testing vendor, PSI Services. These examinations are only offered in English.

**26. What are pass rates for first time vs. retakes in the past 4 fiscal years? (Refer to Table 8: Examination Data) Are pass rates collected for examinations offered in a language other than English?**

During the past four fiscal years, applicants passed the national examination during their first attempt at an average rate of 87.1% compared with an average pass rate of 81.0% for reexaminations. For the CCLE, 78.8% of applicants passed the examination on their first attempt and 80.2% passed a reexamination. As noted above, these examinations are only offered in English.

**27. Is the board using computer-based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?**

BCE utilizes computer-based testing for its CCLE, which is available throughout the year in various locations throughout the United States. The NBCE national examination is not computer-based and is administered each year in the spring and fall at various locations throughout the United States, including three sites in California: Hayward, San Jose, and Whittier.

**28. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe.**

BCE is not aware of any existing statutes that hinder the efficient and effective processing of applications or examinations.

### **School Approvals**

**29. Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the board work with BPPE in the school approval process?**

BCE regulations define the requirements needed to approve schools. Schools need to demonstrate that they meet the following requirements: supervision, financial management, records, catalog, calendar, faculty, student faculty ratio, faculty organization, scholastic regulations, curriculum, physical facilities, and quality of instruction. The Bureau for Private Postsecondary Education (BPPE) does not play a role in approving the BCE schools. BCE's regulation states that no school shall be approved until it has been inspected by the Council on Chiropractic Education (CCE), which is the agency recognized by the U.S. Secretary of Education for accreditation of programs and institutions offering the Doctor of Chiropractic degree.



**30. How many schools are approved by the board? How often are approved schools reviewed? Can the board remove its approval of a school?**

There are 19 BCE-approved chiropractic schools. BCE's regulation provides for reviews and inspections to be conducted by CCE. CCE has established requirements to inspect and review schools on an eight-year cycle for established schools and four-year cycle for schools gaining initial accreditations. Typically, established school site visits occur at the four-year mark, halfway through the cycle.

**31. What are the board's legal requirements regarding approval of international schools?**

A chiropractic school cannot be approved until it has been in operation for at least two years, meets all regulatory requirements, and is inspected by CCE. Currently, CCE only recognizes chiropractic colleges within the United States and does not grant approval to international schools.

**Continuing Education/Competency Requirements**

**32. Describe the board's continuing education/competency requirements, if any. Describe any changes made by the board since the last review.**

BCE's continuing education (CE) requirements are listed in CCR, title 16, section 361. To renew the doctor of chiropractic license in active status, licensees must complete 24 hours of CE, including a minimum of two hours in subdivision (g)(11) - Ethics and Law, and a minimum of four hours in any one of, or a combination of, the subject areas specified in subdivision (g)(3) - History Taking and Physical Examination Procedures, subdivision (g)(5) - Chiropractic Adjustive Techniques or Chiropractic Manipulation Techniques, or subdivision (g)(10) - Proper and Ethical Billing and Coding.

The remaining 18 hours of CE may be met by taking BCE-approved courses in any subject areas and/or completing courses that are approved by the California Department of Industrial Relations, Division of Workers Compensation, or any healing arts board or bureau within Division 2 of the Business and Professions Code, or approved by any organization authorized to approve CE by any healing arts board or bureau.

In addition, licensees may only complete a maximum of 12 hours of CE through distance learning (i.e., computer, Internet, digital video, etc.).

**a. How does the board verify CE or other competency requirements? Has the Board worked with the Department to receive primary source verification of CE completion through the Department's cloud?**

BCE verifies completion of CE through random audits of license renewal applications. In addition, the online renewal application available to licensees through BCE's Connect system allows licensees to upload their CE certificates of completion and attach them to their application for staff review.

BCE is not currently able to receive primary source verification of CE completion through the Department's cloud or any other resource. However, as part of BCE's Business Modernization Project, BCE plans to integrate primary source verification into the CE provider dashboard. This functionality will allow BCE-approved CE providers to upload course completion information directly into BCE's Connect system and automatically integrate that data into licensees' records in the system.

**b. Does the board conduct CE audits of licensees? Describe the board’s policy on CE audits.**

Yes, as noted above, BCE conducts random CE audits to verify licensees’ compliance with the annual CE requirement. CCR, title 16, section 366 requires licensees to secure and retain their certificates of completion for their CE courses for four years from their last renewal and forward the documents to BCE for auditing upon request.

BCE sends notices to the licensees who have been randomly selected for the CE audit requesting that they provide BCE with a copy of their certificates of completion for the coursework they completed in the previous renewal period. Licensees who fail to complete the required CE or fail to respond to the audit are referred to BCE’s Enforcement Unit for appropriate action.

**c. What are consequences for failing a CE audit?**

BCE’s Enforcement Unit typically issues letters of admonishment or citations and fines to licensees who fail CE audits. However, egregious cases, such as those involving the falsification of documentation or repeat offenders, are referred to the Attorney General’s office for disciplinary action.

**d. How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?**

In fiscal years 2017/18 through 2019/20, BCE conducted a total of 3,456 CE audits and found 531 cases, or 15.4%, where licensees had failed to comply with the annual CE requirement. BCE temporarily suspended its CE audits beginning in FY 2020/21 based on the CE waivers that were issued by the Department due to the ongoing COVID-19 pandemic. BCE plans to resume conducting CE audits in spring 2022.

Below is a table with the number of CE audits conducted during the past four fiscal years and the corresponding failure rates:

<b>Fiscal Year</b>	<b>Audits Conducted</b>	<b>Failed Audits</b>
2017/18	694	93 (13.4%)
2018/19	1,669	181 (10.8%)
2019/20	1,093	257 (23.5%)
2020/21	0	N/A

**e. What is the board’s CE course approval policy?**

BCE regulations require each course application to include four documents with a completed application: 1) an hourly breakdown of the CE course; 2) a final copy of the syllabus/course schedule with specifics included; 3) a copy of the course brochure and all other promotional material to be used; and 4) a curriculum vitae for each instructor. Staff reviews and verifies all documentation for completion and compliance with CE regulations, then submits the applications to the licensing manager for approval or denial. Once the application has been reviewed by the manager, a notification letter is sent to the provider advising whether the course was approved or denied.

**f. Who approves CE providers? Who approves CE courses? If the board approves them, what is the board application review process?**

CE provider applications are reviewed for completion and approved by staff. Approved provider applications are then ratified by the Board at its next meeting.

**g. How many applications for CE providers and CE courses were received? How many were approved?**

During the past four fiscal years, BCE received 105 CE provider applications and approved/ratified 108 applications. Below is a breakdown of CE provider application approvals by fiscal year.

Fiscal Year	CE Provider Applications Received	CE Provider Applications Approved
2017/18	35	34
2018/19	22	23
2019/20	28	32
2020/21	20	19

In this timeframe, BCE received a total of 6,701 CE course applications and approved 7,273 applications (including pending applications from prior FY 2016/17). The table below provides information regarding the CE course approvals by fiscal year.

Fiscal Year	CE Course Applications Received	CE Course Applications Approved
2017/18	1,576	1,544
2018/19	1,017	1,719
2019/20	1,939	2,035
2020/21	2,169	1,975

**h. Does the board audit CE providers? If so, describe the board’s policy and process.**

Yes, BCE randomly selects CE providers and courses for audits and also conducts audits of specific courses in response to complaints. As part of the audit process, an expert reviewer or a designee appointed by BCE inspects and audits CE provider and course documentation, attends the course, and prepares a report detailing their findings. If any violations of BCE’s regulations are found through the audit, the CE provider is educated on BCE’s regulations and requirements. In addition, the CE provider and/or course approval may be withdrawn by BCE.

**i. Describe the board’s effort, if any, to review its CE policy for purpose of moving toward performance-based assessments of the licensee’s continuing competence.**

The Board has not discussed moving toward performance-based assessments of licensees’ continuing competence in lieu of CE coursework requirements. However, the Licensing and Continuing Education Committee is developing proposed changes to the CE regulations to align the mandatory course categories with the core competencies necessary for a doctor of chiropractic to safely practice in California.

Type	Frequency of Renewal	Number of CE Hours Required Each Cycle	Percentage of Licensees Audited
Doctor of Chiropractic	Annual	24	9.4%

## Section 5 Enforcement Program

### **33. What are the board's performance targets/expectations for its enforcement program? Is the board meeting those expectations? If not, what is the board doing to improve performance?**

BCE's target cycle time for complaint intake is 10 days from receipt of a complaint to assignment for investigation. Since the last review, BCE has made significant efforts to make the intake process more efficient, and as a result, BCE has been meeting or exceeding this target.

For investigations that do not result in a referral to the Attorney General's office for disciplinary action, BCE previously set a target of 120 days from receipt of the complaint to closure of the case. However, during this reporting period, BCE's average cycle time for this metric is 215 days. Some of the delays in closing cases have been beyond BCE's control, such as tracking licensee arrests through the prosecution process, which can take up to one to two years, and difficulties in obtaining documents and evidence from licensees in a timely manner or securing cooperation from complainants and witnesses during an investigation. BCE management is closely monitoring the status of pending investigations and holding weekly case reviews with Enforcement staff to ensure the timely completion of the cases within BCE's control.

BCE's target cycle time for discipline is 540 days from receipt of the complaint through the effective date of the disciplinary action. BCE has been unable to meet this target during this reporting period due to factors primarily outside of BCE's control, such as the amount of time it takes for licensee arrests to eventually result in convictions, hearing scheduling with the Office of Administrative Hearings, licensee requests for hearing continuances, and witness availability for hearings. BCE management is closely monitoring the status of pending disciplinary cases.

### **34. Explain trends in enforcement data and the board's efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?**

The number of complaints received annually by BCE has been comparable to the last review, with the exception of FY 2020/21, when BCE only received a total of 474 complaints. This reduction in workload is believed to be caused by a temporary decrease in patient visits to chiropractic offices and BCE's suspension of continuing education audits due to the COVID-19 pandemic.

To reduce pending caseload in the Enforcement Program, BCE management is regularly meeting with staff to discuss cases and focus on their timely completion. BCE also added a new office technician position to the unit and upgraded an existing staff services analyst position to the associate governmental program analyst level to handle complaint intake and desk investigations, respectively. Management is currently evaluating the existing duties assigned to all positions within the Enforcement Program and will be updating duty statements to have staff specialize in and focus on complaint intake, investigations, or case management to further reduce enforcement timeframes and make the program more efficient.

<b>Table 9a. Enforcement Statistics</b>			
	FY 2018/19	FY 2019/20	FY 2020/21
<b>COMPLAINTS</b>			
Intake			
Received	563	739	415
Closed without Referral for Investigation	0	0	0
Referred to INV	597	755	417
Pending (close of FY)	20	4	2
Conviction / Arrest			
CONV Received	79	46	59
CONV Closed Without Referral for Investigation	0	0	0
CONV Referred to INV	79	49	59
CONV Pending (close of FY)	3	0	0
Source of Complaint <sup>6</sup>			
Public	254	274	275
Licensee/Professional Groups	15	53	22
Governmental Agencies	20	34	18
Internal	339	403	127
Other	0	0	0
Anonymous	14	21	32
Average Time to Refer for Investigation (from receipt of complaint / conviction to referral for investigation)	19	7	9
Average Time to Closure (from receipt of complaint / conviction to closure at intake)	N/A	N/A	N/A
Average Time at Intake (from receipt of complaint / conviction to closure for referral for investigation)	19	7	9
<b>INVESTIGATION</b>			
Desk Investigations			
Opened	557	690	381
Closed	256	714	427
Average days to close (from assignment to investigation closure)	169	144	248
Pending (close of FY)	439	415	370
Non-Sworn Investigation			
Opened	118	114	94
Closed	70	82	110
Average days to close (from assignment to investigation closure)	364	394	642
Pending (close of FY)	116	148	131
Sworn Investigation			
Opened	1	0	1
Closed	7	6	22
Average days to close (from assignment to investigation closure)	541	993	1194
Pending (close of FY)	37	31	10

<sup>6</sup> Source of complaint refers to complaints and convictions received. The summation of intake and convictions should match the total of source of complaint.

All investigations <sup>7</sup>			
Opened	676	804	476
Closed	333	802	559
Average days for all investigation outcomes (from start investigation to investigation closure or referral for prosecution)	218	176	363
Average days for investigation closures (from start investigation to investigation closure)	192	168	299
Average days for investigation when referring for prosecution (from start investigation to referral prosecution)	504	381	650
Average days from receipt of complaint to investigation closure	238	183	372
Pending (close of FY)	592	594	511
<b>CITATION AND FINE</b>			
Citations Issued	28	111	34
Average Days to Complete (from complaint receipt / inspection conducted to citation issued)	326	258	545
Amount of Fines Assessed	\$25,200	\$71,850	\$48,250
Amount of Fines Reduced, Withdrawn, Dismissed	\$800	\$2,000	\$4,250
Amount Collected	\$29,104	\$64,820	\$35,635
<b>CRIMINAL ACTION</b>			
Referred for Criminal Prosecution	N/A	N/A	N/A
<b>ACCUSATION</b>			
Accusations Filed	23	19	28
Accusations Declined	1	0	3
Accusations Withdrawn	1	0	1
Accusations Dismissed	0	0	0
Average Days from Referral to Accusations Filed (from AG referral to Accusation filed)	135	138	153
<b>INTERIM ACTION</b>			
ISO & TRO Issued	0	0	0
PC 23 Orders Issued	2	2	1
Other Suspension/Restriction Orders Issued	N/A	N/A	N/A
Referred for Diversion	N/A	N/A	N/A
Petition to Compel Examination Ordered	1	0	1
<b>DISCIPLINE</b>			
AG Cases Initiated (cases referred to the AG in that year)	27	34	61
AG Cases Pending Pre-Accusation (close of FY)	20	25	47
AG Cases Pending Post-Accusation (close of FY)	19	25	33
<b>DISCIPLINARY OUTCOMES</b>			
Revocation	13	4	5
Surrender	15	5	9
Suspension only	0	0	0
Probation with Suspension	0	1	1
Probation only	13	2	9
Public Reprimand / Public Reproval / Public Letter of Reprimand	0	0	0
Other	1	2	3

<sup>7</sup> The summation of desk, non-sworn, and sworn investigations should match the total of all investigations.

<b>DISCIPLINARY ACTIONS</b>			
Proposed Decision	9	2	2
Default Decision	6	2	4
Stipulations	26	8	18
Average Days to Complete After Accusation (from Accusation filed to closure of the case)	257	382	366
Average Days from Closure of Investigation to Imposing Formal Discipline	484	705	584
Average Days to Impose Discipline (from complaint receipt to final outcome)	754	1234	856
<b>PROBATION</b>			
Probations Completed	15	13	12
Probationers Pending (close of FY)	80	67	61
Probationers Tolled	5	5	6
Petitions to Revoke Probation / Accusation and Petition to Revoke Probation Filed	7	2	1
<b>SUBSEQUENT DISCIPLINE<sup>8</sup></b>			
Probations Revoked	2	2	1
Probationers License Surrendered	3	0	4
Additional Probation Only	1	0	0
Suspension Only Added	0	0	0
Other Conditions Added Only	0	0	0
Other Probation Outcome	0	0	2
<b>SUBSTANCE ABUSING LICENSEES</b>			
Probationers Subject to Drug Testing	24	18	14
Drug Tests Ordered	371	259	178
Positive Drug Tests	34	4	9
<b>PETITIONS</b>			
Petition for Termination or Modification Granted	0	2	1
Petition for Termination or Modification Denied	0	2	1
Petition for Reinstatement Granted	0	2	0
Petition for Reinstatement Denied	8	5	1
<b>DIVERSION</b>			
New Participants	N/A	N/A	N/A
Successful Completions	N/A	N/A	N/A
Participants (close of FY)	N/A	N/A	N/A
Terminations	N/A	N/A	N/A
Terminations for Public Threat	N/A	N/A	N/A
Drug Tests Ordered	N/A	N/A	N/A
Positive Drug Tests	N/A	N/A	N/A

<sup>8</sup> Do not include these numbers in the Disciplinary Actions section above.

<b>Table 10. Enforcement Aging</b>						
	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	Cases Closed	Average %
<b>Investigations (Average %)</b>						
Closed Within:						
90 Days	142	79	335	149	705	31.9%
91 - 180 Days	157	76	143	49	425	19.2%
181 - 1 Year	153	131	211	120	615	27.8%
1 - 2 Years	45	36	99	152	332	15.0%
2 - 3 Years	14	5	9	69	97	4.4%
Over 3 Years	6	6	5	20	37	1.7%
Total Investigation Cases Closed	517	333	802	559	2211	100%
<b>Attorney General Cases (Average %)</b>						
Closed Within:						
0 - 1 Year	5	5	0	7	17	14.0%
1 - 2 Years	3	8	1	3	15	12.4%
2 - 3 Years	18	23	5	13	59	48.8%
3 - 4 Years	4	6	1	3	14	11.6%
Over 4 Years	4	2	5	5	16	13.2%
Total Attorney General Cases Closed	34	44	12	31	121	100%

**35. What do overall statistics show as to increases or decreases in disciplinary action since last review?**

Since the last review, the number of disciplinary actions taken against licensees has decreased by approximately 32%, but the number of pending disciplinary cases has increased 23%. BCE believes these changes are primarily due to delays in prosecuting criminal cases and holding administrative hearings as a result of the ongoing COVID-19 pandemic.

**36. How are cases prioritized? What is the board’s compliant prioritization policy? Is it different from DCA’s *Complaint Prioritization Guidelines for Health Care Agencies (August 31, 2009)*? If so, explain why.**

BCE’s complaint prioritization policy is consistent with DCA’s *Complaint Prioritization Guidelines for Health Care Agencies*. During the complaint intake process, cases are prioritized as “urgent”, “high”, or “routine”.

Examples of “urgent” cases include allegations of serious patient/consumer harm, injury, or death; mental or physical impairment with potential for public harm; practicing while under the influence of alcohol or drugs; sexual misconduct; and gross negligence or incompetence. The majority of patient complaints, allegations of unlicensed practice, and licensee arrest and conviction notifications are categorized as “high” priority. Cases involving failure to release patient records, general recordkeeping violations, and continuing education audits are categorized as “routine”.

**37. Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report to the board actions taken against a licensee. Are there problems with the board receiving the required reports? If so, what could be done to correct the problems?**

Yes. Mandatory reporting requirements are specified in BPC sections 801, 802, and 803, and CCR, title 16, sections 314 and 371.



BPC section 801 requires every insurer providing professional liability insurance to licensees to send a complete report to BCE within 30 days regarding any settlement or arbitration award over \$3,000 for a claim or action for damages for death or personal injury caused by the licensee's negligence, error, or omission in practice, or by the licensee's rendering of unauthorized professional services.

Similarly, BPC section 802 requires licensees who do not possess professional liability insurance to send a complete report to BCE within 30 days regarding every settlement, judgment, or arbitration award over \$3,000 for a claim or action for damages for death or personal injury caused by negligence, error, or omission in practice, or by the unauthorized rendering of professional services.

BPC section 803 requires within 10 days after a judgment by a court of this state that a licensee has committed a crime, or is liable for any death or personal injury resulting in a judgment for an amount in excess of \$30,000 caused by the licensee's negligence, error or omission in practice, or rendering unauthorized professional services, the clerk of the court that rendered the judgment shall report that fact to BCE.

In addition, CCR, title 16, section 314 states it is the duty of every licensee to notify BCE of any violation of the Act or Board regulations so the Board may take appropriate disciplinary action. Licensees must also notify BCE of any convictions or disciplinary actions taken against them by another regulatory agency on their annual license renewal applications pursuant to CCR, title 16, section 371.

BCE is not aware of any problems with receiving these mandated reports and notifications.

**a. What is the dollar threshold for settlement reports received by the board?**

As noted above, the dollar threshold for settlement reports received by BCE is \$3,000.

**b. What is the average dollar amount of settlements reported to the board?**

The average dollar amount of settlements reported to BCE during the last four fiscal years is \$126,647.

	<b>FY 2017/18</b>	<b>FY 2018/19</b>	<b>FY 2019/20</b>	<b>FY 2020/21</b>
Settlement Reports Received	18	16	10	16
Average Settlement Amount	\$70,692	\$130,281	\$168,520	\$159,792

**38. Describe settlements the board, and Office of the Attorney General on behalf of the board, enter into with licensees.**

BCE's Executive Officer, in consultation with the Office of the Attorney General, negotiates stipulated settlements, including stipulated surrenders, with licensees and their legal counsel, if represented, where appropriate to protect the public by expediting disciplinary decisions and to limit BCE's prosecution costs.

All proposed stipulated settlements are presented to the Board with a memorandum from the assigned deputy attorney general outlining and explaining the background and circumstances of the case, the allegations against the respondent, any mitigating evidence, and the proposed penalty, along with the DAG's recommendation for the Board to adopt the proposed settlement.

After the Board's review, the Board votes to adopt, modify, or reject the proposed stipulated settlement.

**a. What is the number of cases, pre-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?**

The Board has not settled any disciplinary cases in the past four years prior to filing an accusation.

**b. What is the number of cases, post-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?**

During the past four years, 19 default decisions were issued, 76 cases were settled, and 16 cases resulted in an administrative hearing.

Type of Decision	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21
Default Decisions	7	6	2	4
Hearing Decisions	3	9	2	2
Stipulated Settlements	24	26	8	18

**c. What is the overall percentage of cases for the past four years that have been settled rather than resulted in a hearing?**

During the past four years, the Board settled 68.5% of disciplinary cases and 14.4% of cases resulted in a hearing. In addition, the Board issued default decisions in 17.1% of cases.

Type of Decision	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21
Default Decisions	20.6%	14.6%	16.7%	16.7%
Hearing Decisions	8.8%	22.0%	16.7%	8.3%
Stipulated Settlements	70.6%	63.4%	66.7%	75.0%

**39. Does the board operate with a statute of limitations? If so, please describe and provide citation. If so, how many cases have been lost due to statute of limitations? If not, what is the board’s policy on statute of limitations?**

No, BCE does not have a statute of limitations. However, CCR, title 16, section 318 only requires licensees to maintain patient records for five years from the last treatment date. Therefore, when complaints are submitted over five years after the last treatment date, BCE is often limited in its ability to investigate the allegations, substantiate any violations, and take any action.

**40. Describe the board’s efforts to address unlicensed activity and the underground economy.**

Section 15 of the Act and CCR, title 16, section 310.2 prohibit the unlicensed practice of chiropractic and the use of the titles “chiropractor” and “D.C.” by unlicensed individuals. BCE uses its cite and fine authority to address routine violations of these provisions such as use of titles in advertising or licensees who practiced on an expired license. Egregious cases of unlicensed activity are referred to DCA’s Division of Investigation or local law enforcement to pursue criminal action against the individuals.

**Cite and Fine**

**41. Discuss the extent to which the board has used its cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the board increased its maximum fines to the \$5,000 statutory limit?**

BCE has authority to issue citations containing an order to pay a fine between \$100 and \$5,000 and an order of abatement to licensees for any violation of the Act, Board regulations, or any laws governing the practice of chiropractic. BCE may also issue citations against unlicensed individuals who are acting in the capacity of a licensee and are not otherwise exempt from licensure.

BCE increased its maximum fine amount to the \$5,000 statutory limit in 2008. There have been no changes to BCE's citation regulations (CCR, title 16, sections 390 through 390.6) since the last review. However, BCE is currently working on a regulatory package to amend CCR, title 16, sections 390.4 and 390.5 by adding the following required provisions from BPC section 125.9 to BCE's citation system:

- If a hearing is not requested, payment of any fine shall not constitute an admission of the violation charged. (BPC section 125.9(b)(4))
- Failure of a licensee to pay a fine within 30 days of the date of assessment, unless the citation is being appealed, may result in disciplinary action being taken by the board. Where a citation is not contested and a fine is not paid, the full amount of the assessed fine shall be added to the fee for renewal of the license. A license shall not be renewed without payment of the renewal fee and fine. (BPC section 125.9(b)(5))

#### **42. How is cite and fine used? What types of violations are the basis for citation and fine?**

BCE's cite and fine authority provides an efficient means to address violations of the Act or Board regulations that do not warrant formal disciplinary action. When determining if a citation is appropriate for a violation, BCE considers the: nature and severity of the violation; length of time that has passed since the violation; consequences of the violation, such as potential or actual patient harm; history of previous violations; and other factors.

BCE commonly issues citations for failed continuing education audits, record keeping violations, failure to maintain patient records, and unprofessional conduct.

#### **43. How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals of a citation or fine in the last 4 fiscal years?**

During the last four fiscal years, BCE held 23 informal office conferences and five citations were appealed to an administrative hearing.

#### **44. What are the five most common violations for which citations are issued?**

The five most common violations for which citations are issued are:

1. Failure to comply with the annual continuing education requirement (CCR, title 16, sections 361(b) and (e), 366, and 371(c))
2. Failure to include the required content in chiropractic patient records (CCR, title 16, sections 318(a)(1) through (7))
3. Unprofessional conduct (CCR, title 16, section 317)
4. Conviction of a substantially related crime (CCR, title 16, section 317(g))
5. Failure to make chiropractic patient records available to the Board (CCR, title 16, section 318(a))

**45. What is average fine pre- and post- appeal?**

During the past four fiscal years, the average pre-appeal fine amount was \$1,346 and the average post-appeal fine was \$715.

**46. Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines.**

BCE uses the Franchise Tax Board (FTB) Interagency Intercept Collection Program to collect delinquent administrative fines from licensees and unlicensed individuals after sending three written notices of nonpayment. Through this program, FTB intercepts tax refunds, unclaimed property claims, and lottery winnings owed to cited individuals and redirects these funds to pay their delinquent fines due to the Board.

**Cost Recovery and Restitution**

**47. Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.**

The Board seeks recovery of its full investigation and prosecution costs for all disciplinary cases whenever possible. However, if a case proceeds to an administrative hearing, the administrative law judge from the Office of Administrative Hearings may reduce or eliminate cost recovery as part of their proposed decision. In addition, when negotiating stipulated settlements or surrenders, the Board may agree to reduce the amount of cost recovery upon a showing of financial hardship or other mitigating circumstances.

There have not been any changes to the Board's efforts to obtain cost recovery since the last review.

**48. How many and how much is ordered by the board for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.**

The Board seeks reimbursement of all costs incurred during the investigation and prosecution of a disciplinary case up to the date of the administrative hearing, including expert consultant expenses and charges by the Attorney General's office.

During the past four fiscal years, the Board ordered an average of \$7,129 in cost recovery per disciplinary case. Cost recovery assessed against licensees placed on probation is collectable because if a licensee fails to pay the costs as directed by the Board, the Board can seek to revoke their probation and impose a penalty of license revocation. Cost recovery for cases resulting in a license revocation or surrender is usually not due until the former licensee petitions the Board for reinstatement of their license. As a result, the Board is often unable to recover its costs for disciplinary cases where a license has been surrendered or revoked.

**49. Are there cases for which the board does not seek cost recovery? Why?**

No, as noted above, the Board seeks cost recovery in all disciplinary cases.

**50. Describe the board's use of Franchise Tax Board intercepts to collect cost recovery.**

BCE uses the FTB Interagency Intercept Collection Program to collect delinquent cost recovery after three written notices of nonpayment.

**51. Describe the board’s efforts to obtain restitution for individual consumers, any formal or informal board restitution policy, and the types of restitution that the board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the board may seek restitution from the licensee to a harmed consumer.**

BCE’s *Disciplinary Guidelines and Model Disciplinary Orders* contain an optional term of probation to order restitution for consumers. However, BCE is generally unable to seek restitution in its disciplinary cases, as the majority of cases involve matters of sexual misconduct or insurance fraud that have already been prosecuted through the criminal justice system, or instances of gross negligence and malpractice that have already been settled through civil action.

<b>Table 11. Cost Recovery<sup>9</sup></b>				
	(list dollars in thousands)			
	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21
Total Enforcement Expenditures	\$1,680,000	\$1,802,000	\$1,864,000	\$2,170,000
Potential Cases for Recovery *	34	41	12	24
Cases Recovery Ordered	27	35	10	20
Amount of Cost Recovery Ordered	\$97,869.49	\$214,752.50	\$179,724.08	\$163,563.75
Amount Collected	\$58,962.88	\$116,277.49	\$59,360.00	\$65,322.75
* “Potential Cases for Recovery” are those cases in which disciplinary action has been taken based on violation of the license practice act.				

<b>Table 12. Restitution</b>				
	(list dollars in thousands)			
	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21
Amount Ordered	N/A	N/A	N/A	N/A
Amount Collected	N/A	N/A	N/A	N/A

<sup>9</sup> Cost recovery may include information from prior fiscal years.

**52. How does the board use the internet to keep the public informed of board activities? Does the board post board-meeting materials online? When are they posted? How long do they remain on the board's website? When are draft meeting minutes posted online? When does the board post final meeting minutes? How long do meeting minutes remain available online?**

BCE uses its website, social media accounts (Facebook, Instagram, and Twitter), and email subscriber lists as resources to keep applicants, licensees, and the public informed of BCE's activities and updates. BCE posts all Board and committee meeting agendas and materials on its "Board Meetings" webpage ([https://chiro.ca.gov/about\\_us/meetings/index.html](https://chiro.ca.gov/about_us/meetings/index.html)). All meeting agendas are posted a minimum of 10 days in advance of any Board or committee meeting, and a notification with a link to the agenda is sent to BCE's email subscribers. BCE also posts meeting materials on this webpage when they are available. Draft meeting minutes for a prior Board or committee meeting can generally be found in the meeting materials for the next Board or committee meeting where they will be reviewed and approved by the Board or committee. After approval of meeting minutes, BCE posts them on the "Board Meetings" webpage where they currently remain online indefinitely.

**53. Does the board webcast its meetings? What is the board's plan to webcast future board and committee meetings? How long do webcast meetings remain available online?**

Yes, BCE webcasts all Board meetings and some committee meetings. BCE plans to continue webcasting all future Board meetings, as well as committee meetings whenever possible. Webcasted meetings are uploaded to DCA's YouTube page where they remain online indefinitely and BCE provides direct links to the webcasts on its "Board Meetings" webpage ([https://chiro.ca.gov/about\\_us/meetings/index.html](https://chiro.ca.gov/about_us/meetings/index.html)).

**54. Does the board establish an annual meeting calendar, and post it on the board's web site?**

Yes, BCE meets quarterly and sets board meeting dates for the calendar year in advance at the last Board meeting of the prior calendar year. Future meeting dates are posted on the BCE website under "Board Meetings" webpage.

**55. Is the board's complaint disclosure policy consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*? Does the board post accusations and disciplinary actions consistent with DCA's *Web Site Posting of Accusations and Disciplinary Actions (May 21, 2010)*?**

Yes, BCE's complaint disclosure policy is consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*, as well as applicable provisions of the California Public Records Act and Information Practices Act.

Information regarding accusations, disciplinary actions, and citations against licensees derived from BCE's CAS database and Connect system is automatically displayed on licensees' profile pages on DCA Search, which the public can access by visiting <https://search.dca.ca.gov> or through the "License Search" link on BCE's website. BCE also posts accusations, final orders, and other disciplinary documents on licensees' DCA Search profile pages.

In addition, BCE publishes monthly summaries of enforcement actions and posts them in the Enforcement section of BCE's website (<https://chiro.ca.gov/enforcement/actions.html>).

**56. What information does the board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?**

BCE provides the following information to the public regarding its licensees:

- Licensee's name;
- License number, issue date, expiration date, and status;
- Practice address (or other address of record designated by the licensee);
- Disciplinary actions (if any);
- Satellite location certificates (if any); and
- Corporation certificates (if any).

BCE does not require licensees to provide information pertaining to awards, certificates, certifications, or specialty areas.

**57. What methods are used by the board to provide consumer outreach and education?**

BCE's website provides pertinent information, forms/applications, laws and regulations, proposed regulations, board meeting materials and minutes, board and committee meeting webcasts, newsletters, and other important notices for applicants, licensees, and the public. When possible, BCE holds meetings at chiropractic colleges to encourage licensees, students, and the public to engage with the Board. BCE's Ambassador Program enables individuals and organizations to request speakers to discuss consumer and professional topics at meetings and events throughout the state. The Ambassador Program Request form is located on BCE's website.

Additionally, BCE utilizes Facebook, Instagram, and Twitter to relay important updates and helpful information. Interested parties can also register their email address to receive notifications regarding BCE updates and activities.

Furthermore, BCE created an "About Us" pamphlet and *A Consumer's Guide to Chiropractic Care* to educate consumers on BCE and the practice of chiropractic. These publications are available in English and Spanish on BCE's "Publications" webpage (<https://chiro.ca.gov/publications/index.shtml>).

**58. Discuss the prevalence of online practice and whether there are issues with unlicensed activity. How does the board regulate online practice? Does the board have any plans to regulate internet business practices or believe there is a need to do so?**

BCE does not currently have plans to regulate Internet business practices. BCE receives very few complaints related to online practice (telehealth) and unlicensed activity. Existing laws and regulations provide sufficient authority for BCE to address any violations that may arise related to online practice and unlicensed activity.

Telehealth

Due to the hands-on nature of chiropractic practice, it has not traditionally leaned itself to telehealth. However, as technology advances, telehealth is becoming more prevalent in healthcare professions, including chiropractic care. The COVID-19 pandemic has also placed an emphasis on telehealth services for patients and many chiropractors incorporated at least some form of telehealth services for their patients.

BCE has seen an increase in questions from licensees related to telehealth since the onset of the pandemic. Licensees primarily want to know if they are authorized to practice via telehealth. The short answer is yes. Although the Chiropractic Initiative Act and BCE regulations are silent regarding telehealth, various other laws regulating telehealth in California are applicable to all health care practitioners. For example:

Business and Professions Code (BPC) section 2290.5 specifies definitions and requirements related to telehealth for all licensed health care practitioners, including chiropractors. This section requires a provider initiating the use of telehealth to inform the patient about the use of telehealth and obtain verbal or written consent from the patient prior to the delivery of health care via telehealth. The section specifies that it shall not be construed to alter the scope of practice of a health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

BPC section 686 specifies that health care practitioners providing services via telehealth shall be subject to the provisions of Section 2290.5 and to the practice act and regulations relating to their respective licensed profession.

BCE does not have data concerning the prevalence of telehealth within the chiropractic profession. Because many aspects of chiropractic care cannot be provided via telehealth, its use is often limited to patient consultations, follow-up visits, and health and wellness coaching.



**59. What actions has the board taken in terms of workforce development?**

BCE has not taken any specific actions related to workforce development.

**60. Describe any assessment the board has conducted on the impact of licensing delays.**

BCE has not conducted an assessment on the impact of licensing delays. However, BCE management closely monitors licensing staff workload to prevent any delays in processing applications and avoid any negative workforce impacts.

**61. Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.**

Board members and staff regularly engage with chiropractic schools, and BCE frequently holds Board meetings at the three California chiropractic colleges to provide students and faculty with the opportunity to learn about BCE's licensing and enforcement processes, increase their awareness about current licensing and enforcement trends, and interact with the Board.

**62. Describe any barriers to licensure and/or employment the board believes exist.**

While regulation of the profession in and of itself is a barrier to licensure, the cost of and access to chiropractic education programs present the most significant barriers. All 19 approved chiropractic colleges are private institutions. Currently, there are no chiropractic programs available at public institutions. The cost of obtaining a chiropractic education can be as high as \$250,000. Furthermore, most licensed chiropractors have traditionally been independent practitioners. Larger health care settings such as hospitals employ few, if any, chiropractors, which means there are relatively few employment opportunities available to newly licensed chiropractors. This may deter prospective candidates from choosing to pursue a chiropractic education.

It is also worth noting that the Council on Chiropractic Education (CCE) is the only recognized accrediting body for chiropractic programs in the United States. CCE accreditation is a prerequisite for BCE approval of a chiropractic program. Currently, CCE does not recognize foreign chiropractic programs. Therefore, BCE is unable to issue a license to an applicant who obtained their chiropractic education in another country. This barrier exists throughout the United States. There is no available data to indicate the number of foreign-trained chiropractors who would seek licensure in California if BCE were able to recognize their credentials.

**63. Provide any workforce development data collected by the board, such as:****a. Workforce shortages**

Although California's healthcare workforce is facing a severe shortage, BCE is not aware of an unmet demand for licensed chiropractors. On the contrary, and as noted in response to Question 62, above, there appears to be a lack of viable career opportunities for newly licensed chiropractors.

**b. Successful training programs.**

As noted above in response to Question 62, graduation from a CCE-accredited chiropractic program is a prerequisite for licensure. There are currently no alternative pathways to licensure as a doctor of chiropractic in California, such as through a training program.

**64. What is the status of the board's implementation of the Uniform Standards for Substance Abusing Licensees?**

For the past several years, BCE has been working on updates to its *Disciplinary Guidelines and Model Disciplinary Orders* and the implementation of the Uniform Standards for Substance Abusing Licensees. At its July 17, 2014 meeting, the Board reviewed and discussed the three options to “trigger” the application of the Uniform Standards: 1) a presumption unless rebutted by the licensee; 2) conducting a clinical diagnostic evaluation of the licensee; or 3) finding evidence establishing the licensee is a substance-abusing licensee after providing notice and conducting a hearing. The Board voted to approve the third option for when the Uniform Standards apply.

BCE staff has been developing a regulation package to update the *Disciplinary Guidelines* and implement the Uniform Standards with the approved “trigger” language. However, after review of the proposed language to amend CCR, title 16, section 384 and the revised *Disciplinary Guidelines* that are being incorporated by reference, staff has determined that additional changes are necessary prior to proceeding with the regulatory process.

Staff plans to collaborate with the Department's Regulations Unit legal counsel to make necessary updates and revisions to the Board's *Disciplinary Guidelines* and present proposed language to amend CCR, title 16, section 384, incorporate the revised *Disciplinary Guidelines* by reference, and implement the Uniform Standards to the Enforcement Committee, and ultimately the Board, for review and discussion at future meetings in 2022.

**65. What is the status of the board's implementation of the Consumer Protection Enforcement Initiative (CPEI) regulations?**

At its August 29, 2016 meeting, the Board approved proposed language to add or amend 12 sections of BCE's regulations to establish stricter reporting and disclosure requirements for licensees and applicants and increase the Board's enforcement authority under the Consumer Protection Enforcement Initiative (CPEI). Following guidance from the Attorney General's office and DCA's Office of Legal Affairs, BCE moved forward in its efforts to promulgate these regulations. The CPEI regulation package was submitted to DCA for review in October 2016 and BCE anticipated noticing the regulation package in the second quarter of fiscal year 2016/17.

In January 2017, DCA initiated a new regulatory review process that required changes to the CPEI package. As a result, BCE made the necessary changes and resubmitted the package to DCA in September 2017. In February 2019, DCA legal counsel completed the preliminary review of the package and informed BCE that further revisions were required. In October 2019, DCA commenced the initial phase of the regulatory review process, and in April 2021, DCA informed BCE that additional revisions were required.

BCE staff has been working on the 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 is dividing it into six smaller regulation packages grouped by general topic. BCE staff plans to work with the Department's Regulations Unit legal counsel to develop and update proposed language for each of the regulation packages and present them to the Enforcement Committee, and ultimately the Board, for review and discussion at future meetings in 2022.

**66. Describe how the board is participating in development of BreEZe and any other secondary IT issues affecting the board.**

**a. Is the board utilizing BreEZe? What Release was the board included in? What is the status of the board's change requests?**

No, BCE is not utilizing the BreEZe system. BCE was originally scheduled for Release 3 of the BreEZe system. However, after numerous technical delays and problems with the BreEZe project, BCE and the other Release 3 boards and bureaus were eliminated from the project.

**b. If the board is not utilizing BreEZe, what is the board's plan for future IT needs? What discussions has the board had with DCA about IT needs and options? What is the board's understanding of Release 3 boards? Is the board currently using a bridge or workaround system?**

BCE is currently collaborating with DCA OIS 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

In addition, BCE developed a system-integrated online complaint form for consumers and transitioned all new complaints and investigations to the Connect system effective July 1, 2021, to streamline the complaint intake and investigation process. Through an additional software release in November 2021, BCE added the cite and fine, discipline, and probation monitoring processes to the Connect system.

BCE continues to work directly with OIS and the vendor to implement CE provider and course applications and other system refinements during the final project phase that is planned to be completed in late 2022.

**67. In response to COVID-19, has the board implemented teleworking policies for employees and staff?****a. How have those measures affected board operations? If so, how?**

In response to COVID-19, in March 2020, BCE implemented teleworking policies for staff. Due to limited resources and the sudden onset of the pandemic, BCE staff initially struggled to get home working environments up and running. Some staff had no equipment and/or inadequate or nonexistent Internet service. In response, processes and workflow were modified and adjusted. The lack of a paperless platform created a unique series of challenges, but staff at all levels were creative and flexible to ensure continuity of BCE's licensing and enforcement functions.

The Licensing Unit developed new procedures to adapt to a telework-centered environment. To ensure work processes were kept up to date, BCE hired three seasonal clerks to assist with office duties, such as processing mail and cashiering payments for applications and license renewals. Enforcement and investigative functions were modified to use telephone or videoconferences to conduct interviews and probation checks.

BCE transitioned board and committee meetings from an in-person format to online videoconferences using the WebEx platform. BCE intends to continue to utilize the WebEx platform for meetings until the State of Emergency is lifted.

The safety and well-being of staff continues to be a daily priority for BCE's management team. Recently, most staff have returned to work in the office. They work staggered schedules in order to reduce the number of staff in the office at the same time. All staff wear protective masks while onsite and comply with physical distancing requirements. Staff members who have not provided proof of vaccination are tested for COVID-19 weekly at DCA headquarters.

BCE continues to update its website, as appropriate, to inform applicants, licensees, and consumers of the impact of COVID-19 on the practice of chiropractic.

**68. In response to COVID-19, has the board utilized any existing state of emergency statutes?****a. If so, which ones, and why?**

BCE has not utilized any existing state of emergency statutes.

**69. Pursuant to the Governor's Executive Orders N-40-20 and N-75-20, has the board worked on any waiver requests with the Department?**

Yes, BCE submitted two waiver requests to the Department:

The first request, which was denied, asked for a waiver of Title 16, Division 4, Section 361 of the California Code of Regulations. If granted, this waiver would have temporarily waived 12 hours of classroom/in person CE requirements thereby allowing the entire 24-hour CE requirement to be completed via an online platform.

The second request, which was granted, asked DCA to waive certain requirements that prevented chiropractic colleges from providing courses via distance learning formats. Specifically, the waiver did

two things: 1) removed the requirement that lecture classes be at least 50 minutes long; and, 2) removed the requirement that schools may only operate between five and six days per week, and that instructional time must be between 30 and 35 hours per week.

**a. Of the above requests, how many were approved?**

1

**b. How many are pending?**

0

**c. How many were denied?**

1

**d. What was the reason for the outcome of each request?**

Although DCA denied BCE's CE waiver request, the Department did issue a waiver allowing licensees to postpone their 24-hour continuing education requirement until early 2022. In addition, DCA issued a second waiver allowing licensees to complete the 12-hour classroom requirement through courses offered on an interactive video conference platform.

DCA granted BCE's other request and waived restrictions on chiropractic school schedules and class lengths to allow the chiropractic colleges to minimize the impacts of COVID-19 on chiropractic education.

**70. In response to COVID-19, has the board taken any other steps or implemented any other policies regarding licensees or consumers?**

No.

**71. Has the board recognized any necessary statutory revisions, updates or changes to address COVID-19 or any future State of Emergency Declarations?**

Social distancing aimed at curbing the spread of the COVID-19 has required BCE-approved schools to quickly transition from classroom-based formats to distance learning formats. However, educational requirements established by BCE do not fully meet the possibilities of distance education and asynchronous learning, thus restricting the ever-evolving nature of higher education. Due to the pandemic and various challenges faced by the schools, BCE will move forward in efforts to promulgate a regulation that ensures the schools can adapt to changes and continue to provide quality education while protecting the health and safety of students and faculty. BCE anticipates noticing the Approval of Chiropractic Schools and Educational Requirements regulation in FY 2022/23.

**Include the following:**

- 1. Background information concerning the issue as it pertains to the board.**
- 2. Short discussion of recommendations made by the Committees during prior sunset review.**
- 3. What action the board took in response to the recommendation or findings made under prior sunset review.**
- 4. Any recommendations the board has for dealing with the issue, if appropriate.**

**BCE Issue #1 (Long Term Fund Condition)**

**Committee Staff Recommendation:** The BCE should explain to the Committees its current fiscal situation and projected budget reserves beyond FY 2014/15. Will the BCE need to consider a fee increase? In addition, the BCE should explain the purpose of the loan from the BAR in FY 2014 and how the BCE is paying it back.

**BCE Response – March 2017:**

The BCE budget in the near term is stable. The projected fund balance for fiscal year 2017/18 was \$629,000 or 1.7 months in reserve. However, the DCA Budget Office calculated the fund balance based on an assumption that the BCE would expend the entire allotted budget. This assumption is inaccurate because historically the BCE does not expend its entire annual budget resources but reverts unencumbered revenue back to the fund.

The long-term outlook of the budget is structurally unbalanced. Revenue is not keeping pace with expenditures. The BCE anticipates the need for a fee increase.

Also, the fund has been depleted faster than in years past due to an annual loan repayment of \$250,000 to the Bureau of Automotive Repair (BAR).

In the last month [February 2017], the Executive Officer (EO) has met with the DCA Budget Office to discuss a short-term plan to monitor the budget and long-term strategy to institute a fee increase. These are ongoing conversations for the EO and he will keep the BCE informed of any changes. The BCE was informed at the February 16, 2017 meeting about the need for a fee increase and the ongoing meetings with the Budget Office.

The inconsistency in budget revenues in fiscal year 2014/15 was due to receipt of a \$2.698 million-dollar loan to satisfy a multi-million dollar judgement resulting from a lawsuit filed by a former employee more than a decade prior. Additionally, in fiscal year 2016/17, the BCE's portion of the state-wide administrative pro rata has increased.

The additional revenue in fiscal year 2014/15 was received through a loan from the BAR.

As of the beginning of fiscal year 2017/18, the BCE repaid \$1.5 million dollars of the \$2.698 million-dollar loan. Pursuant to the MOU with BAR, the BCE will pay at least \$250,000 each fiscal year. However, there is no set schedule for repayment at this time. The MOU with BAR was written to provide the BCE flexibility in repayment. Furthermore, the BCE has committed to at least a \$250k payment each fiscal year as long as its fund balance reserve remains sufficient to make repayments.

## **2021 Update:**

BCE's annual budget is funded exclusively by the profession through licensing and other regulatory fees. Despite ongoing efforts to closely monitor and limit BCE's expenses, BCE's increasing operating costs (i.e., employee compensation and benefits, statewide and departmental pro rata, enforcement costs, etc.) continue to outpace the annual revenue received through licensing and regulatory fees. Without an increase in revenue, BCE is at risk of becoming insolvent by FY 2023/24. BCE's fund condition is further discussed in Section 12.

### **BCE Issue #2 (Application Processing Timeframes)**

**Committee Staff Recommendation:** The Board should explain to the Committees how it established its internal processing timeframes back in 2011 and if it is considering revising its internal performance expectations for application processing in the future.

### **BCE Response – March 2017:**

BCE licensing staff has remained consistent since the 2011 sunset review. The BCE determined its internal processing time by completing desk audits of licensing staff.

The BCE initial licensing process time averages about 3.5 months. There are times when the process takes place much faster due to submission of a completed application and an applicant quickly taking and passing the jurisprudence exam. In these best cases, a license can be issued in 30 days.

However, in many more cases, applicants submit incomplete applications and take their time to provide the required documentation for submission of the application.

The BCE has a two-part licensing process:

- 1) The first step requires the applicant to submit the application for licensure with a \$100 application processing fee and submit proof of Live Scan or fingerprint cards and requires numerous verification documents for proof of education/training, passage of the national examination, and legal documents if convictions and/or disciplinary actions have been reported. The BCE requires these various documents in order to determine the individual's fitness for licensure. Some of these documents must be received directly from the issuing entity which may cause delays in the licensure process. Once the application is deemed complete, they are eligible to sit for the California jurisprudence examination. An applicant has one-year from the date the application is received by the BCE to qualify to sit for the California jurisprudence examination before their application is abandoned.
- 2) The second step takes place following the approval to sit for the California jurisprudence examination. An approval letter is sent to the applicant advising that they have one-year from the date of the approval letter to obtain their license. During this timeframe, an applicant must take and pass the California jurisprudence examination and submit their pass letter along with a \$100 license fee to the BCE. Examinations are offered throughout the state on weekdays. There are no barriers to gain access to the examination. If these requirements are not met within one year, the application is deemed abandoned. Therefore, an applicant has up to two years to complete all requirements for licensure.

Processing timeframes can be lengthy due to the manner in which applicants are qualified for licensure rather than actual backlogs in workload. The only way that our timeframes may be shortened is by changing the manner in which applicants qualify for licensure (i.e. requiring passage



of the California jurisprudence examination prior to submitting an application for licensure). Applicants have two years following approval to take the jurisprudence exam.

Although there are no backlogs in processing license applications, the BCE will conduct a review of the licensing process to determine if changes are necessary.

Once the review is complete, a modification to internal performance expectations of the licensing program can be considered.

### **2021 Update:**

In September 2020, BCE implemented its new application, licensing, and enforcement system known as "Connect". Through phased software releases from September 2020 through June 2021, BCE implemented initial license applications, license renewals, address changes, cancellation of satellite certificates, and online payment for all other paper applications, in the Connect system. As a result of this business modernization project, BCE's average application processing time has decreased by one month. BCE will continue to assess its licensing timeframes and automate the licensure and renewal processes wherever possible.

### **BCE Issue #3 (National Practitioner Data Bank [NPDB])**

**Committee Staff Recommendation:** The BCE should advise the Committees on whether or not it thinks the use of the NPDB would be beneficial for the BCE and if it could increase the protection of the public. If the cost of continuous query services is too high, the BCE may consider conducting periodic checks of sets of licensees or charging the \$2 at the time of initial license and renewal. The BCE may confer with other boards to gain insight about how other regulatory entities utilize the NPDB.

### **BCE Response – March 2017:**

The National Practitioner Data Bank is a comprehensive repository of information on various topics such as medical malpractice payments and certain adverse actions related to health care practitioners, entities, providers, and suppliers. Although the current information collected by the BCE to make licensing decisions is sufficient, the NPDB collects data that the BCE may not have access to through other resources.

Prior to the hearing, the BCE has researched both the NPDB and DCA programs that have tried to implement a process to utilize the data bank. Following discussions, the BCE decided that it is feasible to include a NPDB query into its licensing process. Utilizing the data bank to query names of new applicants for licensure in California, out-of-state applicants for licensure in California, and applicants who request a reciprocal license in California would not only provide for a more complete review, but it would increase consumer protection. Limiting queries to this smaller group of applicants would ensure that the BCE protects consumers and allow the BCE to continue its licensing functions without a large increase in expenditures.

### **2021 Update:**

Following the last review, BCE researched the NPDB program and inquired about the cost of query services. BCE found that the initial cost to conduct the data bank checks would be \$46,391 plus \$90,350 in ongoing costs, which cannot be absorbed within BCE's existing budget appropriation or revenue projections. As a result, BCE has determined it is feasible to check NPDB for applicants applying for a reciprocal license from another state, as out-of-state applicants may have had

disciplinary action taken against them in another state that was not disclosed on their licensure application. This policy allows BCE to protect California consumers without a significant impact to BCE's fund.

#### **BCE Issue #4 (Enforcement Timeframes)**

**Committee Staff Recommendation:** Although there has been improvement, the BCE should advise the Committees on its continued efforts to decrease the timeframes. In addition, the BCE should advise the Committees on why it continues to see such high number of complaints against DCs.

#### **BCE Response – March 2017:**

The BCE is subject to DCA's department-wide performance measures. These performance measures are the targets the staff uses internally to measure performance regarding enforcement functions.

PM 4 (Formal Discipline) is the average number of days to complete the entire enforcement process for cases resulting in formal discipline. This includes intake, investigation by BCE analysts and DOI, and prosecution by the AG. The DCA sets the performance target for PM 4 at 540 days (18 months). Since 2013, the average number of days for the BCE to complete formal discipline is 1292. However, this number is not indicative of the actual amount of time it takes the BCE to complete its portion of an enforcement case. The aggregate data point for formal discipline is misleading because it fails to distinguish between how long a case is at the BCE before it is sent to the AG and how long the AG's office takes to complete a case.

In FY 2017/18, the BCE had 8 pending enforcement cases that aged over two years. Each of these was a long-term case that was either awaiting a criminal trial or had been moved to the State Attorney General's Office and was awaiting a hearing with the Office of Administrative Hearings (OAH). The BCE did all it can in regard to processing and investigating these cases. Although the BCE no longer had direct control over the handling of the cases at this stage, staff continued to closely monitor their progress and make every effort to move them forward as quickly as possible.

The number of complaints received has been consistent over the last ten years averaging about 500 each year. Throughout this period of time, the BCE's enforcement program has not undergone any major changes. The recent rise in complaints is not an outlier and does not indicate the BCE is experiencing an increase in enforcement activity.

#### **2021 Update:**

BCE continues to focus on reducing enforcement timeframes. BCE management closely monitors the status of pending investigations and disciplinary cases and holds weekly case review meetings with Enforcement staff to ensure the timely completion of cases.

Since the last review, the average number of days for BCE to complete formal discipline decreased from 1,292 days to 861 days, and over 75% of BCE's disciplinary cases are closed within two to three years. BCE's target cycle time for discipline is 540 days from receipt of the complaint through the effective date of the disciplinary action. BCE has been unable to meet this target during this reporting period due to factors primarily outside of BCE's control, such as the amount of time it takes for licensee arrests to eventually result in convictions, hearing scheduling with the Office of Administrative Hearings, licensee requests for hearing continuances, and witness availability for hearings.

With the recent implementation of BCE's enforcement functions in the new Connect system, BCE expects further reductions in the enforcement timeframes that are within BCE's control.

The number of complaints received annually by BCE has been comparable to the last review, with the exception of FY 2020/21, when BCE only received a total of 474 complaints. This reduction is believed to be caused by a temporary decrease in patient visits to chiropractic offices and BCE's suspension of continuing education audits due to the COVID-19 pandemic.

### **BCE Issue #5 (CE Audit Targets)**

**Committee Staff Recommendation:** The BCE should discuss the barriers it faces in meeting its CE audit targets. Further, the BCE should discuss potential reasons for the high rates of noncompliance and discuss potential solutions, such as completing more audits or increasing fines for noncompliance.

### **BCE Response – March 2017:**

In order to ensure licensee compliance with the annual license renewal requirement to complete 24 hours of continuing education, staff audits CE documentation provided by licensees. This audit consists of staff randomly selecting individuals who have submitted a license renewal form and sending them a compliance letter requesting that they submit copies of CE certificates of completion. After review, if a licensee is found to be in violation (i.e. not completing the required CE), their file is forwarded to the enforcement unit for further action. A warning letter or citation is then issued based on the severity and past history of the licensee.

During the previous sunset review in 2011, the BCE conducted an analysis of its CE audit program and determined that from 2008 to 2011, the BCE was completing between 900 and 1000 audits a year. Unfortunately, due to staffing changes and competing priorities, the number of audits conducted has dropped.

The BCE will discuss the barriers to conducting more audits with the Licensing/CE Committee members to develop a plan to meet the goals previously set and set stricter penalties for non-compliance. In the meantime, the BCE can utilize the BCE's newsletter, website, and social media to share its intent of enforcing CE requirements more vigorously.

### **2021 Update:**

Following the last review, BCE set a goal to audit 10% of licensees for compliance with the annual CE requirement. From FYs 2017/18 through 2019/20, BCE audited 9.4% of licensees annually and found a total of 531 cases where licenses had failed to comply with the CE requirement. BCE took appropriate enforcement action against these licensees and issued letters of admonishment or citations and fines for these failed CE audits.

With the onset of the COVID-19 pandemic, the Department issued a waiver that provided licensees with additional time to comply with their annual CE requirement. As a result, BCE temporarily suspended its CE audits beginning in FY 2020/21.

BCE found its goal of auditing 10% of licensees is overly ambitious given BCE's small staff and a lack of technology to enable the audit process to be automated. BCE plans to resume CE audits in spring 2022 at a rate of 5% with a long-term goal of achieving a 100% audit and compliance rate when BCE is able to receive documentation electronically through an automated system.

## **BCE Issue #6 (Breeze Implementation Status: New IT System)**

**Committee Staff Recommendation:** The BCE should update the Committees about its future technology plans including information provided to the BCE by the DCA and any anticipated costs of a new system. In addition, the BCE should explain to the Committees any enforcement or licensing related problems as a result of its current outdated IT system. The BCE should update the Committees on the total amount they anticipate spending on the BreEZe system, which they will not be utilizing. The BCE should update the Committees on where it is in the sequence mentioned above to secure a new IT system.

### **BCE Response – March 2017:**

As of March 2017, the BCE continued working with Office of Information Services (OIS) to find a solution to satisfy the BCE's IT needs. The BCE has completed its first step to initiate the process of establishing a new IT system, which would require the BCE to map out its business processes and determine what the requirements of an IT system must be in order to meet the BCE's needs. The BCE anticipates commencing the five-part process in Q4 2017. The steps include a business justification, cost benefit analysis, alternatives analysis, and fiscal analysis.

In February of 2017, the executive officer met with the DCA Budget Office to discuss the budget. At this meeting, the EO was provided with the most updated budget figures. Through FY 2015/16, the BCE has spent approximately \$275,076 on the BreEZe system without being included in the first two releases and without the current ability to utilize the system. For FY 2016/2017, the BCE has projected BreEZe costs of \$130,308. Projected cost for FY 2017/18 is \$112,000 and projected cost for FY 2018/19 is \$100,000. The BCE is working under the assumption that it will eventually be able to utilize the BreEZe system. Therefore, the BCE is unable to provide a total anticipated cost to procure and utilize the system. If those figures become available, the BCE can report back to the Committees.

Currently, the BCE is not experiencing any backlog in processing licensing or enforcement related material. Due to experienced and dedicated staff, this is possible. However, the inefficiencies created by not being able to accept online payment for licensing related functions like renewals continues to burden staff with excessive paper processing. Staff must cashier and process initial license applications and renewal applications manually because the BCE is beholden to an antiquated IT system. The efficiencies gained by upgrading to a new IT system will increase efficiency and consumer protection.

### **2021 Update:**

The BreEZe program was approved in 2009 and was intended to address deficiencies in DCA legacy systems. BCE was originally scheduled for Release 3 of the BreEZe system and contributed a total of approximately \$502,000 to BreEZe development through FY 2017/18. After technical delays and issues with the BreEZe project, BCE and the other Release 3 boards and bureaus were eliminated from the project. As a result, BCE was reimbursed \$148,000 for the BreEZe program.

In October 2019, BCE launched an online renewal portal to provide licensees with the ability to renew their licenses through BCE's website. Within a short time, more than 50% of licensees transitioned to renewing their licenses online, which greatly reduced the time and resources consumed by BCE's manual, paper-based renewal process.

BCE is currently collaborating with DCA OIS 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)
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- Online payment for all other paper applications

In addition, BCE developed a system-integrated online complaint form for consumers and transitioned all new complaints and investigations to the Connect system effective July 1, 2021, to streamline the complaint intake and investigation process. Through an additional software release in November 2021, BCE added the cite and fine, discipline, and probation monitoring processes to the Connect system.

BCE continues to work directly with OIS and the vendor to implement CE provider and course applications and other system refinements during the final project phase that is planned to be completed in late 2022. BCE has contributed \$1,006,000 to this new IT system.

### **BCE Issue #7 (Examination Passage Rates)**

**Committee Staff Recommendation:** The BCE should explain to the Committees why it believes the passage rate for the CLEE is low and what concerns the BCE has about the CLEE. What role, if any, is there for the BCE to help ensure individuals seeking licensure are sufficiently knowledgeable in California's laws and the ethics to ensure consumer safety? The BCE should provide the Committees with updated information about the OA and its results.

### **BCE Response – March 2017:**

The average pass rate for 1st time candidates for fiscal year 2007/08 through fiscal year 2010/11 was noted to be 63.5%. For fiscal year 2012/13 through fiscal year 2015/16, the average pass rate increased to 68.8%. According to the DCA Office of Professional Examination Services (OPES), both average pass rates are comparable to pass rates for law and ethics examinations for other health care professions.

For candidates preparing to take the jurisprudence exam the BCE website provides links to the specific areas of California law tested on the examination. The BCE website also provides a link to the Candidate Handbook for the jurisprudence exam.

In addition to these candidate communications, the BCE works closely with OPES to update the jurisprudence exam on a continuous basis. Beginning January 2017, the BCE shifted its computer-based exam administration from its previous vendor to DCA's computerized test administration vendor, PSI. Candidates are now able to schedule their examination online and take the jurisprudence exam at any of PSI's test administration sites throughout California and the U.S.

At this time the BCE is also working with OPES on a new occupational analysis. The occupational analysis is scheduled to be completed March 2017. Following the completion of the occupational analysis, the content of the jurisprudence exam will be updated to ensure compliance with California Business & Professions Code, section 139 requirements.

## 2021 Update:

Since the last review, the average pass rate for first-time candidates taking the California Chiropractic Law Examination (CCLE) has been 78.8%. According to DCA's Office of Professional Examination Services (OPES), this average pass rate is comparable to the pass rates for law and ethics examinations for other health care professions.

BCE, in collaboration with OPES conducted an occupational analysis to identify critical job activities performed by California licensed chiropractors. The occupational analysis was part of BCE's comprehensive review of chiropractic practice in California. The purpose of the occupational analysis was to define practice for chiropractors in California in terms of actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis provide a description of practice for the profession that can then be used as the basis for the licensing examination in California.

BCE selected California licensed chiropractors to participate as subject matter experts (SMEs) during various phases of the occupational analysis. These SMEs were selected from a broad range of practice settings, geographic locations, and experience backgrounds. The SMEs provided information regarding the different aspects of current chiropractor practice during the development phase of the occupational analysis, and they participated in workshops to review the content of task and knowledge statements for technical accuracy prior to administration of the occupational analysis questionnaire. Following administration of the occupational analysis questionnaire, groups of SMEs were convened at OPES to review the questionnaire results, finalize the description of practice, and develop the preliminary examination plan for the CCLE.

Below is an overview of the California chiropractor description of practice content outline:

<b>Content Area</b>	<b>Content Area Description</b>	<b>Percent Weight</b>
I. Patient History	This area assesses the candidate's knowledge of performing a comprehensive patient evaluation.	14%
II. Examination and Assessment	This area assesses the candidate's knowledge of performing physical examinations and evaluations to guide diagnosis and management.	29%
III. Treatment	This area assesses the candidate's knowledge of chiropractic treatments, including the use of physiotherapy modalities and healthy lifestyle counseling.	26%
IV. Laws and Regulations	This area assesses the candidate's knowledge of laws and regulations related to chiropractor practice as documented in the California Business and Professions Code, California Code of Regulations, California Health and Safety Code, and Chiropractic Initiative Act of California.	31%
<b>Total</b>		<b>100%</b>

BCE plans to work with OPES to conduct a new occupational analysis by 2023. Following completion of the occupational analysis, the content of the CCLE will be updated to ensure compliance with BPC section 139 requirements.

## **BCE Issue #8 (Customer Satisfaction Survey Rates)**

**Committee Staff Recommendation:** The BCE should advise the Committees on whether it has considered the use of social media to increase its survey response rate. If not, the BCE should discuss whether social media can be used for this purpose or what other methods it can use to enhance consumer outreach.

### **BCE Response – March 2017:**

Currently, the BCE utilizes a consumer satisfaction survey sent to complainants upon closure of a complaint. The notification letters sent out to complainants include a link to an online survey conducted by the Department of Consumer Affairs and a pre-paid postcard version of the same survey.

Annually, the BCE sends out approximately 100 surveys from which it receives a handful of responses. Historically, healing arts board's response rates for this type of survey have been low. The BCE is no different. For various reasons, many complainants do not respond to the survey. Many of those who respond are dissatisfied with the result of a complaint or fail to respond for a lack of interest in further engagement with the BCE. It is difficult for the BCE to draw additional conclusions from the information gained from the minimal number of survey responses received.

The BCE does not have a "general" consumer response survey available for the general public to engage. The BCE utilizes one survey to gain consumer feedback following the conclusion of a complaint. In this case, it would not make sense to use social media to increase survey response rates as we would be reaching individuals who have not personally interacted with the BCE. However, the BCE has discussed the possible development of an online "general" consumer satisfaction survey that would be available to interested persons on the BCE's website. This would allow the BCE to gather additional data regarding public perception and enable it to provide overall better customer service to California consumers.

### **2021 Update:**

BCE solicits feedback on its enforcement process by including a link to an online complaint process survey conducted by the Department in the closure letters that are sent to complainants at the conclusion of its enforcement cases. Since the last review, BCE sent notifications about the survey to approximately 800 complainants and received a total of 10 responses. In the survey responses, two complainants expressed their satisfaction with BCE's complaint process and eight complainants expressed their dissatisfaction with BCE's handling of their complaint. Due to the low survey response rate, it is difficult for BCE to draw meaningful conclusions from the survey results.

To increase survey response rates, BCE management is considering the development of a general customer satisfaction survey that would be available to stakeholders with a link available on BCE's website and in staff's email signature blocks.

## **BCE Issue #9 (KTVU FOX2 News Article: Ensuring Consumer Protection and Enhancing Consumer Outreach)**

**Committee Staff Recommendation:** The BCE should discuss barriers it faces when learning of convicted licensees who are released early from correctional institutions, such as a lack of DOJ or court notice. The BCE should advise the Committees if there are shortfalls in its enforcement process and if there are any potential legislative remedies.

## **BCE Response – March 2017:**

Our top priority is to ensure consumer protection. We take this mandate seriously and do everything within our authority to make sure the health, welfare, and safety of the public is protected.

In February 2017, BCE staff encountered a situation in which a licensee was sentenced to two years in prison but was released early with time served. The BCE was not immediately notified upon the individual's release and the licensee was able to resume practicing before the BCE was able to impose discipline or place restrictions on the license. When a licensee is arrested and the BCE believes the individual is a threat to consumers, a PC 23 hearing is requested and the BCE can, and usually does request a temporary suspension of a license or restrictions on the license.

Within this PC 23 process, the Deputy Attorney General (DAG) who represents the interest of the BCE establishes or negotiates terms for the suspension and/or restriction of the license. Most PC 23's include language stating, "These restrictions shall apply to the defendant's chiropractic license until the conclusion of the pending criminal and administrative matter." However, what is ultimately included in the PC 23 is at the discretion on the judge who is hearing the request.

In this case, the PC 23 only stated "these restrictions shall apply to the defendant's chiropractic license until the conclusion of the pending criminal matter." Therefore, the early release from prison coincided with a termination of the restrictions on his license.

Due to a court employee strike, the early release from prison was not relayed to the BCE or its attorney in a timely manner.

There were events that prevented the timely and efficient transfer of information regarding the status of this particular individual. The BCE relies on the DAG to provide status updates. The DAG represents the BCE's interest before the courts and is the appropriate person from whom to seek information. Because the court employee strike prevented the timely transfer of this critical information to the DAG, the BCE was unable to intervene when the licensee was released from jail and able to resume practicing. As soon as the BCE became aware of this situation, it worked closely with the DAG to obtain a suspension order which prohibited the licensee from practicing pending the outcome of the BCE's administrative process.

The BCE analyst handled this case conscientiously and was diligent about requesting monthly updates on the status of the case throughout the duration of this case cycle. Additionally, before the individual was sentenced to prison and while the PC 23 was in place, BCE investigators regularly visited the individual's chiropractic office to ensure compliance with the suspension order.

In order to prevent something like this from happening again, the BCE will work with the Department of Justice to continue requesting that all PC 23's place restrictions on a suspended license through the conclusion of both criminal and administrative matters. We will also establish early and ongoing communication with the District Attorney prosecuting the criminal matter to ensure they are aware of the BCE's interest in the matter. This will ensure that there is no gap on license restrictions between the time a criminal matter concludes and the end of the administrative (enforcement) process.

## **2021 Update:**

BCE continues to closely track and monitor licensee arrests and convictions and proactively collaborates with the Attorney General's office to pursue PC 23 practice suspensions and restrictions, interim suspension orders, and petitions for mental and physical evaluations to protect the health, welfare, and safety of California consumers.



**This is the opportunity for the board to inform the Committees of solutions to issues identified by the board and by the Committees. Provide a short discussion of each of the outstanding issues, and the board’s recommendation for action that could be taken by the board, by DCA or by the Legislature to resolve these issues (i.e., policy direction, budget changes, legislative changes) for each of the following:**

**1. Issues raised under prior Sunset Review that have not been addressed.**

These issues have been addressed in Sections 10 and 11 of this report.

**2. New issues identified by the board in this report.**

**BCE’s Fund Condition and Need for a Statutory Fee Increase**

BCE’s annual budget is funded exclusively by the profession through licensing and other regulatory fees, and BCE’s current budget is structurally imbalanced. Despite BCE’s ongoing efforts to closely monitor and limit BCE’s expenses, BCE’s increasing operating costs (i.e., employee compensation and benefits, statewide and departmental pro rata, enforcement costs, etc.) continue to outpace the annual revenue received through licensing and regulatory fees.

Based on current projections, BCE will have a 0.7-month reserve balance at the end of FY 2022/23, and without an increase in revenue, BCE is at risk of becoming insolvent in FY 2023/24. To avoid insolvency, BCE needs to increase fees in FY 2022/23.

In order to substantiate budget concerns and determine a factual basis for any future increase in fees charged to licensees, the Board contracted with Matrix Consulting Group. They were tasked with conducting a fee audit to assess the current fees charged and determine what the fees should be based upon actual workload and expenditures. Following their study of BCE, Matrix Consulting Group concluded that BCE is under-recovering its costs by approximately \$1.4 million and the majority of these costs relate to CE applications.

The anticipated fee changes are specified in the table below. A detailed description of the fee changes can be found in the fee study report prepared by Matrix Consulting Group (Section 13, Attachment C-III).

<b>Fee Name</b>	<b>Current Fee</b>	<b>Total Cost Per Unit</b>	<b>Surplus / (Deficit) per Unit</b>
Biennial continuing education provider fee	\$56	\$118	(\$62)
Continuing education provider application fee	\$84	\$291	(\$207)
Continuing education course application fee	\$56	\$558	(\$502)
Corporation registration application fee	\$186	\$171	\$15
Corporation special report filing fee	\$31	\$98	(\$67)
Corporation renewal filing fee	\$31	\$62	(\$31)

Corporation duplicate certificate fee	\$50	\$70	(\$20)
Duplicate license fee	\$50	\$71	(\$21)
Initial license fee	\$186	\$137	\$49
License application fee	\$371	\$345	\$26
License certification / Out-of-state license verification	\$124	\$83	\$41
License renewal fee	\$313	\$336	(\$23)
Petition for early termination of probation or reduction of penalty fee	\$371	\$3,195	(\$2,824)
Petition for reinstatement of a revoked license fee	\$371	\$4,185	(\$3,814)
Preceptor fee	\$31	\$72	(\$41)
Reciprocal license application fee	\$371	\$283	\$88
Referral service application fee	\$557	\$279	\$278
Satellite certificate application fee	\$62	\$69	(\$7)
Satellite certificate renewal fee	\$31	\$50	(\$19)
Satellite certificate replacement fee	\$50	\$71	(\$21)

### 3. New issues not previously discussed in this report.

#### **BCE's Proposal to Amend BPC Section 1007, subdivision (c)**

Senate Bill 1448 (Hill, Chapter 570, Statutes of 2018), known as the Patient's Right to Know Act of 2018, added BPC section 1007, which requires licensees placed on probation by the Board on or after July 1, 2019, 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 Web site, 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.

BPC section 1007, subdivision (c), specifies the exemptions to this patient notification requirement:

- 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 or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.
- 3) The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.
- 4) The licensee does not have a direct treatment relationship with the patient.

To strengthen the consumer protection provided by this mandatory patient notification requirement, BCE requests the Legislature consider removing the following exemptions from this requirement:

- The visit occurs in an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities; and
- The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.

These exemptions are not applicable to doctors of chiropractic and can be misused by licensees to avoid notifying patients of their probationary status.

***Proposed Language to Amend Business and Professions Code section 1007, subdivision (c):***

**§ 1007.** (a) On and after July 1, 2019, 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 Web site, 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 made on and after July 1, 2019.

(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 ~~or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.~~
- ~~(3) The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.~~
- (43) The licensee does not have a direct treatment relationship with the patient.

(d) On and after July 1, 2019, 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 Web site.

- (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.

*(Added by Stats. 2018, Ch. 570, Sec. 2. (SB 1448) Effective January 1, 2019.)*

#### **4. New issues raised by the Committees.**

There are no new issues to discuss at this time.

## Section 13 Attachments

Please provide the following attachments:

- A. Board's administrative manual.
- B. Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).
- C. Major studies, if any (cf., Section 1, Question 4).
  - I. *Board of Chiropractic Examiners Occupational Analysis of the Chiropractor Profession*, Department of Consumer Affairs Office of Professional Examination Services, March 2017
  - II. *Review of the National Board of Chiropractic Examiners Examinations*, Department of Consumer Affairs Office of Professional Examination Services, April 2018
  - III. *Board of Chiropractic Examiners Fee Study*, Matrix Consulting Group, December 2021
- D. Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 15).
- E. Performance Measure Reports

**State of California**

**BOARD OF CHIROPRACTIC EXAMINERS  
BOARD MEMBER  
ADMINISTRATIVE PROCEDURE MANUAL**

Adopted October 2007  
Revised July 2021



Gavin Newsom, Governor  
*State of California*

**MISSION STATEMENT**

To protect the health, welfare, and safety of the public through licensure, education and enforcement in chiropractic care.

# **BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL**

## **Members of the Board**

Dionne McClain, D.C., Chair  
David Paris, D.C., Vice Chair  
Frank Ruffino, Secretary  
Laurence Adams, D.C., DACNB  
Rafael Sweet, Esq.

## **Executive Officer**

Robert C. Puleo

This procedure manual is a general reference including a review of some important laws, regulations, and these basic Board policies in order to guide the actions of the Board Members and ensure Board effectiveness and efficiency. The Chiropractic Initiative Act of 1922 (the Act) will be referenced and summarized throughout this procedure manual.

This Administrative Procedure Manual, regarding Board Policy, can be amended by four affirmative votes of any current or future Board.

**BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL**

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# BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

## CHAPTER 1. Introduction

### Overview

The Board of Chiropractic Examiners (Board) was created on December 21, 1922, through an initiative measure approved by the electors of California on November 7, 1922.

The Act states it is... “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...”

The powers and authority of the Board are specifically defined in Section 4 of the Act. In general, the board is a policy-making and administrative review body comprised pursuant to the provisions of Section 1 to 20 of the Act. The Board, when full, is comprised of seven Members, five professional and two public, each appointed by the Governor. The Board’s paramount purpose is to protect California consumers through the enforcement of the Act, other applicable laws and the California Code of Regulations related to the Practice of Chiropractic, identified herein as the Board’s regulations. The Board is also mandated by the Initiative to supervise licensees, chiropractic colleges, and continuing education for relicensing.

### State of California Acronyms

ALJ	Administrative Law Judge
AG	Office of the Attorney General
APA	Administrative Procedure Act
BCE	Board of Chiropractic Examiners
B&P	Business and Professions
CalHR	California Department of Human Resources
CATS	Computer Assisted Testing Service
CCCP	California Code of Civil Procedure
CCR	California Code of Regulations
CE	Continuing Education
CLEAR	Council on Licensure Enforcement & Regulations
DAG	Deputy Attorney General
DCA	Department of Consumer Affairs
DOF	Department of Finance
DWC	Division of Workers Compensation
EO	Executive Officer
FCLB	Federation of Chiropractic Licensing Boards
NBCE	National Board of Chiropractic Examiners
SAM	State Administrative Manual
SCIF	State Compensation Insurance Fund
VCGCB	Victim Compensation and Government Claims Board

# BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

## General Rules of Conduct

All Board Members shall act in accordance with their oath of office, and shall conduct themselves in a courteous, professional and ethical manner at all times. Board Members serve at the pleasure of the governor, and shall conduct their business in an open manner, so the public they serve shall be both informed and involved, consistent with the provisions of the Bagley-Keene Open Meeting Act and all other governmental and civil codes applicable to similar boards within the State of California.

- ❖ Board Members are part of a state regulatory board and their individual rights to make independent public comments or statements takes a second place to supporting a uniform public presentation of a cohesive board.
- ❖ Board Members shall comply with all provisions of the Bagley-Keene Open Meeting Act and other applicable rules, regulations, codes and laws governing public employees.
- ❖ Board Members shall not speak or act for the Board without proper preauthorization from the Chair and/or Executive Officer (EO) prior to making any statement or press release. When possible, the Board Chair, in consultation with the Vice Chair and EO, shall determine which Board members have expertise in respective areas to act as spokesperson for the Board.
- ❖ Board Members shall not privately or publicly lobby for, publicly endorse, or otherwise engage in any personal efforts that would tend to promote their own personal or political views or goals, as it pertains to issues related to jurisdiction of the Board, when those views or goals contradict an official position adopted by the Board.
- ❖ Board Members shall not accept gifts from applicants, licensees, or members of the profession while serving on the Board. All Fair Political Practices Act Rules shall be followed.
- ❖ Board Members shall maintain the confidentiality of confidential documents and information related to Board business. Always confirm with the EO whether information is public and may be disclosed. The public's access should be from a source other than a Board Member.
- ❖ Board Members should avoid discussion of confidential Board business with petitioners, licensees or persons not authorized to receive confidential and restricted enforcement information. Failure to do so may result in the Board Member having to recuse him/herself due to conflict of interest issues. All consumers, applicants and licensees with enforcement related questions, concerns or complaints should be referred to the EO.

## BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

- ❖ Board Members shall commit adequate time to prepare for their Board responsibilities including the reviewing of Board meeting notes, administrative cases to be reviewed and discussed, and the review of any other materials provided to the Board Members by staff, related to official Board business.
- ❖ Submission of votes have time requirements that are critical to meeting legal timeframe constraints. Board members shall make every attempt to meet the deadlines identified by Board staff and meet the vote submission requirement established by the Board.
- ❖ Board Members shall submit reimbursement records each month to facilitate timely reimbursement.
- ❖ All travel for Board related business, other than routine Board meetings and Committee Meetings, must be submitted in writing and preapproved by the Chair and EO before travel.
- ❖ Board Members shall recognize the equal role and responsibilities of all other Board Members and interact with one another in a polite and professional manner.
- ❖ Board Members shall act fairly, be nonpartisan, impartial, and unbiased in their role of protecting the public and enforcing the Chiropractic Initiative Act.
- ❖ Board Members shall uphold the principle that the Board's primary mission is to protect the public.
- ❖ Board Members shall follow the guidelines set forth in Executive Order 66-2.
- ❖ Board Members shall comply with all State, Department, and Board required trainings.

# BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

## CHAPTER 2. Board Members & Meeting Procedures

### **Membership** (§1 Initiative Act)

Board Members are appointed and serve in accordance with Section 1 of the Initiative Act.

### **Role of Board Officers** (Board Policy)

#### Board Chair

- The Chair may consult with the Vice Chair or Secretary or another Board Member and the EO. However, all conversations must be consistent with Bagley Keene Open Meeting Act restrictions, which mandate that no more than two Members can actively discuss Board business.
- Determines, in consultation with the Vice Chair and EO, which Board Members have expertise in respective areas to act as spokesperson for the Board of Chiropractic Examiners (e.g., attend legislative hearings and testify on behalf of the Board, attend meetings with stakeholders and Legislators on behalf of Board, talk to the media on behalf of the Board). Assigns the most qualified Board Member the task at hand.
- Signs letters on behalf of the Board.
- Meets and/or communicates with the EO and the Vice Chair on a regular basis.
- Provides oversight to the EO in performance of the EO's duties.
- Verifies accuracy and approves timesheets, approves travel and signs travel expense claims for the EO and Board Members.
- In consultation with the Vice Chair and EO, establishes committees including, but not limited to, two-person committees/subcommittees and/or task forces to research policy questions when necessary.
- The composition of the committees shall be determined by the Board Chair.
- Communicates with other Board Members for Board business in compliance with the Open Meeting Act.
- In consultation with the Vice Chair and EO, approves Board Meeting agendas.
- Chairs and facilitates Board Meetings.
- Signs specified full board enforcement approval orders.

#### Vice Chair

- Is back-up for the above-referenced duties in the Chair's absence.
- Coordinates, in consultation with DCA's Office of Human Resources and in accordance with the EO Annual Performance Appraisal Process. In consultation with the Chair and EO, establishes committees, including, but not limited to, two-person committees/subcommittees and/or task forces to research policy questions when necessary.

## **BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL**

- In consultation with the Chair, oversees assignment of Board Members to serve as liaison to the organizations listed in Ch. 7. Other Policies & Procedures.

### **Secretary**

- Calls the roll at each Board meeting and reports that a quorum has been established.
- Calls the roll for each action item.
- In consultation with the Chair and EO, approves Board meeting agendas.

### **Committee Chair**

- Approves Committee agendas.
- Chairs and facilitates Committee meetings.
- Reports the activities of the Committee to the full Board.

## **Board Meetings and Offices (§6 Initiative Act)**

Board meetings must be consistent with the Initiative Act and follow the terms and provisions of the Bagley-Keene Open Meeting Act.

The Board complies with the provisions of the Government Code Section 11120, et seq., commonly referred to as the Bagley-Keene Open Meeting Act and Robert's Rules of Order, as long as there is no conflict with any superseding codes, laws or regulations.

All Meetings shall follow the provisions of the Bagley-Keene Open Meeting Act.

Any meetings deviating from a standard public meeting may be called, when required, in accordance with the Bagley-Keene Open Meeting Act, Government Code Section 11125.4

Whenever practical and appropriate, the Board should utilize available technology to conduct meetings to minimize the time and expenditures associated with staff and Board Member travel as well as the cost of renting meeting space.

## **Quorum (§3 Initiative Act)**

A majority of the Board (four Members) is required to constitute a quorum. The Board shall follow the provisions of §3 of the Initiative Act requiring a quorum of four (4) Members to carry any motion or resolution, to adopt any rule or disciplinary action, or to authorize the issuance of any license provided for within the Act.

## **BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL**

### **Board Member Attendance at Board and Committee Meetings (Board Policy)**

Being a Member of the Board is a serious commitment of time and effort to the Governor, and the people of the State of California. Board Members shall attend a minimum of 75% of all scheduled committee meetings and scheduled Board meetings. In extraordinary circumstances, the Chair may excuse a Board Member from this obligation. If a Member is unable to attend a Board Meeting, they must contact the Board Chair or EO, and provide a verbal notice followed by a written explanation of their absence as soon as possible thereafter.

### **Public Attendance at Board Meetings (Government Code Section 11120 et seq.)**

Meetings are subject to all provisions of the Bagley-Keene Open Meeting Act. This Act governs meetings of the state regulatory Boards and meetings of committees of those Boards where the committee consists of more than two Members. It specifies meeting notice, agenda requirements, and prohibits discussing or taking action on matters not included on the agenda. If the agenda contains matters that are appropriate for closed session, the agenda shall cite the particular statutory section and subdivision authorizing the closed session.

### **Agenda Items (Board Policy)**

Board Members may submit agenda items for a future Board meeting during the "Future Agenda Items" section of a Board meeting, or directly to the EO, 21 days prior to a Board meeting.

Agenda item requests shall be placed on the Board or Committee meeting agenda within two meetings from receipt of the original request.

In the event of a conflict in scheduling an agenda topic, the Board Secretary will discuss the proposed agenda item with the Board Chair, and the Board Chair shall make the final decision to schedule the item at the upcoming or following Board Meeting.

### **Notice of Meetings (Government Code Section 11120 et seq.)**

Meeting notices, including agendas, for Board meetings will be sent to persons on the Board's mailing list at least 10 calendar days in advance, as specified in the Bagley-Keene Open Meeting Act. The notice shall include a staff person's name, work address, and work telephone number who can provide further information prior to the meeting.

## **BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL**

### **Notice of Meetings Posted on the Internet** (Government Code Section 11125 et seq.)

Meeting notices shall be posted on the Board's website at least 10 days in advance of the meeting, and include the name, address, and telephone number of a staff person who can provide further information prior to the meeting.

### **Board Meeting Locations** (Board Policy)

The Board holds meetings at various geographic locations throughout the state to increase accessibility. It is recommended that at least one meeting per year is held in Sacramento, one in Southern California, and one at a California Chiropractic College. All meeting locations will be scheduled subject to available space and budget limitations.

### **E-Mail Ballots** (Government Code Section 11526 and Board Policy)

The Board must approve any proposed decision or stipulation before the formal discipline becomes final and the penalty can take effect.

Proposed stipulations and decisions are e-mailed to each Board Member for their vote. For stipulations, a background memorandum from the assigned deputy attorney general accompanies the e-mail ballot. A two-week deadline generally is given for the e-mail ballots for stipulations and proposed decisions to be completed and returned to the Board's office.

Board Members are required to submit a vote on no less than 75% of proposed stipulations and decisions provided for review. If a Board Member is unable to meet this minimum requirement, the Board Member may be subject to a conversation from the Board Chair or Vice Chair.

### **Holding Disciplinary Cases for Board Meetings** (Board Policy)

When voting on e-mail ballots for proposed disciplinary decisions or stipulations, a Board Member may wish to discuss a particular aspect of the decision or stipulation before voting. If this is the case, the ballot must be marked "hold for discussion," and the reason for the hold must be provided on the mail e-ballot. This allows staff the opportunity to prepare information being requested.

If one vote is cast to hold a case for discussion, the case is set aside and not processed (even if four votes have been cast on a decision). Instead, the case is scheduled for a discussion during closed session at the next Board meeting.



## **BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL**

If the matter is held for discussion, staff counsel will preside over the closed session to assure compliance with the Administrative Procedure Act and Open Meeting Act.

If the Board Member is comfortable voting on the matter but wishes to discuss the policy behind the decision or case, the ballot should be marked "Policy Issue for Discussion. I have voted above. Issue: \_\_\_\_\_." The EO will respond directly to the Member. If still unresolved or if the matter is to be referred to the Board, the policy issue will be placed on the agenda for discussion at the next Enforcement Committee Meeting.

Any time a Member votes to "hold for discussion" the Chair, EO and Legal Counsel will discuss the Member's concern(s) for educational purposes and to evaluate if any administrative policy modifications should be proposed.

### **Record of Meetings**

**(Board Policy and Government Code Section 11124.1(b))**

Board minutes must be approved or disapproved at the next scheduled meeting of the Board. When approved, the minutes shall serve as the official record of the meeting. The minutes of each Board meeting shall be maintained for 27 years per the Board's retention schedule.

The meeting may be audio and video recorded by the public or any other entity in accordance with the Bagley-Keene Open Meeting Act, the members of the public may tape record, videotape or otherwise record a meeting unless they are disruptive to the meeting and the Chair has specifically warned them of their being disruptive, then the Chair may order that their activities be ceased.

All original video and audio recordings are to be maintained and archived indefinitely and never destroyed. The typed minutes are only a summary, not a transcript, of each Board meeting. They shall be prepared by Board staff and submitted for review by Board Members before the next Board meeting.

The Board may place audio and video recorded public board meetings on its web site at [www.chiro.ca.gov](http://www.chiro.ca.gov).

### **Meeting Rules**

**(Board Policy)**

The Board will use Robert's Rules of Order, to the extent that it does not conflict with state law (e.g., Bagley-Keene Open Meeting Act or other state laws or regulations), as a guide when conducting the meetings. Questions of order are clarified by the Board's legal counsel.

## BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

### Public Comment (Board Policy)

Public comment is always encouraged and allowed, however, if time constraints mandate, time limits may be imposed at the discretion of the Chair. Due to the need for the Board to maintain fairness and neutrality when performing its adjudicative function, the Board shall not receive any information from a member of the public regarding matters that are currently under or subject to investigation, or involve a pending or criminal administrative action.

1. If, during a Board meeting, a person attempts to provide the Board with any information regarding matters that are currently under or subject to investigation or involve a pending administrative or criminal action, the person shall be advised that the Board cannot properly consider or hear such substantive information and the person must be instructed to refrain from making such comments.
2. If, during a Board meeting, a person wishes to address the Board concerning alleged errors of procedure or protocol or staff misconduct involving matters that are currently under or subject to investigation or involve a pending administrative or criminal action, the Board will address the matter as follows:
  - a. Where the allegation involves errors of procedure or protocol, the Board may designate either its EO or a Board employee to review whether the proper procedure or protocol was followed and to report back to the Board.
  - b. Where the allegation involves significant staff misconduct, the Board shall direct the EO to review the allegation and to report back to the Board.
3. The Board may deny a person the right to address the Board and have the person removed if such person becomes disruptive at the Board meeting. The Board accepts the conditions established in the Bagley-Keene Open Meeting Act and appreciates that at times the public may disapprove, reprimand, or otherwise present an emotional presentation to the Board, and it is the Board's duty and obligation to allow that public comment, as provided by law.

# BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

## **CHAPTER 3. Travel & Salary Policies & Procedures**

Board related travel incurs additional expenses and potential liabilities. The State incurs liability risk any time a Board member travels to represent the Board, regardless of whether the Board member pays for their own travel expenses. Board Members must complete the appropriate paperwork and follow established policies and procedures for timely reimbursement of travel claims.

### **Travel Approval (Board Policy)**

Travel arrangements for regularly scheduled Board meetings and committee meetings do not require prior approval. Any other Board related travel requires preapproval by the Board Chair and EO. Expenses and per diem reimbursement are provided to Board Members in accordance with established State travel reimbursement rules.

### **Travel Arrangements (Board Policy)**

All travel arrangements shall be made in accordance with DCA Travel Guidelines. Board Members who prefer to make their own travel arrangements are encouraged to coordinate with the Staff Travel Liaison on lodging accommodations. Always seek hotels that charge the state rate. Preauthorization is required if the state rate is to be exceeded.

### **Out-of-State Travel (SAM Section 700 et seq.)**

Out-of-state travel for all persons representing the state of California is controlled and must be approved by the Governor's Office. Permission for out-of-state travel must be obtained through the EO. Individual Board Members can not authorize out-of-state travel. Board Members will be reimbursed for actual lodging expenses, supported by vouchers, and will be reimbursed for meal and supplemental expenses. Keep all original receipts and submit with your travel expense claim.

### **Travel Claims (SAM Section 700 et seq.)**

Rules governing reimbursement of travel expenses for Board Members are the same as for management-level state staff. All expenses shall be claimed on the appropriate travel expense claim forms. The Board Member Liaison maintains these forms and completes them as needed.

The EO's travel and per diem reimbursement claims shall be submitted to the Board Chair for approval.

## BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

Board Members shall submit their travel expense forms as soon as possible after returning from a trip and not later than thirty days following the trip.

### **Salary Per Diem**

**(§1 Initiative Act and B&P Code Section 103 and Board Policy)**

Compensation in the form of salary per diem and reimbursement of travel and other related expenses for Board Members is regulated by the B&P Code Section 103. Board Members are paid out of the funds of the Board, as provided for within the Chiropractic Initiative Act.

Accordingly, the following general guidelines shall be adhered to in the payment of salary per diem or reimbursement for travel:

1. A salary per diem or reimbursement for travel-related expenses shall be paid to Board Members for attendance at official Board or committee meetings.

Attendance at gatherings, events, hearings, conferences or meetings other than official Board or committee meetings shall be approved by the Board Chair & EO prior to the Board Member's travel and attendance.

The term "day actually spent in the discharge of official duties" shall mean such time as is expended from the commencement of a Board or committee meeting until that meeting is adjourned.

2. For Board-specified work, Board Members will be compensated for actual time spent performing work authorized by the Board Chair. This may also include, but is not limited to, authorized attendance at other gatherings, events, meetings, hearings, or conferences, such as the FCLB, NBCE, CE, Ambassador at Large, Lectures, etc... Work also includes preparation time for Board or committee meetings and reading and deliberating mail ballots for disciplinary actions.
3. Reimbursable work does not include miscellaneous reading and information gathering unrelated to Board business and not related to any meeting, preparation time for a presentation and participation at meetings not related to official participation of the Members duties with the Board.
4. Board Members may participate on their own (i.e., as a citizen or professional) at an event or meeting but not as an official Board representative unless approved in writing by the Chair. Requests must be submitted in writing to the Chair for approval and a copy provided to the EO. However, Board Members should recognize that even when representing themselves as "individuals," their positions might be misconstrued as that of the Board and a Board Member must use their best effort to continue to clarify this separation.

# BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

## CHAPTER 4. Board Officers & Committees

### **Officers of the Board** (§3 Initiative Act)

The Board shall elect at the first meeting of each year a Chair, Vice Chair and Secretary from the Members of the Board as specified in the Initiative Act.

### **Nomination of Officers** (Board Policy)

The Board shall nominate officers at the last meeting of the year. Nominations shall occur by roll call order, with the Chair announcing his/her nomination last. Board Members may self-nominate or nominate other Members. Nominees shall provide their statement of qualifications to the Board at the first meeting of the year, in which elections shall take place.

### **Election of Officers** (Board Policy)

The election of officers shall occur in the following order: a) Chair, b) Vice Chair, and c) Secretary. Voting shall be held in alphabetical roll call order, with the Chair voting last.

### **Officer Vacancies** (Board Policy)

The chain of administrative protocol starts with the Chair. If unavailable or recused, the Vice Chair shall take over the duties of the Chair until the Chair returns. If the Vice Chair is unavailable, the Secretary shall take over the duties of the Chair until the Vice Chair or Chair returns.

If the Chair becomes unable to fulfill their duties, the Vice Chair will become the Chair until the next scheduled election. The new Chair may appoint his or her choice of Vice Chair. The Secretary will remain the same. If any other officer (Vice Chair or Secretary) becomes unavailable, the Chair shall appoint a replacement until the next general election.

### **Communication Between Officers** (Board Policy)

The Chair, Vice Chair and Secretary must have timely and effective communication for the efficient operation of the Board. Failure to respond to email correspondences or failing to address specific topics is inconsistent with professionalism and if a repetitive failure to communicate persists, this will be discussed in a meeting with that officer the Chair and EO to resolve the concern. If all parties agree that communication cannot be resolved, any Board Member may agendize the ongoing concern for the next full Board Meeting and notify the Board's appointing authority when necessary.

## BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

### **Committee Appointments (Board Policy)**

The composition of the committees shall be determined by the Board Chair in consultation with the Vice Chair and the EO. The Chair should attempt to refrain from serving on multiple committees unless no other Board Member is available to serve.

Committee members shall appoint the Chair of their respective committee. If a disagreement arises, the EO shall consult with the Board Chair and the Vice Chair.

All conversations must be consistent with Bagley Keene Open Meeting Act restrictions which mandate that no more than two Board Members can actively discuss Board business.

### **Standing Committees (Board Policy)**

The Board has three standing committees:

#### **1. Licensing, Continuing Education Committee**

The Committee proposes regulations, policies and standards regarding chiropractic colleges, doctors of chiropractic, satellite offices, corporation registration, and continuing education providers and courses.

#### **2. Enforcement and Scope of Practice Committee**

The Committee proposes regulations, policies, and standards to ensure compliance with chiropractic law and regulations. The Committee continuously seeks ways to improve the Board's enforcement activities.

#### **3. Government and Public Affairs Committee**

The Committee proposes and reviews policies and procedures, to address audit and sunset review deficiencies.

The Committee works directly with the EO and staff to monitor budget expenditures, trends, and the contingent fund levels.

The committee will review and recommend positions on legislative bills that affect the Board. The guidelines for identifying, tracking, analyzing, taking positions on proposed legislation are set forth in the Board's "Legislative Bill Tracking" manual.

The Committee develops strategies to communicate with the public through various forms of media.

The Committee oversees all administrative issues regarding Board operations.

The Committee develops draft strategic plans and monitors the Board's progress in achieving goal and objectives. The Board must develop a strategic plan in the year

## **BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL**

of the Joint Sunset Review Oversight Hearings. The Committee shall report progress on the strategic plan to the full Board annually or as needed.

### **Committee Meetings (Board Policy)**

Each of these committees is comprised of at least two Board Members. Staff provides technical and administrative input and support. The committees are an important venue for ensuring that staff and Board Members share information and perspectives in crafting and implementing the Board's objectives and goals.

The Board's committees allow Board Members, the public, stakeholders and staff to discuss and conduct problem solving on issues related to the Board's objective and goals.

The committees are charged with coordinating Board efforts to reach the Board's objective and goals and achieving positive results on its performance measures.

The committee Chair will work with the staff liaison and EO to set the committee's goals and meeting agendas. The committee Chair coordinates the committee's work, ensures progress toward the Board's priorities, and presents reports at each Board Meeting.

During any public committee meeting, comments from the public are encouraged, and the meetings themselves are frequently public forums on specific issues before a committee. Committees shall comply with the Bagley-Keene Open Meeting Act.

### **Attendance at Committee Meetings (Board Policy and Government Code Section 11122.5 et seq.)**

If a Board Member wishes to attend a meeting of a committee of which he or she is not a member, the Board Member must notify the committee chair, EO and Board Chair.

Board Members, who are not members of the committee holding a meeting, cannot sit at the dais, make any comment, or ask or answer any questions. Only committee members may vote during the committee meeting.

The Board's legal counsel works with the EO to ensure all meetings meet the requirements for a public meeting and are properly noticed.

Whenever possible, the Board's legal counsel shall attend committee meetings.

# BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

## CHAPTER 5. General Operating Procedures

### **Board Member Addresses** (Board Policy)

Board Member home addresses and personal telephone numbers are considered confidential. However, this information may have to be disclosed in response to a subpoena or records request. A roster of Board Members is maintained for public distribution on the Board's web site using the Board's address and telephone number.

### **Board Member Written Correspondence and Mailings** (Board Policy)

All correspondence, press releases, articles, memoranda or any other communication written by any Board Member in his or her official capacity must be approved by the Board Chair and EO. The EO will reproduce and distribute the document to Board Members and save a copy in a chronological file.

### **Communications with Other Organizations & Individuals** (Board Policy)

All communications relating to any Board action or policy to any individual or organization shall be made only by the Chair of the Board, the Vice Chair, or the EO.

The Board has an "Ambassador at Large" program allowing Board Members to speak at public or private functions.

Any Board Member who is contacted by any of the above should inform the Board Chair or EO of the contact immediately.

All correspondence shall be issued on the Board's standard letterhead and will be disseminated by the EO.

### **Press Statements and Contacts** (Board Policy)

Board Members shall not speak or act for the Board without proper preauthorization from the Chair and/or EO prior to making any statement or press release. When possible, the Board Chair, in consultation with the Vice Chair and EO, shall determine which Board Members have expertise in respective areas to act as spokesperson for the Board.



## **BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL**

### **Business Cards** **(Board Policy)**

Business cards will be provided to each Board Member with the Board Member's name and official Board e-mail address. The business cards will provide the Board office address, telephone and fax numbers, and website address.

Board Members' personal business cards shall not reference or list their appointment as a Board Member.

### **BCE Identification Cards** **(Board Policy)**

Board Members shall be issued an identification card from the Board that states they are appointed, commissioned and duly sworn, and if an officer of the Board, that shall be stated.

# BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

## CHAPTER 6. Board Administration & Staff

### **Executive Officer** (§3 Initiative Act)

The Board employs an EO and establishes his/her salary in accordance with State law.

The EO is responsible for the financial operations and integrity of the Board and is the official custodian of records. The EO is an “exempt” employee, who serves at the pleasure of the Board, and may be terminated, in accordance with the provisions of the Bagley-Keene Open Meeting Act.

### **Executive Officer Evaluation** (Board Policy)

At the last Board meeting of each calendar year or at any time as determined by the Board, the Performance Appraisal of the EO is presented by the Board Chair, or Vice-Chair, during a closed session. The EO performance evaluation shall be conducted in consultation with DCA’s Office of Human Resources, and in accordance with the Annual Executive Officer Performance Appraisal Process.

### **Board Administration** (Board Policy)

Strategies for the day-to-day management of programs and staff shall be the responsibility of the EO as an agent of the Board. The EO supervises and administers the staff. Board Members shall not directly discipline, reprimand, or otherwise supervise staff.

### **Board Staff** (§4 Initiative Act)

Employees of the Board, with the exception of the EO, are civil service employees. Their employment, pay, benefits, discipline, termination, and conditions of employment are governed by myriad civil service laws and regulations and often by collective bargaining labor agreements.

Because of this complexity, the Board delegates this authority and responsibility for management of the civil service staff to the EO as an agent of the Board.

Board Members may express any staff concerns to the EO but shall refrain from involvement in any civil service matters. Board Members shall not become involved in the personnel issues of any state employee.

## **BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL**

### **Board Budget (Board Policy)**

One member of the Board, designated by the Board Chair, and the EO or the Assistant Executive Officer will attend and testify at legislative budget hearings to communicate all budget issues to the Administration and Legislature. The EO or the Assistant Executive Officer shall communicate regularly with DCA's Budget Office and report all issues to the Board.

### **Strategic Planning (Board Policy)**

The Board must develop a strategic plan in the year of the Joint Sunset Review Oversight Hearings. The Government & Public Affairs Committee shall have overall responsibility for the Board's strategic planning process and shall assist staff in the monitoring and reporting of the strategic plan to the Board.

### **Periodic Fee Analysis (Board Policy)**

The Board shall periodically conduct a fee analysis to determine if the revenue earned from current fees is sufficient to maintain the Board's reserve and solvency into the future. The Board shall conduct the fee analysis every three to five years. The results of the fee analysis shall be provided to the Board for review at the Board meeting following the completion of the report.

# BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL

## CHAPTER 7. Other Policies & Procedures

### **Various Other Tasks and Responsibilities**

(Board Policy)

Promotion of public safety is enhanced with goal orientation and focus. The Board shall also assign Board Members and/or staff to serve as liaison to the following:

- FCLB
- NBCE
- Ambassador at Large Presentations
- Lectures
- Attend Meetings of Other Regulatory Boards
- Meetings with Colleges and State Associations

This process shall be overseen by the Vice Chair in consultation with the Chair and EO.

### **Board Member Disciplinary Actions**

(Board Policy)

If a Board Member violates any provision of the Administrative Procedure Manual, the Chair will either telephone or write to that Member identifying the concern. If the matter is not resolved, any Board Member may agendize the matter for discussion at the next Board meeting and notify the Board's appointing authority when necessary.

If the violation concerns the Chair's conduct, the Vice Chair will handle the matter until it is resolved.

### **Terms and Removal of Board Members**

(§2 Initiative Act)

The Governor shall appoint the Members of the Board. Each appointment shall be for the term of four years, except that an appointment to fill a vacancy shall be for the unexpired term only. Each Member shall serve until his successor has been appointed and qualified or until one year has elapsed since the expiration of his term whichever first occurs.

No person shall serve more than two consecutive terms on the Board nor be eligible for appointment thereafter until the expiration of four years from the expiration of such second consecutive term. The Governor may remove a Member from the Board after receiving sufficient proof of the inability or misconduct of said Member.

### **Resignation of Board Members**

(Government Code Section 1750 (b))

In the event that a Board Member chooses to resign, a letter shall be sent to the Governor's Office with the effective date of the resignation. Written notification is

## **BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL**

required by state law. A copy of this letter shall also be sent to the Board Chair and the EO.

### **Resignation of Board Members (Board Policy)**

In the event that a Board Member chooses to resign, the Board Member and the EO should notify the Governor's Office of Appointments.

### **Conflict of Interest (Government Code Section 87100)**

Board Members are responsible for complying with the California Political Reform Act (Government Code Sections 81000-91014).

Board Members must file a Statement of Economic Interest (Form 700) upon appointment to office, upon leaving office, and on an annual basis in between.

No Board Member may make, participate in making, or in any way attempt to use his or her official position to influence a governmental decision in which he or she knows or has reason to know he or she has a financial interest.

Any Board Member who has a financial interest shall disqualify him or herself from making or attempting to use his or her official position to influence the decision.

Any Board Member who feels he or she is entering a situation where there is a potential for a conflict of interest should immediately consult the EO or the Board's legal counsel.

### **Contact with Licensees and Applicants (Board Policy)**

Board Members shall not intervene on behalf of a licensee or applicant for licensure for any reason. They should forward all correspondence, contacts or inquiries to the Executive Officer.

### **Contact with Respondents (Board Policy)**

Board Members shall not directly participate in complaint handling and resolution or investigations. To do so would subject the Board Member to disqualification in any future disciplinary action against the licensee.

Board Members shall not discuss pending disciplinary matters with any parties to such matters, including the respondent, his/her attorney, Board enforcement staff, and DAGs. If a Board Member is contacted by a party regarding a disciplinary matter, the Board Member shall refer the individual to the EO. When in doubt, the Board Member shall seek advice from the EO or the Board's Legal Counsel.

## **BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL**

### **Service of Legal Documents (Board Policy)**

If a Board Member is personally served, as a party in any legal proceeding related to his or her capacity as a Board Member, he or she must contact the EO immediately.

### **Serving as an Expert Witness (Executive Order 66.2)**

Pursuant to Executive Order 66-2, no employment, activity, or enterprise shall be engaged in by any gubernatorial appointee which might result in, or create the appearance of resulting in any of the following:

1. Using the prestige or influence of a State office for the appointee's private gain or advantage.
2. Using state time, facilities, equipment, or supplies for the appointee's private gain or advantage, or the private gain or advantage of another.
3. Using confidential information acquired by virtue of State involvement for the appointee's private gain or advantage, or the private gain or advantage of another.
4. Receiving or accepting money or any other consideration from anyone other than the State for the performance of an act which the appointee would be required or expected to render in the regular course of hours of his or her State employment or as a part of the appointee's duties as a State officer.

### **Gifts from Licensees and Applicants (Board Policy)**

Gifts of any kind create potential obligations or conflicts of interest and should therefore be declined or reported pursuant to the California Political Reform Act.

### **Ex Parte Communications (Government Code Section 11430.10 et seq.)**

The Government Code contains provisions prohibiting ex parte communications. An "ex parte" communication is a communication to the decision-maker made by one party to an enforcement action without participation by the other party. While there are specified exceptions to the general prohibition, the key provision is found in subdivision (a) of section 11430.10, which states:

"While the proceeding is pending, there shall be no communication, direct or indirect, regarding any issue in the proceeding to the presiding officer from an employee or representative of an agency that is a party or from an interested person outside the agency, without notice and an opportunity for all parties to participate in the communication."

## **BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL**

Board Members are prohibited from an ex parte communication with Board enforcement staff, a licensee or a respondent while a proceeding is pending.

Occasionally, an applicant who is being formally denied licensure, or a licensee against whom disciplinary action is being taken, will attempt to directly contact Board Members. If the communication is written, the person should read only far enough to determine the nature of the communication. Once he or she realizes it is from a person against whom an action is pending, they shall reseal the documents and send them to the EO.

If a Board Member receives a telephone call from an applicant under any circumstances or licensee against whom an action is pending, he or she shall immediately inform the caller that communication on this matter is prohibited by law and notify the EO and the Board's Legal Counsel.

If the person insists on discussing the case, he or she shall be informed that the Board Member will be required to recuse him or herself from any participation in the matter. Therefore, continued discussion is of no benefit to the applicant or licensee.

If a Board Member believes that he or she has received an unlawful ex parte communication, he or she should contact the EO and the Board's Legal Counsel.

### **The Honoraria Prohibition (Government Code Section 89502) (FPPC Regulations, Title 2, Division 6)**

As a general rule, Members of the Board should decline honoraria for speaking at, or otherwise participating in, professional association conferences and meetings. A Member of a state Board is precluded from accepting an honorarium from any source, if the Member would be required to report the receipt of income or gifts from that source on his or her statement of economic interest.

Board Members are required to report income from, among other entities, professional associations and continuing education providers. Therefore, a Board Member should decline all offers for honoraria for speaking or appearing before such entities.

There are limited exceptions to the honoraria prohibition. The acceptance of an honorarium is not prohibited under the following circumstances: (1) when a honorarium is returned to the donor (unused) within 30 days; (2) when an honorarium is delivered to the State Controller within thirty days for donation to the General Fund (for which a tax deduction is not claimed); and (3) when an honorarium is not delivered to the Board Member, but is donated directly to a bona fide charitable, educational, civic, religious, or similar tax exempt, non-profit organization.

In light of this prohibition, Board Members should report all offers of honoraria to the Board Chair so that he or she, in consultation with the EO and The Board's Legal Counsel, may determine whether the potential for conflict of interest exists.

# **BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL**

## **Board Member Orientation**

**(Business & Professions Code Section 453 and Board Policy)**

B&P Section 453 requires every newly appointed Board Member, within one year of assuming office, to complete a training and orientation program offered by DCA regarding, among other things, his or her functions, responsibilities, and obligations as a Member of a Board.

Per DCA Legal Opinion, Board Member Orientation Training is required for newly appointed Board Members and reappointed Board Members as every appointment is considered a new appointment.

It is the Board's policy that new Board Members shall, to the extent possible complete the orientation training within six months of assuming office. Additional training shall be provided at the request of the Board or individual Board Members.

## **Ethics Training**

**(Government Code Section 11146)**

California law requires all appointees to take an ethics orientation within the first six months of their appointment and to repeat this ethics orientation every two years throughout their term.

## **Sexual Harassment Prevention Training**

**(Government Code Section 12950.1)**

Board Members are required to undergo sexual harassment prevention training and education once every two years. Staff will coordinate the training.

## **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.



## **BOARD MEMBER ADMINISTRATIVE PROCEDURE MANUAL**

### **Injury to a Board Member**

If you are or believe you may have been injured, notify the EO. Injuries are required to be reported and this assists the EO in remaining compliant with DCA's policy for reporting injuries.

If you have additional questions, ask the EO or Staff Counsel.

### **Addendums**

Applicable provisions of the following:

- Executive Order 66-2
- Government Code
- State Administrative Manual
- Bagley-Keene Open Meeting Act
- Business and Professions Code
- Initiative Act
- BCE Legislative Bill Tracking Manual
- Department of Consumer Affairs Travel Guide
- Annual Executive Officer Performance Appraisal Process
- Executive Officer Perform Appraisal Form



**Committee Assignments**  
 Revised September 2021

Committee	Members	Responsibilities
<b>Licensing &amp; Continuing Education</b>	Dionne McClain, D.C. David Paris, D.C.  <i>Staff Liaison: Linda Brown</i>	The Committee proposes policies and standards regarding chiropractic colleges, doctors of chiropractic, satellite offices, corporation registration, and continuing education providers and courses.
<b>Enforcement</b>	Laurence Adams, D.C. David Paris, D.C. Rafael Sweet, Public Member  <i>Staff Liaison: Tammi Pitto</i>	The Committee proposes regulations, policies, and standards to ensure compliance with chiropractic law and regulations. The Committee continuously seeks ways to improve the Board's enforcement activities.
<b>Government &amp; Public Affairs</b>	Frank Ruffino, Public Member Rafael Sweet, Public Member  <i>Staff Liaison:            Andreia McMillen</i>	<p>The Committee proposes and reviews policies, procedures, to address audit and sunset review deficiencies.</p> <p>The Committee works directly with the Executive Officer and staff to monitor budget expenditures, trends, and the contingent fund levels.</p> <p>The Committee reviews and recommends positions on legislative bills that affect the Board. The guidelines for identifying, tracking, analyzing, taking positions on proposed legislation are set forth in the Board's Legislative Bill Tracking Manual.</p> <p>The Committee also develops strategies to communicate with the public through various forms of media.</p> <p>The Committee oversees all administrative issues regarding BCE operations.</p> <p>The Committee develops draft strategic plans and monitors the Board's progress in achieving goals and objectives. The Board must develop a strategic plan in the year of the Sunset Review Oversight Hearings. The Committee must report progress on the strategic plan annually.</p>

# BOARD OF CHIROPRACTIC EXAMINERS

## OCCUPATIONAL ANALYSIS OF THE CHIROPRACTOR PROFESSION



OFFICE OF PROFESSIONAL EXAMINATION SERVICES



# BOARD OF CHIROPRACTIC EXAMINERS

## OCCUPATIONAL ANALYSIS OF THE CHIROPRACTOR PROFESSION

This report was prepared and written by the  
Office of Professional Examination Services  
California Department of Consumer Affairs

March 2017

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## EXECUTIVE SUMMARY

The Board of Chiropractic Examiners (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis of chiropractor practice in California. The purpose of the occupational analysis is to define practice for chiropractors in terms of the actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis provide a description of practice for the chiropractor profession that can then be used as the basis for the chiropractor licensing examination in California.

OPES test specialists began by researching the profession and conducting telephone interviews with licensed chiropractors working in various locations throughout California. The purpose of these interviews was to identify the tasks performed by chiropractors and to specify the knowledge required to perform those tasks in a safe and competent manner. An initial workshop of practitioners was held at OPES in July 2016 to review the results of the interviews and to identify changes and trends in chiropractor practice specific to California. A second workshop was later held in August 2016 with additional chiropractors to review and refine the task and knowledge statements derived from the telephone interviews and the initial workshop. Licensees in both of the workshops also performed a preliminary linkage of the task and knowledge statements to ensure that all tasks had a related knowledge and all knowledge statements had a related task. Additional task and knowledge statements were created as needed to complete the scope of the content areas.

Upon completion of the first two workshops, OPES test specialists developed a three-part questionnaire to be completed by chiropractors statewide. Development of the questionnaire included a pilot study which was conducted using a group of licensees. The pilot study participants' feedback was incorporated into the final questionnaire, which was administered in October 2016.

In the first part of the questionnaire, licensees were asked to provide demographic information relating to their work settings and practice. In the second part, licensees were asked to rate specific job tasks in terms of frequency (i.e., how often the licensee performs the task in the licensee's current practice) and importance (i.e., how important the task is to performance of the licensee's current practice). In the third part of the questionnaire, licensees were asked to rate specific knowledge statements in terms of how important that knowledge is to performance of their current practice.

OPES test specialists then developed a stratified random sample of 5,000 California-licensed chiropractors (out of a total of 13,261 licensees) to participate in the occupational analysis. The sample was stratified by years licensed and by county of practice, with an oversampling of chiropractors licensed 0 to 5 years. In October 2016, the Board sent notification letters to the sample of 5,000 licensees inviting them to complete the questionnaire online. A total of 432 chiropractors, or approximately 8.6% of the licensed chiropractors in the sample (5,000), responded by accessing the online questionnaire. The final sample size included in the data analysis was 304, or 6.1% of

the population that was invited to complete the questionnaire. The demographic composition of the respondent sample is representative of the California chiropractor population.

OPES test specialists then performed data analyses of the task and knowledge ratings obtained from the questionnaire respondents. The task frequency and importance ratings were combined to derive an overall critical index for each task statement. The mean importance rating was used as the critical index for each knowledge statement.

Once the data had been analyzed, two additional workshops of licensed chiropractors were conducted in December 2016 and January 2017 to evaluate the critical indices of the task and knowledge statements and determine whether any task or knowledge statements should be eliminated. The licensees in these workshops also established the linkage between job tasks and knowledge statements, organized the task and knowledge statements into content areas, and defined those areas. The licensees then evaluated and confirmed the content area weights for the new description of practice.

The resulting description of practice for California chiropractors is structured into four content areas weighted by criticality relative to the other content areas. The description of practice specifies the job tasks and knowledge critical to safe and effective chiropractor practice in California at the time of licensure.

The description of practice developed as a result of this occupational analysis serves as a basis for developing an examination for inclusion in the process of granting California chiropractor licensure. Similarly, the description of practice serves as a basis for evaluating the degree to which the content of any examination under consideration measures content critical to California chiropractor practice.

At this time, California licensure as a chiropractor is granted by meeting the requisite education and training requirements and passing the National Board of Chiropractic Examiners' examinations (Parts I, II, III, IV, and Physiotherapy) and the California Chiropractic Law Examination (CCLE). Based on the questionnaire results, the licensees in the December 2016 and January 2017 workshops were asked to perform a preliminary evaluation of the Laws and Regulations content area and subareas to develop prospective weights for the CCLE.

OVERVIEW OF THE CALIFORNIA CHIROPRACTOR DESCRIPTION OF PRACTICE  
CONTENT OUTLINE

<b>Content Area</b>	<b>Content Area Description</b>	<b>Percent Weight</b>
I. Patient History	This area assesses the candidate's knowledge of performing a comprehensive patient evaluation.	14
II. Examination and Assessment	This area assesses the candidate's knowledge of performing physical examinations and evaluations to guide diagnosis and management.	29
III. Treatment	This area assesses the candidate's knowledge of chiropractic treatments, including the use of physiotherapy modalities and healthy lifestyle counseling.	26
IV. Laws and Regulations	This area assesses the candidate's knowledge of laws and regulations related to chiropractor practice as documented in the California Business and Professions Code, California Code of Regulations, California Health and Safety Code, and Chiropractic Initiative Act of California.	31
<b>Total</b>		<b>100</b>

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## CHAPTER 1. INTRODUCTION

### PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Board of Chiropractic Examiners (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis to identify critical job activities performed by California-licensed chiropractors. This occupational analysis was part of the Board's comprehensive review of chiropractor practice in California. The purpose of the occupational analysis is to define practice for chiropractors in California in terms of actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis provide a description of practice for the chiropractor profession that can then be used as the basis for the chiropractor licensing examination in California.

### CONTENT VALIDATION STRATEGY

OPES used a content validation strategy to ensure that the occupational analysis reflected the actual tasks performed by practicing chiropractors. The technical expertise of California-licensed chiropractors was used throughout the occupational analysis process to ensure the identified task and knowledge statements directly reflect requirements for performance in current practice.

### UTILIZATION OF SUBJECT MATTER EXPERTS

The Board selected California-licensed chiropractors to participate as subject matter experts (SMEs) during various phases of the occupational analysis. These SMEs were selected from a broad range of practice settings, geographic locations, and experience backgrounds. The SMEs provided information regarding the different aspects of current chiropractor practice during the development phase of the occupational analysis, and they participated in workshops to review the content of task and knowledge statements for technical accuracy prior to administration of the occupational analysis questionnaire. Following administration of the occupational analysis questionnaire, groups of SMEs were convened at OPES to review the questionnaire results, finalize the description of practice, and develop the preliminary examination plan for the California Chiropractic Law Examination (CCLE).

## ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensing, certification, and registration programs in the State of California adhere strictly to federal and state laws and regulations and professional guidelines and technical standards. For the purpose of occupational analyses, the following laws and guidelines are authoritative:

- California Business and Professions Code section 139.
- Uniform Guidelines on Employee Selection Procedures (1978), Code of Federal Regulations, Title 29, Section 1607.
- California Fair Employment and Housing Act, Government Code section 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2003), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure program to meet these standards, it must be solidly based upon the job activities required for practice.

## DESCRIPTION OF OCCUPATION

The chiropractor occupation is described as follows in Title 16, Section 302 of the California Code of Regulations:

### (a) Scope of Practice.

- (1) A duly licensed chiropractor may manipulate and adjust the spinal column and other joints of the human body and in the process thereof a chiropractor may manipulate the muscle and connective tissue related thereto.
- (2) As part of a course of chiropractic treatment, a duly licensed chiropractor may use all necessary mechanical, hygienic, and sanitary measures incident to the care of the body, including, but not limited to, air, cold, diet, exercise, heat, light, massage, physical culture, rest, ultrasound, water, and physical therapy techniques in the course of chiropractic manipulations and/or adjustments.
- (3) Other than as explicitly set forth in section 10(b) of the Act, a duly licensed chiropractor may treat any condition, disease, or injury in any patient, including a pregnant woman, and may diagnose, so long as such treatment or diagnosis is done in a manner consistent with chiropractic methods and techniques and so long as such methods and treatment do not constitute the practice of medicine by exceeding the legal scope of chiropractic practice as set forth in this section.

- (4) A chiropractic license issued in the State of California does not authorize the holder thereof:
- (A) to practice surgery or to sever or penetrate tissues of human beings, including, but not limited to severing the umbilical cord;
  - (B) to deliver a human child or practice obstetrics;
  - (C) to practice dentistry;
  - (D) to practice optometry;
  - (E) to use any drug or medicine included in materia medica;
  - (F) to use a lithotripter;
  - (G) to use ultrasound on a fetus for either diagnostic or treatment purposes; or
  - (H) to perform a mammography.
- (5) A duly licensed chiropractor may employ the use of vitamins, food supplements, foods for special dietary use, or proprietary medicines, if the above substances are also included in section 4057 of the Business and Professions Code, so long as such substances are not included in materia medica as defined in section 13 of the Business and Professions Code.
- The use of such substances by a licensed chiropractor in the treatment of illness or injury must be within the scope of the practice of chiropractic as defined in section 7 of the Act.
- (6) Except as specifically provided in section 302(a)(4), a duly licensed chiropractor may make use of X-ray and thermography equipment for the purposes of diagnosis but not for the purposes of treatment. A duly licensed chiropractor may make use of diagnostic ultrasound equipment for the purposes of neuromuscular skeletal diagnosis.
- (7) A duly licensed chiropractor may only practice or attempt to practice or hold himself or herself out as practicing a system of chiropractic. A duly licensed chiropractor may also advertise the use of the modalities authorized by this section as a part of a course of chiropractic treatment, but is not required to use all of the diagnostic and treatment modalities set forth in this section. A chiropractor may not hold himself or herself out as being licensed as anything other than a chiropractor or as holding any other healing arts license or as practicing physical therapy or use the term "physical therapy" in advertising unless he or she holds another such license.

## CHAPTER 2. OCCUPATIONAL ANALYSIS QUESTIONNAIRE

### SUBJECT MATTER EXPERT INTERVIEWS

The Board provided OPES with a list of seven California-licensed chiropractors to contact for telephone interviews. During the semi-structured interviews, the licensed chiropractors were asked to identify all of the activities performed that are specific to the chiropractor profession. The licensees confirmed major content areas of chiropractor practice and the job tasks performed in each content area. The licensees were also asked to identify the knowledge necessary to perform each job task safely and competently.

### TASK AND KNOWLEDGE STATEMENTS

OPES test specialists integrated the information gathered from prior studies of the chiropractor profession and the telephone interviews to develop task and knowledge statements. The statements were then organized into major content areas of chiropractor practice.

In July and August 2016, OPES facilitated two workshops with four and eight SMEs respectively to evaluate the task and knowledge statements for technical accuracy and comprehensiveness. The SMEs assigned each statement to the appropriate content area and verified that the content areas were independent and non-overlapping. In addition, they performed a preliminary linkage of the task and knowledge statements to ensure that every task had a related knowledge and every knowledge statement had a related task. Additional task and knowledge statements were created as needed to complete the scope of the content areas.

Once the lists of task and knowledge statements were verified and finalized, the information was used to develop an online questionnaire that was sent to, and eventually completed and evaluated by, a sample of chiropractors throughout California.

### QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed the online occupational analysis questionnaire to solicit licensed chiropractors' ratings of the job task and knowledge statements. The responding chiropractors were instructed to rate each job task in terms of how often they perform the task (Frequency) and how important the task is to the performance of their current practice (Importance). In addition, they were instructed to rate each knowledge statement in terms of how important the specific knowledge is to the performance of their current practice (Importance). The questionnaire also included a demographic section for purposes of developing an accurate profile of the respondent sample. The questionnaire can be found in Appendix F.

## PILOT STUDY

Prior to developing the final questionnaire, OPES prepared and administered an online pilot questionnaire. The pilot questionnaire was reviewed by the Board and a group of twenty-one SMEs for feedback about the technical accuracy of the task and knowledge statements, estimated time for completion, online navigation, and ease of use. OPES used this feedback to develop the final questionnaire.



# CHAPTER 3. RESPONSE RATE AND DEMOGRAPHICS

## SAMPLING STRATEGY AND RESPONSE RATE

OPES test specialists developed a stratified random sample of 5,000 California-licensed chiropractors (out of the total population of 13,261 licensees) to participate in the occupational analysis. The sample was stratified by years licensed and county of practice, with oversampling of chiropractors licensed 0 to 5 years.

In October 2016, the Board sent notification letters to the sample of 5,000 chiropractors inviting them to complete the questionnaire online. The notification letter can be found in Appendix E. The questionnaire's online format allowed for several enhancements to the questionnaire and the data collection process. As part of the questionnaire development, configuration, and analysis process, various criteria were established to ensure the integrity of the data.

A total of 432, or 8.6% of the licensed chiropractors in the sample (5,000), responded to the Web-based questionnaire. The final sample size included in the data analysis was 304, or 6.1% of the population that was invited to complete the questionnaire. This response rate (6.1%) reflects two adjustments. First, data from respondents who indicated they were not currently licensed and practicing as chiropractors in California were excluded from analysis. Second, the reconciliation process removed questionnaires containing a large volume of missing or unresponsive data. The respondent sample is representative of the population of California-licensed chiropractors based on the sample's demographic composition.

## DEMOGRAPHIC SUMMARY

Of the 304 respondents included in the analysis, 23.4% had been licensed as a chiropractor for 5 years or less, 21.4% had been practicing between 6 and 10 years, 21.7% had been practicing between 11 and 20 years, and 33.6% had been practicing for more than 20 years (see Table 1).

When asked to indicate the number of clinical locations where services were provided as a chiropractor, 81.9% of respondents reported providing services in 1 clinical location, 17.1% of respondents reported providing services in 2 to 4 clinical locations, and 1% of respondents reported providing services in 5 or more clinical locations (see Table 2).

As shown in Table 3, the majority of respondents (59.9%) reported working as a sole practitioner in their primary practice setting, 13.2% of respondents reported working as an independent contractor/associate, and 11.2% of respondents reported working as part of a multidisciplinary group. Of the respondents, 9.5% indicated working as part of a chiropractic group, and a small percentage indicated house calls/home visits (2.3%) or a hospital setting (0.7%) as their primary practice setting. As shown in Table 4, the

majority (56.6%) of respondents reported working in an urban setting, 29.3% of respondents reported working in a suburban setting, and 11.2% of respondents reported working in a rural setting.

Across work settings and locations, 52.6% of respondents reported working 21 to 39 hours per week, 22% reported working 40 or more hours per week, 16.4% reported working 11 to 20 hours per week, and 8.9% reported working 0 to 10 hours per week (see Table 5).

Respondents were also asked to review a list of chiropractic specialties and to select those specialties in which they possessed diplomate status, a certificate, or a degree. Of the sample, 12.8% reported either diplomate status or holding a certificate as a sports physician, 5.6% reported holding either diplomate status or a certificate in chiropractic physical and therapeutic rehabilitation, and 6.6% reported holding either diplomate status or a certificate in neurology or diagnostic imaging. Additionally, 6.0% of respondents indicated holding either diplomate status or a certificate in occupational health or chiropractic pediatrics, 5.2% of respondents indicated holding either diplomate status or a certificate in nutrition or orthopedics, 2.3% indicated holding either diplomate status or a certificate in chiropractic acupuncture, and 0.3% reported possessing a Juris Doctor degree (see Table 6).

When describing the highest level of non-chiropractic education achieved, the majority (62.8%) of respondents indicated having a bachelor's degree, while 11.8% of respondents indicated having a master's degree, and 3.9% of respondents indicated having a doctorate degree (see Table 7).

Respondents were also asked to indicate all of the licenses possessed in addition to their chiropractic license. As shown in Table 8, 36.2% of respondents hold an X-ray Supervisor license, 5.6% of respondents hold an acupuncturist license, 2.0% of respondents hold a certified athletic trainer license, and 1.4% of the respondents hold either a naturopathic doctor license or a physical therapist license.

TABLE 1 – NUMBER OF YEARS PRACTICING IN CALIFORNIA AS A CHIROPRACTOR

YEARS	NUMBER (N)	PERCENT
0 to 5 years	71	23.4
6 to 10 years	65	21.4
11 to 20 years	66	21.7
More than 20 years	102	33.6
Total	304	100*

\*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 1 – NUMBER OF YEARS PRACTICING IN CALIFORNIA AS A CHIROPRACTOR

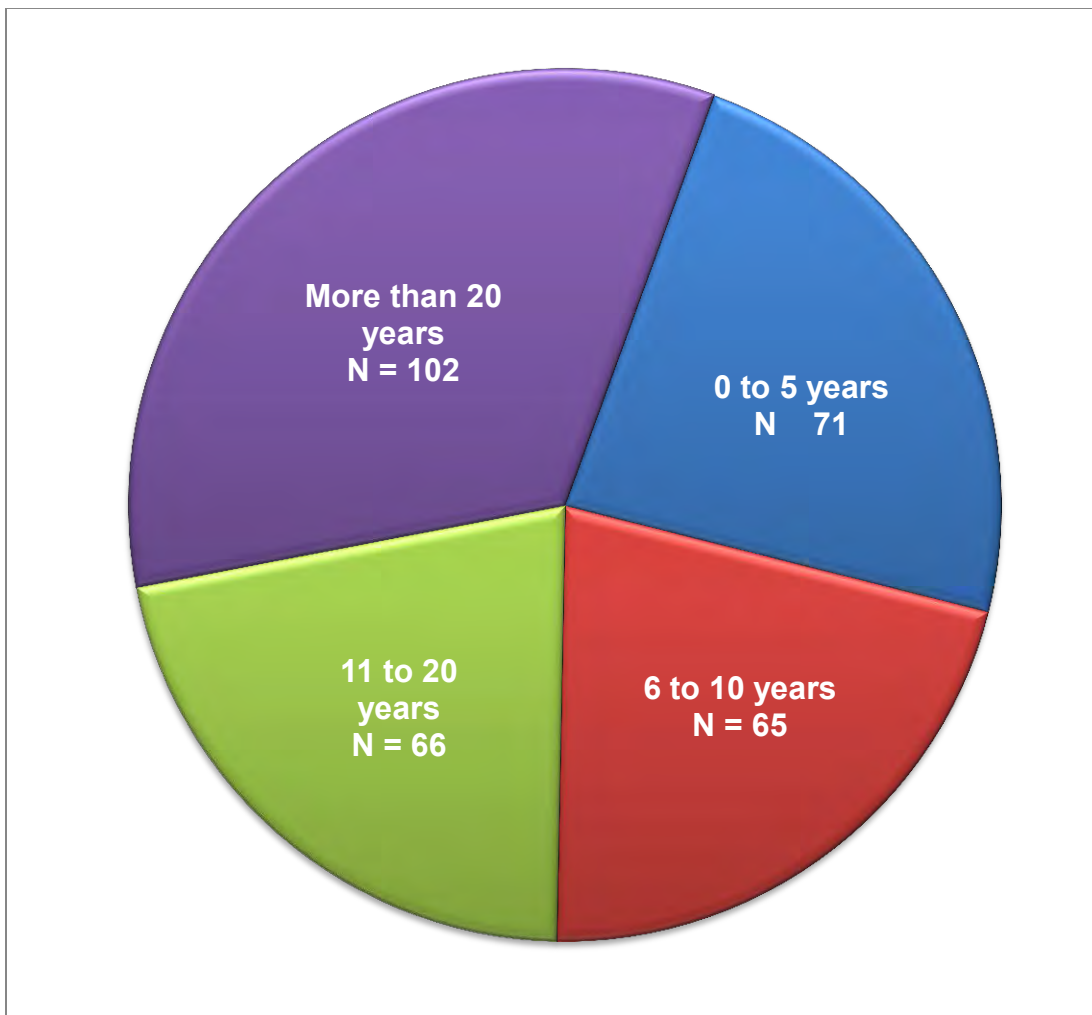


TABLE 2 – NUMBER OF CLINICAL LOCATIONS

CLINICAL LOCATIONS	NUMBER (N)	PERCENT
1	249	81.9
2 to 4	52	17.1
5 or more	3	1.0
Total	304	100%

FIGURE 2 – NUMBER OF CLINICAL LOCATIONS

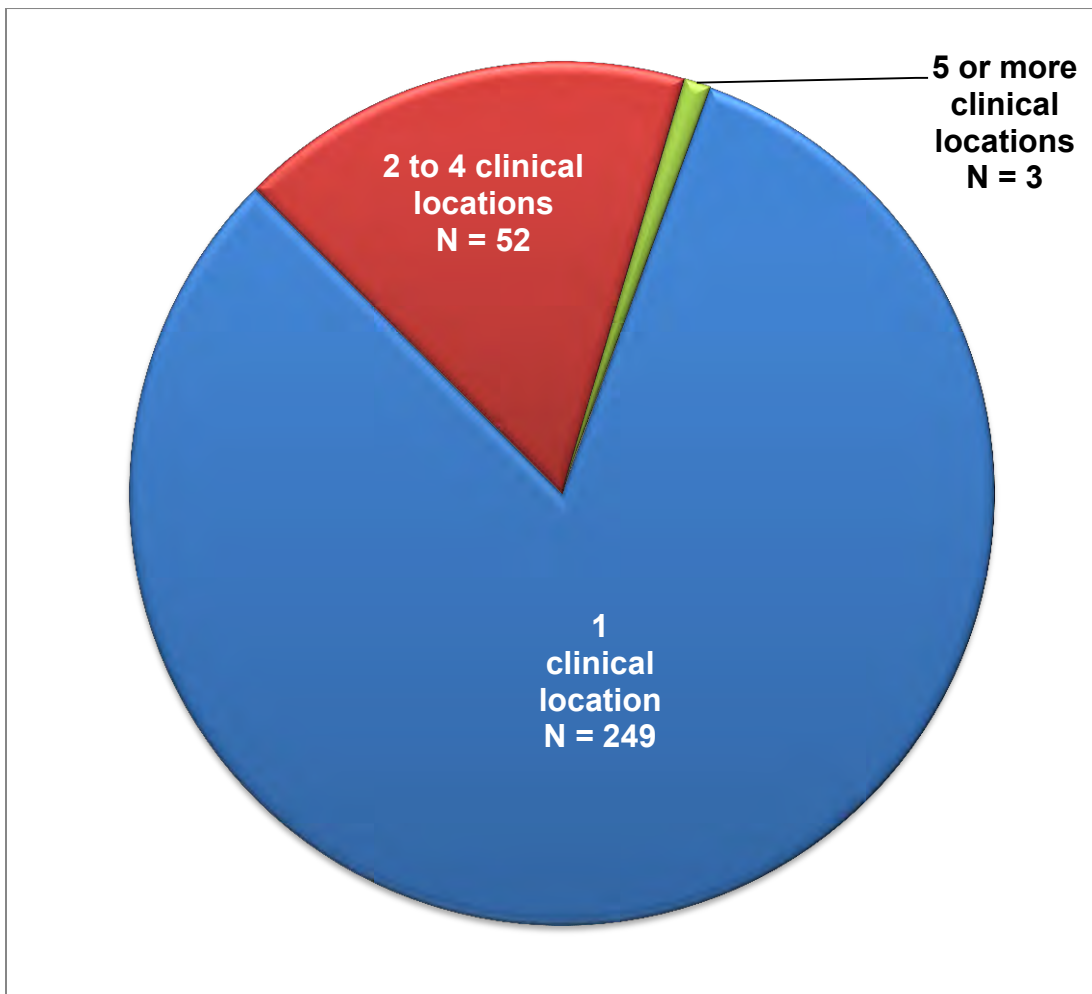


TABLE 3 – PRIMARY PRACTICE SETTING

PRACTICE SETTING	NUMBER (N)	PERCENT
Sole practitioner	182	59.9
Independent contractor/Associate	40	13.2
Multidisciplinary group	34	11.2
Chiropractic group	29	9.5
House calls/Home visits	7	2.3
Hospital	2	0.7
Missing	10	3.3
Total	304	100*

\*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 3 – PRIMARY PRACTICE SETTING

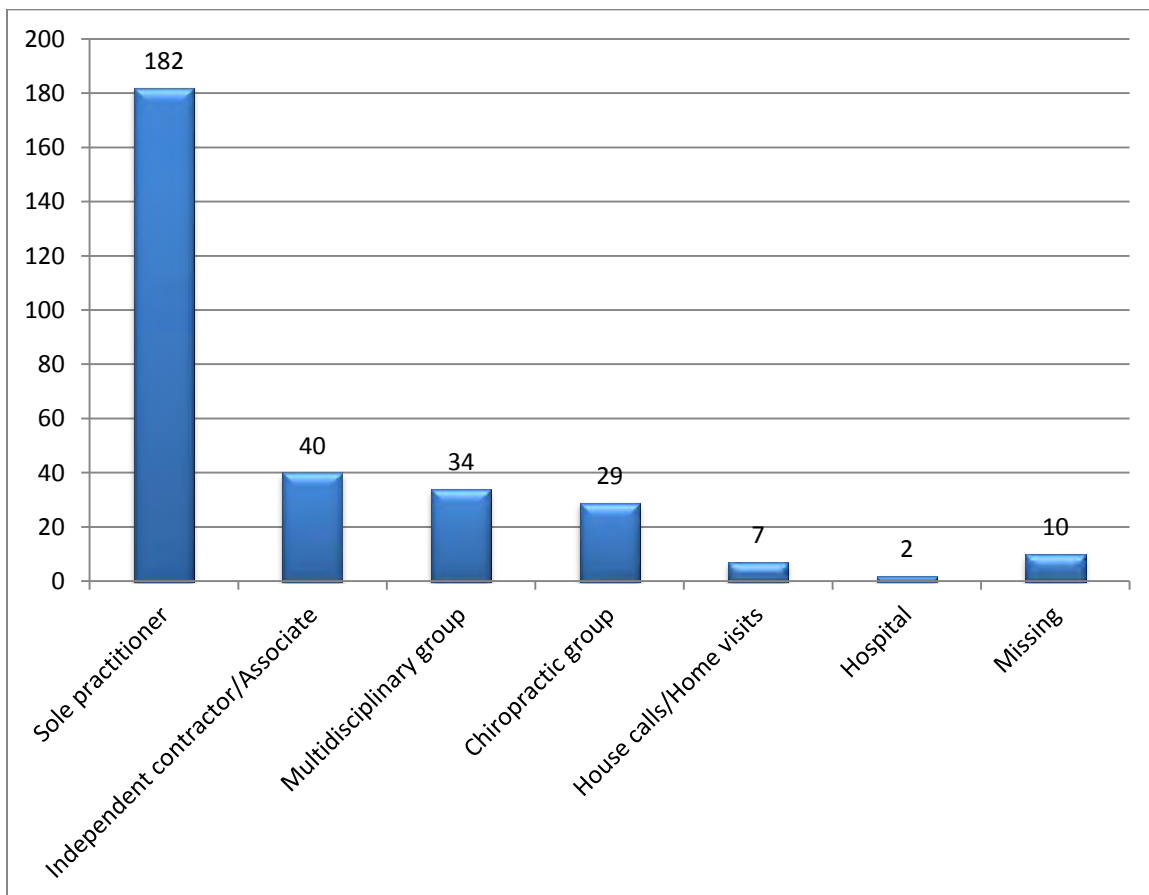


TABLE 4 – LOCATION OF PRIMARY WORK SETTING

LOCATION	NUMBER (N)	PERCENT
Urban (greater than 100,000 people),	172	56.6
Suburban (between 100,000 and 10,000 people)	89	29.3
Rural (less than 10,000 people)	34	11.2
Missing	9	3.0
Total	304	100*

\*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 4 – LOCATION OF PRIMARY WORK SETTING

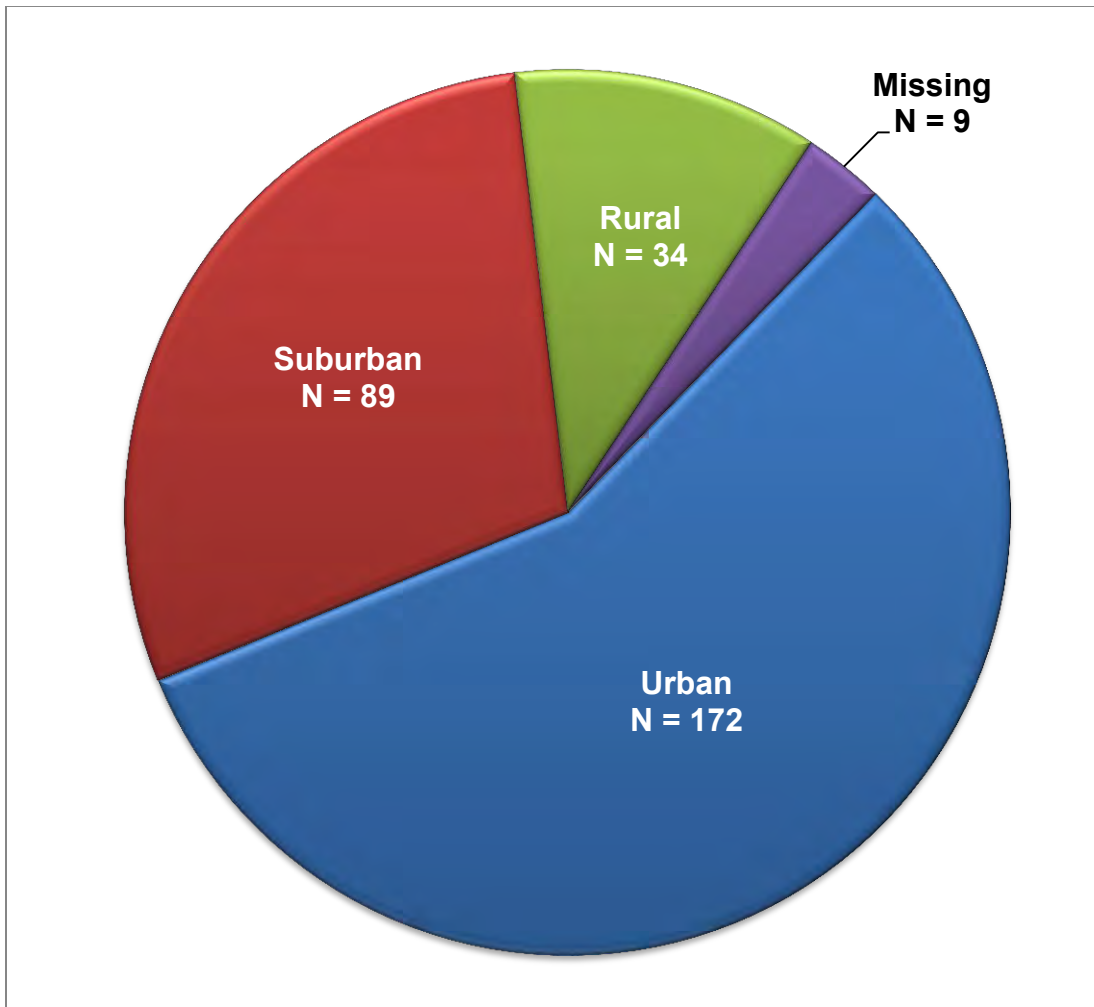


TABLE 5 – NUMBER OF HOURS WORKED PER WEEK

HOURS WORKED	NUMBER (N)	PERCENT
0 to 10 hours	27	8.9
11 to 20 hours	50	16.4
21 to 39 hours	160	52.6
40 or more hours	67	22.0
Total	304	100*

\*Note: Percentages do not add to 100 due to rounding.

FIGURE 5 – NUMBER OF HOURS WORKED PER WEEK

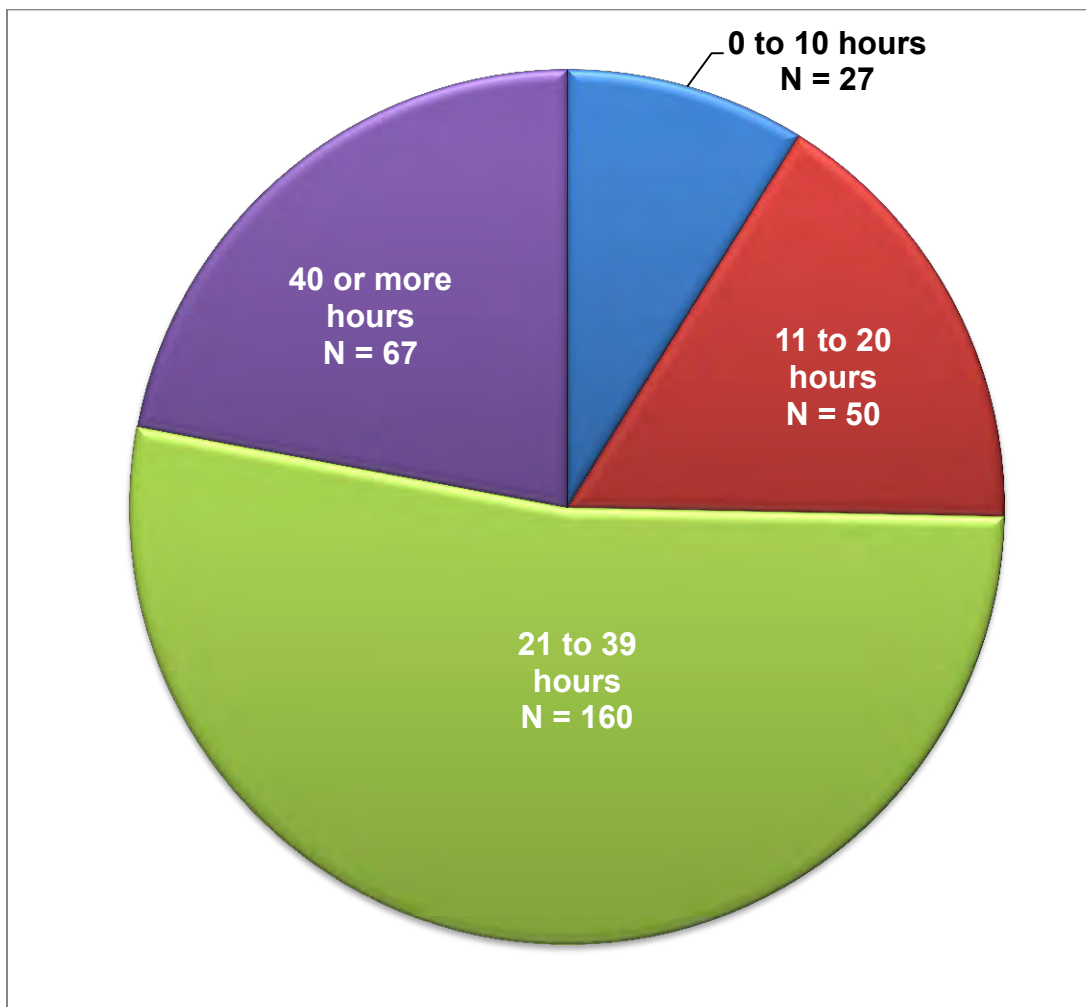


TABLE 6 – DIPLOMATES/CERTIFICATES/DEGREES

DIPLOMATES/CERTIFICATES/DEGREES*	NUMBER (N)	PERCENT
Sports Physician	39	12.8
Chiropractic Physical and Therapeutic Rehabilitation	17	5.6
Neurology	10	3.3
Diagnostic Imaging or Radiology	10	3.3
Occupational Health	9	3.0
Chiropractic Pediatrics	9	3.0
Nutrition	8	2.6
Orthopedics	8	2.6
Chiropractic Acupuncture	7	2.3
Juris Doctor	1	0.3
Diagnosis	0	0.0
Internal Disorder	0	0.0

\*NOTE: Respondents were asked to select all that apply. Percentages indicate the proportion in the sample of respondents.

FIGURE 6 – DIPLOMATES/CERTIFICATES/DEGREES

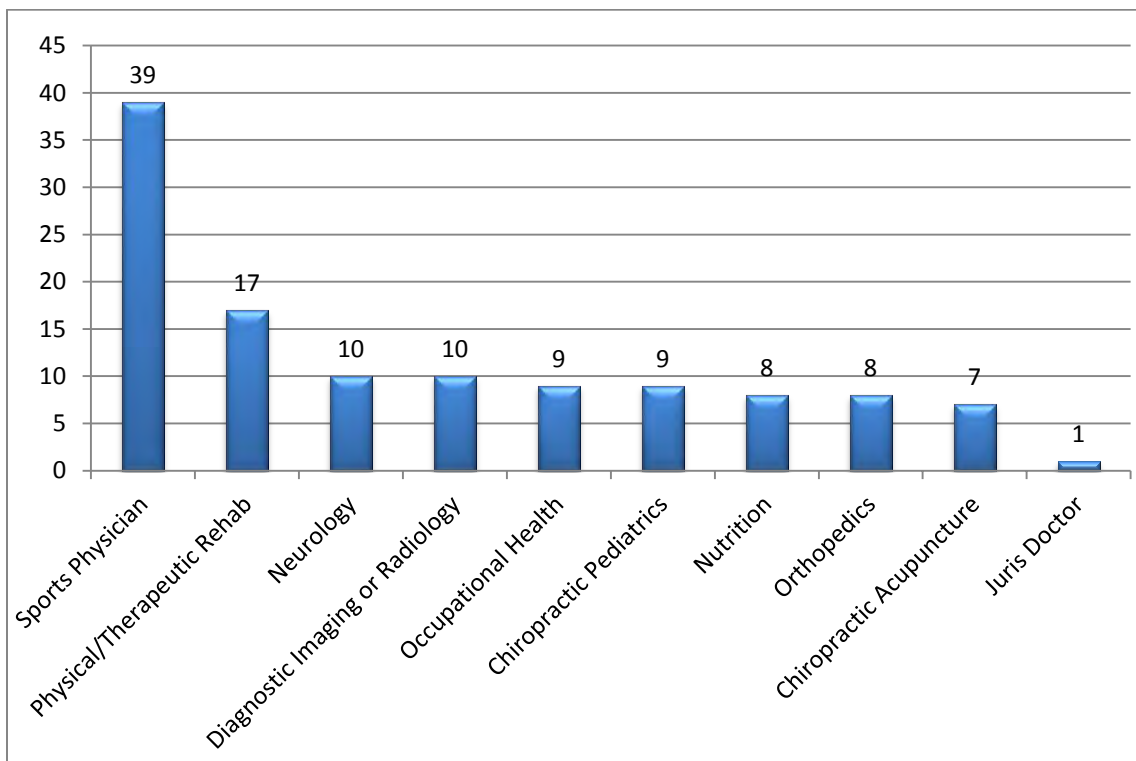




TABLE 7 – HIGHEST LEVEL OF NON-CHIROPRACTIC EDUCATION

DEGREE	NUMBER (N)	PERCENT
Associate degree	49	16.1
Bachelor's degree	191	62.8
Master's degree	36	11.8
Doctorate degree	12	3.9
Missing	16	5.3
Total	304	100*

\*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 7 – HIGHEST LEVEL OF NON-CHIROPRACTIC EDUCATION

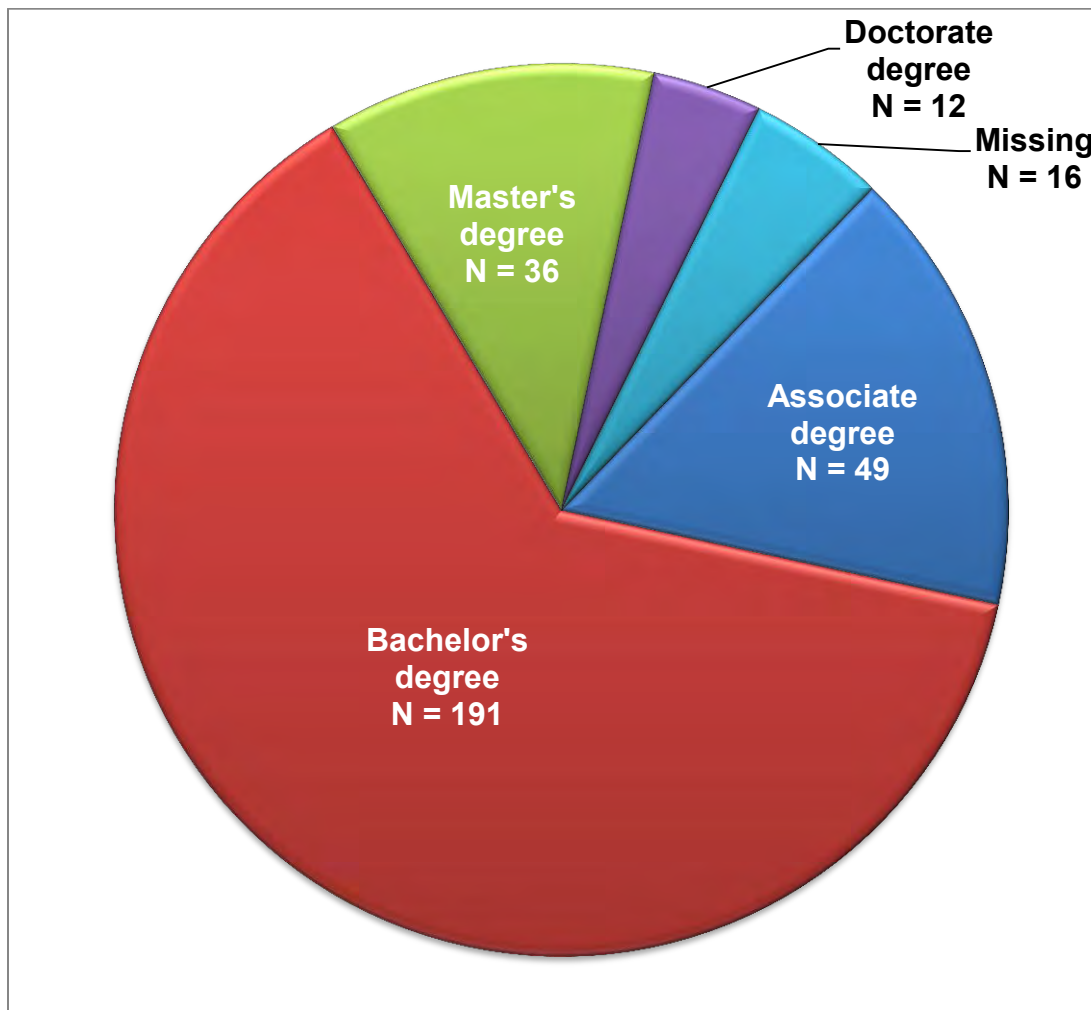


TABLE 8 – OTHER PROFESSIONAL LICENSES HELD

OTHER LICENSES	NUMBER (N)	PERCENT
X-ray Supervisor	110	36.2
Acupuncturist	17	5.6
Certified Athletic Trainer	6	2.0
Naturopathic Doctor	2	0.7
Physical Therapist	2	0.7
Medical Doctor	0	0.0
Osteopathic Doctor	0	0.0
Registered Nurse	0	0.0
Nurse Practitioner	0	0.0

*\*NOTE: Respondents were asked to select all that apply. Percentages indicate the proportion in the sample of respondents.*

FIGURE 8 – OTHER PROFESSIONAL LICENSES HELD

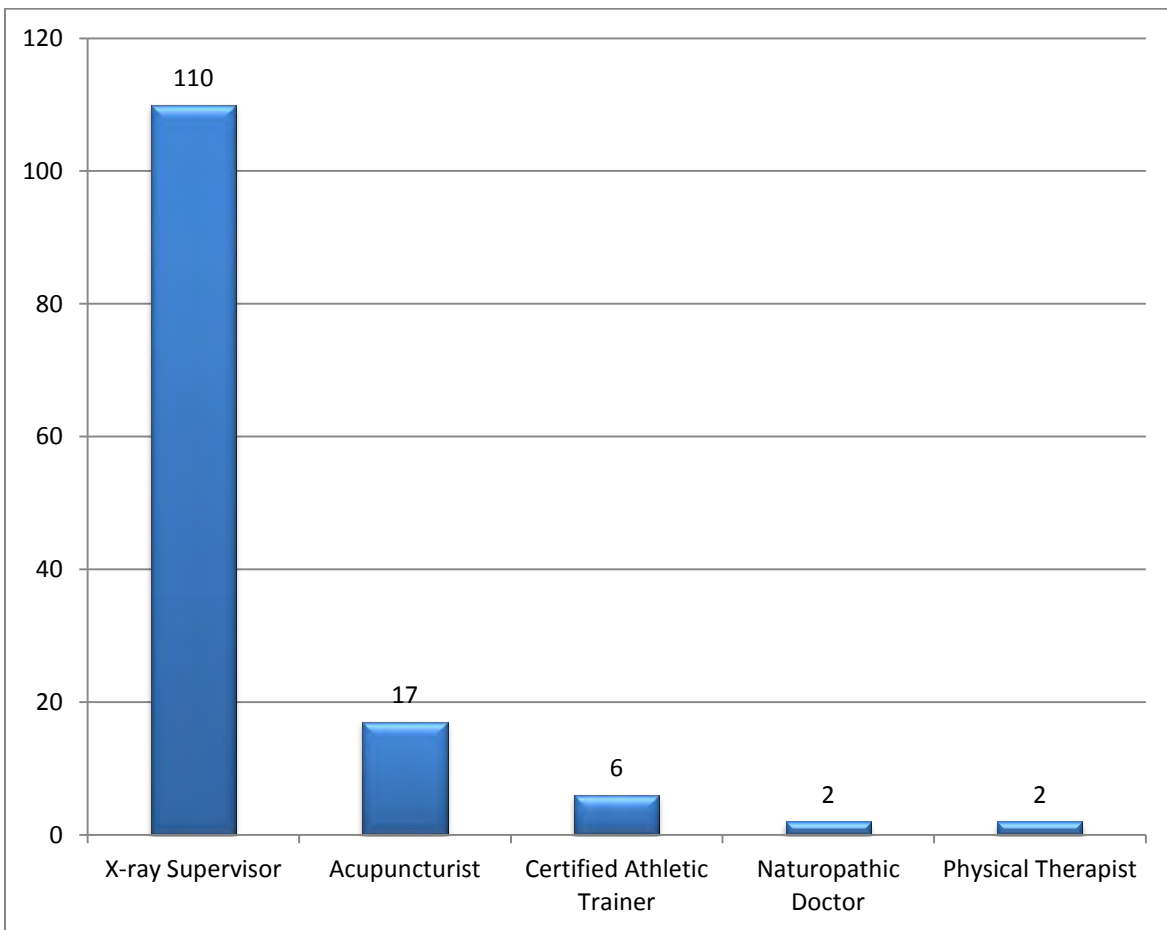


TABLE 9 – RESPONDENTS BY REGION\*

REGION NAME	NUMBER (N)	PERCENT
Los Angeles County and Vicinity	81	26.6
San Francisco Bay Area	65	21.4
San Diego County and Vicinity	33	10.8
Sierra Mountain Valley	30	9.8
Sacramento Valley	19	6.2
San Joaquin Valley	19	6.2
Riverside and Vicinity	15	5.7
Shasta/Cascade	15	4.9
South/Central Coast	16	4.9
North Coast	11	3.6
Total	304	100**

\*NOTE: Appendix A shows a more detailed breakdown of the frequencies by region.

\*\*NOTE: Percentages do not add to 100 due to rounding.

## CHAPTER 4. DATA ANALYSIS AND RESULTS

### RELIABILITY OF RATINGS

The job task and knowledge ratings obtained from the questionnaire were evaluated with a standard index of reliability called coefficient alpha ( $\alpha$ ) that ranges from 0 to 1. Coefficient alpha is an estimate of the internal consistency of the respondents' ratings of the job task and knowledge statements. Coefficients were calculated for all respondent ratings.

Table 10 displays the reliability coefficients for the task statement rating scales in each content area. The overall ratings of task frequency ( $\alpha = .95$ ) and task importance ( $\alpha = .96$ ) across content areas were highly reliable. Table 11 displays the reliability coefficients for the knowledge statements rating scale in each content area. The overall ratings of knowledge importance ( $\alpha = .99$ ) across content areas were highly reliable. These results indicate that the responding chiropractors rated the task and knowledge statements consistently throughout the questionnaire.

TABLE 10 – TASK SCALE RELIABILITY

CONTENT AREA	Number of Tasks	$\alpha$ Frequency	$\alpha$ Importance
I. Patient History	10	.89	.90
II. Examination and Assessment	27	.93	.94
III. Treatment	32	.89	.92
IV. Laws and Regulations	22	.78	.88
Total	91	.95	.96

TABLE 11 – KNOWLEDGE SCALE RELIABILITY

CONTENT AREA	Number of Knowledge Statements	$\alpha$ Importance
I. Patient History	23	.95
II. Examination and Assessment	40	.97
III. Treatment	57	.97
IV. Laws and Regulations	42	.96
Total	162	.99

## TASK CRITICAL INDICES

Two workshops, each comprised of a diverse sample of licensed chiropractors, were convened at OPES in December 2016 and January 2017 to review the mean frequency and importance ratings of all task statements and their critical indices, and to evaluate the mean importance ratings for all knowledge statements. The purpose of these workshops was to identify the essential tasks and knowledge required for safe and effective chiropractor practice at the time of licensure.

In order to determine the critical indices (criticality) of the task statements, the frequency rating ( $F_i$ ) and the importance rating ( $I_i$ ) for each task were multiplied for each respondent, and the products were then averaged across respondents.

$$\text{Task critical index} = \text{mean } [(F_i) \times (I_i)]$$

The task statements were then ranked according to their critical indices. The task statements, their mean frequency and importance ratings, and their associated critical indices sorted by descending order and content area are presented in Appendix B.

OPES test specialists instructed the SMEs from the December 2016 workshop to identify a cutoff value of criticality in order to determine if any of the tasks did not have a high enough critical index to be retained. Based on their review of the relative importance of all tasks to chiropractor practice, the SMEs determined that a cutoff value of 3.0 should be set. Six task statements did not meet the cutoff value and were thus excluded from the description of practice. The exclusion of a task statement from the description of practice does not mean that the task is not performed in chiropractor practice; it was only considered not critical for testing relative to other tasks.

The SMEs in the January 2017 workshop performed an independent review of the same data and arrived at the same conclusion that was determined by the SMEs from the December 2016 workshop.

## KNOWLEDGE IMPORTANCE RATINGS

In order to determine the importance of each knowledge statement, the mean importance rating for each knowledge statement was calculated. The knowledge statements and their mean importance ratings sorted by descending order and content area are presented in Appendix C.

The December 2016 workshop of SMEs that evaluated the task critical indices also reviewed the knowledge statement importance ratings. After reviewing the average importance ratings and considering their relative importance to chiropractor practice, the SMEs determined that a cutoff value of 1.5 should be established. Ten knowledge statements did not meet the cutoff value and were thus excluded from the description of practice. The exclusion of a knowledge statement from the description of practice does not mean that the knowledge is not used in chiropractor practice; it was only considered not critical for testing relative to other knowledge.

## TASK AND KNOWLEDGE LINKAGE

The SMEs who participated in the December 2016 workshop reviewed the preliminary linkage assignments of the task and knowledge statements to content areas and established the appropriate linkage of specific knowledge statements to task statements. As a result of their review, the SMEs made changes to the following task and knowledge statements:

- Task statement 73 was revised to make a minor change in phrasing so that it included businesses that are not corporations. Task statement 73 was changed from “Adhere to laws and regulations related to ownership and management of chiropractic corporations” to “Adhere to laws and regulations related to ownership and management of chiropractic businesses and corporations.”
- Knowledge statements 88 (“Knowledge of procedures for administering iontophoresis.”) and 89 (“Knowledge of ionic substances used for application of iontophoresis.”) were eliminated even though their mean importance ratings exceeded the criticality cutoff value because their associated task statements were eliminated and the knowledge statements were unable to be linked to other task statements.
- Knowledge statement 127 was revised to make a minor change in phrasing so that it included businesses that are not corporations. Knowledge statement 127 was changed from “Knowledge of laws and regulations related to managing chiropractic corporations” to “Knowledge of laws and regulations related to managing chiropractic businesses and corporations.”
- Knowledge statement 163 (“Knowledge of vestibular system assessment.”) was added to the description of practice because it was considered critically important to its related task statements.

The SMEs in the January 2017 workshop independently reviewed the SME results from the December 2016 workshop regarding the established linkage of specific knowledge statements to task statements and the changes made to task and knowledge statements, and they agreed with the outcome.

## CHAPTER 5. EXAMINATION OUTLINE

### CALIFORNIA CHIROPRACTIC LAW EXAMINATION

The requirements for chiropractic licensure in California include passing the National Board of Chiropractic Examiners' (NBCE) examinations and passing the California Chiropractic Law Examination (CCLE). This occupational analysis was performed prior to conducting a review of NBCE's examinations and prior to performing a linkage study to determine areas of California-specific practice not assessed on the national examinations. The SMEs from the December 2017 and January 2017 workshops were asked to develop a preliminary examination outline for the CCLE by identifying the tasks and knowledge that they believed were California-specific. The examination content outline is presented in Table 13.

### CONTENT AREAS AND WEIGHTS

The SMEs in the December 2016 workshop were also asked to determine the weights for content areas on the CCLE. OPES test specialists presented the SMEs with preliminary weights of the content areas that were calculated by dividing the sum of the critical indices for the tasks in a content area by the overall sum of the critical indices for all tasks, as shown below.

$$\frac{\text{Sum of Critical Indices for Tasks in Content Area}}{\text{Sum of Critical Indices for All Tasks}} = \text{Percent Weight of Content Area}$$

The SMEs evaluated the preliminary weights by reviewing the group of tasks and knowledge, the linkage established between the tasks and knowledge, and the relative importance of the tasks in each content area to chiropractor practice in California. The SMEs made minor adjustments to the preliminary weights based on what they perceived to reflect the relative importance of the tasks in each content area to chiropractor practice in California. A summary of the preliminary and finalized content area weights for the CCLE is presented in Table 12. The chiropractor description of practice is presented in Appendix D .

TABLE 12 – CONTENT AREA WEIGHTS FOR THE CALIFORNIA CHIROPRACTIC LAW EXAMINATION

<b>CONTENT AREA</b>	<b>Critical Task Indices Prelim. Weights.</b>	<b>Final Weights</b>
I. Records Management	26.85%	26%
II. Business Management	25.59%	26%
III. Ethics	29.59%	26%
IV. Scope of Practice	17.97%	22%
Total	100%	100%

TABLE 13 – EXAMINATION CONTENT OUTLINE: CALIFORNIA CHIROPRACTIC LAW EXAMINATION

I. **Records Management (26%)**: This area assesses the candidate's knowledge of California laws and regulations related to documentation, maintenance, and release of patient records.

TASK STATEMENTS	KNOWLEDGE STATEMENTS
<b>T70.</b> Obtain informed consent in accordance with laws and regulations.	<b>K121.</b> Knowledge of laws and regulations related to informed consent.
<b>T75.</b> Document assessments and treatments for patient records in accordance with laws and regulations.	<b>K129.</b> Knowledge of laws and regulations for documenting patient history, examination, treatment, principal spoken language, and management.
<b>T77.</b> Maintain patient records in accordance with laws and regulations.	<b>K134.</b> Knowledge of laws and regulations regarding maintaining physical and electronic patient records.
<b>T78.</b> Maintain confidentiality of patient records in accordance with laws and regulations.	<b>K135.</b> Knowledge of laws and regulations regarding patient addendums to records.
<b>T79.</b> Release patient records in accordance with laws and regulations.	<b>K136.</b> Knowledge of legal requirements of the Health Insurance Portability and Accountability Act (HIPAA).
	<b>K137.</b> Knowledge of laws and regulations regarding confidentiality of patient records and test results.
	<b>K138.</b> Knowledge of laws and regulations regarding release of minor and adult patient records.



**II. Business Management (26%):** This area assesses the candidate's knowledge of California laws and regulations relating to ownership and management of chiropractic businesses, corporations, and practices.

TASK STATEMENTS	KNOWLEDGE STATEMENTS
<b>T71.</b> Adhere to laws and regulations regarding billing, billing codes, and documentation.	<b>K122.</b> Knowledge of documentation requirements (e.g., billing codes) for insurance reimbursement.
<b>T72.</b> Adhere to laws and regulations related to treating patients with occupational injuries or illnesses.	<b>K123.</b> Knowledge of procedures for receiving insurance reimbursement.
<b>T73.</b> Adhere to laws and regulations related to ownership and management of chiropractic businesses and corporations.	<b>K124.</b> Knowledge of laws and regulations regarding accountable billings.
<b>T74.</b> Adhere to laws and regulations related to ownership and management of a chiropractic practice.	<b>K125.</b> Knowledge of laws and regulations regarding discounted fees and services.
<b>T76.</b> Report known or suspected abuse of patients by contacting protective services in accordance with laws and regulations.	<b>K126.</b> Knowledge of laws and regulations related to occupational injury or illness of patients.
<b>T91.</b> Adhere to laws and regulations regarding display of certificate to practice.	<b>K127.</b> Knowledge of laws and regulations related to managing chiropractic businesses and corporations. <b>K128.</b> Knowledge of laws and regulations related to transfer of ownership upon death or incapacity of licensed chiropractor.
	<b>K130.</b> Knowledge of laws for reporting suspected abuse of children, elders, or dependent adults.
	<b>K131.</b> Knowledge of mandated reporting procedures of suspected abuse of children, elders, or dependent adults.
	<b>K132.</b> Knowledge of mandated reporting procedures of suspected abuse, firearm injuries, or assaultive action.
	<b>K133.</b> Knowledge of physical indicators of abuse, firearm injuries, or assaultive action.
	<b>K161.</b> Knowledge of laws and regulations related to displaying of certificate to practice.
	<b>K162.</b> Knowledge of laws and regulations regarding filing and displaying certificates for satellite offices.

**III. Ethics (26%):** This area assesses the candidate's knowledge of California laws and regulations of professional and ethical conduct in a chiropractic office, advertising, and examinations.

TASK STATEMENTS	KNOWLEDGE STATEMENTS
<b>T80.</b> Adhere to laws and regulations regarding advertising of chiropractic services.	<b>K139.</b> Knowledge of laws and regulations related to chiropractic advertising, misrepresentation, and false claims.
<b>T81.</b> Adhere to laws and regulations regarding professional conduct.	<b>K140.</b> Knowledge of laws and regulations regarding advertising free or discounted services.
<b>T83.</b> Adhere to laws and regulations regarding excessive treatment.	<b>K141.</b> Knowledge of laws and regulations regarding chiropractic specialty designations.
<b>T87.</b> Ensure professional conduct of others on the premises of chiropractic office in accordance with laws and regulations.	<b>K142.</b> Knowledge of laws and regulations related to use of chiropractic title.
<b>T89.</b> Adhere to laws and regulations regarding referral of patients.	<b>K143.</b> Knowledge of laws and regulations of ethical standards for professional conduct in a chiropractic setting.
<b>T90.</b> Adhere to laws and regulations regarding license examination security.	<b>K144.</b> Knowledge of laws and regulations regarding mental illness and illness affecting chiropractor competency.
	<b>K147.</b> Knowledge of laws and regulations regarding excessive treatments.
	<b>K154.</b> Knowledge of laws and regulations related to inducing students to practice chiropractic.
	<b>K155.</b> Knowledge of laws and regulations regarding supervision of unlicensed individuals.
	<b>K157.</b> Knowledge of laws and regulations regarding referral rebates.
	<b>K158.</b> Knowledge of laws and regulations regarding unlawful referrals.
	<b>K159.</b> Knowledge of laws and regulations regarding solicitation of referrals providing beneficial interest to family or self.
	<b>K160.</b> Knowledge of laws and regulations regarding violations of license examination security.

**IV. Scope of Practice (22%):** This area assesses the candidate’s knowledge of California laws and regulations relating to chiropractic scope of practice.

<b>KNOWLEDGE STATEMENTS</b>	
<p><b>T82.</b> Adhere to laws that define chiropractic scope of practice.</p> <p><b>T84.</b> Maintain California chiropractor license according to laws and regulations.</p> <p><b>T85.</b> Adhere to laws and regulations regarding use of lasers for chiropractic treatment.</p> <p><b>T86.</b> Adhere to laws and regulations regarding radiographic imaging.</p> <p><b>T88.</b> Adhere to laws and regulations regarding chiropractic manipulation under anesthesia.</p>	<p><b>K145.</b> Knowledge of laws and regulations regarding reporting violations of the Chiropractic Initiative Act.</p> <p><b>K146.</b> Knowledge of laws and regulations regarding professional treatment standards.</p> <p><b>K148.</b> Knowledge of laws and regulations regarding maintenance, renewal, and restoration of California chiropractor license.</p> <p><b>K149.</b> Knowledge of laws and regulations for maintaining accurate licensee name and address with the Board of Chiropractic Examiners.</p> <p><b>K150.</b> Knowledge of laws and regulations regarding continuing education requirements to maintain chiropractor license.</p> <p><b>K151.</b> Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.</p> <p><b>K152.</b> Knowledge of laws and regulations on use of lasers for chiropractic treatment.</p> <p><b>K153.</b> Knowledge of laws and regulations regarding radiographic imaging.</p> <p><b>K156.</b> Knowledge of laws and regulations regarding chiropractic manipulations under anesthesia.</p>

## CHAPTER 6. CONCLUSION

The occupational analysis of the chiropractor profession described in this report provides a comprehensive description of current practice in California. The procedures employed to perform the occupational analysis were based upon a content validation strategy to ensure that the results accurately represent chiropractor practice. Results of this occupational analysis provide information regarding current practice that can be used to make job-related decisions regarding professional licensure.

By adopting the chiropractor description of practice and the CCLE examination content outline contained in this report, the Board ensures that its examination program reflects current practice.

The final content area weights and the examination content outline for the CCLE, as shown on Tables 12 and 13, are based on the chiropractor description of practice. The weights and the examination content outline will be finalized during the linkage study to be conducted as part of the review of NBCE's examinations.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

## APPENDIX A. RESPONDENTS BY REGION

LOS ANGELES COUNTY AND VICINITY

<b>County of Practice</b>	<b>Frequency</b>
Los Angeles	50
Orange	31
TOTAL	81

SAN FRANCISCO BAY AREA

<b>County of Practice</b>	<b>Frequency</b>
Alameda	14
Contra Costa	9
Marin	2
Napa	4
San Francisco	11
San Mateo	4
Santa Clara	13
Santa Cruz	5
Solano	3
TOTAL	65

SAN DIEGO COUNTY AND VICINITY

<b>County of Practice</b>	<b>Frequency</b>
San Diego	32
Imperial	1
TOTAL	33

SIERRA MOUNTAIN VALLEY

<b>County of Practice</b>	<b>Frequency</b>
Alpine	0
Amador	3
Calaveras	1
El Dorado	9
Inyo	1
Mariposa	1
Mono	0
Nevada	6
Placer	5
Tuolumne	4
TOTAL	30

SACRAMENTO VALLEY

County of Practice	Frequency
Butte	5
Colusa	0
Glenn	1
Lake	2
Sacramento	9
Sutter	0
Yolo	2
Yuba	0
TOTAL	19

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	3
Kern	5
Kings	2
Madera	1
Merced	0
San Joaquin	3
Stanislaus	4
Tulare	1
TOTAL	19

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	9
San Bernardino	6
TOTAL	15

SHASTA/CASCADE

County of Practice	Frequency
Lassen	1
Modoc	0
Plumas	2
Shasta	11
Siskiyou	1
Tehama	0
Trinity	0
TOTAL	15

SOUTH/CENTRAL COAST

<b>County of Practice</b>	<b>Frequency</b>
Monterey	2
San Benito	0
San Luis Obispo	4
Santa Barbara	5
Ventura	5
TOTAL	16

NORTH COAST

<b>County of Practice</b>	<b>Frequency</b>
Del Norte	2
Humboldt	3
Mendocino	1
Sonoma	5
TOTAL	11



APPENDIX B. CRITICAL INDICES FOR ALL TASKS

## Content Area 1: Patient History

Task #	Task Statement	Mean Freq	Mean Imp	Task Critical Index
1	Interview patient to determine history of present illness, chief complaint(s), and related symptoms.	4.84	4.81	<b>23.48</b>
3	Interview patient regarding characteristics (e.g., onset, duration, frequency, quality) of chief complaint(s).	4.75	4.66	<b>22.54</b>
4	Interview patient regarding previous diagnostic studies and treatments performed related to present illness and/or chief complaint.	4.51	4.39	<b>20.35</b>
10	Evaluate information gathered from patient history and relevant records to determine examinations and assessments.	4.46	4.39	<b>20.16</b>
5	Interview patient regarding current health and management of existing medical conditions.	4.40	4.26	<b>19.41</b>
7	Interview patient regarding past health and medical history.	4.34	4.22	<b>19.05</b>
6	Interview patient regarding review of systems (e.g., musculoskeletal, neurological, cardiovascular) information.	4.31	4.14	<b>18.67</b>
9	Interview patient regarding lifestyle history (e.g., social activities, diet, exercise, stress, mental health).	4.30	4.13	<b>18.50</b>
2	Select outcome assessment tool to obtain current baseline of pain and/or functionality.	3.90	3.60	<b>15.33</b>
8	Interview patient regarding family health and medical history.	3.71	3.49	<b>14.14</b>

## Content Area 2: Examination and Assessment

Task #	Task Statement	Mean Freq	Mean Imp	Task Critical Index
36	Determine if diagnosed condition can be treated within chiropractic scope of practice.	4.78	4.73	<b>22.95</b>
25	Assess biomechanics of spine and extremities (e.g., palpation, muscle tone, joint mobility).	4.71	4.62	<b>22.16</b>
35	Develop diagnosis by reviewing results history, examination, and diagnostics.	4.53	4.49	<b>21.00</b>
37	Identify conditions that require referral to other health care providers.	4.38	4.70	<b>20.84</b>
24	Perform active/passive range of motion assessment.	4.59	4.42	<b>20.72</b>
17	Assess posture of patient to identify areas of dysfunction.	4.44	4.27	<b>19.67</b>
26	Perform orthopedic examination(s) to assess for abnormalities.	4.45	4.25	<b>19.66</b>
11	Observe antalgia, gait, and ambulation to assess for abnormalities.	4.38	4.30	<b>19.44</b>
14	Determine if patient requires urgent or emergency care.	3.98	4.73	<b>19.12</b>
32	Determine if imaging tests are needed before diagnosis (e.g., X-ray, CT, MRI).	4.15	4.23	<b>18.38</b>
22	Perform muscle strength testing to assess for abnormalities.	3.99	3.88	<b>16.50</b>
18	Examine skin of patient to assess for abnormalities (e.g., swelling, redness, lesions).	3.89	3.80	<b>15.94</b>
16	Assess current medications and comorbidities of patient to determine modifications to examination procedures and assessments.	3.79	3.86	<b>15.72</b>
23	Perform deep tendon reflexes (DTR) to assess for abnormalities.	3.80	3.71	<b>15.40</b>
15	Assess cognitive status of patient to aid in diagnosis.	3.60	3.82	<b>15.01</b>
20	Perform dermatomal sensory examination to aid in diagnosis of condition.	3.50	3.63	<b>13.93</b>
31	Perform balance and coordination tests to assess for abnormalities.	3.47	3.54	<b>13.61</b>
13	Obtain blood pressure and pulse of patient.	3.41	3.26	<b>12.86</b>
21	Perform testing for pathological reflexes (e.g., Babinski) to assess for abnormalities.	3.17	3.54	<b>12.56</b>
12	Obtain height and weight of patient.	3.64	3.07	<b>12.54</b>
33	Determine if additional tests (e.g., blood, urinalysis, EMG/NCV) are needed for diagnosis and management.	2.89	3.27	<b>11.19</b>
19	Examine patient with observation and circumferential measurements to identify muscle atrophy.	2.77	3.11	<b>9.93</b>
34	Read and interpret laboratory tests (e.g., blood, urinalysis).	2.58	3.01	<b>9.21</b>
28	Perform cardiovascular examination to assess for abnormalities.	2.29	2.66	<b>7.90</b>

**Content Area 2: Examination and Assessment (continued)**

<b>Task #</b>	<b>Task Statement</b>	<b>Mean Freq</b>	<b>Mean Imp</b>	<b>Task Critical Index</b>
27	Perform abdominal examination to assess for abnormalities.	2.32	2.52	<b>7.46</b>
29	Perform respiratory examination to assess for abnormalities.	2.13	2.42	<b>6.83</b>
30	Perform otolaryngological and vision system examinations to assess for abnormalities.	1.83	2.01	<b>5.37</b>

### Content Area 3: Treatment

Task #	Task Statement	Mean Freq	Mean Imp	Task Critical Index
39	Perform chiropractic manipulation and/or adjustments to improve biomechanical integrity.	4.79	4.71	<b>22.90</b>
38	Discuss examination findings, diagnoses, treatment options, and associated risks with patient.	4.68	4.56	<b>21.75</b>
69	Document assessments and treatments using Subjective/Objective/Assessment/Plan (SOAP) for patient record documentation.	4.72	4.41	<b>21.22</b>
68	Evaluate treatment efficacy to determine next course of treatment.	4.48	4.42	<b>20.33</b>
63	Provide recommendations on posture.	4.39	4.29	<b>19.52</b>
62	Provide recommendations for home exercise program (HEP).	4.42	4.29	<b>19.49</b>
61	Provide recommendations on healthy lifestyle behaviors.	4.37	4.31	<b>19.40</b>
64	Provide recommendations on ergonomics.	4.18	4.14	<b>18.01</b>
49	Perform therapeutic exercises to improve strength and range of motion.	4.14	4.01	<b>17.71</b>
47	Perform myofascial release therapy (e.g., mobilization, trigger point) to reduce pain and improve range of motion.	4.05	3.88	<b>16.92</b>
66	Provide recommendations on diet and nutrition.	3.80	3.98	<b>15.94</b>
42	Perform neuromuscular reeducation to improve proprioception and balance.	3.56	3.68	<b>14.64</b>
65	Provide recommendations on relaxation techniques for stress reduction.	3.47	3.65	<b>14.02</b>
40	Perform spinal traction to improve biomechanical integrity.	3.24	3.13	<b>12.79</b>
43	Apply cryotherapy to reduce pain, swelling, and inflammation.	3.05	3.27	<b>11.79</b>
67	Provide recommendations on nutritional supplements.	3.19	3.27	<b>11.72</b>
60	Consult with other medical practitioners to co-manage patients.	2.98	3.49	<b>11.57</b>
48	Perform massage therapy to reduce pain and improve range of motion.	2.93	3.23	<b>11.51</b>
44	Apply heat therapy (e.g., hot packs, moist heat, diathermy) to reduce pain, swelling, and inflammation.	2.75	2.91	<b>10.43</b>
50	Apply electrical modalities (e.g., EMS, IFC, HVG, microcurrent) to reduce muscle spasm and pain.	2.48	2.57	<b>9.41</b>
54	Provide orthopedic supports (e.g., braces, splints, taping) for immobilization and compression.	2.40	2.68	<b>8.18</b>
41	Perform spinal decompression to improve biomechanical integrity.	2.00	2.50	<b>7.72</b>
46	Perform therapeutic ultrasound therapy to reduce pain, swelling, and inflammation.	1.99	2.24	<b>7.14</b>
55	Provide orthotics to improve foot function.	1.71	2.35	<b>5.64</b>

**Content Area 3: Treatment (continued)**

<b>Task #</b>	<b>Task Statement*</b>	<b>Mean Freq</b>	<b>Mean Imp</b>	<b>Task Critical Index</b>
45	Perform laser treatment to reduce pain, swelling, and inflammation.	1.23	1.85	<b>4.29</b>
59	Apply sensory integration therapy to improve proprioception.	0.94	1.45	<b>3.07</b>
57	Perform whole body vibration therapy to improve function.	0.60	1.01	<b>1.89</b>
51	Apply iontophoresis modality to reduce pain, swelling, and inflammation.	0.61	1.01	<b>1.85</b>
58	Apply cupping therapy to improve soft tissue function.	0.58	1.05	<b>1.85</b>
53	Apply paraffin therapy to reduce pain, swelling, and inflammation.	0.56	0.99	<b>1.60</b>
52	Provide whirlpool/Hubbard tank therapy to reduce pain, swelling, and inflammation.	0.36	0.90	<b>1.15</b>
56	Perform extracorporeal shockwave therapy to reduce pain and improve range of motion.	0.27	0.73	<b>0.87</b>

*\*NOTE: The task statements shaded in gray did not meet the criticality cutoff value determined by SMEs (see Chapter 4).*

#### Content Area 4: Laws and Regulations

Task #	Task Statement	Mean Freq	Mean Imp	Task Critical Index
84	Maintain California chiropractor license according to laws and regulations.	4.93	4.90	<b>24.18</b>
82	Adhere to laws that define chiropractic scope of practice.	4.95	4.84	<b>24.02</b>
81	Adhere to laws and regulations regarding professional conduct.	4.94	4.85	<b>23.96</b>
78	Maintain confidentiality of patient records in accordance with laws and regulations.	4.92	4.81	<b>23.75</b>
71	Adhere to laws and regulations regarding billing, billing codes, and documentation.	4.85	4.75	<b>23.38</b>
77	Maintain patient records in accordance with laws and regulations.	4.90	4.74	<b>23.31</b>
70	Obtain informed consent in accordance with laws and regulations.	4.89	4.70	<b>23.20</b>
75	Document assessments and treatments for patient records in accordance with laws and regulations.	4.84	4.70	<b>22.85</b>
74	Adhere to laws and regulations related to ownership and management of a chiropractic practice.	4.64	4.73	<b>22.28</b>
87	Ensure professional conduct of others on the premises of chiropractic office in accordance with laws and regulations.	4.54	4.72	<b>21.90</b>
83	Adhere to laws and regulations regarding excessive treatment.	4.67	4.62	<b>21.88</b>
91	Adhere to laws and regulations regarding display of certificate to practice.	4.82	4.47	<b>21.71</b>
79	Release patient records in accordance with laws and regulations.	4.44	4.74	<b>21.23</b>
89	Adhere to laws and regulations regarding referral of patients.	4.36	4.59	<b>20.27</b>
72	Adhere to laws and regulations related to treating patients with occupational injuries or illnesses.	4.18	4.58	<b>20.07</b>
80	Adhere to laws and regulations regarding advertising of chiropractic services.	4.25	4.50	<b>19.99</b>
90	Adhere to laws and regulations regarding license examination security.	3.87	4.45	<b>19.38</b>
86	Adhere to laws and regulations regarding radiographic imaging.	2.93	4.10	<b>14.06</b>
73	Adhere to laws and regulations related to ownership and management of chiropractic businesses and corporations.	3.03	3.12	<b>11.42</b>
76	Report known or suspected abuse of patients by contacting protective services in accordance with laws and regulations.	2.15	4.65	<b>10.34</b>

**Content Area 4: Laws and Regulations (continued)**

<b>Task #</b>	<b>Task Statement</b>	<b>Mean Freq</b>	<b>Mean Imp</b>	<b>Task Critical Index</b>
85	Adhere to laws and regulations regarding use of lasers for chiropractic treatment.	2.06	3.60	<b>9.92</b>
88	Adhere to laws and regulations regarding chiropractic manipulation under anesthesia.	0.91	3.20	<b>4.45</b>



## APPENDIX C. KNOWLEDGE IMPORTANCE RATINGS

## Content Area 1: Patient History

Item #	Knowledge Statement	Mean Importance
14	Knowledge of anatomy and physiology of musculoskeletal system.	4.79
23	Knowledge of examinations and assessments relevant for developing chiropractic diagnoses.	4.63
10	Knowledge of anatomy and physiology of neurological system.	4.60
20	Knowledge of patient's health history and its relationship to the chief complaint.	4.60
1	Knowledge of interview techniques for obtaining health history.	4.54
3	Knowledge of Onset, Palliative, Provocative, Prior, Progression, Quality, Radiating, Severity, Timing (OPQRST) method for evaluating characteristics of chief complaints.	4.44
22	Knowledge of patient's current and past lifestyle behaviors and its relationship to chief complaint.	4.29
19	Knowledge of the interrelationship between body systems.	4.20
4	Knowledge of allopathic and alternative treatments for chief complaint.	3.94
6	Knowledge of comorbidities for various medical conditions.	3.91
2	Knowledge of outcome assessment tools to measure treatment efficacy.	3.90
9	Knowledge of anatomy and physiology of cardiovascular system.	3.74
21	Knowledge of family history and its relationship to the chief complaint.	3.72
7	Knowledge of anatomy and physiology of endocrine system.	3.67
13	Knowledge of anatomy and physiology of respiratory system.	3.56
15	Knowledge of anatomy and physiology of gastrointestinal system.	3.56
5	Knowledge of methods to obtain information on medications.	3.55
8	Knowledge of anatomy and physiology of allergy/immunological system.	3.52
11	Knowledge of anatomy and physiology of integumentary system.	3.52
18	Knowledge of anatomy and physiology of hematologic/lymphatic systems.	3.40
16	Knowledge of anatomy and physiology of genitourinary system.	3.31
12	Knowledge of anatomy and physiology of reproductive system.	3.29
17	Knowledge of anatomy and physiology of otolaryngological and vision systems.	3.21

## Content Area 2: Examination and Assessment

Item #	Knowledge Statement	Mean Importance
60	Knowledge of contraindications for joint manipulation.	4.78
28	Knowledge of signs and symptoms of conditions requiring urgent or emergency care.	4.73
59	Knowledge of implementing treatment plans for chiropractic care.	4.60
57	Knowledge of sites of nerve compression and entrapment.	4.59
63	Knowledge of symptoms and indicators of medical conditions that require referrals to other providers.	4.59
55	Knowledge of signs and symptoms of current presenting condition.	4.56
58	Knowledge of differential diagnoses of present condition(s).	4.52
43	Knowledge of joint biomechanical assessments and interpretations.	4.50
42	Knowledge of techniques for active and passive range of motion assessment.	4.42
24	Knowledge of antalgia, gait, and ambulation evaluation.	4.39
51	Knowledge of clinical interpretation of radiographic images.	4.39
62	Knowledge of preexisting conditions and how they affect chiropractic treatments.	4.35
44	Knowledge of orthopedic assessment and interpretation.	4.32
35	Knowledge of clinical interpretation of patient posture.	4.30
56	Knowledge of pathophysiology of inflammation.	4.28
40	Knowledge of muscle strength testing and interpretation.	4.22
41	Knowledge of deep tendon reflex (DTR) testing and interpretation.	4.19
39	Knowledge of pathological reflexes testing and interpretation.	4.10
52	Knowledge of interpretation of magnetic resonance imaging (MRI) and CT reports.	4.09
50	Knowledge of balance and coordination testing and interpretation.	4.07
38	Knowledge of dermatomal sensory testing and interpretation.	4.03
32	Knowledge of comorbidities and their effects on examination procedures and assessments.	3.93
33	Knowledge of signs and symptoms of comorbidity.	3.91
27	Knowledge of signs and symptoms of contagious diseases.	3.88
36	Knowledge of dermatological conditions requiring referral.	3.87
29	Knowledge of the physical effects of mental health conditions on the human body.	3.84
34	Knowledge of common medications and their effects on examination procedures and assessments.	3.79
26	Knowledge of vital signs measurements and techniques.	3.74
31	Knowledge of indicators of cognitive disorders.	3.66
30	Knowledge of indicators of mental health disorders.	3.58
53	Knowledge of indication for ordering blood, urinalysis, EMG/NCV, and other laboratory tests.	3.47
54	Knowledge of clinical interpretation of blood tests and urinalysis.	3.47
37	Knowledge of circumferential measurement techniques and interpretation.	3.32
61	Knowledge of obstetrics and gynecology as it relates to chiropractic practice.	3.25

**Content Area 2: Examination and Assessment (continued)**

<b>Item #</b>	<b>Knowledge Statement</b>	<b>Mean Importance</b>
46	Knowledge of cardiovascular examination techniques.	<b>3.23</b>
25	Knowledge of methods for obtaining patient height and weight.	<b>3.20</b>
47	Knowledge of respiratory examination techniques (e.g., auscultation, percussion, rib excursion).	<b>3.15</b>
45	Knowledge of abdominal examination techniques (e.g., auscultation, percussion, palpation).	<b>3.12</b>
48	Knowledge of otolaryngological and vision system examinations and interpretations.	<b>2.88</b>
49	Knowledge of use of tools for otolaryngological and vision system examinations.	<b>2.81</b>

### Content Area 3: Treatment

Item #	Knowledge Statement	Mean Importance
69	Knowledge of joint adjustment and manipulation techniques.	4.68
67	Knowledge of joint adjustment and manipulation therapies indicated for presenting condition.	4.65
64	Knowledge of material risks of chiropractic treatments.	4.54
120	Knowledge of use of Subjective/Objective/Assessment/Plan (SOAP) note-taking method for documenting patient encounters.	4.45
119	Knowledge of indications for modifying chiropractic treatment plans.	4.38
118	Knowledge of time frames for chiropractic treatments.	4.24
85	Knowledge of implementation of therapeutic exercises.	4.22
112	Knowledge of therapeutic home exercises program.	4.21
70	Knowledge of procedures for operating chiropractic tables.	4.20
68	Knowledge of adjunctive therapies indicated for presenting condition.	4.14
65	Knowledge of material risks of physiotherapy treatments.	4.13
113	Knowledge of the application of posture corrections.	4.13
114	Knowledge of the application of ergonomic corrections.	4.09
66	Knowledge of treatment options available from other health care providers.	4.05
83	Knowledge of application of myofascial release therapies.	3.98
116	Knowledge of nutrition and diet effects on health.	3.98
75	Knowledge of implementation of neuromuscular reeducation.	3.78
117	Knowledge of the effects of nutritional supplementation on health.	3.73
106	Knowledge of strategies for coordinating patient care with other health care providers.	3.70
76	Knowledge of procedures for administering cryotherapy.	3.62
72	Knowledge of application of manual and mechanical spinal traction therapies.	3.60
77	Knowledge of procedures for administering heat therapies.	3.48
115	Knowledge of relaxation techniques.	3.48
111	Knowledge of effects of recreational drugs on health.	3.44
84	Knowledge of procedures for administering massage therapies.	3.43
95	Knowledge of procedures for applying orthopedic support devices.	3.41
94	Knowledge of orthopedic support devices.	3.38
109	Knowledge of effects of aberrant sleep patterns on health.	3.35
110	Knowledge of alcohol consumption effects on health.	3.34
71	Knowledge of procedures for operating spinal traction equipment.	3.21
87	Knowledge of procedures for operating electric stimulation equipment.	3.10
78	Knowledge of procedures for operating heat therapy equipment.	3.09
86	Knowledge of procedures for administering electric stimulation.	3.09
96	Knowledge of procedures for applying therapeutic taping.	3.06
97	Knowledge of application of orthotics.	2.97
81	Knowledge of procedures for administering therapeutic ultrasound.	2.94
82	Knowledge of procedures for operating therapeutic ultrasound equipment.	2.93
108	Knowledge of caffeine consumption effects on health.	2.84

### Content Area 3: Treatment (continued)

Item #	Knowledge Statement*	Mean Importance
98	Knowledge of procedures for fitting orthotics.	<b>2.73</b>
74	Knowledge of application of spinal decompression therapies.	<b>2.53</b>
73	Knowledge of procedures for operating spinal decompression equipment.	<b>2.40</b>
107	Knowledge of smoking cessation techniques.	<b>2.30</b>
80	Knowledge of procedures for operating laser equipment.	<b>2.28</b>
79	Knowledge of procedures for administering laser therapy.	<b>2.21</b>
89**	Knowledge of ionic substances used for application of iontophoresis.	<b>1.54</b>
88**	Knowledge of procedures for administering iontophoresis.	<b>1.53</b>
105	Knowledge of application of sensory integration therapies.	<b>1.51</b>
93	Knowledge of use of paraffin therapy equipment	<b>1.49</b>
92	Knowledge of procedures for administering paraffin therapy.	<b>1.44</b>
102	Knowledge of use of whole body vibration therapy equipment.	<b>1.31</b>
90	Knowledge of procedures for administering whirlpool/Hubbard tank therapy.	<b>1.27</b>
91	Knowledge of use of whirlpool/Hubbard tank therapy equipment.	<b>1.25</b>
101	Knowledge of procedures for administering whole body vibration therapy.	<b>1.20</b>
103	Knowledge of procedures for administering cupping therapy.	<b>1.12</b>
104	Knowledge of use of cupping equipment.	<b>1.11</b>
100	Knowledge of use of extracorporeal shockwave therapy equipment.	<b>0.93</b>
99	Knowledge of procedures for administering extracorporeal shockwave therapy.	<b>0.92</b>

\*NOTE: The knowledge statements shaded in gray did not meet the criticality cutoff value determined by SMEs (see Chapter 4).

\*\*NOTE: The knowledge statements were eliminated because their associated task statements did not meet the task criticality cutoff value.

#### Content Area 4: Laws and Regulations

<b>Item #</b>	<b>Knowledge Statement</b>	<b>Mean Importance</b>
121	Knowledge of laws and regulations related to informed consent.	<b>4.61</b>
143	Knowledge of laws and regulations of ethical standards for professional conduct in a chiropractic setting.	<b>4.60</b>
137	Knowledge of laws and regulations regarding confidentiality of patient records and test results.	<b>4.56</b>
150	Knowledge of laws and regulations regarding continuing education requirements to maintain chiropractor license.	<b>4.55</b>
138	Knowledge of laws and regulations regarding release of minor and adult patient records.	<b>4.51</b>
148	Knowledge of laws and regulations regarding maintenance, renewal, and restoration of California chiropractor license.	<b>4.51</b>
136	Knowledge of legal requirements of the Health Insurance Portability and Accountability Act (HIPAA).	<b>4.46</b>
146	Knowledge of laws and regulations regarding professional treatment standards.	<b>4.46</b>
149	Knowledge of laws and regulations for maintaining accurate licensee name and address with the Board of Chiropractic Examiners.	<b>4.45</b>
129	Knowledge of laws and regulations for documenting patient history, examination, treatment, principal spoken language, and management.	<b>4.43</b>
131	Knowledge of mandated reporting procedures of suspected abuse of children, elders, or dependent adults.	<b>4.42</b>
130	Knowledge of laws for reporting suspected abuse of children, elders, or dependent adults.	<b>4.36</b>
134	Knowledge of laws and regulations regarding maintaining physical and electronic patient records.	<b>4.36</b>
139	Knowledge of laws and regulations related to chiropractic advertising, misrepresentation, and false claims.	<b>4.35</b>
142	Knowledge of laws and regulations related to use of chiropractic title.	<b>4.33</b>
147	Knowledge of laws and regulations regarding excessive treatments.	<b>4.33</b>
145	Knowledge of laws and regulations regarding reporting violations of the Chiropractic Initiative Act.	<b>4.26</b>
161	Knowledge of laws and regulations related to displaying of certificate to practice.	<b>4.24</b>
122	Knowledge of documentation requirements (e.g., billing codes) for insurance reimbursement.	<b>4.19</b>
135	Knowledge of laws and regulations regarding patient addendums to records.	<b>4.19</b>
125	Knowledge of laws and regulations regarding discounted fees and services.	<b>4.17</b>
132	Knowledge of mandated reporting procedures of suspected abuse, firearm injuries, or assaultive action.	<b>4.12</b>
124	Knowledge of laws and regulations regarding accountable billings.	<b>4.09</b>
140	Knowledge of laws and regulations regarding advertising free or discounted services.	<b>4.08</b>

**Content Area 4: Laws and Regulations (continued)**

<b>Item #</b>	<b>Knowledge Statement</b>	<b>Mean Importance</b>
144	Knowledge of laws and regulations regarding mental illness and illness affecting chiropractor competency.	<b>4.08</b>
133	Knowledge of physical indicators of abuse, firearm injuries, or assaultive action.	<b>4.04</b>
151	Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.	<b>4.00</b>
123	Knowledge of procedures for receiving insurance reimbursement.	<b>3.99</b>
126	Knowledge of laws and regulations related to occupational injury or illness of patients.	<b>3.96</b>
153	Knowledge of laws and regulations regarding radiographic imaging.	<b>3.83</b>
158	Knowledge of laws and regulations regarding unlawful referrals.	<b>3.79</b>
160	Knowledge of laws and regulations regarding violations of license examination security.	<b>3.79</b>
155	Knowledge of laws and regulations regarding supervision of unlicensed individuals.	<b>3.74</b>
159	Knowledge of laws and regulations regarding solicitation of referrals providing beneficial interest to family or self.	<b>3.73</b>
141	Knowledge of laws and regulations regarding chiropractic specialty designations.	<b>3.69</b>
157	Knowledge of laws and regulations regarding referral rebates.	<b>3.48</b>
154	Knowledge of laws and regulations related to inducing students to practice chiropractic.	<b>3.42</b>
162	Knowledge of laws and regulations regarding filing and displaying certificates for satellite offices.	<b>3.32</b>
128	Knowledge of laws and regulations related to transfer of ownership upon death or incapacity of licensed chiropractor.	<b>3.26</b>
127	Knowledge of laws and regulations related to managing chiropractic businesses and corporations.	<b>2.98</b>
152	Knowledge of laws and regulations on use of lasers for chiropractic treatment.	<b>2.97</b>
156	Knowledge of laws and regulations regarding chiropractic manipulations under anesthesia.	<b>2.19</b>



## APPENDIX D. DESCRIPTION OF PRACTICE

I. **Patient History (14%):** This area assesses the candidate's knowledge of performing a comprehensive patient evaluation.

<b>TASK STATEMENTS</b>		<b>KNOWLEDGE STATEMENTS</b>	
<b>A. Chief Complaint (7%)</b>			
<b>T1.</b>	Interview patient to determine history of present illness, chief complaint(s), and related symptoms.	<b>K1.</b>	Knowledge of interview techniques for obtaining health history.
<b>T2.</b>	Select outcome assessment tool to obtain current baseline of pain and/or functionality.	<b>K2.</b>	Knowledge of outcome assessment tools to measure treatment efficacy.
<b>T3.</b>	Interview patient regarding characteristics (e.g., onset, duration, frequency, quality) of chief complaint(s).	<b>K3.</b>	Knowledge of Onset, Palliative, Provocative, Prior, Progression, Quality, Radiating, Severity, Timing (OPQRST) method for evaluating characteristics of chief complaints.
<b>T4.</b>	Interview patient regarding previous diagnostic studies and treatments performed related to present illness and/or chief complaint.	<b>K4.</b>	Knowledge of allopathic and alternative treatments for chief complaint.
<b>T5.</b>	Interview patient regarding current health and management of existing medical conditions.	<b>K5.</b>	Knowledge of methods to obtain information on medications.
<b>T10.</b>	Evaluate information gathered from patient history and relevant records to determine examinations and assessments.	<b>K6.</b>	Knowledge of comorbidities for various medical conditions.
		<b>K23.</b>	Knowledge of examinations and assessments relevant for developing chiropractic diagnoses.

I. **Patient History (14%) continued:** This area assesses the candidate's knowledge of performing a comprehensive patient evaluation.

<b>TASK STATEMENTS</b>		<b>KNOWLEDGE STATEMENTS</b>	
<b>B. Review of Systems (5%)</b>			
<b>T6.</b>	Interview patient regarding review of systems (e.g., musculoskeletal, neurological, cardiovascular) information.	<b>K7.</b>	Knowledge of anatomy and physiology of endocrine system.
		<b>K8.</b>	Knowledge of anatomy and physiology of allergy/immunological system.
		<b>K9.</b>	Knowledge of anatomy and physiology of cardiovascular system.
		<b>K10.</b>	Knowledge of anatomy and physiology of neurological system.
		<b>K11.</b>	Knowledge of anatomy and physiology of integumentary system.
		<b>K12.</b>	Knowledge of anatomy and physiology of reproductive system.
		<b>K13.</b>	Knowledge of anatomy and physiology of respiratory system.
		<b>K14.</b>	Knowledge of anatomy and physiology of musculoskeletal system.
		<b>K15.</b>	Knowledge of anatomy and physiology of gastrointestinal system.
		<b>K16.</b>	Knowledge of anatomy and physiology of genitourinary system.
		<b>K17.</b>	Knowledge of anatomy and physiology of otolaryngological and vision systems.
		<b>K18.</b>	Knowledge of anatomy and physiology of hematologic/lymphatic systems.
		<b>K19.</b>	Knowledge of the interrelationship between body systems.
<b>C. Medical History (2%)</b>			
<b>T7.</b>	Interview patient regarding past health and medical history.	<b>K20.</b>	Knowledge of patient's health history and its relationship to the chief complaint.
<b>T8.</b>	Interview patient regarding family health and medical history.	<b>K21.</b>	Knowledge of family history and its relationship to the chief complaint.
<b>T9.</b>	Interview patient regarding lifestyle history (e.g., social activities, diet, exercise, stress, mental health).	<b>K22.</b>	Knowledge of patient's current and past lifestyle behaviors and its relationship to chief complaint.

**II. Examination and Assessment (29%):** This area assesses the candidate's knowledge of performing physical examinations and evaluations to guide diagnosis and management.

<b>TASK STATEMENTS</b>		<b>KNOWLEDGE STATEMENTS</b>	
<b>A. Initial Assessment (3%)</b>			
<b>T12.</b>	Obtain height and weight of patient.	<b>K25.</b>	Knowledge of methods for obtaining patient height and weight.
<b>T13.</b>	Obtain blood pressure and pulse of patient.	<b>K26.</b>	Knowledge of vital signs measurements and techniques.
<b>T14.</b>	Determine if patient requires urgent or emergency care.	<b>K27.</b>	Knowledge of signs and symptoms of contagious diseases.
<b>T16.</b>	Assess current medications and comorbidities of patient to determine modifications to examination procedures and assessments.	<b>K28.</b>	Knowledge of signs and symptoms of conditions requiring urgent or emergency care.
<b>T17.</b>	Assess posture of patient to identify areas of dysfunction.	<b>K32.</b>	Knowledge of comorbidities and their effects on examination procedures and assessments.
<b>T18.</b>	Examine skin of patient to assess for abnormalities (e.g., swelling, redness, lesions).	<b>K33.</b>	Knowledge of signs and symptoms of comorbidity.
		<b>K34.</b>	Knowledge of common medications and their effects on examination procedures and assessments.
		<b>K35.</b>	Knowledge of clinical interpretation of patient posture.
		<b>K36.</b>	Knowledge of dermatological conditions requiring referral.

**II. Examination and Assessment (29%) continued:** This area assesses the candidate's knowledge of performing physical examinations and evaluations to guide diagnosis and management.

<b>TASK STATEMENTS</b>		<b>KNOWLEDGE STATEMENTS</b>
<b>B. Neurological Assessments (9%)</b>		
<b>T11.</b>	Observe antalgia, gait, and ambulation to assess for abnormalities.	<b>K24.</b> Knowledge of antalgia, gait, and ambulation evaluation.
<b>T15.</b>	Assess cognitive status of patient to aid in diagnosis.	<b>K29.</b> Knowledge of the physical effects of mental health conditions on the human body.
<b>T19.</b>	Examine patient with observation and circumferential measurements to identify muscle atrophy.	<b>K30.</b> Knowledge of indicators of mental health disorders.
<b>T20.</b>	Perform dermatomal sensory examination to aid in diagnosis of condition.	<b>K31.</b> Knowledge of indicators of cognitive disorders.
<b>T21.</b>	Perform testing for pathological reflexes (e.g., Babinski) to assess for abnormalities.	<b>K37.</b> Knowledge of circumferential measurement techniques and interpretation.
<b>T22.</b>	Perform muscle strength testing to assess for abnormalities.	<b>K38.</b> Knowledge of dermatomal sensory testing and interpretation.
<b>T23.</b>	Perform deep tendon reflexes (DTR) to assess for abnormalities.	<b>K39.</b> Knowledge of pathological reflexes testing and interpretation.
<b>T30.</b>	Perform otolaryngological and vision system examinations to assess for abnormalities.	<b>K40.</b> Knowledge of muscle strength testing and interpretation.
<b>T31.</b>	Perform balance and coordination tests to assess for abnormalities.	<b>K41.</b> Knowledge of deep tendon reflex (DTR) testing and interpretation.
<b>C. Orthopedic Assessments (9%)</b>		
<b>T24.</b>	Perform active/passive range of motion assessment.	<b>K48.</b> Knowledge of otolaryngological and vision system examinations and interpretations.
<b>T25.</b>	Assess biomechanics of spine and extremities (e.g., palpation, muscle tone, joint mobility).	<b>K49.</b> Knowledge of use of tools for otolaryngological and vision system examinations.
<b>T26.</b>	Perform orthopedic examination(s) to assess for abnormalities.	<b>K50.</b> Knowledge of balance and coordination testing and interpretation.
		<b>K163.</b> Knowledge of vestibular system assessment.
		<b>K42.</b> Knowledge of techniques for active and passive range of motion assessment.
		<b>K43.</b> Knowledge of joint biomechanical assessments and interpretations.
		<b>K44.</b> Knowledge of orthopedic assessments and interpretation.

**II. Examination and Assessment (29%) continued:** This area assesses the candidate's knowledge of performing physical examinations and evaluations to guide diagnosis and management.

<b>TASK STATEMENTS</b>		<b>KNOWLEDGE STATEMENTS</b>
<b>D. Autonomic Assessments (3%)</b>		
<b>T27.</b>	Perform abdominal examination to assess for abnormalities.	<b>K45.</b> Knowledge of abdominal examination techniques (e.g., auscultation, percussion, palpation).
<b>T28.</b>	Perform cardiovascular examination to assess for abnormalities.	<b>K46.</b> Knowledge of cardiovascular examination techniques.
<b>T29.</b>	Perform respiratory examination to assess for abnormalities.	<b>K47.</b> Knowledge of respiratory examination techniques (e.g., auscultation, percussion, rib excursion).
<b>E. Diagnostics and Referrals (5%)</b>		
<b>T32.</b>	Determine if imaging tests are needed before diagnosis (e.g., X-ray, CT, MRI).	<b>K51.</b> Knowledge of clinical interpretation of radiographic images.
<b>T33.</b>	Determine if additional tests (e.g., blood, urinalysis, EMG/NCV) are needed for diagnosis and management.	<b>K52.</b> Knowledge of interpretation of magnetic resonance imaging (MRI) and CT reports.
<b>T34.</b>	Read and interpret laboratory tests (e.g., blood, urinalysis).	<b>K53.</b> Knowledge of indication for ordering blood, urinalysis, EMG/NCV, and other laboratory tests.
<b>T35.</b>	Develop diagnosis by reviewing results history, examination, and diagnostics.	<b>K54.</b> Knowledge of clinical interpretation of blood tests and urinalysis.
<b>T36.</b>	Determine if diagnosed condition can be treated within chiropractic scope of practice.	<b>K55.</b> Knowledge of signs and symptoms of current presenting condition.
<b>T37.</b>	Identify conditions that require referral to other health care providers.	<b>K56.</b> Knowledge of pathophysiology of inflammation.
		<b>K57.</b> Knowledge of sites of nerve compression and entrapment.
		<b>K58.</b> Knowledge of differential diagnoses of present condition(s).
		<b>K59.</b> Knowledge of implementing treatment plans for chiropractic care.
		<b>K60.</b> Knowledge of contraindications for joint manipulation.
		<b>K61.</b> Knowledge of obstetrics and gynecology as it relates to chiropractic practice.
		<b>K62.</b> Knowledge of preexisting conditions and how they affect chiropractic treatments.
		<b>K63.</b> Knowledge of symptoms and indicators of medical conditions that require referrals to other providers.

**III. Treatment (26%):** This area assesses the candidate's knowledge of chiropractic treatments, including the use of physiotherapy modalities and healthy lifestyle counseling.

<b>TASK STATEMENTS</b>		<b>KNOWLEDGE STATEMENTS</b>	
<b>A. Patient Management (15%)</b>			
<b>T38.</b>	Discuss examination findings, diagnoses, treatment options, and associated risks with patient.	<b>K64.</b>	Knowledge of material risks of chiropractic treatments.
<b>T39.</b>	Perform chiropractic manipulation and/or adjustments to improve biomechanical integrity.	<b>K65.</b>	Knowledge of material risks of physiotherapy treatments.
<b>T60.</b>	Consult with other medical practitioners to co-manage patients.	<b>K66.</b>	Knowledge of treatment options available from other health care providers.
<b>T68.</b>	Evaluate treatment efficacy to determine next course of treatment.	<b>K67.</b>	Knowledge of joint adjustment and manipulation therapies indicated for presenting condition.
<b>T69.</b>	Document assessments and treatments using Subjective/Objective/Assessment/Plan (SOAP) for patient record documentation.	<b>K68.</b>	Knowledge of adjunctive therapies indicated for presenting condition.
		<b>K69.</b>	Knowledge of joint adjustment and manipulation techniques.
		<b>K70.</b>	Knowledge of procedures for operating chiropractic tables.
		<b>K106.</b>	Knowledge of strategies for coordinating patient care with other health care providers.
		<b>K118.</b>	Knowledge of time frames for chiropractic treatments.
		<b>K119.</b>	Knowledge of indications for modifying chiropractic treatment plans.
		<b>K120.</b>	Knowledge of use of Subjective/Objective/Assessment/Plan (SOAP) note-taking method for documenting patient encounters.

**III. Treatment (26%) continued:** This area assesses the candidate's knowledge of chiropractic treatments, including the use of physiotherapy modalities and healthy lifestyle counseling.

<b>TASK STATEMENTS</b>		<b>KNOWLEDGE STATEMENTS</b>	
<b>B. Adjunctive Therapies (7%)</b>			
<b>T40.</b>	Perform spinal traction to improve biomechanical integrity.	<b>K71.</b>	Knowledge of procedures for operating spinal traction equipment.
<b>T41.</b>	Perform spinal decompression to improve biomechanical integrity.	<b>K72.</b>	Knowledge of application of manual and mechanical spinal traction therapies.
<b>T42.</b>	Perform neuromuscular reeducation to improve proprioception and balance.	<b>K73.</b>	Knowledge of procedures for operating spinal decompression equipment.
<b>T43.</b>	Apply cryotherapy to reduce pain, swelling, and inflammation.	<b>K74.</b>	Knowledge of application of spinal decompression therapies.
<b>T44.</b>	Apply heat therapy (e.g., hot packs, moist heat, diathermy) to reduce pain, swelling, and inflammation.	<b>K75.</b>	Knowledge of implementation of neuromuscular reeducation.
<b>T45.</b>	Perform laser treatment to reduce pain, swelling, and inflammation.	<b>K76.</b>	Knowledge of procedures for administering cryotherapy.
<b>T46.</b>	Perform therapeutic ultrasound therapy to reduce pain, swelling, and inflammation.	<b>K77.</b>	Knowledge of procedures for administering heat therapies.
<b>T47.</b>	Perform myofascial release therapy (e.g., mobilization, trigger point) to reduce pain and improve range of motion.	<b>K78.</b>	Knowledge of procedures for operating heat therapy equipment.
<b>T48.</b>	Perform massage therapy to reduce pain and improve range of motion.	<b>K79.</b>	Knowledge of procedures for administering laser therapy.
<b>T49.</b>	Perform therapeutic exercises to improve strength and range of motion.	<b>K80.</b>	Knowledge of procedures for operating laser equipment.
<b>T50.</b>	Apply electrical modalities (e.g., EMS, IFC, HVG, microcurrent) to reduce muscle spasm and pain.	<b>K81.</b>	Knowledge of procedures for administering therapeutic ultrasound.
<b>T54.</b>	Provide orthopedic supports (e.g., braces, splints, taping) for immobilization and compression.	<b>K82.</b>	Knowledge of procedures for operating therapeutic ultrasound equipment.
<b>T55.</b>	Provide orthotics to improve foot function.	<b>K83.</b>	Knowledge of application of myofascial release therapies.
<b>T59.</b>	Apply sensory integration therapy to improve proprioception.	<b>K84.</b>	Knowledge of procedures for administering massage therapies.
		<b>K85.</b>	Knowledge of implementation of therapeutic exercises.
		<b>K86.</b>	Knowledge of procedures for administering electric stimulation.
		<b>K87.</b>	Knowledge of procedures for operating electric stimulation equipment.
		<b>K94.</b>	Knowledge of orthopedic support devices.
		<b>K95.</b>	Knowledge of procedures for applying orthopedic support devices.
		<b>K96.</b>	Knowledge of procedures for applying therapeutic taping.
		<b>K97.</b>	Knowledge of application of orthotics.
		<b>K98.</b>	Knowledge of procedures for fitting orthotics.
		<b>K105.</b>	Knowledge of application of sensory integration therapies.



**III. Treatment (26%) continued:** This area assesses the candidate's knowledge of chiropractic treatments, including the use of physiotherapy modalities and healthy lifestyle counseling.

<b>TASK STATEMENTS</b>		<b>KNOWLEDGE STATEMENTS</b>	
<b>C.</b>	<b>Healthy Lifestyle (4%)</b>		
<b>T61.</b>	Provide recommendations on healthy lifestyle behaviors.	<b>K107.</b>	Knowledge of smoking cessation techniques.
<b>T62.</b>	Provide recommendations for home exercise program (HEP).	<b>K108.</b>	Knowledge of caffeine consumption effects on health.
<b>T63.</b>	Provide recommendations on posture.	<b>K109.</b>	Knowledge of effects of aberrant sleep patterns on health.
<b>T64.</b>	Provide recommendations on ergonomics.	<b>K110.</b>	Knowledge of alcohol consumption effects on health.
<b>T65.</b>	Provide recommendations on relaxation techniques for stress reduction.	<b>K111.</b>	Knowledge of effects of recreational drugs on health.
<b>T66.</b>	Provide recommendations on diet and nutrition.	<b>K112.</b>	Knowledge of therapeutic home exercises program.
<b>T67.</b>	Provide recommendations on nutritional supplements.	<b>K113.</b>	Knowledge of the application of posture corrections.
		<b>K114.</b>	Knowledge of the application of ergonomic corrections.
		<b>K115.</b>	Knowledge of relaxation techniques.
		<b>K116.</b>	Knowledge of nutrition and diet effects on health.
		<b>K117.</b>	Knowledge of the effects of nutritional supplementation on health.

**IV. Laws and Regulations (31%):** This area assesses the candidate's knowledge of laws and regulations related to chiropractor practice as documented in the California Business and Professions Code, California Code of Regulations, California Health and Safety Code, and Chiropractic Initiative Act of California.

<b>TASK STATEMENTS</b>		<b>KNOWLEDGE STATEMENTS</b>
<b>A. Records Management (8%)</b>		
<p><b>T70.</b> Obtain informed consent in accordance with laws and regulations.</p> <p><b>T75.</b> Document assessments and treatments for patient records in accordance with laws and regulations.</p> <p><b>T77.</b> Maintain patient records in accordance with laws and regulations.</p> <p><b>T78.</b> Maintain confidentiality of patient records in accordance with laws and regulations.</p> <p><b>T79.</b> Release patient records in accordance with laws and regulations.</p>	<p><b>K121.</b> Knowledge of laws and regulations related to informed consent.</p> <p><b>K129.</b> Knowledge of laws and regulations for documenting patient history, examination, treatment, principal spoken language, and management.</p> <p><b>K146.</b> Knowledge of laws and regulations regarding professional treatment standards.</p> <p><b>K134.</b> Knowledge of laws and regulations regarding maintaining physical and electronic patient records.</p> <p><b>K135.</b> Knowledge of laws and regulations regarding patient addendums to records.</p> <p><b>K136.</b> Knowledge of legal requirements of the Health Insurance Portability and Accountability Act (HIPAA).</p> <p><b>K137.</b> Knowledge of laws and regulations regarding confidentiality of patient records and test results.</p> <p><b>K138.</b> Knowledge of laws and regulations regarding release of minor and adult patient records.</p>	

**IV. Laws and Regulations (31%) continued:** This area assesses the candidate's knowledge of laws and regulations related to chiropractor practice as documented in the California Business and Professions Code, California Code of Regulations, California Health and Safety Code, and Chiropractic Initiative Act of California.

<b>TASK STATEMENTS</b>		<b>KNOWLEDGE STATEMENTS</b>	
<b>B. Business Management (8%)</b>			
<b>T71.</b>	Adhere to laws and regulations regarding billing, billing codes, and documentation.	<b>K122.</b>	Knowledge of documentation requirements (e.g., billing codes) for insurance reimbursement.
<b>T72.</b>	Adhere to laws and regulations related to treating patients with occupational injuries or illnesses.	<b>K123.</b>	Knowledge of procedures for receiving insurance reimbursement.
<b>T73.</b>	Adhere to laws and regulations related to ownership and management of chiropractic businesses and corporations.	<b>K124.</b>	Knowledge of laws and regulations regarding accountable billings.
<b>T74.</b>	Adhere to laws and regulations related to ownership and management of a chiropractic practice.	<b>K125.</b>	Knowledge of laws and regulations regarding discounted fees and services.
<b>T76.</b>	Report known or suspected abuse of patients by contacting protective services in accordance with laws and regulations.	<b>K126.</b>	Knowledge of laws and regulations related to occupational injury or illness of patients.
<b>T91.</b>	Adhere to laws and regulations regarding display of certificate to practice.	<b>K127.</b>	Knowledge of laws and regulations related to managing chiropractic businesses and corporations.
		<b>K128.</b>	Knowledge of laws and regulations related to transfer of ownership upon death or incapacity of licensed chiropractor.
		<b>K130.</b>	Knowledge of laws for reporting suspected abuse of children, elders, or dependent adults.
		<b>K131.</b>	Knowledge of mandated reporting procedures of suspected abuse of children, elders, or dependent adults.
		<b>K132.</b>	Knowledge of mandated reporting procedures of suspected abuse, firearm injuries, or assaultive action.
		<b>K133.</b>	Knowledge of physical indicators of abuse, firearm injuries, or assaultive action.
		<b>K161.</b>	Knowledge of laws and regulations related to displaying of certificate to practice.
		<b>K162.</b>	Knowledge of laws and regulations regarding filing and displaying certificates for satellite offices.

**IV. Laws and Regulations (31%) continued:** This area assesses the candidate's knowledge of laws and regulations related to chiropractor practice as documented in the California Business and Professions Code, California Code of Regulations, California Health and Safety Code, and Chiropractic Initiative Act of California.

<b>TASK STATEMENTS</b>		<b>KNOWLEDGE STATEMENTS</b>	
<b>C. Ethics (8%)</b>			
<b>T80.</b>	Adhere to laws and regulations regarding advertising of chiropractic services.	<b>K139.</b>	Knowledge of laws and regulations related to chiropractic advertising, misrepresentation, and false claims.
<b>T81.</b>	Adhere to laws and regulations regarding professional conduct.	<b>K140.</b>	Knowledge of laws and regulations regarding advertising free or discounted services.
<b>T83.</b>	Adhere to laws and regulations regarding excessive treatment.	<b>K141.</b>	Knowledge of laws and regulations regarding chiropractic specialty designations.
<b>T87.</b>	Ensure professional conduct of others on the premises of chiropractic office in accordance with laws and regulations.	<b>K142.</b>	Knowledge of laws and regulations related to use of chiropractic title.
<b>T89.</b>	Adhere to laws and regulations regarding referral of patients.	<b>K143.</b>	Knowledge of laws and regulations of ethical standards for professional conduct in a chiropractic setting.
<b>T90.</b>	Adhere to laws and regulations regarding license examination security.	<b>K144.</b>	Knowledge of laws and regulations regarding mental illness and illness affecting chiropractor competency.
		<b>K147.</b>	Knowledge of laws and regulations regarding excessive treatments.
		<b>K154.</b>	Knowledge of laws and regulations related to inducing students to practice chiropractic.
		<b>K155.</b>	Knowledge of laws and regulations regarding supervision of unlicensed individuals.
		<b>K157.</b>	Knowledge of laws and regulations regarding referral rebates.
		<b>K158.</b>	Knowledge of laws and regulations regarding unlawful referrals.
		<b>K159.</b>	Knowledge of laws and regulations regarding solicitation of referrals providing beneficial interest to family or self.
		<b>K160.</b>	Knowledge of laws and regulations regarding violations of license examination security.

**IV. Laws and Regulations (31%) continued:** This area assesses the candidate's knowledge of laws and regulations related to chiropractor practice as documented in the California Business and Professions Code, California Code of Regulations, California Health and Safety Code, and Chiropractic Initiative Act of California.

<p><b>T82.</b> Adhere to laws that define chiropractic scope of practice.  <b>T84.</b> Maintain California chiropractor license according to laws and regulations.  <b>T85.</b> Adhere to laws and regulations regarding use of lasers for chiropractic treatment.  <b>T86.</b> Adhere to laws and regulations regarding radiographic imaging.  <b>T88.</b> Adhere to laws and regulations regarding chiropractic manipulation under anesthesia.</p>	<p><b>K145.</b> Knowledge of laws and regulations regarding reporting violations of the Chiropractic Initiative Act.  <b>K146.</b> Knowledge of laws and regulations regarding professional treatment standards.  <b>K148.</b> Knowledge of laws and regulations regarding maintenance, renewal, and restoration of California chiropractor license.  <b>K149.</b> Knowledge of laws and regulations for maintaining accurate licensee name and address with the Board of Chiropractic Examiners.  <b>K150.</b> Knowledge of laws and regulations regarding continuing education requirements to maintain chiropractor license.  <b>K151.</b> Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.  <b>K152.</b> Knowledge of laws and regulations on use of lasers for chiropractic treatment.  <b>K153.</b> Knowledge of laws and regulations regarding radiographic imaging.  <b>K156.</b> Knowledge of laws and regulations regarding chiropractic manipulations under anesthesia.</p>
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## APPENDIX E. LETTER TO PRACTITIONERS



**Board of Chiropractic Examiners**

901 P Street, Suite 142A, Sacramento, CA 95814  
P (916) 263-5355 | F (866) 543-1311 | <http://www.chiro.ca.gov>

October XX, 2016

Name  
Address  
City, State Zip

Dear Licensed chiropractor,

The Board of Chiropractic Examiners is inviting you to participate in the 2016 Occupational Analysis regarding the chiropractic profession.

The Board is working with the Department of Consumer Affairs' Office of Professional Examination Services (OPES) to conduct an occupational analysis, which is a comprehensive description of current practice in terms of the tasks performed in a profession and the knowledge required to perform those tasks. The occupational analysis is only conducted every five to seven years and the results are very important to the development of the licensing examinations.

Several workshops with chiropractors have been held in Sacramento to develop a survey questionnaire regarding current practice of chiropractors. We are inviting you to participate in this survey. Your response will be combined with responses of other chiropractors to determine the tasks and knowledge needed for independent practice. Your individual responses will be kept confidential.

The survey will be available from **October 24, 2016 to November 18, 2016**, 24 hours a day, 7 days a week. It will take approximately 90 minutes to complete the online survey questionnaire. For your convenience, you may begin the survey and exit to return at a later time, as long as it is from the same computer. The Board has authorized 2 hours of Continuing Education credit to be earned by taking this survey. In order to gain the credit, participants must provide their license number at the end of the survey so a list of all participants' license numbers can be sent to the board.

If you are interested in participating in this important project, please:

<p><b>Record your Chiropractic License # for reference:</b> _____</p> <p><b>The Survey Web-link Password is:</b>        <b>chiro16</b> (all lower case)</p> <p><b>Use the following link to access the survey:</b> <b><a href="https://www.surveymonkey.com/r/ChiroS16">https://www.surveymonkey.com/r/ChiroS16</a></b></p>
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Again, we appreciate your dedication to your profession and to our mission of protecting the consumers of California by licensing qualified and competent providers.

Sincerely,

Robert Puleo, Executive Officer  
Board of Chiropractic Examiners

## APPENDIX F. QUESTIONNAIRE



# Chiropractor Occupational Analysis Survey

## 1. COVER LETTER

**Dear Licensee:**

The Board of Chiropractor examiners is conducting an occupational analysis of the Chiropractic profession. The purpose of the occupational analysis is to identify the important tasks performed by Chiropractor in current practice and the knowledge required to perform those tasks. Results of the occupational analysis will be used to update and improve the Chiropractor Licensing Examination.

The Board requests your assistance in this process. Please take the time to complete the survey questionnaire as it relates to your current practice. Your participation ensures that all aspects of the profession are covered and is essential to the success of this project.

Your individual responses will be kept confidential. Your responses will be combined with responses of other Chiropractors and only group trends will be reported. Your personal information will not be tied to your responses.

In order to progress through this survey, please use the following navigation buttons:

- Click the Next button to continue to the next page.
- Click the Prev button to return to the previous page.
- Click the Done/Submit button to submit your survey as completed.

Any questions marked with an asterisk (\*) require an answer in order to progress through the survey questionnaire.

**Please Note:** This survey can take between 1-2 hours to complete. However, once you have started the survey, you can exit at any time and return to it later without losing your responses as long as you are accessing the survey from the same computer. The survey automatically saves fully-completed pages, but will not save responses to questions on pages that were partially completed when the survey was exited. This means that in order for a page to save, you must have completed that page and selected the "next" button. For your convenience, the weblink is available 24 hours a day 7 days a week.

Please submit the completed survey questionnaire by November 30th, 2016.

If you have any questions about completing this survey, please contact Brian Knox at [Brian.Knox@dca.ca.gov](mailto:Brian.Knox@dca.ca.gov) or (916) 575-7273. The Board welcomes your participation in this project and sincerely thanks you for your time.

**INSTRUCTIONS FOR EARNING CONTINUING EDUCATION CREDITS**

The Board of Chiropractic Examiners has approved two hours of continuing education credits for every chiropractor who completes this survey. In order to receive this credit you must first complete the survey then input your chiropractic license number when prompted for it at the end of the survey.

#### **INSTRUCTIONS FOR COMPLETING THE DEMOGRAPHIC ITEMS**

This part of the questionnaire contains an assortment of demographic items, the responses to which will be used to describe Chiropractic practice as represented by the respondents to the questionnaire. Please note the instructions for each item before marking your response as several permit multiple responses.

#### **INSTRUCTIONS FOR RATING TASK AND KNOWLEDGE STATEMENTS**

This part of the questionnaire contains a list of tasks and knowledge descriptive of the Chiropractic practice in a variety of settings. Please note that some of the tasks or knowledge may not apply to your setting.

For each task, you will be asked to answer two questions: how important the task is in the performance of your current practice (importance) and how often you perform the task(frequency). For each knowledge, you will be asked to answer one question: how important the knowledge is in the performance of your current practice (importance).

### 2. OCCUPATIONAL ANALYSIS OF THE CHIROPRACTOR

**The Board of Chiropractic Examiners recognizes that every Chiropractic practitioner may not perform all of the tasks and use all of the knowledge contained in this questionnaire. However, your participation is essential to the success of this project, and your contributions will help establish standards for safe and effective Chiropractic practice in the state of California.**

**Complete this questionnaire only if you are currently licensed and practicing as a Chiropractor in California.**

## Chiropractor Occupational Analysis Survey

3.

Are you currently practicing in California as a licensed Chiropractor?

Yes

No

## Chiropractor Occupational Analysis Survey

### 4. PART I PERSONAL DATA

**The information you provide in this next section is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code, Section 1798 et seq.) and it will be used only for the purpose of analyzing the ratings from this questionnaire.**

# Chiropractor Occupational Analysis Survey

## 5. Demographics

How many years have you been practicing in California as a licensed Chiropractor?

- 0 to 5 years
- 6 to 10 years
- 11 to 20 years
- More than 20 years

How many practice settings/clinical locations do you utilize as a Chiropractor?

- 1
- 2-4
- 5 or more

How would describe your primary practice setting?

- Sole practitioner
- Independent Contractor/Associate
- Chiropractic Group
- Multidisciplinary Group
- Hospital
- House calls/Home visits

Other (please specify)

What location describes your primary work setting?

- Urban (greater than 100,000 people), highly dense population within city limits
- Suburban, less densely populated areas (typically bordering the city)
- Rural (less than 10,000 people) sparsely populated areas further outside of city (e.g., countryside, farmlands)

Other (please specify)

How many hours per week do you work as a licensed Chiropractor?

- 0 - 10 hours
- 11 - 20 hours
- 21 to 39 hours
- 40 or more hours

Which of the following diplomate/certifications (if any) do you possess?

- Chiropractic Pediatrics
- Chiropractic Physical and Therapeutic Rehabilitation
- Chiropractic Acupuncture
- Diagnosis and Internal Disorders
- Diagnostic Imaging or Radiology
- Neurology
- Nutrition
- Occupational Health
- Sports Physician
- Orthopedics

Other (please specify)

## Chiropractor Occupational Analysis Survey

### 6. Demographics

What is the highest level of non-chiropractic education you attained? (Please specify the major of degree in the box provided)

- Associate Degree
- Bachelor's Degree
- Master's Degree
- Doctoral Degree

Major:

During training, what other subjects would have been beneficial to adequately prepare you for your first year in practice? (please specify)

Do you feel that your chiropractic training program prepared you for your first year in practice?

- Yes
- No



Do you hold any other California professional licenses?

= X-ray Supervisor

= Acupuncture

= Physical Therapy

= Medical Doctor

= Osteopathic Doctor

= Naturopathic Doctor

= Registered Nurse

= Nurse Practitioner

= Certified Athletic Trainer

Other CA Professional License:

In what California county is your primary practice located?

- |                                    |                                       |                                     |
|------------------------------------|---------------------------------------|-------------------------------------|
| <input type="radio"/> Alameda      | <input type="radio"/> Marin           | <input type="radio"/> San Mateo     |
| <input type="radio"/> Alpine       | <input type="radio"/> Mariposa        | <input type="radio"/> Santa Barbara |
| <input type="radio"/> Amador       | <input type="radio"/> Mendocino       | <input type="radio"/> Santa Clara   |
| <input type="radio"/> Butte        | <input type="radio"/> Merced          | <input type="radio"/> Santa Cruz    |
| <input type="radio"/> Calaveras    | <input type="radio"/> Modoc           | <input type="radio"/> Shasta        |
| <input type="radio"/> Colusa       | <input type="radio"/> Mono            | <input type="radio"/> Sierra        |
| <input type="radio"/> Contra Costa | <input type="radio"/> Monterey        | <input type="radio"/> Siskiyou      |
| <input type="radio"/> Del Norte    | <input type="radio"/> Napa            | <input type="radio"/> Solano        |
| <input type="radio"/> El Dorado    | <input type="radio"/> Nevada          | <input type="radio"/> Sonoma        |
| <input type="radio"/> Fresno       | <input type="radio"/> Orange          | <input type="radio"/> Stanislaus    |
| <input type="radio"/> Glenn        | <input type="radio"/> Placer          | <input type="radio"/> Sutter        |
| <input type="radio"/> Humboldt     | <input type="radio"/> Plumas          | <input type="radio"/> Tehama        |
| <input type="radio"/> Imperial     | <input type="radio"/> Riverside       | <input type="radio"/> Trinity       |
| <input type="radio"/> Inyo         | <input type="radio"/> Sacramento      | <input type="radio"/> Tulare        |
| <input type="radio"/> Kern         | <input type="radio"/> San Benito      | <input type="radio"/> Tuolumne      |
| <input type="radio"/> Kings        | <input type="radio"/> San Bernardino  | <input type="radio"/> Ventura       |
| <input type="radio"/> Lake         | <input type="radio"/> San Diego       | <input type="radio"/> Yolo          |
| <input type="radio"/> Lassen       | <input type="radio"/> San Francisco   | <input type="radio"/> Yuba          |
| <input type="radio"/> Los Angeles  | <input type="radio"/> San Joaquin     |                                     |
| <input type="radio"/> Madera       | <input type="radio"/> San Luis Obispo |                                     |

### 7. PART II RATING JOB TASKS

In this part of the questionnaire, please rate each task as it relates to your current practice as a chiropractor. Please rate each statement using the importance and frequency scale provided. Frequency and importance ratings should be separate and independent ratings. Therefore, the rating you assign to a statement on the importance scale should not influence the rating you assign to that same statement on the frequency scale. For example, a task you perform may be critical to your practice, but you may not perform that task very often.

If the task is NOT part of your current practice, rate the task "0" (zero) Importance and "0" (zero) Frequency.

The boxes for rating the Importance and Frequency of each task have drop-down lists. Click on the "down" arrow for each list to see the ratings and then select the option based on your current practice.

#### IMPORTANCE RATING

HOW IMPORTANT is performance of this task in your current practice?

**0 - NOT IMPORTANT; DOES NOT APPLY TO MY PRACTICE.** This task is not important and/or I do not perform this task in my practice.

**1 - OF MINOR IMPORTANCE.** This task has the lowest priority of all the tasks that I perform in my practice.

**2 - FAIRLY IMPORTANT.** This task is fairly important relative to other tasks; however, it does not have the priority of most other tasks that I perform in my practice.

**3 - MODERATELY IMPORTANT.** This task has about average priority among all tasks that I perform in my practice.

**4 - VERY IMPORTANT.** This task is very important for my practice; it has a higher degree of importance or priority than most other tasks that I perform in my practice.

**5 - CRITICALLY IMPORTANT.** This task is among the most critical tasks that I perform in my practice.

#### FREQUENCY RATING

HOW OFTEN do you perform this task to treat patients?

**0 - DOES NOT APPLY TO MY PRACTICE. I never perform this task in my practice.**

**1 - RARELY. I rarely perform this task in my practice.**

**2 - SELDOM. I seldom perform this task in my practice. The frequency at which I perform this task in my practice is very low.**

**3 - OCCASIONALLY. This task is performed somewhat frequently in my practice.**

**4 - OFTEN. This task is performed more frequently than most other tasks in my practice.**

**5 - VERY OFTEN. I perform this task almost constantly and it is one of the most frequently performed tasks in my practice.**

**TASK STATEMENTS - Patient History**

	Importance	Frequency
1. Interview patient to determine history of present illness, chief complaint(s), and related symptoms.	<input type="text"/>	<input type="text"/>
2. Select outcome assessment tool to obtain current baseline of pain and/or functionality.	<input type="text"/>	<input type="text"/>
3. Interview patient regarding characteristics (e.g., onset, duration, frequency, quality) of chief complaint(s).	<input type="text"/>	<input type="text"/>
4. Interview patient regarding previous diagnostic studies and treatments performed related to present illness and/or chief complaint.	<input type="text"/>	<input type="text"/>
5. Interview patient regarding current health and management of existing medical conditions.	<input type="text"/>	<input type="text"/>
6. Interview patient regarding review of systems (e.g., musculoskeletal, neurological, cardiovascular) information.	<input type="text"/>	<input type="text"/>
7. Interview patient regarding past health and medical history.	<input type="text"/>	<input type="text"/>
8. Interview patient regarding family health and medical history.	<input type="text"/>	<input type="text"/>
9. Interview patient regarding lifestyle history (e.g., social activities, diet, exercise, stress, mental health).	<input type="text"/>	<input type="text"/>
10. Evaluate information gathered from patient history and relevant records to determine examinations and assessments.	<input type="text"/>	<input type="text"/>

# Chiropractor Occupational Analysis Survey

## 8. PART II RATING JOB TASKS

### TASK STATEMENTS - Examination and Assessment

	Importance	Frequency
11. Observe antalgia, gait, and ambulation to assess for abnormalities.	<input type="text"/>	<input type="text"/>
12. Obtain height and weight of patient.	<input type="text"/>	<input type="text"/>
13. Obtain blood pressure and pulse of patient.	<input type="text"/>	<input type="text"/>
14. Determine if patient requires urgent or emergency care.	<input type="text"/>	<input type="text"/>
15. Assess cognitive status of patient to aid in diagnosis.	<input type="text"/>	<input type="text"/>
16. Assess current medications and comorbidities of patient to determine modifications to examination procedures and assessments.	<input type="text"/>	<input type="text"/>
17. Assess posture of patient to identify areas of dysfunction.	<input type="text"/>	<input type="text"/>
18. Examine skin of patient to assess for abnormalities (e.g., swelling, redness, and lesions).	<input type="text"/>	<input type="text"/>
19. Examine patient with observation and circumferential measurements to identify muscle atrophy.	<input type="text"/>	<input type="text"/>
20. Perform dermatomal sensory examination to aid in diagnosis of condition.	<input type="text"/>	<input type="text"/>
21. Perform testing for pathological reflexes (e.g., Babinski ) to assess for abnormalities.	<input type="text"/>	<input type="text"/>
22. Perform muscle strength testing to assess for abnormalities.	<input type="text"/>	<input type="text"/>
23. Perform deep tendon reflexes (DTR) to assess for abnormalities.	<input type="text"/>	<input type="text"/>
24. Perform active/passive range of motion assessment.	<input type="text"/>	<input type="text"/>
25. Assess biomechanics of spine and extremities. (e.g., palpation, muscle tone, joint mobility).	<input type="text"/>	<input type="text"/>
26. Perform orthopedic examination(s) to assess for abnormalities.	<input type="text"/>	<input type="text"/>
27. Perform abdominal examination to assess for abnormalities.	<input type="text"/>	<input type="text"/>

Importance

Frequency

28. Perform cardiovascular examination to assess for abnormalities.

29. Perform respiratory examination to assess for abnormalities.

30. Perform otolaryngological and vision system examinations to assess for abnormalities.

31. Perform balance and coordination tests to assess for abnormalities.

32. Determine if imaging tests are needed before diagnosis (e.g., X-ray, CT, MRI).

33. Determine if additional tests (e.g., blood, urinalysis, EMG/NCV) are needed for diagnosis and management.

34. Read and interpret laboratory tests (e.g., blood, urinalysis).

35. Develop diagnosis by reviewing results history, examination, and diagnostics.

36. Determine if diagnosed condition can be treated within chiropractic scope of practice.

37. Identify conditions that require referral to other health care providers.

# Chiropractor Occupational Analysis Survey

## 9. PART II RATING JOB TASKS

### TASK STATEMENTS - Treatment

	Importance	Frequency
38. Discuss examination findings, diagnoses, treatment options and associated risks with patient.	<input type="text"/>	<input type="text"/>
39. Perform chiropractic manipulation and/or adjustments to improve biomechanical integrity.	<input type="text"/>	<input type="text"/>
40. Perform spinal traction to improve biomechanical integrity.	<input type="text"/>	<input type="text"/>
41. Perform spinal decompression to improve biomechanical integrity.	<input type="text"/>	<input type="text"/>
42. Perform neuromuscular reeducation to improve proprioception and balance.	<input type="text"/>	<input type="text"/>
43. Apply cryotherapy to reduce pain, swelling, and inflammation.	<input type="text"/>	<input type="text"/>
44. Apply heat therapy (e.g., hot packs, moist heat, diathermy) to reduce pain, swelling, and inflammation.	<input type="text"/>	<input type="text"/>
45. Perform laser treatment to reduce pain, swelling, and inflammation.	<input type="text"/>	<input type="text"/>
46. Perform therapeutic ultrasound therapy to reduce pain, swelling, and inflammation.	<input type="text"/>	<input type="text"/>
47. Perform myofascial release therapy (e.g., mobilization, trigger point) to reduce pain and improve range of motion.	<input type="text"/>	<input type="text"/>
48. Perform massage therapy to reduce pain and improve range of motion.	<input type="text"/>	<input type="text"/>
49. Perform therapeutic exercises to improve strength and range of motion.	<input type="text"/>	<input type="text"/>
50. Apply electrical modalities (e.g., EMS, IFC, HVG, micro-current) to reduce muscle spasm and pain.	<input type="text"/>	<input type="text"/>
51. Apply iontophoresis modality to reduce pain, swelling, and inflammation	<input type="text"/>	<input type="text"/>
52. Provide whirlpool/Hubbard tank therapy to reduce pain, swelling, and inflammation.	<input type="text"/>	<input type="text"/>
53. Apply paraffin therapy to reduce pain, swelling, and inflammation.	<input type="text"/>	<input type="text"/>
54. Provide orthopedic supports (e.g., braces, splints, taping) for immobilization and compression.	<input type="text"/>	<input type="text"/>

	Importance	Frequency
55. Provide orthotics to improve foot function.	<input type="text"/>	<input type="text"/>
56. Perform extracorporeal shockwave therapy to reduce pain and improve range of motion.	<input type="text"/>	<input type="text"/>
57. Perform whole body vibration therapy to improve function.	<input type="text"/>	<input type="text"/>
58. Apply cupping therapy to improve soft tissue function.	<input type="text"/>	<input type="text"/>
59. Apply sensory integration therapy to improve proprioception.	<input type="text"/>	<input type="text"/>
60. Consult with other medical practitioners to co-manage patients.	<input type="text"/>	<input type="text"/>
61. Provide recommendations on healthy lifestyle behaviors.	<input type="text"/>	<input type="text"/>
62. Provide recommendations for home exercise program (HEP).	<input type="text"/>	<input type="text"/>
63. Provide recommendations on posture.	<input type="text"/>	<input type="text"/>
64. Provide recommendations on ergonomics.	<input type="text"/>	<input type="text"/>
65. Provide recommendations on relaxation techniques for stress reduction.	<input type="text"/>	<input type="text"/>
66. Provide recommendations on diet and nutrition.	<input type="text"/>	<input type="text"/>
67. Provide recommendations on nutritional supplements.	<input type="text"/>	<input type="text"/>
68. Evaluate treatment efficacy to determine next course of treatment.	<input type="text"/>	<input type="text"/>
69. Document assessments and treatments using Subjective/Objective/Assessment/Plan (SOAP) for patient record documentation.	<input type="text"/>	<input type="text"/>



# Chiropractor Occupational Analysis Survey

## 10. PART II RATING JOB TASKS

### TASK STATEMENTS - Laws and Regulations

	Importance	Frequency
70. Obtain informed consent in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
71. Adhere to laws and regulations regarding billing, billing codes and documentation.	<input type="text"/>	<input type="text"/>
72. Adhere to laws and regulations related to treating patients with occupational injuries or illness.	<input type="text"/>	<input type="text"/>
73. Adhere to laws and regulations related to ownership and management of chiropractic corporations.	<input type="text"/>	<input type="text"/>
74. Adhere to laws and regulations related to ownership and management of chiropractic practice.	<input type="text"/>	<input type="text"/>
75. Document assessments and treatments for patient records in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
76. Report known or suspected abuse of patients by contacting protective services in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
77. Maintain patient records in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
78. Maintain confidentiality of patient records in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
79. Release patient records in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
80. Adhere to laws and regulations regarding advertising of chiropractic services.	<input type="text"/>	<input type="text"/>
81. Adhere to laws and regulations regarding professional conduct.	<input type="text"/>	<input type="text"/>
82. Adhere to laws that define chiropractic scope of practice	<input type="text"/>	<input type="text"/>
83. Adhere to laws and regulations regarding excessive treatment.	<input type="text"/>	<input type="text"/>
84. Maintain California chiropractor's license according to laws and regulations.	<input type="text"/>	<input type="text"/>
85. Adhere to laws and regulations regarding use of lasers for chiropractic treatment.	<input type="text"/>	<input type="text"/>

Importance

Frequency

86. Adhere to laws and regulations regarding radiographic imaging.

87. Ensure professional conduct of others on the premises of chiropractic office in accordance with laws and regulations.

88. Adhere to laws and regulations regarding chiropractic manipulation under anesthesia.

89. Adhere to laws and regulations regarding referral of patients.

90. Adhere to laws and regulations regarding license examination security.

91. Adhere to laws and regulations regarding display of certificate to practice.

# Chiropractor Occupational Analysis Survey

## 11. PART III. RATING PRACTICE KNOWLEDGE

In this part of the questionnaire, rate each of the knowledge statements based on how important the knowledge is to successful performance in your practice. If a knowledge statement is NOT utilized in the performance of tasks for your practice, rate it "0" (zero) for Importance.

The boxes for rating the Importance of each knowledge statement have a drop-down list. Click on the "down" arrow for each list to see the ratings. Then select the rating based on your current practice.

### IMPORTANCE RATING

HOW IMPORTANT is this knowledge in the performance of your current practice?

Use the following scale to select your ratings.

**0 - NOT IMPORTANT and/or NOT REQUIRED.** This knowledge does not apply to my practice; it is not required for performance of tasks.

**1 - OF MINOR IMPORTANCE.** Possession of this knowledge is of minor importance for performance of tasks.

**2 - FAIRLY IMPORTANT.** Possession of this knowledge is fairly important for performance of tasks.

**3 - MODERATELY IMPORTANT.** Possession of this knowledge is moderately important for performance of tasks.

**4 - VERY IMPORTANT.** Possession of this knowledge is very important for performance in a significant part of my practice.

**5 - CRITICALLY IMPORTANT.** Possession of this knowledge is of critical to the performance of tasks.

### KNOWLEDGE STATEMENTS - Patient Assessment

Importance

1. Knowledge of interview techniques for obtaining health history.

2. Knowledge of outcome assessment tools to measure treatment efficacy

3. Knowledge of Onset, Palliative, Provocative, Prior, Progression, Quality, Radiating, Severity, Timing (OPQRST) method for evaluating characteristics of chief complaints.

Importance

4. Knowledge of allopathic and alternative treatments for chief complaint.

5. Knowledge of methods to obtain information on medications.

6. Knowledge of comorbidities for various medical conditions.

7. Knowledge of anatomy and physiology of endocrine system.

8. Knowledge of anatomy and physiology of allergy/immunological system.

9. Knowledge of anatomy and physiology of cardiovascular system.

10. Knowledge of anatomy and physiology of neurological system.

11. Knowledge of anatomy and physiology of integumentary system.

12. Knowledge of anatomy and physiology of reproductive system.

13. Knowledge of anatomy and physiology of respiratory system.

14. Knowledge of anatomy and physiology of musculoskeletal system.

15. Knowledge of anatomy and physiology of gastrointestinal system.

16. Knowledge of anatomy and physiology of genitourinary system.

17. Knowledge of anatomy and physiology of otolaryngological and vision systems.

18. Knowledge of anatomy and physiology of hematologic/lymphatic systems.

19. Knowledge of the interrelationship between body systems.

20. Knowledge of patient's health history and its relationship to the chief complaint.

21. Knowledge of family history and its relationship to the chief complaint.

22. Knowledge of patient's current and past lifestyle behaviors and its relationship to chief complaint.

23. Knowledge of examinations and assessments relevant for developing chiropractic diagnoses.

# Chiropractor Occupational Analysis Survey

## 12. PART III. RATING PRACTICE KNOWLEDGE

### KNOWLEDGE STATEMENTS - Examination and Assessment

Importance

24. Knowledge of antalgia, gait, and ambulation evaluation.

25. Knowledge of methods for obtaining patient height and weight.

26. Knowledge of vital signs measurements and techniques.

27. Knowledge of signs and symptoms of contagious diseases.

28. Knowledge of signs and symptoms of conditions requiring urgent or emergency care.

29. Knowledge of the physical effects of mental health conditions on the human body.

30. Knowledge of indicators of mental health disorders.

31. Knowledge of indicators of cognitive disorders.

32. Knowledge of comorbidities and their effects on examination procedures and assessments.

33. Knowledge of signs and symptoms of comorbidity.

34. Knowledge of common medications and their effects on examination procedures and assessments.

35. Knowledge of clinical interpretation of patient posture.

36. Knowledge of dermatological conditions requiring referral.

37. Knowledge of circumferential measurement techniques and interpretation.

38. Knowledge of dermatomal sensory testing and interpretation.

39. Knowledge of pathological reflexes testing and interpretation.

40. Knowledge of muscle strength testing and interpretation.

41. Knowledge of deep tendon reflex (DTR) testing and interpretation.

42. Knowledge of techniques for active and passive range of motion assessment.

Importance

43. Knowledge of joint biomechanical assessments and interpretations.

44. Knowledge of orthopedic assessment and interpretation.

45. Knowledge of abdominal examination techniques (e.g., auscultation, percussion, palpation).

46. Knowledge of cardiovascular examination techniques.

47. Knowledge of respiratory examination techniques (e.g., auscultation, percussion, rib excursion).

48. Knowledge of otolaryngological and vision system examinations and interpretations.

49. Knowledge of use of tools for otolaryngological and vision system examinations.

50. Knowledge of balance and coordination testing and interpretation.

51. Knowledge of clinical interpretation of radiographic images.

52. Knowledge of interpretation of magnetic resonance imaging (MRI) and CT reports.

53. Knowledge of indication for ordering blood, urinalysis, EMG/NCV, and other laboratory tests.

54. Knowledge of clinical interpretation of blood tests and urinalysis.

55. Knowledge of signs and symptoms of current presenting condition.

56. Knowledge of pathophysiology of inflammation.

57. Knowledge of sites of nerve compression and entrapment.

58. Knowledge of differential diagnoses of present condition(s).

59. Knowledge of implementing treatment plans for chiropractic care.

60. Knowledge of contraindications for joint manipulation.

61. Knowledge of obstetrics and gynecology as it relates to chiropractic practice.

62. Knowledge of preexisting conditions and how they affect chiropractic treatments.

63. Knowledge of symptoms and indicators of medical conditions that require referrals to other providers.

# Chiropractor Occupational Analysis Survey

## 13. PART III. RATING PRACTICE KNOWLEDGE

### KNOWLEDGE STATEMENTS - Treatment

Importance

64. Knowledge of material risks of chiropractic treatments.

65. Knowledge of material risks of physiotherapy treatments.

66. Knowledge of treatment options available from other healthcare providers.

67. Knowledge of joint adjustment and manipulation therapies indicated for presenting condition.

68. Knowledge of adjunctive therapies indicated for presenting condition.

69. Knowledge of joint adjustment and manipulation techniques.

70. Knowledge of procedures for operating chiropractic tables.

71. Knowledge of procedures for operating spinal traction equipment.

72. Knowledge of application of manual and mechanical spinal traction therapies.

73. Knowledge of procedures for operating spinal decompression equipment.

74. Knowledge of application of spinal decompression therapies.

75. Knowledge of implementation of neuromuscular reeducation.

76. Knowledge of procedures for administering cryotherapy.

77. Knowledge of procedures for administering heat therapies.

78. Knowledge of procedures for operating heat therapy equipment.

79. Knowledge of procedures for administering laser therapy.

80. Knowledge of procedures for operating laser equipment.

81. Knowledge of procedures for administering therapeutic ultrasound.

82. Knowledge of procedures for operating therapeutic ultrasound equipment.

Importance

83. Knowledge of application of myofascial release therapies.

84. Knowledge of procedures for administering massage therapies.

85. Knowledge of implementation of therapeutic exercises.

86. Knowledge of procedures for administering electric stimulation.

87. Knowledge of procedures for operating electric stimulation equipment.

88. Knowledge of procedures for administering iontophoresis.

89. Knowledge of ionic substances used for application of iontophoresis.

90. Knowledge of procedures for administering whirlpool/Hubbard tank therapy.

91. Knowledge of use of whirlpool/Hubbard tank therapy equipment.

92. Knowledge of procedures for administering paraffin therapy.

93. Knowledge of use of paraffin therapy equipment.

94. Knowledge of orthopedic support devices.

95. Knowledge of procedures for applying orthopedic support devices.



# Chiropractor Occupational Analysis Survey

## 14. PART III. RATING PRACTICE KNOWLEDGE

### KNOWLEDGE STATEMENTS - Treatment continued

Importance

96. Knowledge of procedures for applying therapeutic taping.

97. Knowledge of application of orthotics.

98. Knowledge of procedures for fitting orthotics.

99. Knowledge of procedures for administering extracorporeal shockwave therapy.

100. Knowledge of use of extracorporeal shockwave therapy equipment.

101. Knowledge of procedures for administering whole body vibration therapy.

102. Knowledge of use of whole body vibration therapy equipment.

103. Knowledge of procedures for administering cupping therapy.

104. Knowledge of use of cupping equipment.

105. Knowledge of application of sensory integration therapies.

106. Knowledge of strategies for coordinating patient care with other healthcare providers.

107. Knowledge of smoking cessation techniques.

108. Knowledge of caffeine consumption effects on health.

109. Knowledge of effects of aberrant sleep patterns on health.

110. Knowledge of alcohol consumption effects on health.

111. Knowledge of effects of recreational drugs on health.

112. Knowledge of therapeutic home exercises program.

113. Knowledge of the application of posture corrections.

114. Knowledge of the application of ergonomic corrections.

115. Knowledge of relaxation techniques.

Importance

116. Knowledge of nutrition and diet effects on health.

117. Knowledge of the effects of nutritional supplementation on health.

118. Knowledge of time frames for chiropractic treatments.

119. Knowledge of indications for modifying chiropractic treatment plans

120. Knowledge of use of Subjective/Objective/Assessment/Plan (SOAP) note taking method for documenting patient encounters.

**15. PART III. RATING PRACTICE KNOWLEDGE**

## KNOWLEDGE STATEMENTS - Laws and Regulations

Importance

121. Knowledge of laws and regulations related to informed consent.

122. Knowledge of documentation requirements (e.g., billing codes) for insurance reimbursement.

123. Knowledge of procedures for receiving insurance reimbursement.

124. Knowledge of laws and regulations regarding accountable billings.

125. Knowledge of laws and regulations regarding discounted fees and services.

126. Knowledge of laws and regulations related to occupational injury or illness of patients.

127. Knowledge of laws and regulations related to managing chiropractic corporations.

128. Knowledge of laws and regulations related to transfer of ownership upon death or incapacity of licensed chiropractor.

129. Knowledge of laws and regulations for documenting patient history, examination, treatment, principle spoken language, and management.

130. Knowledge of laws for reporting suspected abuse of children, elders or dependent adults.

131. Knowledge of mandated reporting procedures of suspected abuse of children, elders or dependent adults.

132. Knowledge of mandated reporting procedures of suspected abuse, firearm injuries, or assaultive action.

133. Knowledge of physical indicators of abuse, firearms injuries, or assaultive action.

134. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.

135. Knowledge of laws and regulations regarding patient addendums to records.

136. Knowledge of legal requirements of health information portability and accountability act (HIPPA).

137. Knowledge of laws and regulations regarding confidentiality of patient records and test results.

138. Knowledge of laws and regulations regarding release of minor and adult patient records.

139. Knowledge of laws and regulations related to chiropractic advertising, misrepresentation, and false claims.

140. Knowledge of laws and regulations regarding advertising free or discounted services.

# Chiropractor Occupational Analysis Survey

## 16. PART III. RATING PRACTICE KNOWLEDGE

### KNOWLEDGE STATEMENTS - Laws and Regulations continued

Importance

141. Knowledge of laws and regulations regarding chiropractic specialty designations.

142. Knowledge of laws and regulations related to use of chiropractic title.

143. Knowledge of laws and regulations of ethical standards for professional conduct in a chiropractic setting.

144. Knowledge of laws and regulations regarding mental illness and illness affecting chiropractor competency.

145. Knowledge of laws and regulations regarding reporting violations of chiropractic act.

146. Knowledge of laws and regulations regarding professional treatment standards.

147. Knowledge of laws and regulations regarding excessive treatments.

148. Knowledge laws and regulations regarding maintenance, renewal, and restoration of chiropractic license.

149. Knowledge of laws and regulations for maintaining accurate licensee name and address with Board of Chiropractic Examiners.

150. Knowledge of laws and regulations regarding continuing education requirements to maintain chiropractic license.

151. Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.

152. Knowledge of laws and regulations on use of lasers for chiropractic treatment.

153. Knowledge of laws and regulations regarding radiographic imaging.

154. Knowledge of laws and regulations related to inducing students to practice chiropractic.

155. Knowledge of laws and regulations regarding supervisions of unlicensed individuals.

156. Knowledge of laws and regulations regarding chiropractic manipulations under anesthesia.

157. Knowledge of laws and regulations regarding referral rebates.

158. Knowledge of laws and regulations regarding unlawful referrals.

Importance

159. Knowledge of laws and regulations regarding solicitation of referrals providing beneficial interest to family or self.

160. Knowledge of laws and regulations regarding violations of license examination security.

161. Knowledge of laws and regulations related to displaying of certificate to practice.

162. Knowledge of laws and regulations regarding filing and displaying certificates for satellite offices.

---

17.

**The Board of Chiropractic Examiners has approved 2 hours of continuing education credits for all chiropractors who participated in this survey, if you wish to receive this credit please input your chiropractic license number below and it will be forwarded to the board.**

Please enter your California Chiropractor license number:

California Chiropractor

License #:

Please enter a current email address if you are interested in participating in future chiropractor studies and/or workshops (this is entirely optional and will not be linked to your answers on this survey):

---

18. FINISHED

**THANK YOU FOR COMPLETING THIS SURVEY QUESTIONNAIRE.**



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# BOARD OF CHIROPRACTIC EXAMINERS

## REVIEW OF THE NATIONAL BOARD OF CHIROPRACTIC EXAMINERS EXAMINATIONS



OFFICE OF PROFESSIONAL EXAMINATION SERVICES



# BOARD OF CHIROPRACTIC EXAMINERS

## REVIEW OF THE NATIONAL BOARD OF CHIROPRACTIC EXAMINERS EXAMINATIONS

This report was prepared and written by the  
Office of Professional Examination Services  
California Department of Consumer Affairs

April 2018

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## EXECUTIVE SUMMARY

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) are required to ensure that examination programs being used in the California licensure process comply with psychometric and legal standards. The Board of Chiropractic Examiners (Board) requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of the National Board of Chiropractic Examiners (NBCE) examination program. The purpose of the OPES review was to evaluate the suitability of the NBCE examinations for continued use in California.

OPES received and reviewed documents provided by NBCE. The NBCE examination program consists of the following five examinations: Part I, Part II, Part III, Part IV, and Physiotherapy. Follow-up email and phone communications were held to clarify the procedures and practices used to validate and develop the NBCE examinations. A comprehensive evaluation of the documents was made to determine whether the following NBCE examination components met professional guidelines and technical standards: (a) occupational analysis, (b) examination development, (c) passing scores, (d) test administration, (e) examination scoring and performance, (f) information available to candidates, and (g) test security procedures. OPES found that the procedures used to establish and support the validity and defensibility of the NBCE examination program components listed above meet professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing* (2014) (*Standards*) and in California Business and Professions Code section 139.

In February 2018, OPES convened a panel of licensed California chiropractors to serve as subject matter experts (SMEs). The SMEs were selected by the Board based on their geographic location, experience, and practice specialty. The SMEs were asked to review the content of the five NBCE examinations, and to compare this content to the description of practice for California chiropractors based on the 2017 Occupational Analysis of the Chiropractor Profession performed by OPES (2017 California Chiropractor OA).

The SMEs compared the content of the five NBCE examinations and the 2017 California chiropractor description of practice. They concluded that the content measured by the NBCE examinations is congruent in assessing the general knowledge required for entry-level chiropractor practice in California.

The SMEs were also asked to link the job task and knowledge statements that make up the examination outline for the California Chiropractic Law Examination (CCLE) with the content of the NBCE examinations. This linkage was performed to identify whether there were areas of California chiropractor practice not measured by the NBCE examinations.

The results of the linkage study indicate that there are areas of California chiropractor practice not measured by the NBCE examinations. These areas were found to be measured by the CCLE.

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# CHAPTER 1. INTRODUCTION

## PURPOSE OF THE COMPREHENSIVE REVIEW

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) are required to ensure that examination programs being used in the California licensure process comply with psychometric and legal standards. The public must be reasonably confident that an individual passing a licensing examination has the requisite knowledge and skills to competently and safely practice in the corresponding profession.

The State Board of Chiropractic Examiners (Board) requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of the National Board of Chiropractic Examiners (NBCE) examination program. The NBCE examination program consists of the following five examinations: Part I, Part II, Part III, Part IV, and Physiotherapy. The first purpose of the OPES review was to evaluate the suitability of the NBCE examinations for continued use in California. The second purpose of the review was to determine whether the NBCE examination program meets the professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing (2014) (Standards<sup>1</sup>)* and in California Business and Professions (B&P) Code section 139. In conjunction with this review, OPES conducted a linkage study to identify the areas of California chiropractor practice not measured by the NBCE examinations.

OPES, in collaboration with the Board, requested documentation from the NBCE to determine whether the following NBCE examination program components met professional guidelines and technical standards outlined in the *Standards* and in B&P Code section 139: (a) occupational analysis,<sup>2</sup> (b) examination development, (c) passing scores,<sup>3</sup> (d) test administration, (e) examination scoring and performance, (f) information available to candidates, and (g) test security procedures.

The occupational analysis for the NBCE examinations was conducted by the NBCE testing division. The results of the study are documented in the 2015 NBCE report, *Practice Analysis of Chiropractic 2015*.

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<sup>1</sup> *Standards* references information taken from: American Educational Research Association, American Psychological Association, and National Council on Measurement in Education. *Standards for Educational and Psychological Testing (2014)*. Washington, DC: American Educational Research Association.

<sup>2</sup> An occupational analysis is also known as a job analysis, practice analysis, or task analysis.

<sup>3</sup> A passing score is also known as a pass point or cut score.



## CALIFORNIA LAW AND POLICY

Section 139 of the California B&P Code states:

The Legislature finds and declares that occupational analyses and examination validation studies are fundamental components of licensure programs.

It further requires that DCA develop a policy to address the minimum requirements for psychometrically sound examination validation, examination development, and occupational analyses, including standards for the review of state and national examinations.

DCA policy, OPES 12-01, specifies the *Standards* as the most relevant technical and professional standards to be followed to ensure that examinations used for licensure in California are psychometrically sound, job-related, and legally defensible.

## FORMAT OF THE REPORT

The chapters of this report provide the relevant standards related to critical psychometric aspects of the NBCE examinations and describe the findings that OPES identified during its review.

## CHAPTER 2. OCCUPATIONAL ANALYSIS

### STANDARDS

The most relevant standard relating to occupational analyses, as applied by the *Standards* to credentialing or licensing examinations, is:

#### **Standard 11.13**

The content domain to be covered by a credentialing test should be defined clearly and justified in terms of the importance of the content for credential-worthy performance in an occupation or profession. A rationale and evidence should be provided to support the claim that the knowledge or skills being assessed are required for credential-worthy performance in that occupation and are consistent with the purpose for which the credentialing program was instituted. (pp. 181-182)

The comment following Standard 11.13 emphasizes its relevance:

*Comment:* Typically, some form of job or practice analysis provides the primary basis for defining the content domain. If the same examination is used in the credentialing of people employed in a variety of settings and specialties, a number of different job settings may need to be analyzed. Although the job analysis techniques may be similar to those used in employment testing, the emphasis for credentialing is limited appropriately to knowledge and skills necessary for effective practice. . . .

In tests used for licensure, knowledge and skills that may be important to success but are not directly related to the purpose of licensure (e.g., protecting the public) should not be included. (p. 182)

California Business and Professions Code section 139 requires that each California licensure board, bureau, commission, and program report annually on the frequency of its occupational analysis and the validation and development of its examinations. DCA Licensure Examination Validation Policy OPES 12-01 states:

Generally, an occupational analysis and examination outline should be updated every five years to be considered current; however, many factors are taken into consideration when determining the need for a shorter interval. For instance, an occupational analysis and examination outline must be updated whenever there are significant changes in a profession's job tasks and/or demands, scope of practice, equipment, technology, required knowledge, skills and abilities, or laws and regulations governing the profession. (p. 4)

## FINDINGS

The occupational analysis for the NBCE examinations was conducted by the NBCE testing division. The results of the study are documented in the NBCE 2015 report, *Practice Analysis of Chiropractic 2015*.

### Occupational Analysis – Methodology and Time Frame

The purpose of the occupational analysis (OA) was to identify the important procedures and tasks commonly performed by entry-level chiropractors. The methodology used to conduct the OA study was a survey. The survey was developed using subject matter expert (SME) interviews and focus groups, with oversight by NBCE staff and consulting licensees. The latter group was comprised of chiropractors in current practice, familiar with NBCE's mission and the NBCE examinations. The resulting survey was completed by a sample of chiropractors practicing throughout the United States.

**Finding 1.** The occupational analysis study was conducted within a current and legally defensible time frame. The study began in 2014 and was completed in 2015.

### Occupational Analysis – Development of Questionnaire and Sampling Plan

NBCE staff and consultants worked with groups of SMEs to develop the content of the questionnaire. Their work focused on developing a list of conditions that chiropractors may see in their practice and the tasks commonly performed by chiropractors (including treatment procedures). Survey respondents were asked to rate each task in terms of frequency and importance, as well as the perceived risk to patient health or safety if the task was omitted or performed poorly. The NBCE staff and consultants also developed demographic items for the questionnaire. SMEs provided input about the demographic items. The results of this work were reviewed by NBCE staff who determined the final task list, conditions, and demographic items included in the survey.

**Finding 2.** The methodology used by NBCE to develop the questionnaire meets professional guidelines and technical standards.

### Sampling Plan

The sampling plan for the study was developed state by state, with the goal of achieving a 1% standard error of estimate across the entire sample. The sample per state was determined by application of a standard error of estimate equation based on the total number of licensees in each state. For states with a small number of licensees, 100% of the licensees were included in the sample. This methodology resulted in a reasonably proportionate sample of practitioners across the United States.

Pre-survey postcards were sent to an initial sample of 10,000 chiropractors in current practice. The postcards introduced the study and requested the chiropractor to complete the questionnaire online on NBCE's website. NBCE initiated follow-up letters

and phone calls to individuals who had not responded at two and three months, respectively, after the survey was initiated. NBCE mailed paper versions of the survey to practitioners who indicated a preference for paper over online formats. A total of 1,547 respondents completed the survey: 569 online and 978 on paper. In addition, NBCE received 39 more completed surveys through follow-up phone calls to non-respondents. NBCE reviewed the completed surveys, dropping practitioners who reported that they did not practice at least 20 hours per week. The final number of completed surveys was 1,418 (a response rate of 14%) of which 28 were from California (approximately 2% of the respondents).

**Finding 3.** The intent of the sampling plan was reasonable and meets professional standards. Practicing chiropractors in California comprised a relatively small proportion of the final respondent sample (2%).

### Occupational Analysis – Survey Results

After administering the survey, NBCE staff collected the data and analyzed the survey results.

**Finding 4.** The respondents consisted of practicing chiropractors from throughout the U.S. Criticality indices based on the frequency and risk ratings were used to rank order the tasks. The 2015 results were compared to the results of the 2003 and 2010 OAs for congruence and to assess differences.

**Finding 5.** OPES facilitated a focus group of SMEs to review the findings of the NBCE 2015 report, *Practice Analysis of Chiropractic 2015*. The group reviewed the tasks included in the survey and the results of the survey, comparing the national results with the 2017 California Chiropractor OA results. The group concluded that the results from the *Practice Analysis of Chiropractic 2015* were consistent with chiropractor practice in California.

### Occupational Analysis – Development of Test Specifications

The content outlines for the five NBCE examinations were developed by NBCE staff. The test plans of the NBCE Part I, Part II, and Physiotherapy examinations are a composite of the material that is taught during chiropractic training, and they reflect the curricula at chiropractic colleges throughout the U.S. NBCE develops the content and subareas and their relative weightings based on surveys of the colleges, using a Delphi study approach to arrive at a consensus. The most recent update of the areas and weightings was conducted in 2015. The content outlines for the NBCE Part III and Part IV examinations are based on the results of the OA.

**Finding 6.** The linkage between critical tasks required by entry-level chiropractors and the major content areas of the NBCE Part III and Part IV examinations demonstrates a sufficient level of validity, thereby meeting professional guidelines and technical standards.

## CONCLUSIONS

Given the findings, the occupational analysis conducted by NBCE meets professional guidelines and technical standards. Additionally, the development of the test specifications for the five examinations is based on survey data from chiropractic colleges and OA results. This methodology meets professional guidelines and technical standards.

## CHAPTER 3. EXAMINATION DEVELOPMENT

### STANDARDS

Examination development includes many steps within an examination program, from the evaluation and application of the results of the OA to scoring and analyzing items after the administration of an examination. Several specific activities involved in the examination development process are evaluated in this section. The activities include item writing, linking items to the examination content outline, developing examination forms, and the scoring criteria.

The standards most relevant to examination development, as applied by the *Standards* to credentialing or licensing examinations, are:

**Standard 4.7**

The procedures used to develop, review, and try out items and to select items from the item pool should be documented. (p. 87)

**Standard 4.12**

Test developers should document the extent to which the content domain of a test represents the domain defined in the test specifications. (p. 89)

### FINDINGS

NBCE uses 11 criteria to select SMEs to participate in item development. The criteria are relevant and comprehensive. NBCE screens, selects, and trains the SME item writers, who in turn develop the items based on the appropriate test plan.

For the Part I, Part II, and Physiotherapy examinations, item writers also review curriculum standards and charts to guide the new item content. New items are reviewed by an NBCE Item Review Committee for adherence to item writing standards, content outline specifications, and lack of bias (ethnocultural sensitivity and stereotyping). This committee consists of NBCE staff, testing specialists, and SMEs. Once approved, the items are field tested and the resulting item statistics reviewed. Items meeting content and statistical criteria are moved to operational status by NBCE staff. NBCE disseminates the item writing guidelines to all SMEs engaged in item writing and review. The guidelines specify the requirements for developing and reviewing items and the confidentiality and security measures to which all item writers must adhere.

**Finding 7.** The criteria used to select SMEs for item and test development are consistent with professional guidelines and technical standards.

**Finding 8.** SMEs participating in item and test development are required to sign confidentiality agreements and are instructed about examination security, which is consistent with professional guidelines and technical standards.

#### Examination Development – Linkage to Examination Content Outline

Linkage of items to their respective examination content outline is performed by ensuring that item writers have access to the “examination blueprint” and that they consult it before specifying what the content of the item will be. Verification of the item–content area linkage is performed as a routine part of the item review for every item. All items go through a final review by the NBCE Item Review Committee before being considered for pretesting.

**Finding 9.** SMEs are instructed in the use of the examination content outline to determine the proper item content that can be developed. The assigning of an item to a content area is reviewed by additional SMEs as a routine part of the item review. This is consistent with professional guidelines and technical standards.

#### Examination Development – Examination Forms

The NBCE multiple-choice item examinations (Parts I, II, and III) are constructed using a 3-parameter Item Response Theory (IRT) model with pre-equating and a common-item non-equivalent group design for post-equating. The linking items are selected first and comprise 20-30% of the operational examination form. The selected items are chosen to be proportionally representative of the total test with respect to content assessed, range of difficulty, and cognitive levels. They must also meet specified statistical criteria. The remaining items for the examination are selected from a pool of previously administered items that have met specific content and statistical criteria. Construction of the examination forms is based on the content specifications for the respective examination and IRT target values. For example, NBCE psychometricians compare the test information functions (TIFs) of new examination forms against target TIFs. Alternative items are selected for the examination form as required to ensure the best fit.

The NBCE Part III graded response examination and the Part IV examination are developed using similar rubrics; however, the equating schemes are based on content and classical item statistics (CTT) versus IRT. Previously administered “stations” are evaluated for content and statistics (point-biserial and reliability levels) to form the item pool. NBCE testing specialists review the pool in relation to a matrix developed by the Test Committee for the Part IV examination. SMEs and NBCE testing specialists further review the stations in the pool for content coverage. During the Part IV test committee meeting, SMEs review the pool and select items based on criteria outlined in a selection matrix (content and statistics) for each subtest.

The item content of each final examination form reflects the content and weights of the examination content outline. Examination form construction for each examination is

performed by the respective examination committee composed of practicing chiropractors with guidance from NBCE testing specialists. An NBCE Written Exam Forms Review Committee oversees the work of the corresponding examination committee.

**Finding 10.** The criteria applied to create new examination forms meet professional guidelines and technical standards.

**Finding 11.** The procedures used to develop, review, and try out items, and to select items from the item pool, meet professional guidelines and technical standards.

## CONCLUSIONS

Given the findings, the examination development activities conducted by NBCE meet professional guidelines and technical standards.



## CHAPTER 4. PASSING SCORES

### STANDARDS

The passing score of an examination is the score that represents the level of performance that divides those candidates for licensure who are minimally competent from those who are not competent.

The standards most relevant to passing scores, cut points, or cut scores, as applied by the *Standards* to credentialing or licensing examinations, are:

**Standard 5.21**

When proposed score interpretations involve one or more cut scores, the rationale and procedures used for establishing cut scores should be documented clearly. (p. 107)

**Standard 11.16**

The level of performance required for passing a credentialing test should depend on the knowledge and skills necessary for credential-worthy performance. . . . (p. 182)

The supporting commentary on passing or cut scores for Chapter 5 of the *Standards*, “Scores, Scales, Norms, Score Linking, and Cut Scores,” states that the standard-setting process used should be clearly documented and defensible. The qualifications and the process of selection of the judges involved should be part of the documentation. A sufficiently large and representative group of judges should be involved, and care must be taken to ensure that judges understand the process and procedures they are to follow. (p. 101)

In addition, the supporting commentary for Chapter 11 of the *Standards*, “Workplace Testing and Credentialing,” states that the focus of credentialing is “on the standards of competence needed for effective performance (e.g., in licensure this refers to safe and effective performance in practice)” (p. 175). It further states, “The standards may be strict, but not so stringent as to unduly restrain the right of qualified individuals to offer their services to the public.” (p. 175)

### FINDINGS

#### Passing Scores – Purpose, Use of Subject Matter Experts, and Methodology

The process of establishing passing scores for licensure examinations relies upon the expertise and judgment of SMEs. Passing scores for the NBCE examinations are based on the concept of the “borderline candidate” developed by the cut score committees for

each examination. The borderline candidate standards of professional behavior are determined by SMEs. The borderline candidate description is incorporated into the cut-score setting process of the respective examination committee.

NBCE uses the borderline candidate method of standard setting as the preliminary basis for establishing the passing score for the NBCE examinations. The cut score committee for each examination is comprised of a group of practicing chiropractors under the guidance of NBCE testing specialists. The group is instructed in the methods to be applied and an average rating for the scored items is developed.

This methodology employs a systematic, test-based approach in which cut score committee members make independent judgments on each item of the test based on minimum competence standards. In addition, cut score committee members are guided in their discussion and consideration of test results and the application of each prospective passing score. The NBCE psychometricians analyze the work and recommendation of the cut score committee before establishing the cut score.

**Finding 12.** The NBCE examinations incorporate minimum competency standards as objective criteria by which candidate performance can be evaluated.

**Finding 13.** The training of the SMEs and the application of the borderline candidate method is consistent with professional guidelines and technical standards.

**Finding 14.** The number of SMEs used in the passing score studies meets professional guidelines and technical standards.

## CONCLUSIONS

Given the findings, the passing score studies conducted by NBCE demonstrate a sufficient degree of validity, meeting professional guidelines and technical standards.

## CHAPTER 5. TEST ADMINISTRATION

### STANDARDS

The standards most relevant to test administration, as applied by the *Standards* to credentialing or licensing examinations, are:

**Standard 6.1**

Test administrators should follow carefully the standardized procedures for administration and scoring. . . . (p. 114)

**Standard 6.2**

When formal procedures have been established for requesting and receiving accommodations, test takers should be informed of these procedures in advance of testing. (p. 115)

**Standard 6.6**

Reasonable efforts should be made to assure the integrity of test scores by eliminating opportunities for test takers to attain scores by fraudulent or deceptive means. (p. 116)

**Standard 8.2**

Test takers should be provided in advance with as much information about the test, the testing process, the intended test use, test scoring criteria, testing policy, availability of accommodations, and confidentiality protection as is consistent with obtaining valid responses and making appropriate interpretations of test scores. (p. 134)

### FINDINGS

The NBCE examinations are administered by NBCE at selected colleges of chiropractic throughout the United States. Administration of the tests is accompanied by scripted instructions and protocols to ensure standardized administration of the tests. NBCE provides a wide variety of information to candidates and individuals thinking about becoming licensed through its website at [www.mynbce.org](http://www.mynbce.org).

#### Test Administration – Test Centers

The NBCE Part I, Part II, Part III, and Physiotherapy paper and pencil examinations are administered five times per year at 29 colleges of chiropractic throughout the United States. Of these colleges, 11 also offer computer-based examinations. The NBCE Part IV examination is offered at 11 colleges of chiropractic throughout the United States. Each test center is assigned an NBCE test administrator and designated proctors to

ensure standardized conditions and test security. NBCE provides training and an orientation to the test administration staff, including manuals detailing the procedures and rules to be followed. New and returning proctors are required to review and sign a form describing their specific role and responsibilities. Hardware, test security, and the testing environment are carefully controlled to ensure uniform and secure examination administration conditions.

**Finding 15.** NBCE provides candidates access to test centers across the United States with trained proctors and controlled testing conditions.

#### Test Administration – Candidate Registration

NBCE has a detailed registration process that can be found on its website ([www.mynbce.org](http://www.mynbce.org)). There is also a candidate guide that provides detailed information on registration and test administration. Candidates can obtain the required forms directly through the website or by contacting NBCE. All candidates establish an online “myNBCE account” which contains candidate personal information, applications to take the NBCE examinations, test scores, and a history of requested documents and services. This online account provides a means of documenting candidate identification as well as providing a service to facilitate the candidate’s application for licensure.

**Finding 16.** The NBCE registration process appears straightforward. The information available to candidates is detailed and thorough, clearly stating NBCE policies where necessary.

#### Test Administration – Special Accommodations and Arrangements

NBCE approves accommodations in accordance with the Americans with Disabilities Act. Candidates requesting special accommodations must request the accommodation directly from NBCE. Candidates may contact NBCE by phone or by email. In addition, candidates requesting accommodations must register and schedule their examination directly with NBCE. NBCE also allows accommodations for candidates with religious convictions who ask to reschedule examination dates that conflict with a religious holiday.

**Finding 17.** The special accommodation procedure appears to meet professional guidelines and technical standards.

#### Test Administration – Examination Security

NBCE, through its internal test administration and security protocols, provides a robust framework of test site and examination security policies and procedures.

In addition, the NBCE website outlines what constitutes improper acts and unethical conduct on the part of candidates and the consequences of such actions.

**Finding 18.** The examination security protocols pertaining to test administration appear to meet professional guidelines and technical standards.

## CONCLUSIONS

Given the findings, the test administration protocols put in place by NBCE appear to meet professional guidelines and technical standards.

## CHAPTER 6. EXAMINATION SCORING AND PERFORMANCE

### STANDARDS

The most relevant standards relating to the scoring and performance of credentialing or licensing examinations, as applied by the *Standards*, are:

#### **Standard 2.3**

For each total score, subscore, or combination of scores that is to be interpreted, estimates of relevant indices of reliability/precision should be reported. (p. 43)

#### **Standard 4.10**

When a test developer evaluates the psychometric properties of items, the model used for that purpose (e.g., classical test theory, item response theory, or another model) should be documented. The sample used for estimating item properties should be described and should be of adequate size and diversity for the procedure. The process by which items are screened and the data used for screening, such as item difficulty, item discrimination, or differential item functioning (DIF) for major examinee groups, should also be documented. When model-based methods (e.g., IRT) are used to estimate item parameters in test development, the item response model, estimation procedures, and evidence of model fit should be documented. (pp. 88-89)

### FINDINGS

#### Examination Performance – Scoring of NBCE Examinations

NBCE examination staff score candidate performance on the NBCE Part I, Part II, Part III, and Physiotherapy examinations. The staff review the performance of each examination form and its items. Raw scores, descriptive statistics, reliability estimates, and item analysis (CTT and IRT) are computed, evaluated, and reported to the committee for the respective section following each administration of the examination form.

NBCE forms equating procedures include a comparison of pre- and post-administration IRT test and item values including item residuals, TIF, Test Characteristic Curves (TCCs), and CTT statistics. The post-administration values are used to validate the pre-equating values, thus supporting the use of the pre-equated scoring tables.

Test scores for the NBCE Part I, Part II, Part III, and Physiotherapy examinations are reported on a common metric using linear conversion. The linear conversion formula is developed based on the base form TCC for each section examination. The scaled

scores are reported ranging from 125 to 800, with a mean score of 500 and a standard deviation of 100.

**Finding 19.** Descriptive test statistics (e.g., mean, standard deviation, standard error of measurement, test reliability, and decision consistency reliability about the cut score) are routinely calculated. The resulting statistics indicate adequate performance for licensure examinations.

**Finding 20.** The application of IRT to ensure equated (equivalent) examination forms is appropriate based on the examination item types, examination form length, and candidate sample sizes.

## CONCLUSIONS

The steps taken by NBCE to evaluate examination performance are valid and legally defensible, meeting professional guidelines and technical standards.

## CHAPTER 7. INFORMATION AVAILABLE TO CANDIDATES

### STANDARDS

The most relevant standards relating to the information communicated to candidates by a test developer, as applied by the *Standards* to credentialing or licensing examinations, are:

#### **Standard 6.5**

Test takers should be provided appropriate instructions, practice, and other support necessary to reduce construct-irrelevant variance. (p.116)

#### **Standard 8.1**

Information about test content and purposes that is available to any test taker prior to testing should be available to all test takers. Shared information should be available free of charge and in accessible formats. (p. 133)

#### **Standard 8.2**

Test takers should be provided in advance with as much information about the test, the testing process, the intended test use, test scoring criteria, testing policy, availability of accommodations, and confidentiality protection as is consistent with obtaining valid responses and making appropriate interpretations of test scores. (p. 134)

### FINDINGS

The NBCE website ([www.mynbce.org](http://www.mynbce.org)) is a rich source of relevant information. Candidates can download all required documents directly from the website or request them from NBCE.

The following information is available for candidates:

- For New Candidates, the NBCE website provides all test plans online and in downloadable formats (pdf). In addition, a list of reference texts specific to each examination is available online for view or download. Instructions are provided for setting up a MyNBCE account, as well as general information about eligibility, fees, dates and deadlines, and information about test sites.
- For Returning Candidates, there is specific information about scoring, standard setting, and how to send scores to a state board. In addition, NBCE provides information on scoring options, testing accommodations, test site requirements and test security, and the role of the candidate in maintaining test security.



In addition, NBCE makes available informational publications that can be downloaded from the website.

**Finding 21.** The NBCE website provides extensive information to candidates regarding all aspects of the examination and testing process.

## CONCLUSIONS

Given the findings, the information provided to candidates about the NBCE examination program is comprehensive and meets professional guidelines.

## CHAPTER 8. TEST SECURITY

### STANDARDS

The most relevant standards relating to the test security of credentialing or licensing examinations, as applied by the *Standards*, are:

**Standard 6.6**

Reasonable efforts should be made to ensure the integrity of test scores by eliminating opportunities for test takers to attain scores by fraudulent or deceptive means. (p. 116)

**Standard 6.7**

Test users have the responsibility of protecting the security of test materials at all times. (p. 117)

### FINDINGS

NBCE provides a robust framework of test site and examination security policies and procedures through its internal test administration and security protocols. In addition, NBCE publishes manuals for test administrators and proctors, as well as online resources for candidates about test security.

**Finding 22.** The NBCE *Test Security Overview* addresses the following areas regarding security:

- Secure candidate registration and payments
- Examination delivery and storage of examination results
- Test center hiring and training practices
- Test center access
- Administration surveillance
- Procedures for security breaches

**Finding 23.** NBCE requires candidates to provide current and valid identification to sit for the examinations. Acceptable forms of identification include a valid driver's license, a valid passport, or a school ID with photo and signature imbedded into the card. Candidates are prohibited from bringing reference materials, books or notes, electronic devices, food, or purses into the testing rooms.

## CONCLUSIONS

Given the findings, the policies and procedures outlined by NBCE meet professional guidelines and technical standards.

## CHAPTER 9. COMPARISON OF NBCE EXAMINATION CONTENT AND THE CALIFORNIA CHIROPRACTOR EXAMINATION OUTLINE

### UTILIZATION OF EXPERTS

OPES convened a meeting on February 16, 2018 to critically evaluate and compare the NBCE examination content outlines with the task and knowledge statements of the 2017 California Chiropractor OA. The Board, with direction from OPES, recruited six chiropractor SMEs to participate in the meeting. The SMEs completed security agreements and personal data forms documenting demographic information. The forms are on file with OPES.

The SMEs represented both northern and southern California, as well as rural and urban areas. They were licensed for between 6 years and more than 30 years (mean = 18 years licensed), and worked full time as chiropractors in various settings.

An orientation provided by OPES stated the purpose of the meeting, the role of the SMEs, and the project background leading to the meeting. Once the SMEs understood the purpose of the meeting, they independently reviewed the content outlines of the NBCE examinations and the description of practice from the 2017 California Chiropractor OA. This review was conducted to identify the extent to which the content of the NBCE practice analysis used to develop the NBCE examinations reflected general chiropractor practice in California.

After completing this review, OPES test specialists facilitated an SME discussion of the content of the NBCE examinations and the tasks and knowledge most relevant to California-specific chiropractor practice as identified by the 2017 California Chiropractor OA. The SMEs then evaluated the extent to which the content of each NBCE examination related to the California-specific tasks and knowledge measured by the examination outline for the California Chiropractic Law Examination (CCLE).

The examination content outlines for the NBCE Part I, Part II, Part III, Part IV, and Physiotherapy examinations are provided in Tables 1-5. The examination content outline for the CCLE is provided in Table 7.

TABLE 1 – CONTENT AREAS OF THE NBCE PART I EXAMINATION  
 The Part I examination consists of six 90-item tests (80 scored items).

CONTENT AREA	Percent Weight
Topographical Anatomy	8
Osteology of the Appendicular Skeleton	15
Arthrology and Syndesmology of the Appendicular Skeleton	15
Myology of the Appendicular Skeleton	18
Cardiovascular and Lymphatic Systems	13
Digestive System	10
Respiratory System	8
Urogenital System	8
Endocrine System	5
Total	100

*Spinal Anatomy*

CONTENT AREA	Percent Weight
Osteology of the Axial Skeleton	18
Myology of the Axial Skeleton	15
Arthrology and Syndesmology of the Axial Skeleton	14
Anatomy of the Central Nervous System and Related Structures	22
Anatomy of the Peripheral and Autonomic Nervous Systems	22
Organs of Special Senses	9
Total	100

*Physiology*

CONTENT AREA	Percent Weight
Neurophysiology	22
Muscle Physiology	14
Cardiovascular Physiology	15
Respiratory Physiology	9
Body Fluids and Renal Physiology	10
Gastrointestinal Physiology	9
Reproductive Physiology	5
Endocrine Physiology	10
Exercise and Sports Physiology	6
Total	100

*Chemistry*

CONTENT AREA	Percent Weight
Carbohydrates	18
Lipids	18
Proteins, Amino Acids and Peptides	17
Enzymes	7
Hormones	7
Nucleotides and Nucleic Acids	9
Vitamins and Minerals	15
Biochemical Energetics	9
Total	100

*Pathology*

CONTENT AREA	Percent Weight
Fundamentals of Pathology	21
Genetic and Congenital Disorders	4
Disorders of the Immune System	7
Environmental and Nutritional Diseases	5
Disorders of the Musculoskeletal System	17
Disorders of the Nervous System	12
Diseases of the Organ Systems	34
Total	100

*Microbiology*

CONTENT AREA	Percent Weight
Immunology	23
Bacteria	20
Viruses and Prions	17
Fungi	10
Parasites	10
Epidemiology and Disease Control	20
Total	100

TABLE 2 – CONTENT AREAS OF THE NBCE PART II EXAMINATION  
 The Part II examination consists of six 90-item tests (80 scored items).

*General Diagnosis*

CONTENT AREA	Percent Weight
Case History	10
Vital Signs	3
Head and Neck Examination/Findings	6
Thorax Examination/Findings (including heart and lungs)	7
Abdominal Examination/Findings	6
Rectal and Male Urogenital Examination/Findings	4
Diagnosis or Clinical Impression	54
Laboratory Interpretation	10
Total	100

*Neuromusculoskeletal Diagnosis*

CONTENT AREA	Percent Weight
Case History	13
Posture and Gait Assessment	5
Orthopedic Examination	22
Neurologic Examination	22
Diagnosis or Clinical Impression	38
Total	100

*Diagnostic Imaging*

CONTENT AREA	Percent Weight
X-ray Technology	10
Radiographic Positioning and Normal Anatomy	20
Imaging Diagnosis or Clinical Impression	50
Methods of Interpretation	9
Clinical Applications of Special Imaging	11
Total	100



*Principles of Chiropractic*

CONTENT AREA	Percent Weight
The Chiropractic Paradigm	10
Concepts of Subluxations and Spinal Lesions	32
Basic Science Concepts in Chiropractic	29
Applied Chiropractic Principles	29
Total	100

*Chiropractic Practice*

CONTENT AREA	Percent Weight
Spinal Analysis and Patient Evaluation	27
Chiropractic Adjustive Techniques	26
Patient Care	27
Community Health and Wellness	11
Occupational and Environmental Health	9
Total	100

*Associated Clinical Sciences*

CONTENT AREA	Percent Weight
Geriatric	15
Dermatology	10
Sexually Transmitted Disease	7
Toxicology	9
Emergency Procedures	13
Psychology	11
Gynecology and Obstetrics	13
Pediatrics	16
Jurisprudence, Ethics and Basic Economics	6
Total	100

TABLE 3 – CONTENT AREAS OF THE NBCE PART III EXAMINATION

The Part III examination consists of two sections, with a total of 110 standard multiple-choice questions and 10 case vignettes.

CONTENT AREA	Percent Weight
Case History	11
Physical Examination	9
Neuromusculoskeletal Examination	11
Diagnostic Imaging	11
Clinical Laboratory and Special Studies	7
Diagnosis or Clinical Impression	14
Chiropractic Techniques	14
Supportive Interventions	8
Case Management	15
Total	100

TABLE 4 – CONTENT AREAS OF THE NBCE PART IV EXAMINATION

The NBCE Part IV examination consists of three major sections with each of the sections divided into stations. The three sections are:

SECTIONS	Number of Stations
Diagnostic Imaging (DIM)	10
Chiropractic Technique	5
Case Management	20

TABLE 5 – CONTENT AREAS OF THE NBCE PHYSIOTHERAPY EXAMINATION

The Physiotherapy examination consists of one 90-item test.

CONTENT AREA	Percent Weight
Thermotherapy	11
Electrotherapy	11
Mechanotherapy	10
Phototherapy	5
Functional Assessment	10
Exercise Physiology	7
Endurance Training	6
Muscle Rehabilitation	10
Neuromuscular Rehabilitation	12
Disorder-specific Rehabilitation	18
<b>Total</b>	<b>100</b>

TABLE 6 – OVERVIEW OF THE CALIFORNIA CHIROPRACTOR DESCRIPTION OF PRACTICE CONTENT OUTLINE

Content Area	Content Area Description	Percent Weight
I. Patient History	This area assesses the candidate's knowledge of performing a comprehensive patient evaluation.	14
II. Examination and Assessment	This area assesses the candidate's knowledge of performing physical examinations and evaluations to guide diagnosis and management.	29
III. Treatment	This area assesses the candidate's knowledge of chiropractic treatments, including the use of physiotherapy modalities and healthy lifestyle counseling.	26
IV. Laws and Regulations	This area assesses the candidate's knowledge of laws and regulations related to chiropractor practice as documented in the California Business and Professions Code, California Code of Regulations, California Health and Safety Code, and Chiropractic Initiative Act of California.	31
<b>Total</b>		<b>100</b>

TABLE 7 – EXAMINATION CONTENT OUTLINE: CALIFORNIA CHIROPRACTIC LAW EXAMINATION (CCLE)

- I. Records Management (26%):** This area assesses the candidate’s knowledge of California laws and regulations related to documentation, maintenance, and release of patient records.

<b>TASK STATEMENTS</b>	<b>KNOWLEDGE STATEMENTS</b>
<b>T70.</b> Obtain informed consent in accordance with laws and regulations.	<b>K121.</b> Knowledge of laws and regulations related to informed consent.
<b>T75.</b> Document assessments and treatments for patient records in accordance with laws and regulations.	<b>K129.</b> Knowledge of laws and regulations for documenting patient history, examination, treatment, principal spoken language, and management.
<b>T77.</b> Maintain patient records in accordance with laws and regulations.	<b>K134.</b> Knowledge of laws and regulations regarding maintaining physical and electronic patient records.
<b>T78.</b> Maintain confidentiality of patient records in accordance with laws and regulations.	<b>K135.</b> Knowledge of laws and regulations regarding patient addendums to records.
<b>T79.</b> Release patient records in accordance with laws and regulations.	<b>K136.</b> Knowledge of legal requirements of the Health Insurance Portability and Accountability Act (HIPAA).
	<b>K137.</b> Knowledge of laws and regulations regarding confidentiality of patient records and test results.
	<b>K138.</b> Knowledge of laws and regulations regarding release of minor and adult patient records.

**II. Business Management (26%):** This area assesses the candidate’s knowledge of California laws and regulations relating to ownership and management of chiropractic businesses, corporations, and practices.

<b>TASK STATEMENTS</b>		<b>KNOWLEDGE STATEMENTS</b>	
<b>T71.</b>	Adhere to laws and regulations regarding billing, billing codes, and documentation.	<b>K122.</b>	Knowledge of documentation requirements (e.g., billing codes) for insurance reimbursement.
<b>T72.</b>	Adhere to laws and regulations related to treating patients with occupational injuries or illnesses.	<b>K123.</b>	Knowledge of procedures for receiving insurance reimbursement.
<b>T73.</b>	Adhere to laws and regulations related to ownership and management of chiropractic businesses and corporations.	<b>K124.</b>	Knowledge of laws and regulations regarding accountable billings.
<b>T74.</b>	Adhere to laws and regulations related to ownership and management of a chiropractic practice.	<b>K125.</b>	Knowledge of laws and regulations regarding discounted fees and services.
<b>T76.</b>	Report known or suspected abuse of patients by contacting protective services in accordance with laws and regulations.	<b>K126.</b>	Knowledge of laws and regulations related to occupational injury or illness of patients.
<b>T91.</b>	Adhere to laws and regulations regarding display of certificate to practice.	<b>K127.</b>	Knowledge of laws and regulations related to managing chiropractic businesses and corporations.
		<b>K128.</b>	Knowledge of laws and regulations related to transfer of ownership upon death or incapacity of licensed chiropractor.
		<b>K130.</b>	Knowledge of laws for reporting suspected abuse of children, elders, or dependent adults.
		<b>K131.</b>	Knowledge of mandated reporting procedures of suspected abuse of children, elders, or dependent adults.
		<b>K132.</b>	Knowledge of mandated reporting procedures of suspected abuse, firearm injuries, or assaultive action.
		<b>K133.</b>	Knowledge of physical indicators of abuse, firearm injuries, or assaultive action.
		<b>K161.</b>	Knowledge of laws and regulations related to displaying of certificate to practice.
		<b>K162.</b>	Knowledge of laws and regulations regarding filing and displaying certificates for satellite offices.

**III. Ethics (26%):** This area assesses the candidate’s knowledge of California laws and regulations of professional and ethical conduct in a chiropractic office, advertising, and examinations.

<b>TASK STATEMENTS</b>	<b>KNOWLEDGE STATEMENTS</b>
<b>T80.</b> Adhere to laws and regulations regarding advertising of chiropractic services.	<b>K139.</b> Knowledge of laws and regulations related to chiropractic advertising, misrepresentation, and false claims.
<b>T81.</b> Adhere to laws and regulations regarding professional conduct.	<b>K140.</b> Knowledge of laws and regulations regarding advertising free or discounted services.
<b>T83.</b> Adhere to laws and regulations regarding excessive treatment.	<b>K141.</b> Knowledge of laws and regulations regarding chiropractic specialty designations.
<b>T87.</b> Ensure professional conduct of others on the premises of chiropractic office in accordance with laws and regulations.	<b>K142.</b> Knowledge of laws and regulations related to use of chiropractic title.
<b>T89.</b> Adhere to laws and regulations regarding referral of patients.	<b>K143.</b> Knowledge of laws and regulations of ethical standards for professional conduct in a chiropractic setting.
<b>T90.</b> Adhere to laws and regulations regarding license examination security.	<b>K144.</b> Knowledge of laws and regulations regarding mental illness and illness affecting chiropractor competency.
	<b>K147.</b> Knowledge of laws and regulations regarding excessive treatments.
	<b>K154.</b> Knowledge of laws and regulations related to inducing students to practice chiropractic.
	<b>K155.</b> Knowledge of laws and regulations regarding supervision of unlicensed individuals.
	<b>K157.</b> Knowledge of laws and regulations regarding referral rebates.
	<b>K158.</b> Knowledge of laws and regulations regarding unlawful referrals.
	<b>K159.</b> Knowledge of laws and regulations regarding solicitation of referrals providing beneficial interest to family or self.
	<b>K160.</b> Knowledge of laws and regulations regarding violations of license examination security.

**IV. Scope of Practice (22%):** This area assesses the candidate’s knowledge of California laws and regulations relating to chiropractic scope of practice.

<b>TASK STATEMENTS</b>	<b>KNOWLEDGE STATEMENTS</b>
<b>T82.</b> Adhere to laws that define chiropractic scope of practice.	<b>K145.</b> Knowledge of laws and regulations regarding reporting violations of the Chiropractic Initiative Act.
<b>T84.</b> Maintain California chiropractor license according to laws and regulations.	<b>K146.</b> Knowledge of laws and regulations regarding professional treatment standards.
<b>T85.</b> Adhere to laws and regulations regarding use of lasers for chiropractic treatment.	<b>K148.</b> Knowledge of laws and regulations regarding maintenance, renewal, and restoration of California chiropractor license.
<b>T86.</b> Adhere to laws and regulations regarding radiographic imaging.	<b>K149.</b> Knowledge of laws and regulations for maintaining accurate licensee name and address with the Board of Chiropractic Examiners.
<b>T88.</b> Adhere to laws and regulations regarding chiropractic manipulation under anesthesia.	<b>K150.</b> Knowledge of laws and regulations regarding continuing education requirements to maintain chiropractor license.
	<b>K151.</b> Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.
	<b>K152.</b> Knowledge of laws and regulations on use of lasers for chiropractic treatment.
	<b>K153.</b> Knowledge of laws and regulations regarding radiographic imaging.
	<b>K156.</b> Knowledge of laws and regulations regarding chiropractic manipulations under anesthesia.

## FINDINGS

**Finding 24.** The SMEs performed a comparison between the content of each NBCE examination and the 2017 California Chiropractor OA results and concluded that the NBCE examinations are congruent in assessing the general knowledge required for entry-level chiropractor practice in California.

**Finding 25.** The SMEs performed a comparison between the content of each of the NBCE examinations and the California-specific tasks and knowledge identified in the 2017 California Chiropractor OA and concluded that the NBCE examinations do not assess California laws and regulations related to chiropractor practice.

## CONCLUSIONS

Given the findings, the content of the NBCE examinations is congruent with general areas of entry-level California chiropractor practice. The NBCE examinations do not provide coverage of entry-level practice related to California-specific laws, rules, regulations, and practice. The SMEs recommended that a California supplemental examination be required for entry-level licensure in California, in addition to examinations measuring general practice, such as the NBCE examinations.

The California-specific tasks and knowledge evaluated by the SMEs as part of the linkage study between the NBCE examinations and the results of the California 2017 Chiropractor OA form the basis for the CCLE examination.



## CHAPTER 10. CONCLUSIONS

### COMPREHENSIVE REVIEW OF THE NBCE EXAMINATION PROGRAM

OPES completed a comprehensive analysis and evaluation of the documents provided by NBCE. The procedures used to establish and support the validity and defensibility of the NBCE examinations (e.g., occupational analysis, examination development, passing scores, and test security) were found to meet professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing* (2014) and Business and Professions Code section 139.

Given the findings regarding the NBCE examination program, the State Board of Chiropractic Examiners should continue the use of the NBCE examinations for licensure of chiropractors in California.

### CALIFORNIA CCLE EXAMINATION OUTLINE

By adopting the CCLE Examination Outline contained in this report, the State Board of Chiropractic Examiners ensures that its examination program reflects specific areas of law, regulations, and practice related to chiropractor practice in California and minimizes the content overlap between the NBCE examinations and the CCLE. This report provides the documentation necessary to verify that the analysis has been implemented in accordance with legal, professional, and technical standards.

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**Board of Chiropractic Examiners (BCE) Fee  
Study**

**CALIFORNIA DEPARTMENT OF CONSUMER  
AFFAIRS**

**FINAL REPORT**

December 2021

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# 1. Introduction and Executive Summary

The Matrix Consulting Group was retained by the Board of Chiropractic Examiners (BCE) to evaluate its fees for service. The following report summarizes the findings and conclusions associated with BCE's current and full cost recovery.

## 1 Project Background and Overview

The Board of Chiropractic Examiners was established via the Chiropractic Initiative Act in 1922, with a legal framework dictating that fees charged should cover all costs of operations, including licensing and enforcement. Given current staffing and operational costs, as well as current fee amounts, the BCE could be facing imminent insolvency. As the BCE's sole source of funding is fees charged for licensing, continuing education, and other regulatory services, the need for increased fees is paramount.

Therefore, the focus of this analysis was to evaluate the full cost associated with processing licenses associated with practicing, continuing education, reinstatement of licenses, and other similar services. The results of this study provide a tool for understanding current service levels, the cost and demand for those services, and what fees for service can be charged.

## 2 General Project Approach and Methodology

The methodology employed by the Matrix Consulting Group is a widely accepted "bottom up" approach to cost analysis, where time spent per unit of fee activity is determined for each position within a Program. Once time spent for a fee activity is determined, all applicable organizational costs are then considered in the calculation of the "full" cost of providing each service. The following table provides an overview of types of costs applied in establishing the "full" cost of services provided by the Board:

**Table 1: Overview of Cost Components**

Cost Component	Description
<b>Direct</b>	Fiscal Year 2021-22 Budgeted salaries, benefits and allowable expenditures.
<b>Indirect</b>	Administration / management, clerical, enforcement, special investigations support, and reserve requirements.

Together, the cost components in the table above comprise the calculation of the total "full" cost of providing any particular service, regardless of whether a fee for that service is charged.

The work accomplished by the Matrix Consulting Group in the analysis of the fees for service involved the following steps:

- **Staff Interviews:** The project team interviewed BCE Licensing and Enforcement staff to obtain a better understanding of how licensing services are provided.
- **Data Collection:** Data was collected for staffing, budget, and workload information and entered into the analytical fee model. Along with budgeted expenditures, the project team also worked with staff to identify the costs associated with enforcement and reserve requirements.
- **Cost Analysis:** The full cost of providing each service included in the analysis was established.
- **Review and Approval of Results with Staff:** Management has reviewed and approved these documented results.

A more detailed description of the legal considerations and fee methodology used to calculate the BCE fees is provided in subsequent chapters of this report.

### 3 Summary of Fee Study

The primary focus of this study is to determine the full cost associated with licensing-related services. The following table compares the current revenue to the full cost revenue calculated, the resulting surplus / (deficit), and cost recovery level:

**Table 2: Annual Cost Recovery Analysis**

Total Annual Revenue <sup>1</sup>	\$4,611,988
Total Annual Cost <sup>2</sup>	\$6,024,382
<b>Annual Surplus / (Deficit)</b>	<b>(\$1,412,394)</b>
<b>Cost Recovery %</b>	<b>77%</b>

Based upon the results of this analysis, the BCE is under-recovering by approximately \$1.4 million for its fee-related services. This \$1.4 million under-recovery represents a 77% cost recovery level. The cost figures in this report are meant to provide guidance to decision-makers: Management and the Board regarding the maximum allowable fees that can be charged. The following chapters provide greater detail regarding the full cost calculations for licensing services.

<sup>1</sup> Based on FY2020-21 workload and current fees.

<sup>2</sup> Includes FY2021-22 Budget Act, as well as cost obligations such as the Bureau of Automotive Repair (BAR) loan payback, supplemental pension payments, statewide prorata, general salary increases, ongoing expenditure reductions, and reserve buildup.

## 2. Legal Framework

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The California Board of Chiropractic Examiners has specific legal framework, which dictates that its fees should cover all costs of operations including licensing and any enforcement costs. In 1922 California electors approved the Chiropractic Initiative Act, which created the State Board of Chiropractic Examiners, and prescribed the terms upon which licenses could be issued to practitioners of chiropractic, as well as penalties for violation. There are three sections that are pertinent to the fee study: §4, §12.5, and §14. The following subsections provide an overview of these three sections:

### 1 §4: Powers of the Board

This section gives the Board the authority to adopt rules and regulations regarding educational requirements; establish minimum requirements for teachers at chiropractic schools and colleges; approve chiropractic schools and colleges; and employ investigators, clerical assistants, and commissioners to carry out these duties. Additional sections of the Chiropractic Initiative Act outline the Board's authority regarding issuance, revocation, and reinstatement of licenses, including:

- § 7 Certificate to practice; issuance; practice authorized
- § 9 Issuance of licenses to licensees of other states
- § 10 Rules of professional conduct; denial, suspension or revocation of license; reissuance
- § 12 Renewal Fee
- § 15 Noncompliance with and violations of act
- § 17 Enforcement of act

As it can be seen from the points above, the BCE's current fees cover all of these areas of services.

### 2 §12.5: Authority of Legislature to Fix Fees

This section provides the legislature the authority to fix fees payable by applicants and licensees and per diem compensation for the Board, and gives the legislature the authority to "... *fix the amounts of the fees payable by applicants and licensees...*". The

goal of this analysis is to provide the legislature with information regarding the full cost to determine where and how to fix the amount of the fees.

### **3 §14: Use of State Board of Chiropractic Examiners' Fund**

This section dictates that “...*all money received by the board from all sources..*” is to be deposited into the State Board of Chiropractic Examiners' Fund (a special fund), “..*and shall be expended in accordance with law for all necessary and proper expenses in carrying out the provisions of this act, upon proper claims approved by said board or a finance committee thereof.*” With its special fund designation, the Board of Chiropractic Examiners does not receive funding from taxes, grants, or the State's general fund. Therefore, it must charge license and registration fees and fines in an amount sufficient to sustain regulatory practices.



### 3. Staffing and Budget Assumptions

In order to determine the full cost of providing BCE services, staffing and budget information was collected for Fiscal Year 2020-21. This information outlined the staff available to process licensing, continuing education, and other services, as well as the budget and non-budget costs incurred by BCE. The following sections detail the staffing and budget assumptions included in this cost of service study.

#### 1 Fiscal Year 2020-21 Staffing Assumptions

In Fiscal Year 2020-21 the BCE budgeted for 19 Full Time staff positions, as well as two (2) Seasonal Clerks. Full time staff have a standard assumption of 2,080 hours, and are eligible for full vacation, holiday, and sick leave. Seasonal Clerks can work a maximum of 1,500 hours annually, and do not accrue any vacation or sick leave. The following table outlines the titles and number of budgeted positions for BCE staff.

**Table 3: Fiscal Year 2020-21 Budgeted Staff**

<b>Position Title</b>	<b>FT Positions</b>
Office Tech (Typing)	2.00
Staff Services Manager II/Sup	1.00
Staff Services Manager I	2.00
Staff Services Analyst	4.00
Management Services Tech	1.00
Assoc Gov Prog Analyst	5.00
Special Investigator	3.00
Executive Officer	1.00
Seasonal Clerk	
<b>Total Staff</b>	<b>19.00</b>

BCE staff support falls into four basic categories: direct fee-related services, enforcement activities, special investigations, or administrative support. The following points provide an overview of these categories, as well as the associated staff.

- **Fee-Related:** Staff who work directly in support of licensing, continuing education, and other fee-related services include: Office Tech (Typing), Staff Services Manager I, Staff Services Analyst Associate Government Program Analyst, and Seasonal Clerk.
- **Enforcement:** Staff who work to process complaints, and research applicable laws relating to possible violations include: Staff Services Manager I, Staff Services Analyst, Associate Government Program Analyst, and Seasonal Clerk.

- **Special Investigations:** Special Investigators are responsible for conducting field investigations.
- **Administrative Support:** Staff who manage, oversee, or support all staff include: Office Tech (Typing), Staff Services Manager II / Supervisor, Management Services Tech, Associate Government Program Analyst, Executive Officer, and Seasonal Clerk.

The project team worked with BCE staff to identify various daily, weekly, monthly, and annual activities carried out by staff that fall into each of the above categories in order to develop appropriate time estimates and cost assumptions.

## 2 Fiscal Year 2020-21 Budget Assumptions and Budget Adjustments

In order to determine appropriate costs for inclusion in the fee analysis, the project team first started with the Fiscal Year 2020-21 Budget for BCE. Expenditure line items were reviewed for appropriateness, as well as any mid-year adjustments, such as updating BCE's 2020-21 Budget to its recently enacted 2021-22 Budget (Budget Act). Finally, non-budget items were also identified for inclusion in the full cost of providing BCE services.

### (1) Fiscal Year 2020-21 Budget

The project team worked with BCE staff to review the Fiscal Year 2020-21 Budget, and incorporated adjustments associated with several expenditure line items. While the starting budget was \$5 million, based on adjustments made, the total budgeted cost included in the analysis was \$4.6 million. The following table details the Fiscal Year 2020-21 Budget, proposed Cost Adjustments, and the total Adjusted Cost, which ties to BCE's 2021-22 Enacted Budget.

**Table 4: Fiscal Year 2020-21 Budget and Adjustments**

<b>Cost Type</b>	<b>FY20-21 Budget</b>	<b>Cost Adjustments</b>	<b>Total Adjusted Cost</b>
Salary & Wages	\$1,255,000	\$133,000	\$1,388,000
Temp Help	\$8,000		\$8,000
Statutory Exempt (EO)	\$116,000		\$116,000
Overtime/Retirement Payout	\$1,000		\$1,000
Staff Benefits	\$695,000	\$47,000	\$742,000
Board Member Per Diem	\$16,000		\$16,000
General Expense	\$30,000		\$30,000
Printing	\$3,000		\$3,000
Communication	\$19,000		\$19,000
Postage	\$7,000		\$7,000
Travel In State	\$22,000		\$22,000

<b>Cost Type</b>	<b>FY20-21 Budget</b>	<b>Cost Adjustments</b>	<b>Total Adjusted Cost</b>
Training	\$9,000		\$9,000
Facilities Operations	\$141,000		\$141,000
Attorney General	\$933,000		\$933,000
Office of Administrative Hearings	\$159,000		\$159,000
Evidence/Witness Fees	\$75,000	(\$17,000)	\$58,000
C & P Services - External	\$448,000	(\$438,000)	\$10,000
DCA Pro Rata	\$1,011,000	(\$240,000)	\$771,000
Consolidated Data Center	\$27,000		\$27,000
Information Technology	\$60,000	(\$7,000)	\$53,000
Equipment	\$13,000	(\$2,000)	\$11,000
Vehicle Operations	\$42,000		\$42,000
<b>Total Budgeted Costs</b>	<b>\$5,090,000</b>	<b>(\$524,000)</b>	<b>\$4,566,000</b>

Upon review of the budgeted line items included in the budget, BCE identified approximately \$5 million in cost adjustments. Costs associated with Salary and Wages and Staff Benefits were increased by \$180,000, while costs associated with Evidence / Witness Fees, C&P Services – External, DCA Pro Rata, Information Technology, and Equipment were reduced by \$700,000.

## (2) Non-Budget Items

The BCE develops an annual budget every year to reflect known cost types such as salaries, benefits, and operating costs. However, the BCE has several non-budget expense obligations that it is required to pay, which total \$1.5 million this year. The following table outlines the non-budget expenses the BCE should incur by cost type.

**Table 5: Fiscal Year 2021-22 Non-Budget Expenses**

<b>Non-Budget Item</b>	<b>Annual Cost</b>
Office Relocation	\$29,920
Credit Card Fees	\$84,591
Direct Fund Transfer - BAR Loan Payback (\$1.448 million outstanding)	\$250,000
Direct Fund Assessment - Supplemental Pension Payments (Ends 2024-25)	\$85,000
Direct Fund Assessment - Statewide Prorata	\$297,000
General Salary Increases (eff. 7/1/2021)	\$130,000
Ongoing Expenditure Reduction	(\$16,000)
Annual Reserve	\$597,870
<b>Total Non-Budget Expenses</b>	<b>\$1,458,382</b>

Over the next several years the BCE should make payments to offset its BAR Loan, as well as Supplemental Pension Payments. It will also need to pay for Statewide Prorata, cover general salary increases, account for an ongoing expenditure reductions, account for credit card fees associated with taking online payments, and account for amortized costs associated with office relocations. Finally, the BCE needs to build back its fund reserve in order to offset any unforeseen future economic uncertainties.

### (3) Total Annual Cost

When looking at the budgeted and non-budgeted expenditures for BCE, costs total approximately \$6 million.

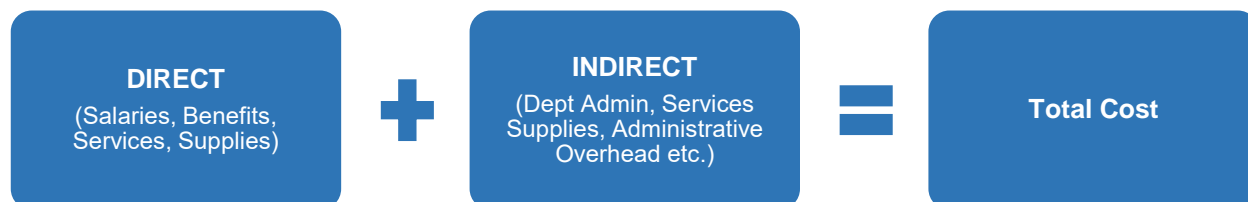
**Table 6: Fiscal Year 2021-22 Budget Assumptions**

<b>Cost Type</b>	<b>FY20-21 Budget</b>	<b>Cost Adjustments</b>	<b>Total Adjusted Cost</b>
Governor's Budget and Cost Adjustments	\$5,090,000	(\$524,000)	\$4,566,000
Non-Budget Items		\$1,458,382	\$1,458,382
<b>Total Budgeted Costs</b>	<b>\$5,090,000</b>	<b>\$934,382</b>	<b>\$6,024,382</b>

The costs identified in the previous two subsections were used as the basis for the annual costs associated with BCE services.

## 4. User Fee Methodology

The Matrix Consulting Group utilizes a cost allocation methodology commonly known and accepted as the “bottom-up” approach to establishing User Fees. The term means that several cost components are calculated for each fee or service. These components then build upon each other to comprise the total cost for providing the service. The following chart describes the components of a full cost calculation:



The general steps utilized by the project team to determine allocations of cost components to a particular fee or service are:

- Calculate fully burdened hourly rates by position, including direct & indirect costs;
- Develop time estimates for each service included in the study;
- Distribute the appropriate amount of the other cost components to each fee or service based on the staff time allocation basis, or another reasonable basis.

The results of these allocations provide detailed documentation for the reasonable estimate of the actual cost of providing each service. The following subsections discuss the fully burdened hourly rates calculated and the time estimates utilized.

### 1 Fully Burdened Hourly Rates

The fully burdened hourly rates are one of the two key factors of the full cost calculated. The fully burdened hourly rates calculated through this study are comprised of the following key components:

- **Direct Cost:** This consists of the salaries, benefits, and productive hours associated with each position. The salaries and benefits are the actual salaries and benefits budgeted for each position at the BCE. The productive hours are a calculation to reduce the billable hours from 2,080 (standard full-time hours) to the hours which are available to be billed for. This includes reduction for items such as sick leave, vacation, holidays, meetings, breaks, and trainings. Based upon review of standardized vacation and holiday, the total productive hours calculated for staff are 1702.5 hours. The 1,702.5 hours represents a billable percentage of 81%, which is within the range typically seen for state agencies at 75-85%.

- **Supplies and Services Overhead:** This overhead refers to the non-personnel budgeted items for each program or division that are necessary for the employees to be productive. This includes costs such as general expenses, printing, communication, postage, training, facilities overhead, equipment, vehicle operations, etc. These costs are divided by the total productive hours for BCE to calculate the supplies and services overhead per hour.
- **Administrative Staff Support:** This consists of the costs associated with all personnel that support the billable staff. This includes the costs associated with managerial and clerical staff, as well as the non-billable time associated with fee-related staff. The BCE has a mandate that all costs are recovered through fees, as such these costs should be considered as overhead to fees. For purposes of the BCE the administrative staff allocated over fee-related activities include Staff Services Manager II, Management Services Technician, the Executive Officer, and portions of the Office Technician, Associate Government Program Analyst, and Seasonal Clerk.

Together these cost components result in fully burdened hourly rates, which are reflective of the total cost to the BCE for each position. It is important to note that this rate is NOT meant to be reflective of actual pay to Board staff, but rather reflects the cost associated with that employee, which includes salaries, benefits, supervisory support, services and supplies, and overall agencywide support. The fully burdened hourly rate is utilized in conjunction with time estimates to calculate the full cost of service.

## 2 Time Estimates

One of the key study assumptions utilized in the “bottom up” approach is the use of time estimates for the provision of each fee related service. Utilization of time estimates is a reasonable and defensible approach, especially since experienced staff members who understand service levels and processes unique to the City developed these estimates.

The project team worked closely with BCE staff in developing time estimates with the following criteria:

- Estimates are representative of average times for providing services. Estimates for extremely difficult or abnormally simple projects are not factored into this analysis.
- Estimates reflect the time associated with the position or positions that typically perform a service.
- Estimates provided by staff are reviewed and approved by line staff and management, and often involve multiple iterations before a Study is finalized.
- Estimates are reviewed by the project team for “reasonableness” against their experience with other agencies.

- Estimates were not based on time in motion studies, as they are not practical for the scope of services and time frame for this project.
- Estimates match the current or proposed staffing levels to ensure there is no over-allocation of staff resources to fee and non-fee related activities.

The Matrix Consulting Group agrees that while the use of time estimates is not perfect, it is the best alternative available for setting a standard level of service for which to base a jurisdiction's fees for service and meets the requirements of California law.

### 3 Cost Assumptions

Along with Fully Burdened Hourly Rates and Time Estimates, the total cost calculated for the licenses issued by the Board of BCE consists of three other cost components:

1. **Special Investigations:** The BCE has three (3) Special Investigators who provide field investigations and enforcement regarding any license holder violations. These are in-depth investigations and can result in court cases and licenses being revoked.
2. **Enforcement:** The BCE has approximately six (6) Full-time staff dedicated to Enforcement activities. These staff review and process complaints and research applicable laws to determine whether a violation was committed.
3. **Reserve:** It is a best management practice that an agency have a policy regarding reserves to ensure continuity of operations in the event of an unprecedented financial situation. The BCE has a policy of accumulating a reserve equal to 6 months of the operating budget. This reserve is intended to be accumulated over a period of 5 years.

These three cost components have been included as additional costs on top of the different license and permit categories to capture the full operating costs of the BCE. The following subsections show the cost calculation assumptions that have been utilized for these three categories.

#### (1) Special Investigations

As discussed, the BCE has three (3) full-time special investigator positions. The project team calculated the full cost of special investigations by taking the fully burdened hourly rate for Special Investigations (based upon the cost components discussed in Section 1 of this Chapter) and multiplying it by the total annual available hours for the Special Investigations staff. The following table shows this calculation:

**Table 7: Calculation of Annual Special Investigations Cost**

Position Title	# of FTE	Productive Hours Per FTE <sup>3</sup>	Annual Available Hours per FTE	Fully Burdened Hourly Rate	Annual Cost
Special Investigator	3.0	1,702.5	5,107.50	\$180.425	\$920,649

Based upon the number of FTE, the annual available hours, and the fully burdened hourly rate, the annual cost for Special Investigations is approximately \$921,000. The cost for Special Investigations was allocated to permits based upon the type of activity that is being investigated. Approximately 95% of this activity is related to general license holders, as such, 95% of this cost should be borne by annual license fees, with the remaining 5% spread over the remaining license types to account for investigative actions stemming from continuing education, corporation filings, and satellite certificates. The following table shows the total cost allocated to the different types of permits:

**Table 8: Allocation of Special Investigations Costs**

Annual Special Inv. Cost	Type of Activity	% of Support	Total Allocable Cost
\$920,649	All License Types	5%	\$46,032
	Renewals Only	95%	\$874,616

Based upon the proposed percentage of support, approximately \$875,000 of the costs are allocated to License Renewals. The costs associated with licenses were then calculated into a per license cost based upon the prior fiscal year's (FY21) workload. The following table shows the per license cost:

**Table 9: Allocation of Special Investigations Costs**

Type	Allocable Cost	Annual Workload	Cost / Permit
All License Types	\$38,920	9,433	\$5
Renewals Only	\$739,478	12,759	\$69

Based upon the calculation, \$5 is added to each license type and \$69 to the license renewal fee to help recover the costs associated with Special Investigations.

## (2) Enforcement

The BCE has several different staff positions dedicated to the Enforcement function. The project team calculated the full cost of Enforcement by taking the fully burdened hourly rate for Enforcement Staff (based upon the cost components discussed in Section 1 of this Chapter) and multiplying it by the total annual available hours for the Enforcement staff. The following table shows this calculation:

<sup>3</sup> As discussed in the fully burdened hourly rates section, the project team calculated the hours that staff can bill and be productive, which takes the 2,080 (40 hrs per week for 52 weeks) and reduces them by sick, vacation, and breaks.



**Table 10: Calculation of Annual Enforcement Staff Cost**

<b>Position Title</b>	<b># of FTE</b>	<b>Productive Hours Per FTE<sup>4</sup></b>	<b>Annual Available Hours per FTE</b>	<b>Fully Burdened Hourly Rate</b>	<b>Annual Cost</b>
Staff Services Manager	1.0	1,702.50	1,702.50	\$182	\$309,130
Associate Govt Program Analyst	3.0	1,702.50	4,396.50	\$165	\$814,578
Staff Services Analyst	1.0	1,702.50	1,702.50	\$154	\$262,304
Seasonal Clerk <sup>5</sup>	1.0	1,478.00	1,478.00	\$122	\$179,852
<b>TOTAL STAFF COST</b>					<b>\$1,565,864</b>

Based upon the number of FTE, the annual available hours, and the fully burdened hourly rate, the annual staff cost for Enforcement is approximately \$1.6 million. In addition to staff costs for enforcement there are other fixed costs such as Attorney General, Office of Administrative Hearings, and Evidence / Witness Fees. The following table shows these additional costs incorporated with the staff costs to calculate the total annual costs for enforcement:

**Table 11: Total Annual Enforcement Costs**

<b>Cost Category</b>	<b>Amount</b>
Enforcement Staff Cost	\$1,565,864
Attorney General	\$933,000
Office of Administrative Hearings	\$159,000
Evidence / Witness Fees	\$58,000
C&P Services – External	\$10,000
DCA Pro-Rata Enforcement	\$322,000
<b>TOTAL COSTS</b>	<b>\$3,047,864</b>

The total costs associated with Enforcement related activities are approximately \$3 million, with \$1.5 million associated with external enforcement activities. This cost for Enforcement was allocated to permits based upon the type of activity that is being enforced. Approximately 95% of this activity is related to general license holders, as such, approximately 95% of this cost should be borne by annual license fees. The remaining 5% accounts for enforcement issues borne out of actions relating to continuing education, corporation filings, and satellite certifications, and is spread over these license types. The following table then shows the total cost allocated to the different types of permits:

**Table 12: Allocation of Enforcement Costs by Permit Type**

<b>Annual Enforcement Cost</b>	<b>Type of Activity</b>	<b>% of Support</b>	<b>Total Allocable Cost</b>
\$3,047,864	All License Types	5%	\$152,393
	Renewals Only	95%	\$2,895,471

<sup>4</sup> As discussed in the fully burdened hourly rates section, the project team calculated the hours that staff can bill and be productive, which takes the 2,080 (40 hrs per week for 52 weeks) and reduces them by sick, vacation, and breaks.

<sup>5</sup> The Seasonal Clerk position works a maximum of 1,500 hours and it is assumed they receive approximately half of the holidays that agency staff receive in order to calculate their billable / productive hours.

Based upon the allocation of costs, approximately \$2.9 million of the costs relate to License Renewals. The costs associated with licenses were then calculated into a per license cost based upon the prior fiscal year's (FY 2020-21) workload. The following table shows the per license cost:

**Table 13: Allocation of Enforcement Costs per Permit**

Type	Allocable Cost	Annual Workload	Cost / Permit
All License Types	\$152,393	9,433	\$16
Renewals Only	\$2,895,471	12,759	\$227

Based upon the calculation, \$16 is added to each license type and \$227 to the license renewal fee to help recover the costs associated with Enforcement.

### (3) Reserve

The BCE has a policy that there should be a reserve based on 6 months of operating annual costs for the agency. However, it is not expected that this reserve would be accumulated in a singular year. As such, the reserve and its associated costs are calculated over a 5-year time frame. Similar to Special Investigations and Enforcement, the cost for reserve accumulation was based upon a per permit cost. However, as the reserve would be applicable to all permit types, there was no difference in allocation between the permit types. The following table shows the per permit calculation for the reserve:

**Table 14: Calculation of Reserve Cost Per Permit**

Category	Annual Cost	Annual Workload	Cost Per Permit
Annual Reserve Cost	\$597,870 <sup>6</sup>	22,192	\$27

Based upon the calculation, \$27 is added to each license type to help the agency accumulate a reserve that is equal to 6 months of operating costs over a 5-year period.

<sup>6</sup> The 5 year annual operating cost is \$6 million based upon a 2% inflation factor, and the 6 month reserve is \$3 million, which spread over 5 years results in an annual cost of \$597,870.

## 5. BCE Fee Study Results

The BCE is the regulatory agency that monitors and licenses chiropractic practitioners. The fees included in this analysis include application fees, renewal fees, continuing education, corporate registration, reciprocal licenses, and satellite licenses. The following subsections discuss modifications made to the fee schedule, the detailed per unit analysis, and the annual revenue impacts for fee-related services provided by the agency.

### 1 Fee Schedule Modifications

During discussions with BCE staff, it was determined that the current fee structure reflects services being provided, and complies with regulations regarding how fees can be applied and charged. Therefore, no modifications were made to the current fee structure.

### 2 Detailed Per Unit Results

The BCE collects flat fees for items such as continuing education providers, annual license applications, corporation licenses, restoration of licenses, reciprocal licenses, and satellite licenses. The total cost calculated for each service includes direct staff cost, services and supplies, administrative overhead, special investigations, enforcement, and reserve costs. The following table details the fee title / name, the current fee amount, the total cost, and surplus and / or deficit associated with each service:

**Table 15: BCE Cost Per Unit Results**

Fee Name	Current Fee	Total Cost Per Unit	Surplus / (Deficit) per Unit
Biennial continuing education provider renewal fee	\$56	\$118	(\$62)
Continuing education provider application fee	\$84	\$291	(\$207)
Continuing education course application fee	\$56	\$558	(\$502)
Corporation registration application fee	\$186	\$171	\$15
Corporation special report filing fee	\$31	\$98	(\$67)
Corporation renewal filing fee	\$31	\$62	(\$31)
Corporation duplicate certificate fee	\$50	\$70	(\$20)
Duplicate license fee	\$50	\$71	(\$21)
Initial license fee	\$186	\$137	\$49
License application fee	\$371	\$345	\$26
License certification / Out of state license verification	\$124	\$83	\$41
License renewal fee	\$313	\$336	(\$23)
Petition for early termination of probation or reduction of penalty fee	\$371	\$3,195	(\$2,824)

Fee Name	Current Fee	Total Cost Per Unit	Surplus / (Deficit) per Unit
Petition for reinstatement of a revoked license fee	\$371	\$4,185	(\$3,814)
Preceptor fee	\$31	\$72	(\$41)
Reciprocal license application fee	\$371	\$283	\$88
Referral service application fee	\$557	\$279	\$278
Satellite certificate application fee	\$62	\$69	(\$7)
Satellite certificate renewal fee	\$31	\$50	(\$19)
Satellite certificate replacement fee	\$50	\$71	(\$21)

As the table indicates, the majority of fees charged by BCE are under-recovering. The under-recovery ranges from a low of \$7 for the Satellite Certificate Application to a high of \$3,814 for the Petition for Reinstatement of a Revoked License. The over-recovery ranges from a low of \$15 for Corporation Registration Application to a high of \$278 for Referral Service Application. The average per unit cost recovery for BCE fees is approximately 75%.

### 3 Annual Results

In order to understand how the per unit results presented in the previous section impact the BCE revenue on an annual basis, workload for FY 2020-21 was collected. The project team compared annual revenue based on current fees to projected revenue based on BCE's full cost of providing services. This analysis indicates that BCE is under-recovering by approximately \$1.4 million. The following table shows by major category, the revenue at current fee, the annual cost, and the associated annual surplus / deficit:

**Table 16: Annual Cost Recovery Analysis - BCE**

Fee Category	Revenue at Current Fee	Total Annual Cost	Annual Surplus / (Deficit)
Continuing Education	\$113,820	\$1,109,988	(\$996,168)
Corporation	\$67,756	\$112,343	(\$44,587)
Licensing Fees	\$4,248,174	\$4,505,041	(\$256,867)
Petition Fees	\$3,339	\$28,757	(\$25,418)
Preceptor Fees	\$20,088	\$46,744	(\$26,656)
Reciprocal Fees	\$742	\$566	\$176
Satellite Fees	\$158,069	\$220,943	(\$62,874)
<b>TOTAL</b>	<b>\$4,611,988</b>	<b>\$6,024,382</b>	<b>(\$1,412,394)</b>

The largest source of subsidy at \$996,000 relates to continuing education. This subsidy relates to the current fee for continuing educating course application fee, which has a \$500 per unit subsidy. The next largest source of subsidy stems from the license renewal fee, which only has a per unit subsidy of \$23, but due to the sheer volume (12,759), generates approximately \$300,000 in subsidies.

## 6. Future Schedule Modifications

During review of the BCE fee structure, discussion of converting the Continuing Education Course Application fee from a flat rate to a per course hour rate occurred. The current flat fee associated with Continuing Education Course Applications is applied regardless of the length of a course. However, staff must conduct a thorough and intensive review of each proposed course hour. Therefore, those who submit applications for a 2 hour course pay the same fee as those who submit an application for a 10 hour course.

Due to current regulations regarding how BCE can charge fees for Continuing Education Course Application, a modification was not incorporated into the current fee analysis. However, the project team did calculate a per hour fee, should the Board decide to revise current regulations. The following table details the conversion of the flat course application fee to a per course hour fee.

**Table 17: Conversion of per Course Application Flat Fee to per Course Hour Fee**

<b>Component</b>	<b>Amount</b>
Calculated Full Cost – Per Application	\$558
Total Applications Processed	1,973
Total Course Hours	9,522
Average Course Hours per Application	4.83
<b>Full Cost Per Course Hour</b>	<b>\$116</b>

The full cost of processing a Continuing Education Course Application was calculated to be \$558. In FY 2020-21, the BCE processed 1,973 applications, reflecting 9,522 course hours, resulting in an average of 4.83 course hours per application. Therefore, the project team took the full cost of processing an application (\$558), and divided it by the average number of hours per course (4.83) to arrive at a per course hour fee of \$116.

Should the Board revise current regulations regarding how Course Application fees can be assessed, and choose to implement a per course hour fee, a fee of \$116 per hour would be sufficient to recover current costs.

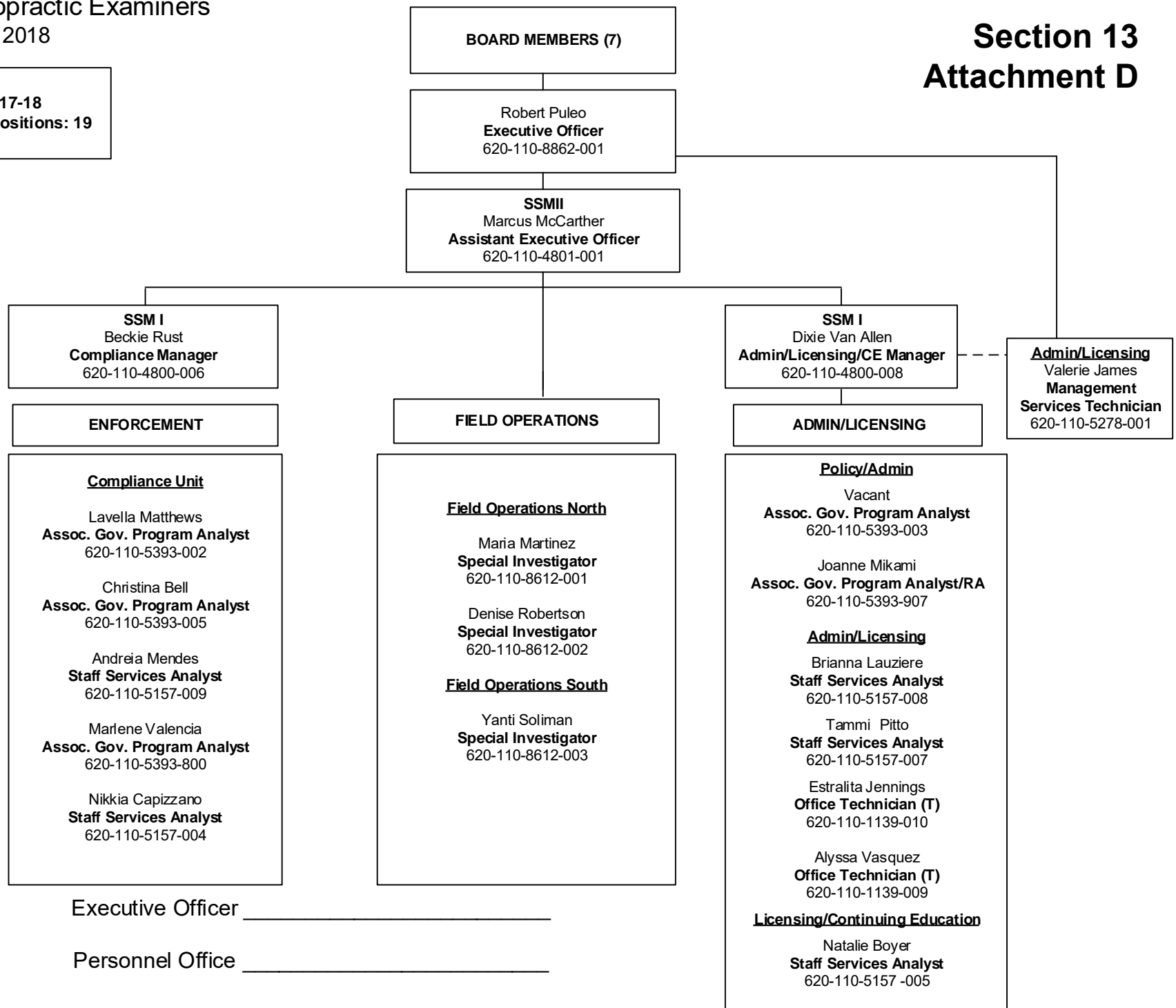
## 7. Results and Findings

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The results of this study found that the BCE is under-recovering its costs by approximately \$1.4 million. The majority of this under-recovery relates to Continuing Education applications and permits. The information presented in this report, as well as provided to staff under separate cover, is meant to document current costs and services, and serve as a tool to be used by the BCE and its Board to adjust its fees.

The Board should use the findings of this report to adjust current fees to a level that is appropriate for its members, while also ensuring that enough revenue is generated to offset costs. Furthermore, the Board should also consider revising the current fee structure for Course Applications to be more equitable for the fee payer.

**FY: 2017-18  
 Authorized Positions: 19**



Executive Officer \_\_\_\_\_

Personnel Office \_\_\_\_\_

**BOARD MEMBERS (7)**

**FY: 2019-20**  
**Authorized Positions: 19**

Robert Puleo  
**Executive Officer**  
 620-110-8862-001

**SSMII**  
 Marcus McCarther  
**Assistant Executive Officer**  
 620-110-4801-001

**SSM I**  
 Kristen Walker  
**Compliance Manager**  
 620-110-4800-006

**SSM I**  
 Dixie Van Allen  
**Admin/Licensing/CE Manager**  
 620-110-4800-008

**Admin/Licensing**  
 Vacant  
**Management Services Technician**  
 620-110-5278-001

**ENFORCEMENT**

**FIELD OPERATIONS**

**ADMIN/LICENSING**

**Compliance Unit**  
 Vacant  
**Assoc. Gov. Program Analyst**  
 620-110-5393-002  
 Christina Bell  
**Assoc. Gov. Program Analyst**  
 620-110-5393-005  
 Valerie James  
**Staff Services Analyst**  
 620-110-5157-009  
 Marlene Valencia  
**Assoc. Gov. Program Analyst**  
 620-110-5393-800  
 Vacant  
**Staff Services Analyst**  
 620-110-5157-004

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

**Policy/Admin**  
 Andreia McMillen  
**Assoc. Gov. Program Analyst**  
 620-110-5393-003  
**Admin/Licensing**  
 Brianna Lauziere  
**Staff Services Analyst**  
 620-110-5157-008  
 Tammi Pitto  
**Staff Services Analyst**  
 620-110-5157-007  
 Estralita Jennings  
**Office Technician (T)**  
 620-110-1139-010  
 Alyssa Vasquez  
**Office Technician (T)**  
 620-110-1139-009  
**Licensing/Continuing Education**  
 Natalie Boyer  
**Staff Services Analyst**  
 620-110-5157-005

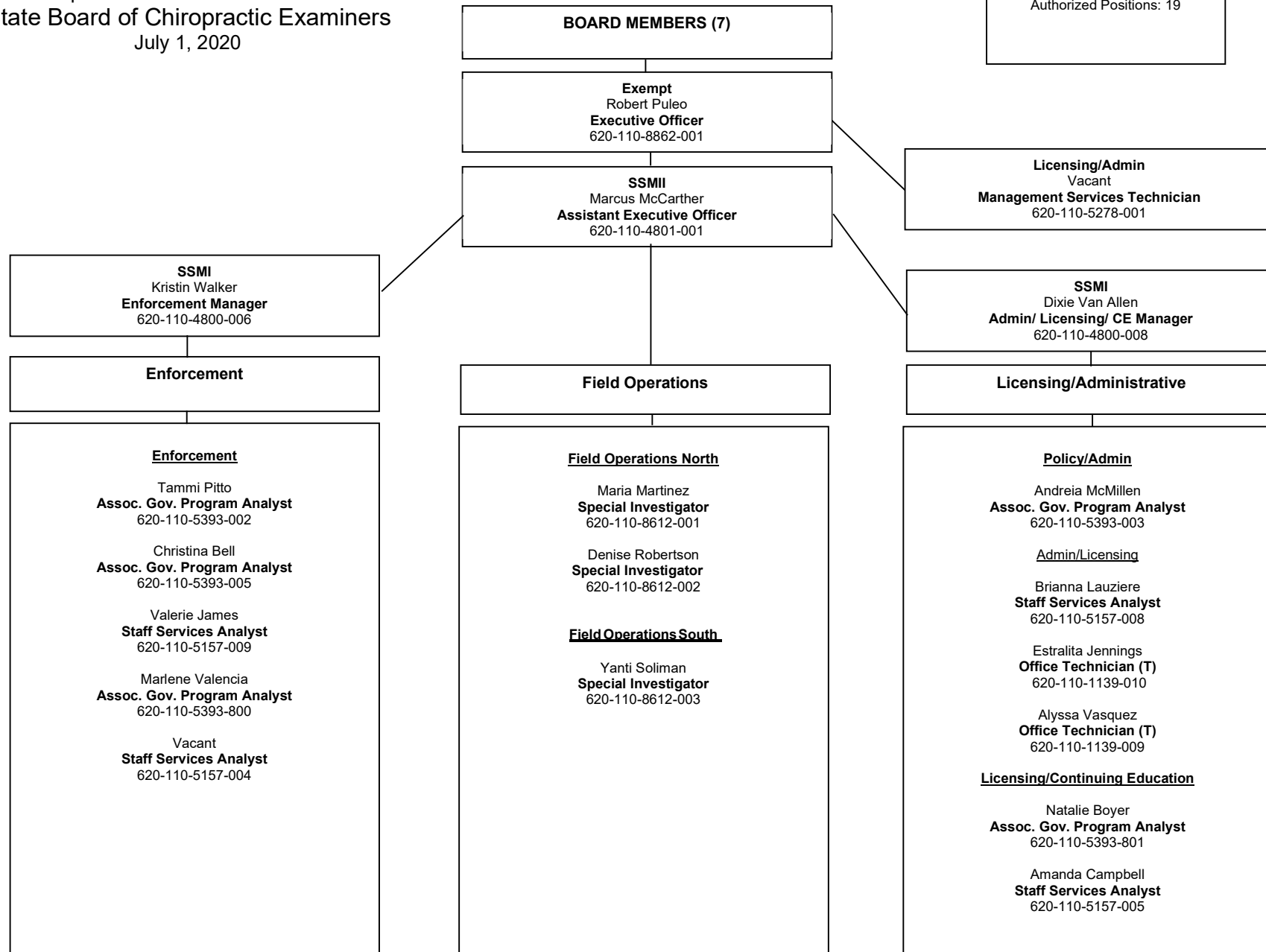
Executive Officer \_\_\_\_\_

Personnel Office \_\_\_\_\_



Department of Consumer Affairs  
 State Board of Chiropractic Examiners  
 July 1, 2020

**FY 2020-21**  
 Authorized Positions: 19



Executive Officer \_\_\_\_\_

Personnel Office \_\_\_\_\_

Department of Consumer Affairs  
 State Board of Chiropractic Examiners  
 July 1, 2021

**BOARD MEMBERS (7)**

**Current  
 Authorized Positions: 19  
 Blanket Positions: 2**

Robert Puleo  
**Executive Officer**  
 620-110-8862-001

**Staff Services Manager II**  
 Kristin Walker  
**Assistant Executive Officer**  
 620-110-4801-001

**Staff Services Manager I**  
 Connie Bouvia  
**Compliance Manager**  
 620-110-4800-907

**Staff Services Manager I**  
 Dixie Van Allen  
**Admin/Licensing/CE Manager**  
 620-110-4800-008

**ENFORCEMENT**

**FIELD OPERATIONS**

**ADMIN/LICENSING**

**Enforcement Unit**

Tammi Pitto  
 Associate Governmental Program Analyst  
 620-110-5393-002

Christina Bell  
 Associate Governmental Program Analyst  
 620-110-5393-005

Martene Valencia  
 Associate Governmental Program Analyst  
 620-110-5393-800

Amanda Campbell  
 Associate Governmental Program Analyst  
 620-110-5393-XXX

Valerie James  
 Staff Services Analyst  
 620-110-5157-009

**Vacant**  
**Office Technician (Typing)**  
**620-110-1139-XXX**

Kelly Siguenza  
 Seasonal Clerk  
 620-110-1120-907

**Field Operations North**

Maria Martinez  
**Special Investigator**  
 620-110-8612-001

Denise Robertson  
**Special Investigator**  
 620-110-8612-002

**Field Operations South**

Yanti Soliman  
**Special Investigator**  
 620-110-8612-003

**Policy/Admin**

Andreia McMillen  
 Associate Governmental Program Analyst  
 620-110-5393-003

**Admin/Licensing**

**Vacant**  
**Associate Governmental Program Analyst**  
**620-110-5393-801**

Brianna Lauziere  
 Staff Services Analyst  
 620-110-5157-008

Alyssa Vasquez  
 Office Technician (Typing)  
 620-110-1139-009

Estralita Jennings  
 Office Technician (Typing)  
 620-110-1139-010

**Licensing/Continuing Education**

**Vacant**  
**Staff Services Analyst**  
**620-110-5157-005**

Emily Lopez  
 Seasonal Clerk  
 620-110-1120-907

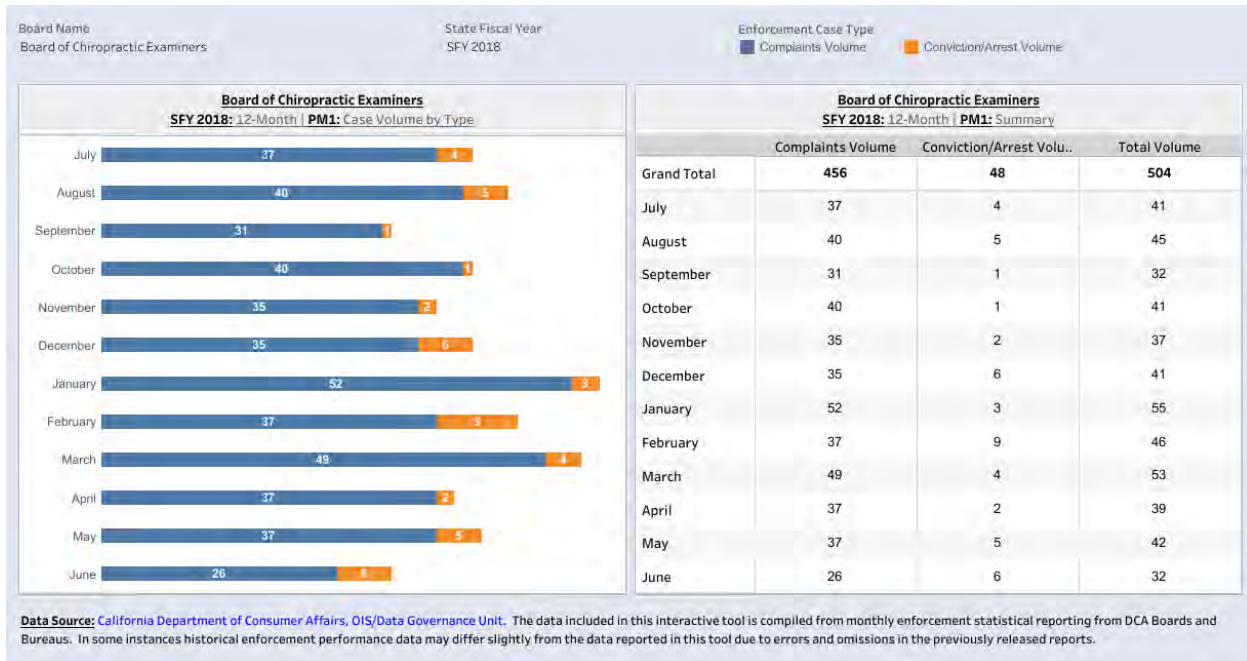
Executive Officer \_\_\_\_\_

Personnel Office \_\_\_\_\_

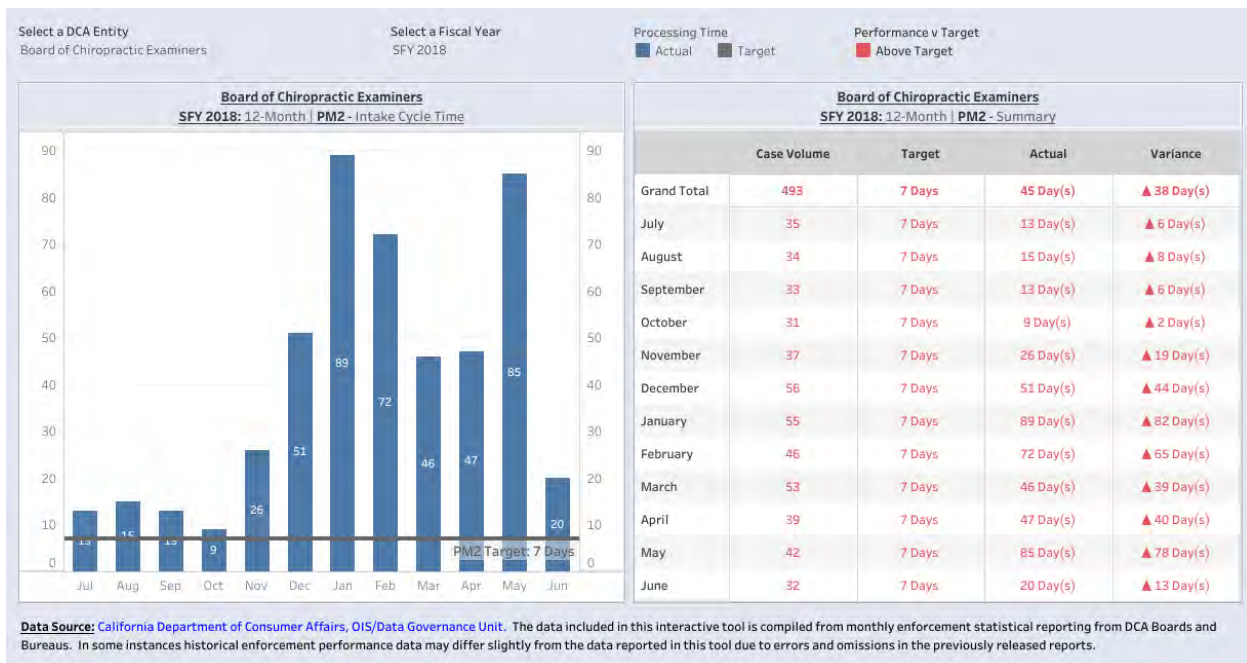
# Section 13 Attachment E

## Enforcement Performance Measures FY 2017/18 (July 2017 – June 2018)

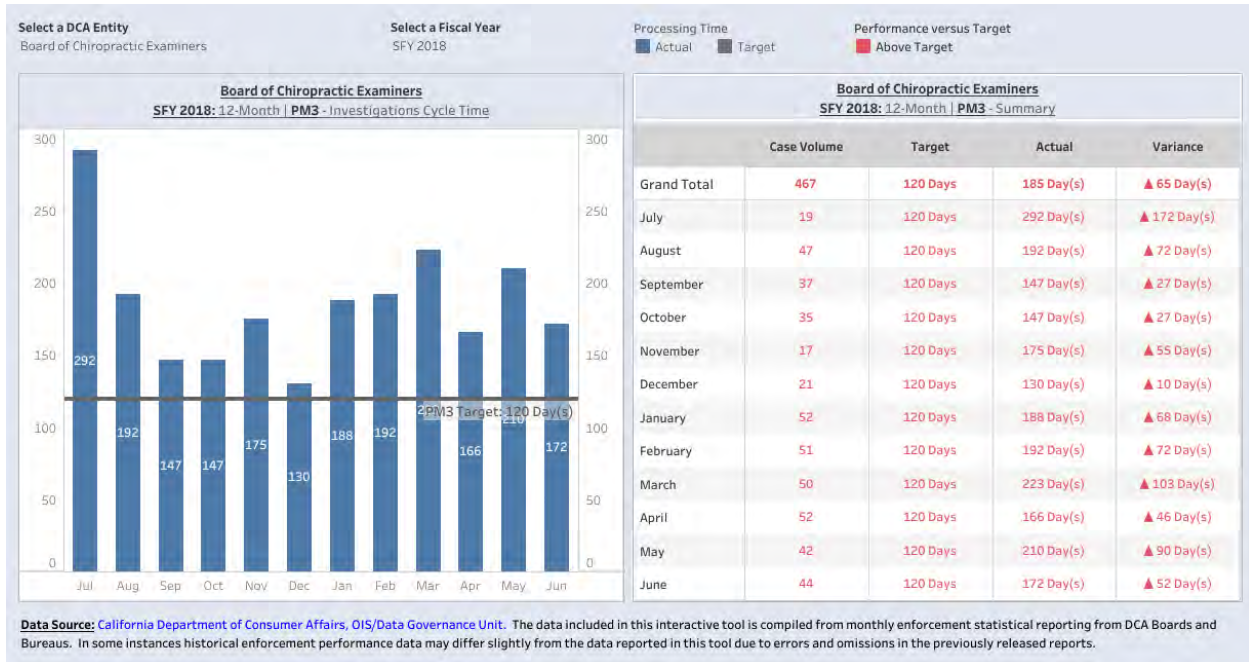
### PM1: Case Volume by Type



### PM2: Intake Cycle Time



## PM3: Investigations Cycle Time



## PM4: Formal Discipline Cycle Time



## PM7: Probation Intake Cycle Time



## PM8: Probation Violation Response Cycle Time



# Licensing Performance Measures FY 2017/18 (July 2017 – June 2018)

Select a Fiscal Year: FY17/18      Select a DCA Entity: Board of Chiropractic Examin...      Select a License Type: All      Highlight by Trend: No items highlighted      New Applications Annual Change: ▲ Increase ▼ Decrease

*Data last refreshed on 10/05/2020*

DCA Entity	License Type	Current Year Applications	Prior Year Applications	Year-Over-Year Change	Year-Over-Year % Change
<b>Grand Total</b>		1,833	1,805	▲ 28	▲ 1.55%
Board of Chiropractic Examiners	<b>Total</b>	1,833	1,805	▲ 28	▲ 1.55%
	Chiropractic Corporations	86	114	▼ -28	▼ -24.56%
	Doctor of Chiropractic	306	358	▼ -52	▼ -14.53%
	Referral Services	2	0	▲ 2	0.00%
	Satellite Offices (BCE)	1,439	1,333	▲ 106	▲ 7.95%

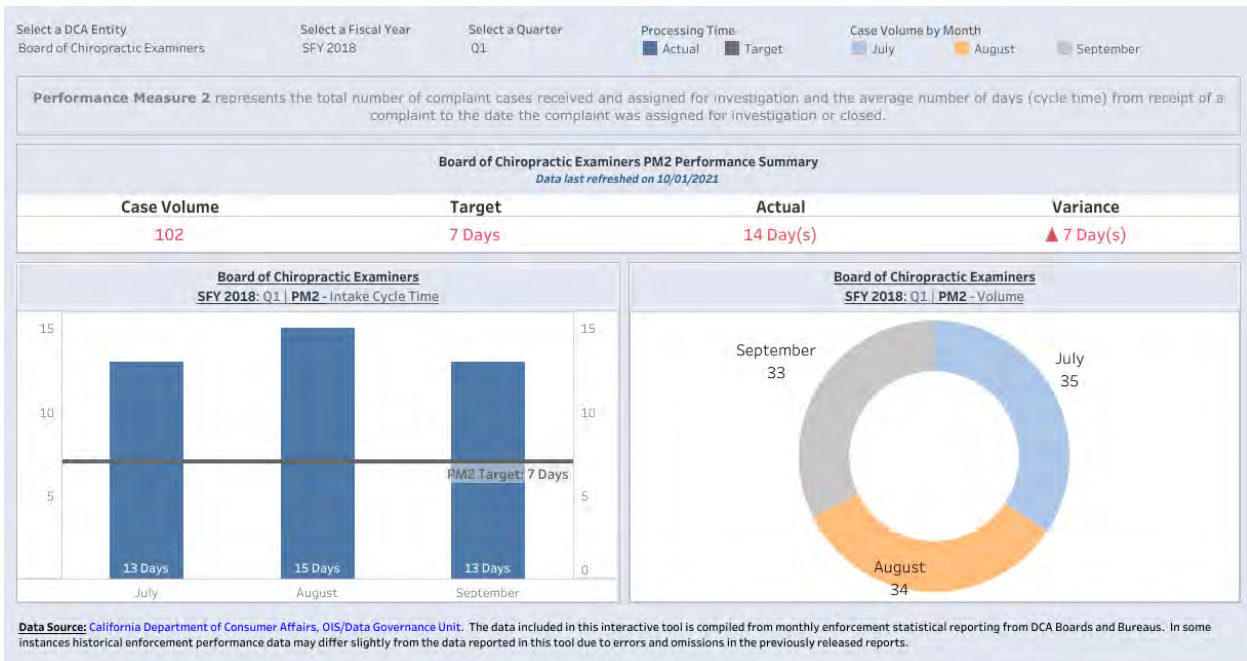
Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from the DCA annual reports. In some instances, the data contained in this tool may differ slightly from the information published in the annual report due to report release timing. Please refer to the PDF version of the annual report for reporting methodology and description about the data.

# Enforcement Performance Measures FY 2017/18 Q1 (July – September 2017)

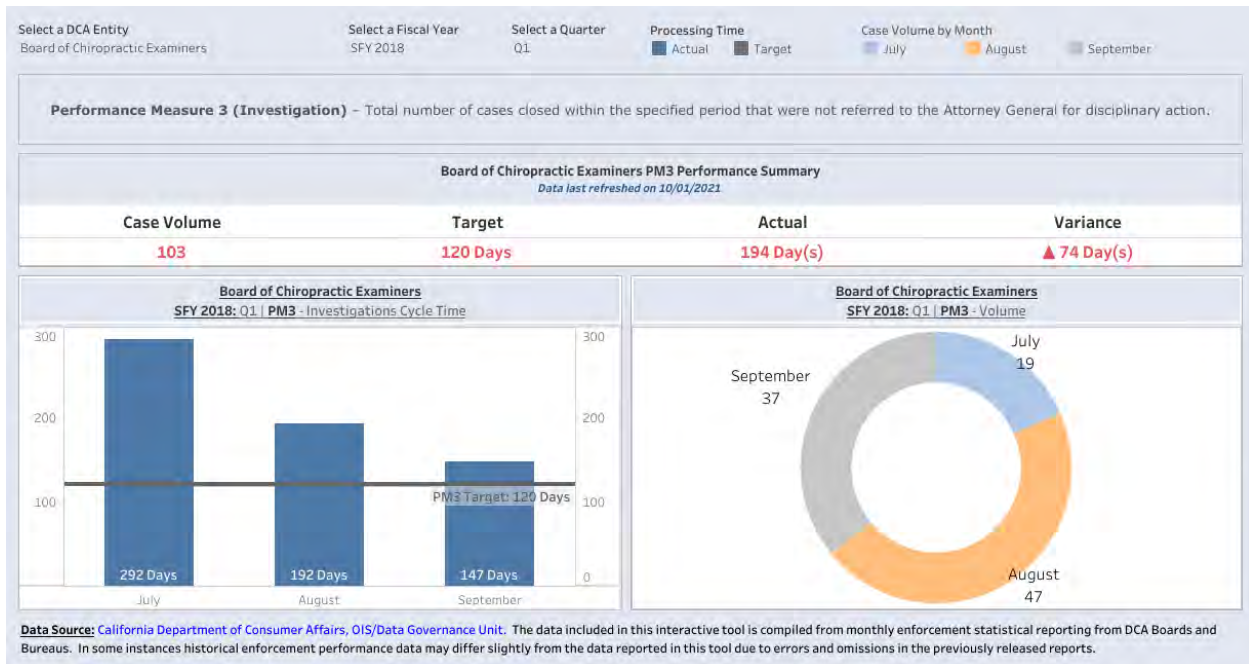
## PM1: Case Volume by Type



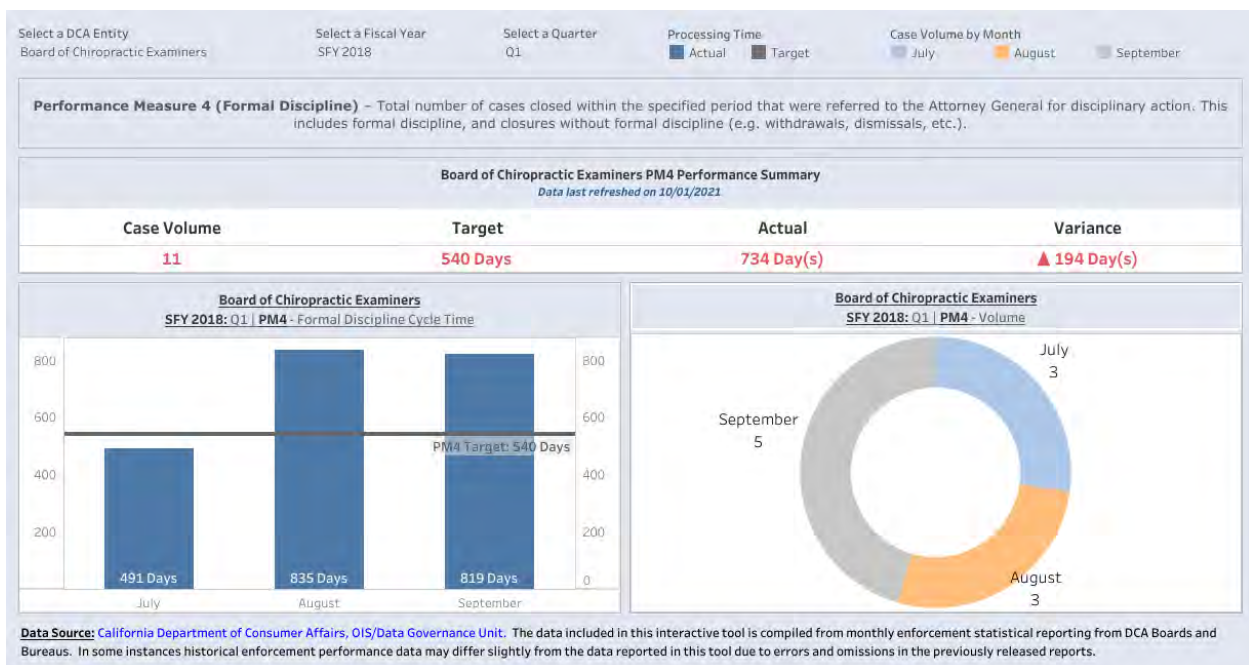
## PM2: Intake Cycle Time



## PM3: Investigations Cycle Time

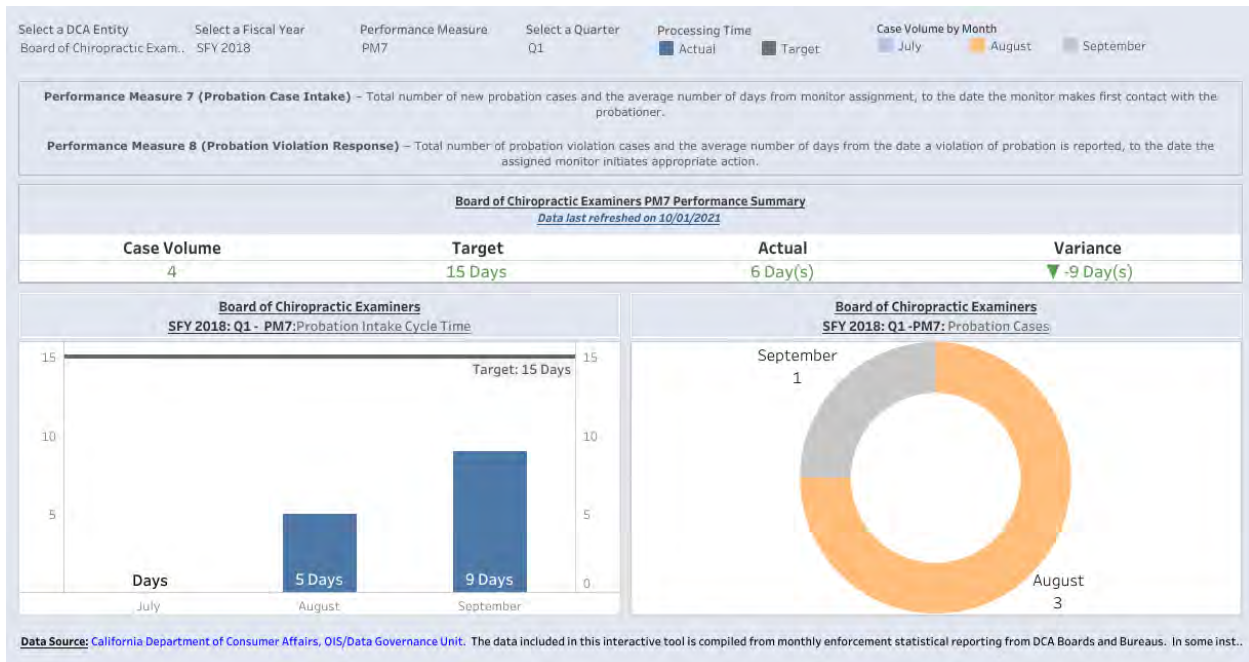


## PM4: Formal Discipline Cycle Time

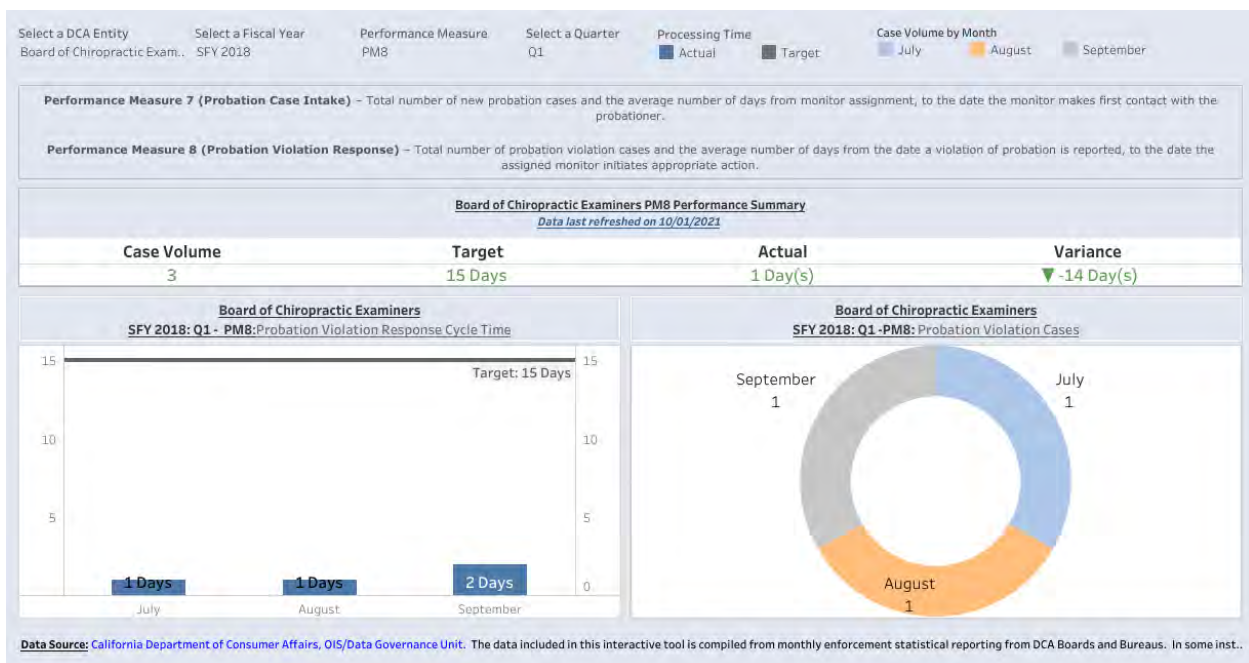




## PM7: Probation Intake Cycle Time



## PM8: Probation Violation Response Cycle Time

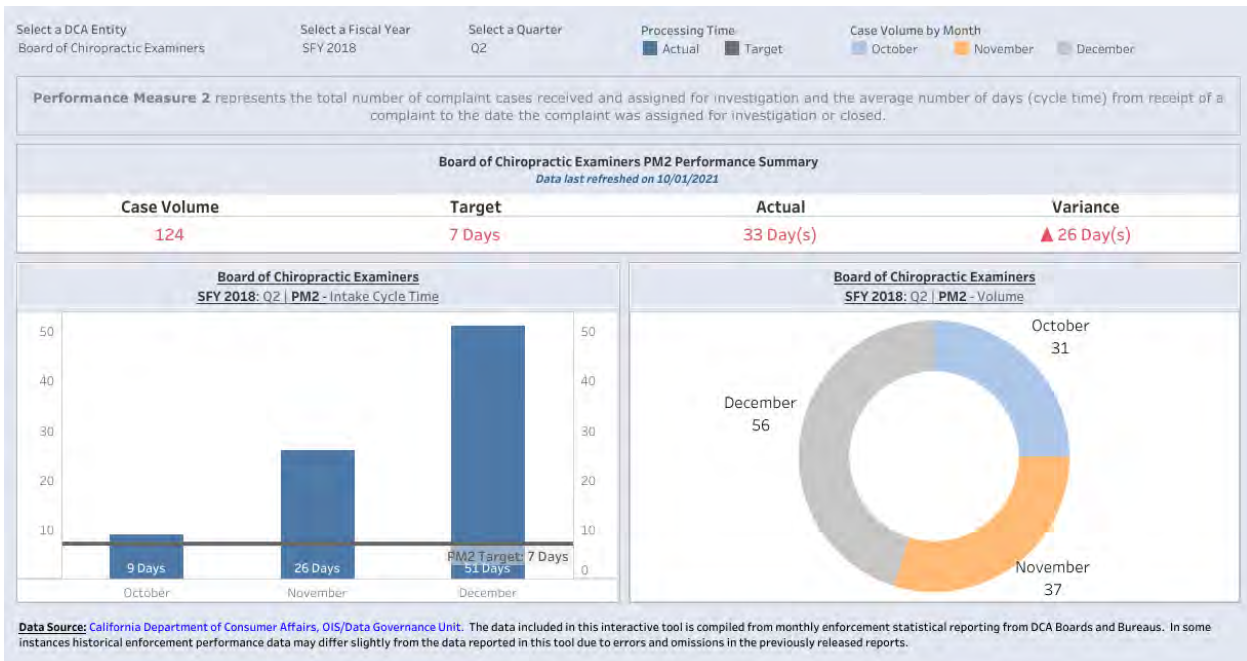


# Enforcement Performance Measures FY 2017/18 Q2 (October – December 2017)

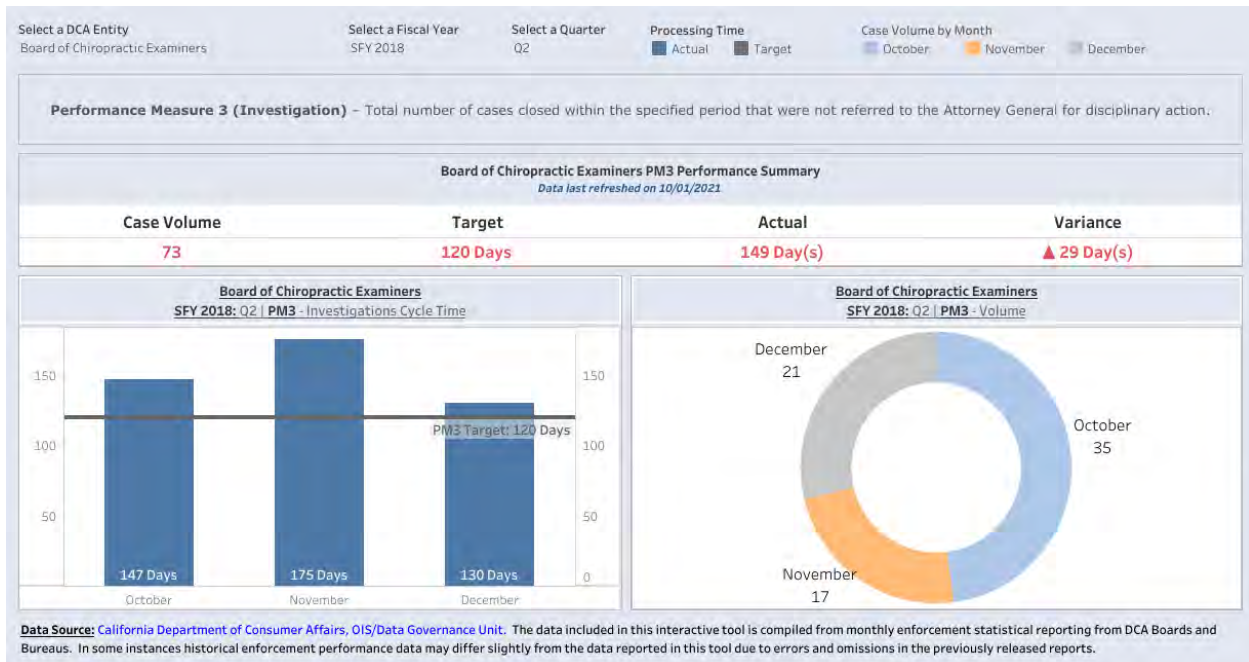
## PM1: Case Volume by Type



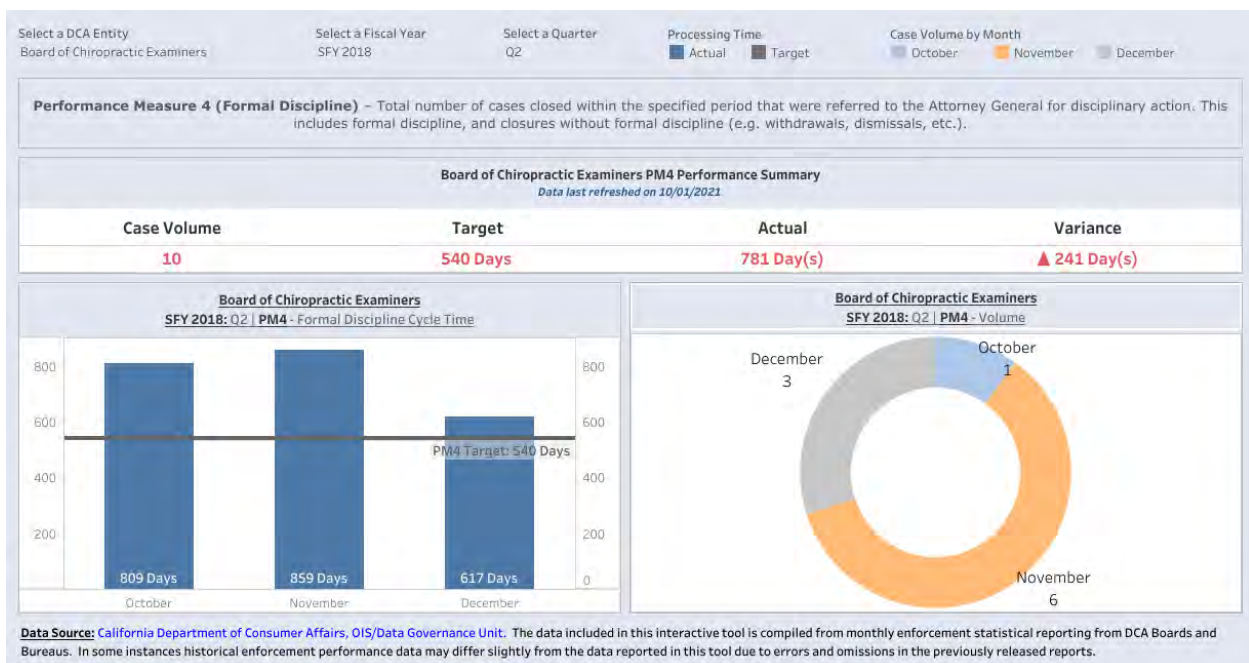
## PM2: Intake Cycle Time



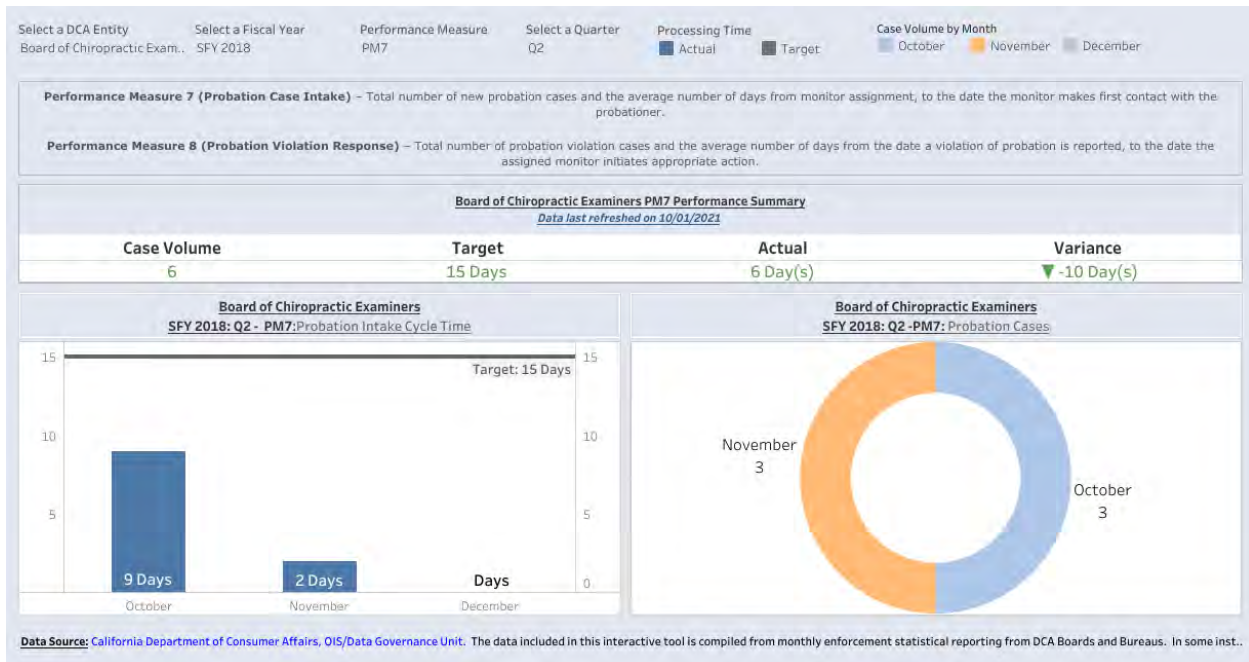
## PM3: Investigations Cycle Time



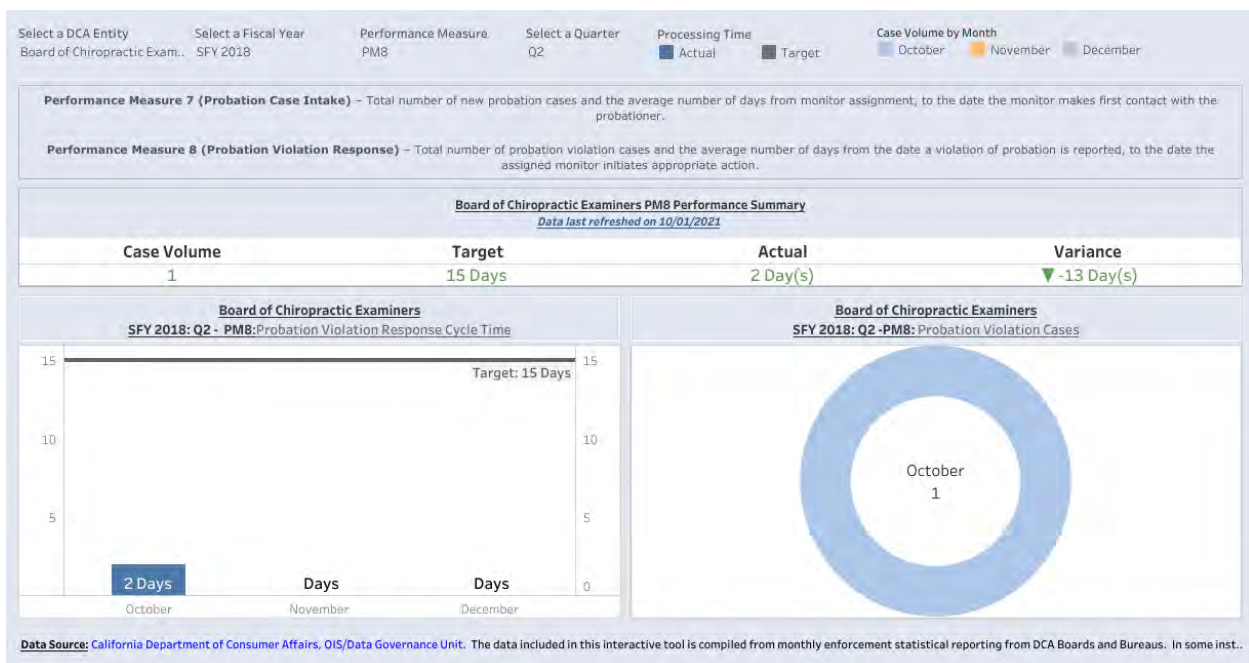
## PM4: Formal Discipline Cycle Time



## PM7: Probation Intake Cycle Time



## PM8: Probation Violation Response Cycle Time

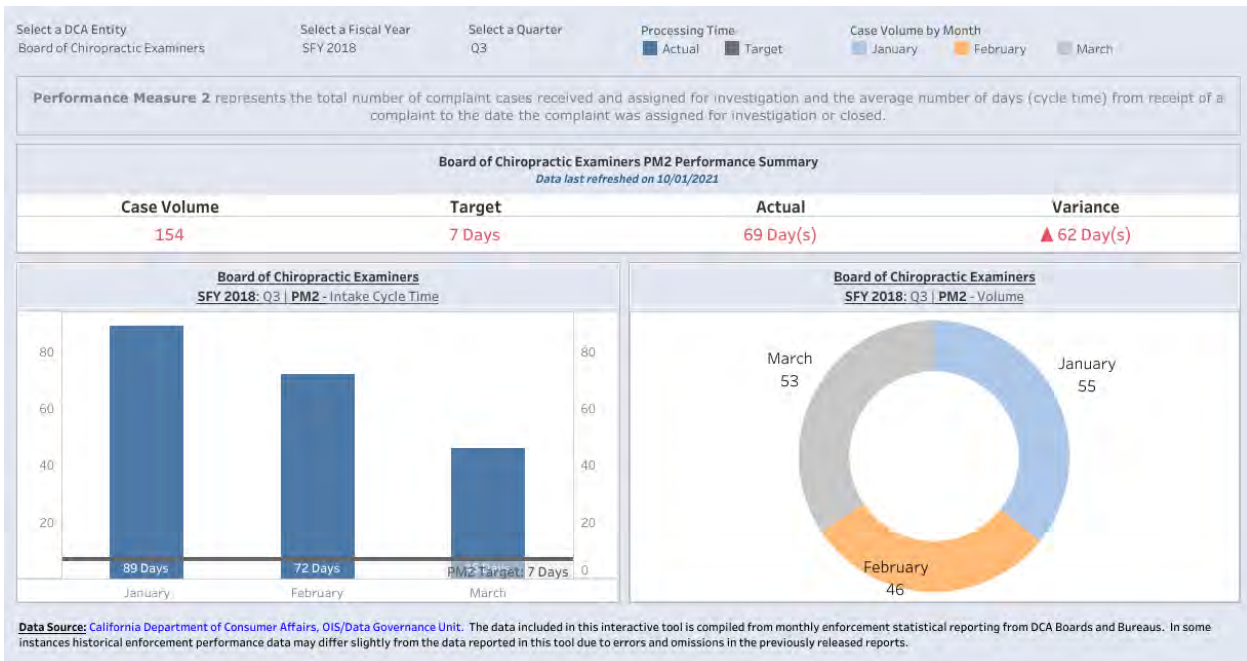


# Enforcement Performance Measures FY 2017/18 Q3 (January – March 2018)

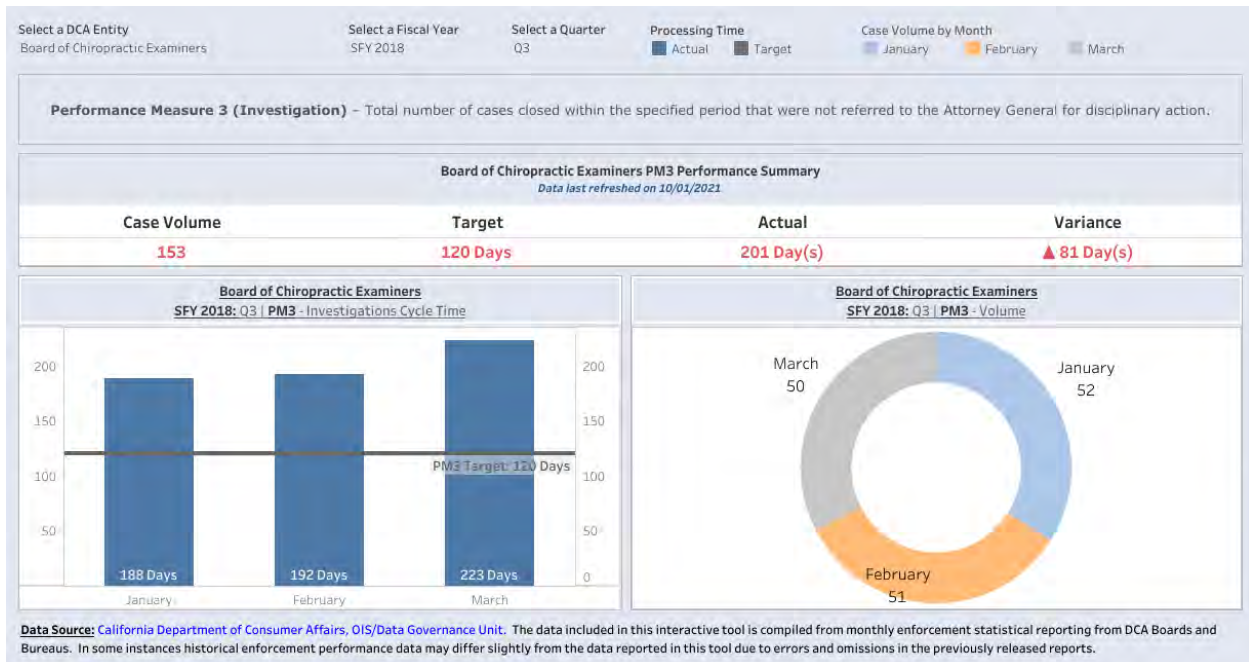
## PM1: Case Volume by Type



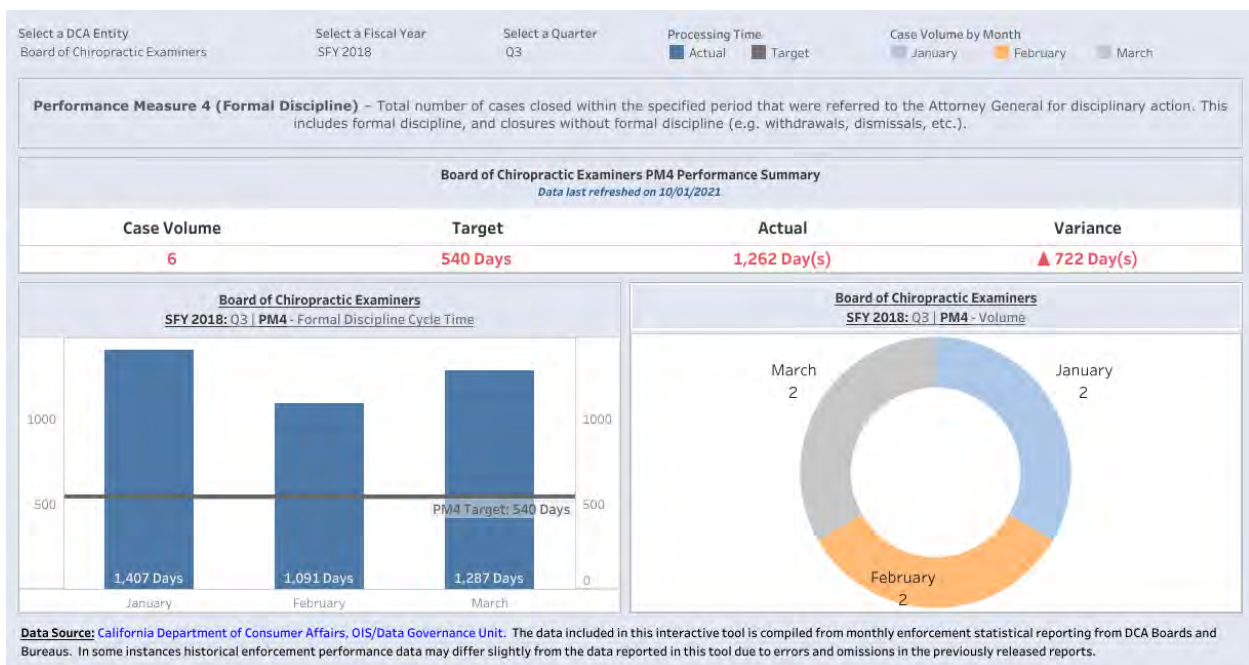
## PM2: Intake Cycle Time



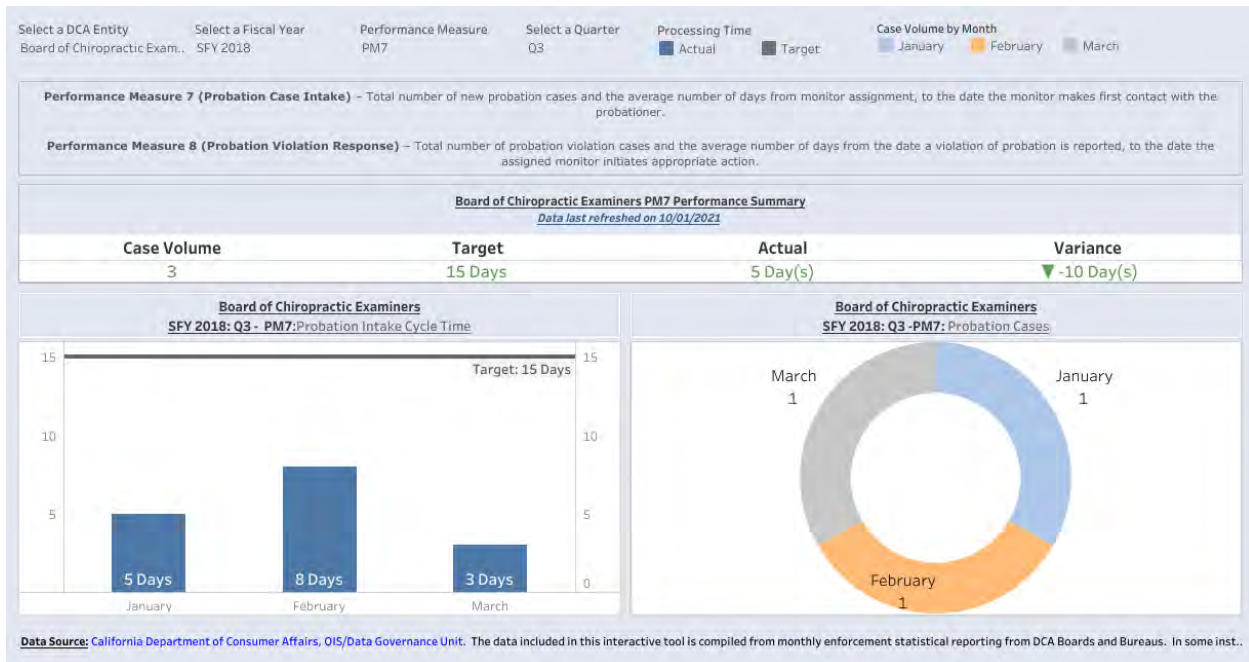
## PM3: Investigations Cycle Time



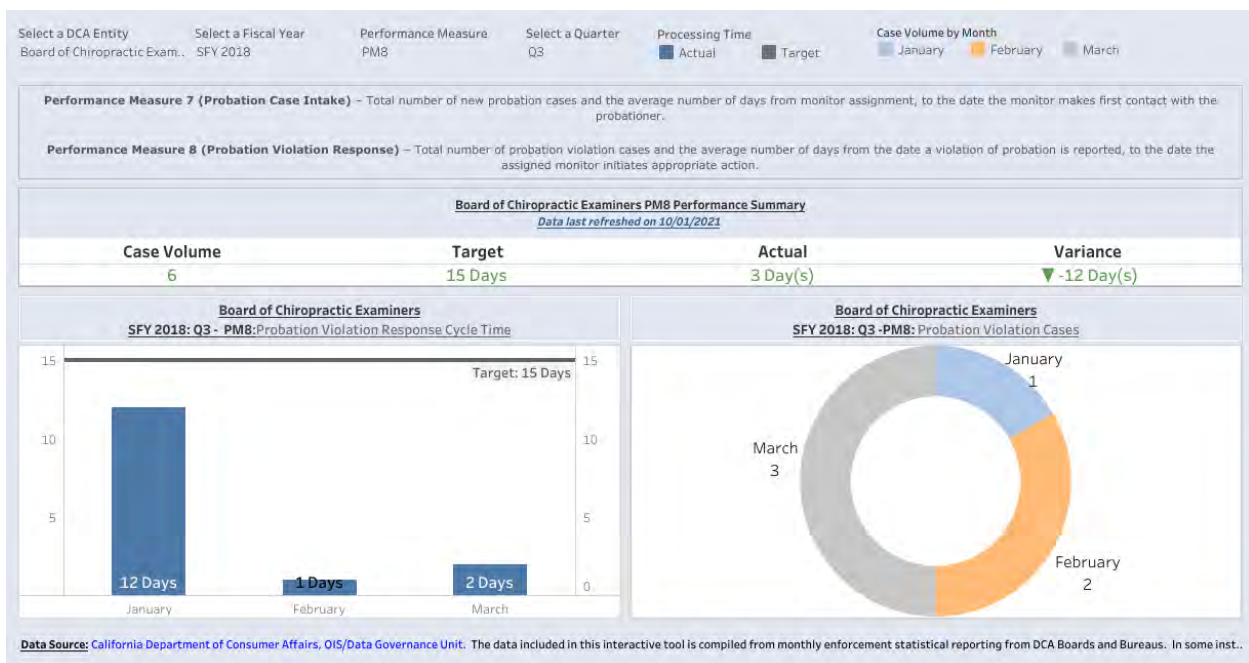
## PM4: Formal Discipline Cycle Time



## PM7: Probation Intake Cycle Time



## PM8: Probation Violation Response Cycle Time

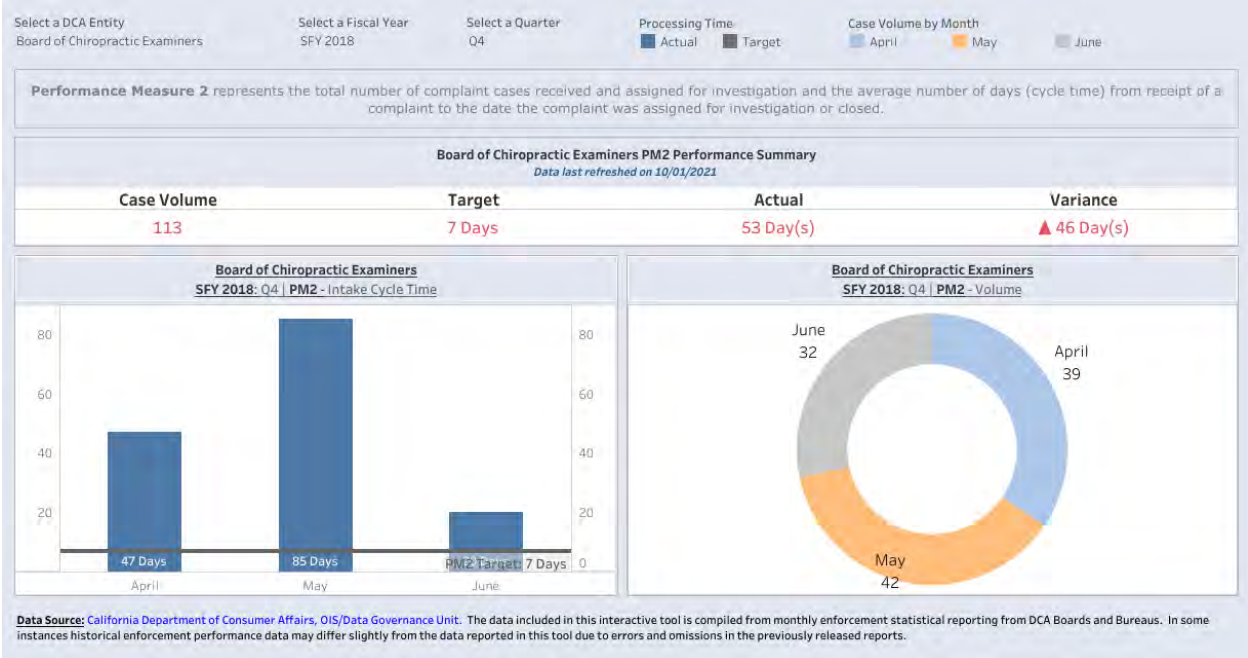


# Enforcement Performance Measures FY 2017/18 Q4 (April – June 2018)

## PM1: Case Volume by Type

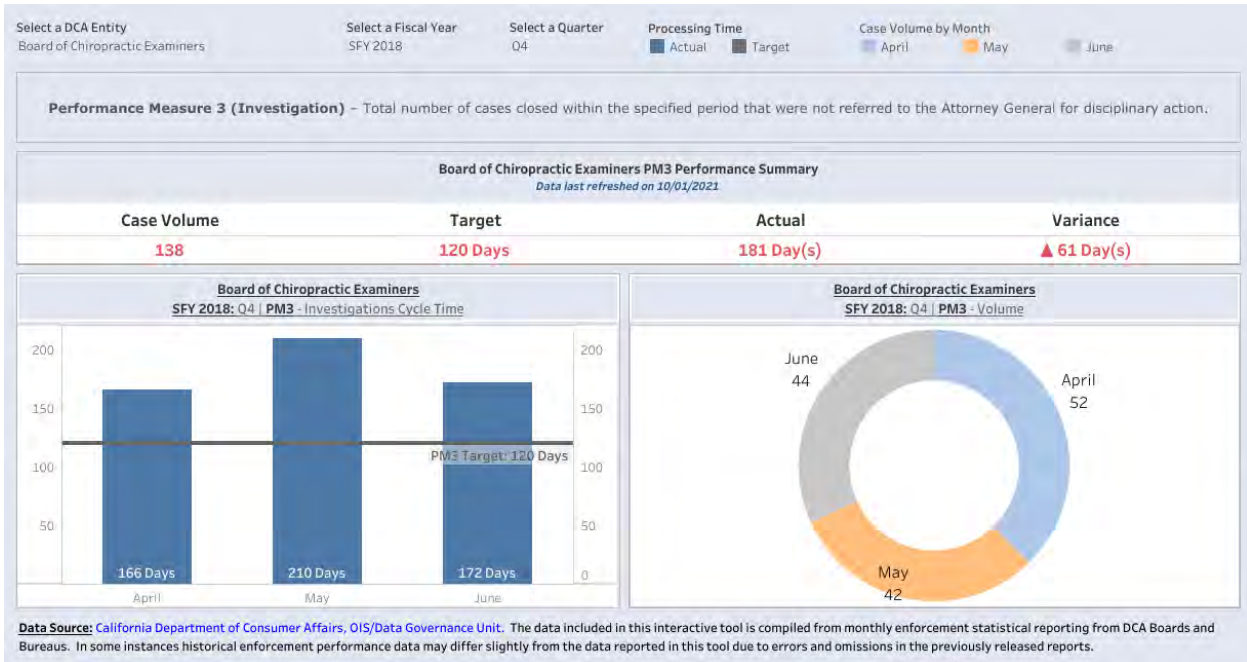


## PM2: Intake Cycle Time

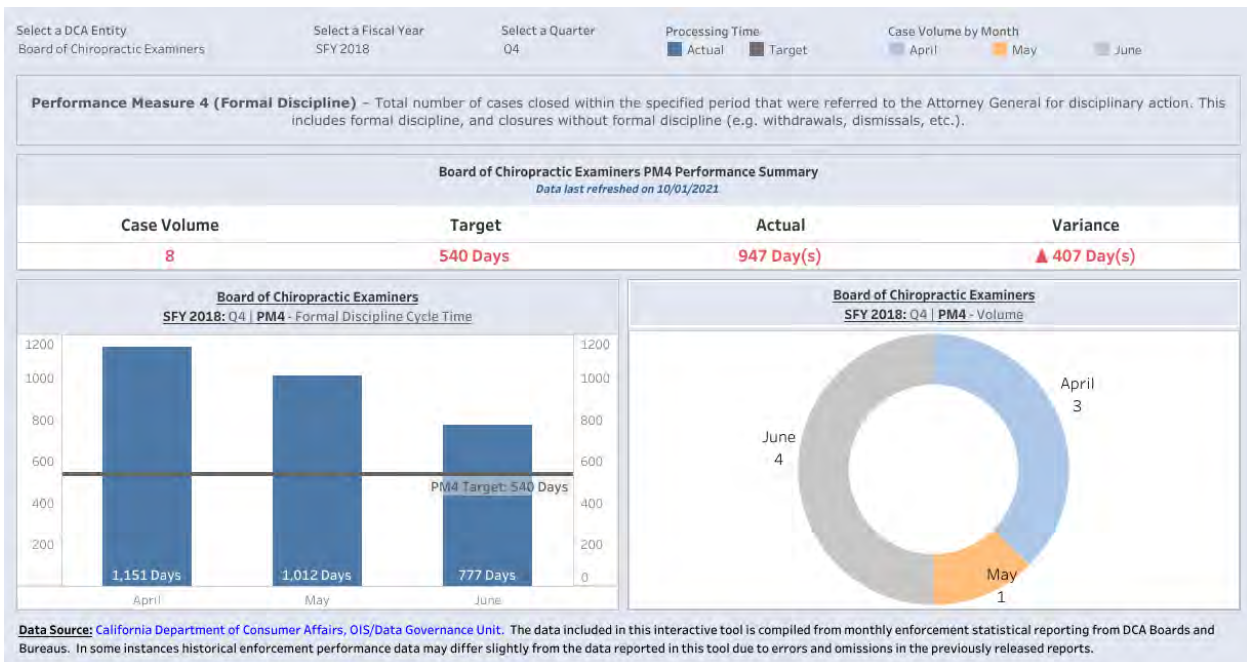




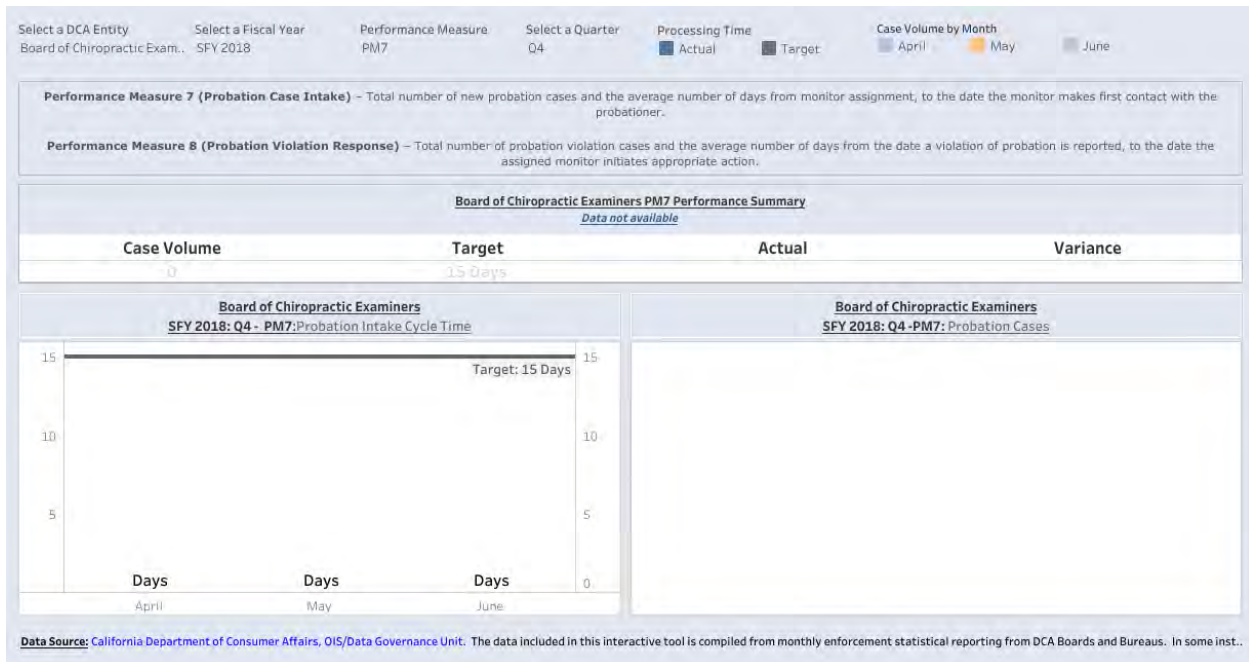
## PM3: Investigations Cycle Time



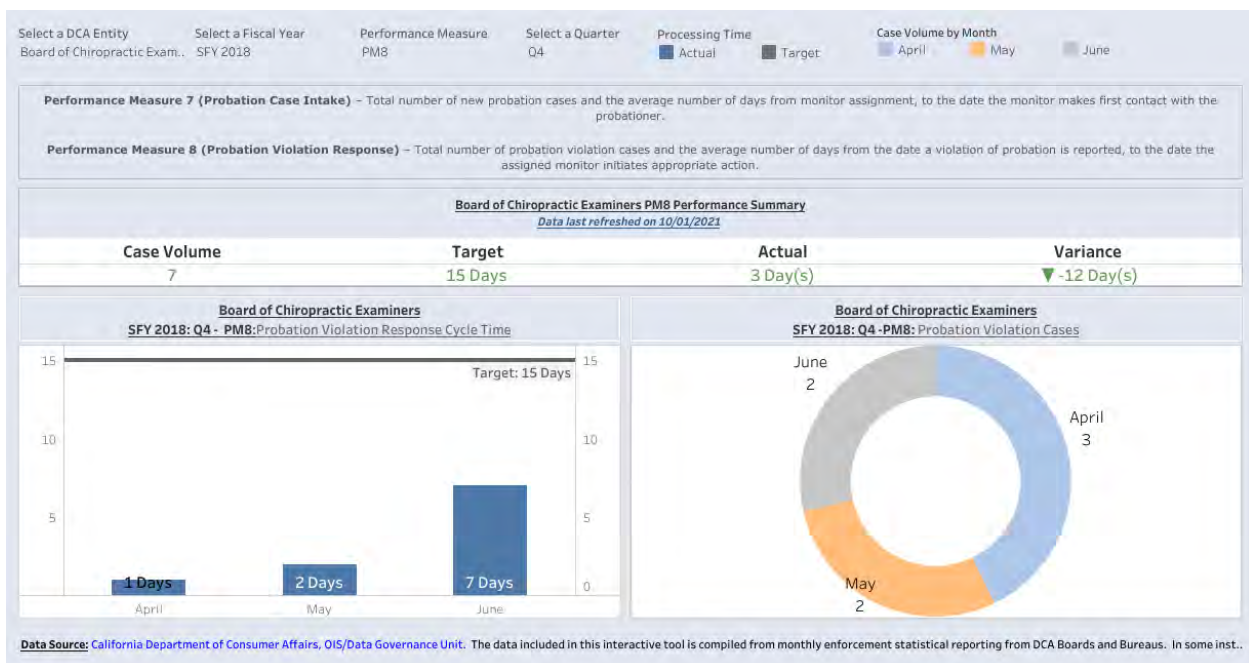
## PM4: Formal Discipline Cycle Time



## PM7: Probation Intake Cycle Time

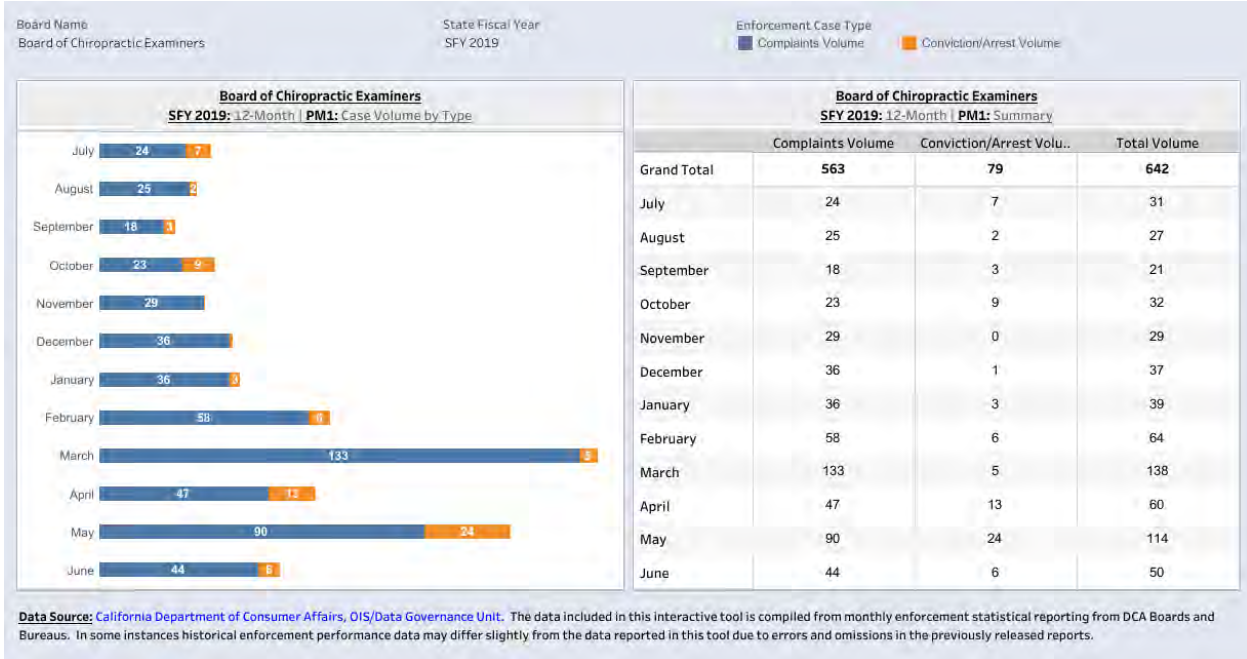


## PM8: Probation Violation Response Cycle Time

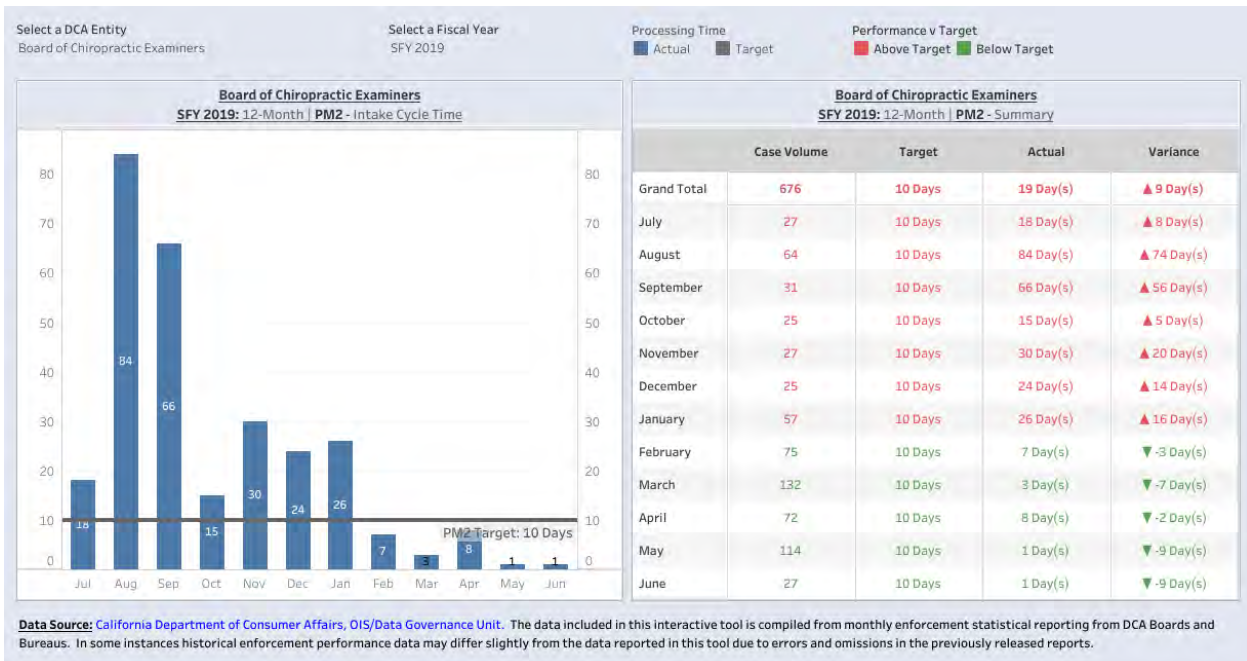


# Enforcement Performance Measures FY 2018/19 (July 2018 – June 2019)

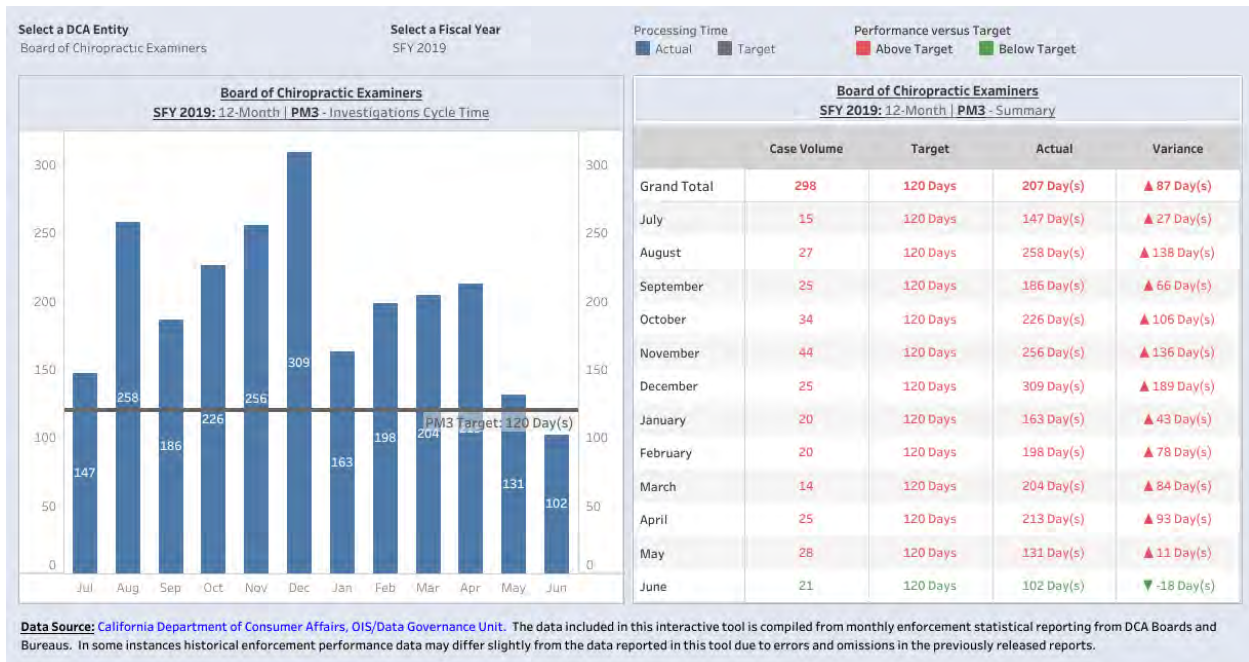
## PM1: Case Volume by Type



## PM2: Intake Cycle Time



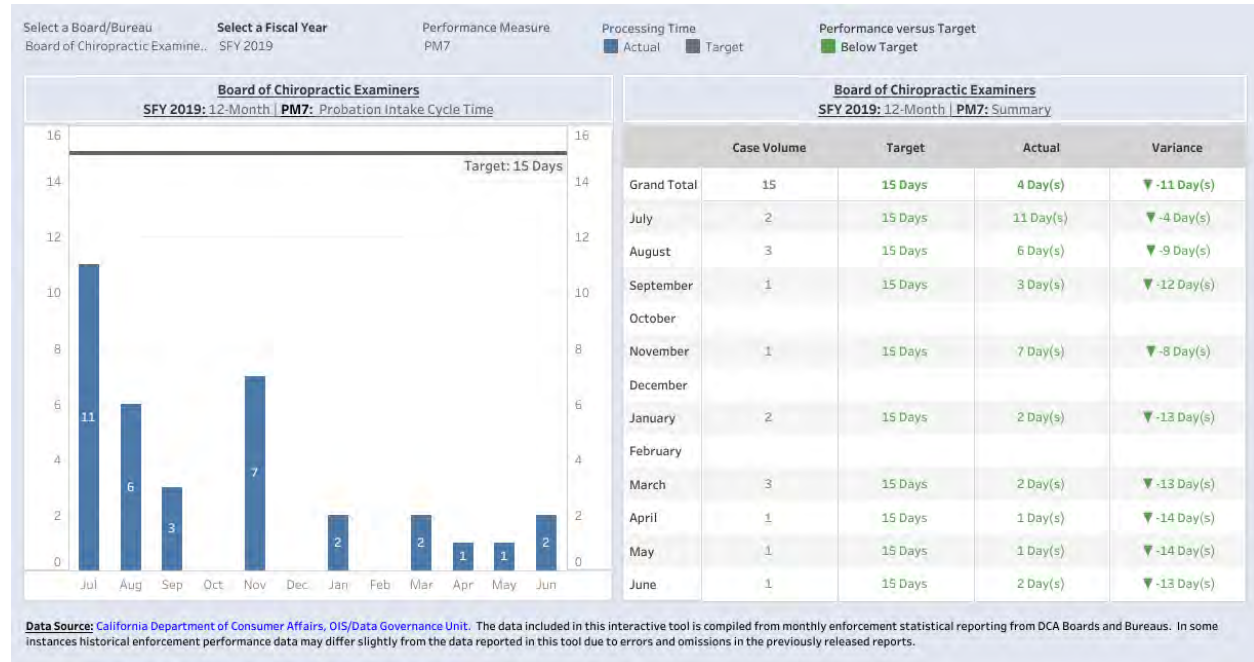
## PM3: Investigations Cycle Time



## PM4: Formal Discipline Cycle Time



## PM7: Probation Intake Cycle Time



## PM8: Probation Violation Response Cycle Time



# Licensing Performance Measures FY 2018/19 (July 2018 – June 2019)

Select a Fiscal Year: FY18/19

Select a DCA Entity: Board of Chiropractic Examin...

Select a License Type: All

Highlight by Trend: No items highlighted

New Applications Annual Change: No Change

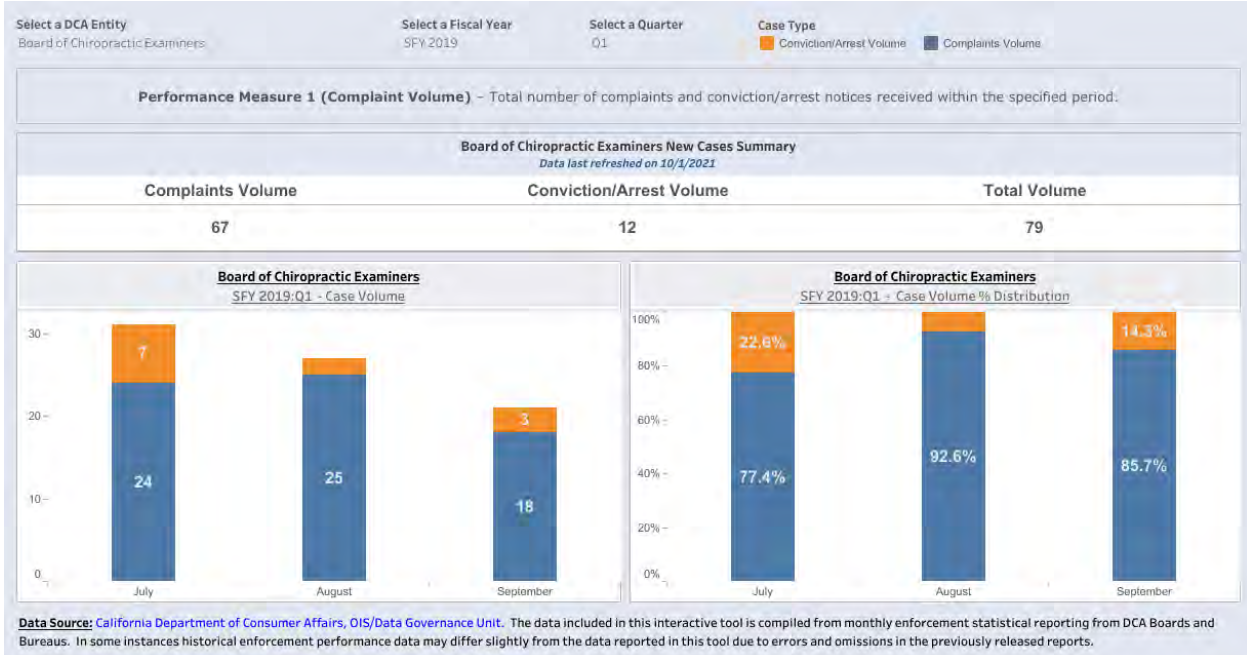
Data last refreshed on 10/05/2020

DCA Entity	License Type	Current Year Applications	Prior Year Applications	Year-Over-Year Change	Year-Over-Year % Change
<b>Grand Total</b>		1,833	1,833	0	0.00%
Board of Chiropractic Examiners	<b>Total</b>	1,833	1,833	0	0.00%
	Chiropractic Corporations	86	86	0	0.00%
	Doctor of Chiropractic	306	306	0	0.00%
	Referral Services	2	2	0	0.00%
	Satellite Offices (BCE)	1,439	1,439	0	0.00%

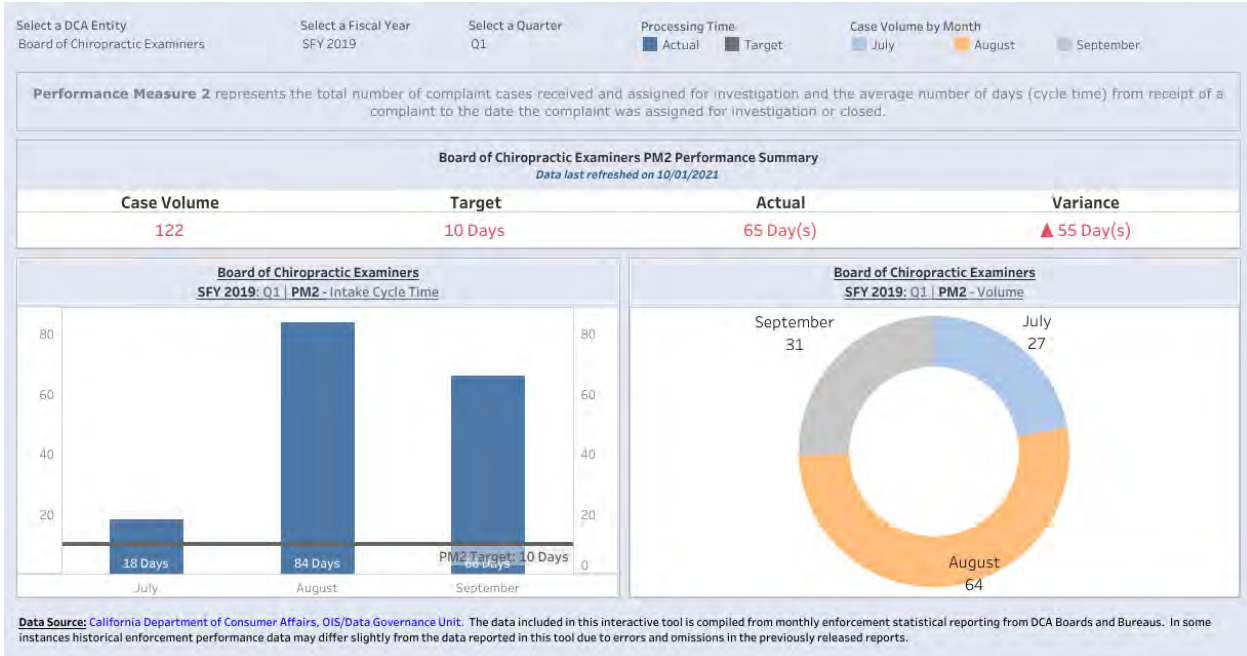
Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from the DCA annual reports. In some instances, the data contained in this tool may differ slightly from the information published in the annual report due to report release timing. Please refer to the PDF version of the annual report for reporting methodology and description about the data.

# Enforcement Performance Measures FY 2018/19 Q1 (July – September 2018)

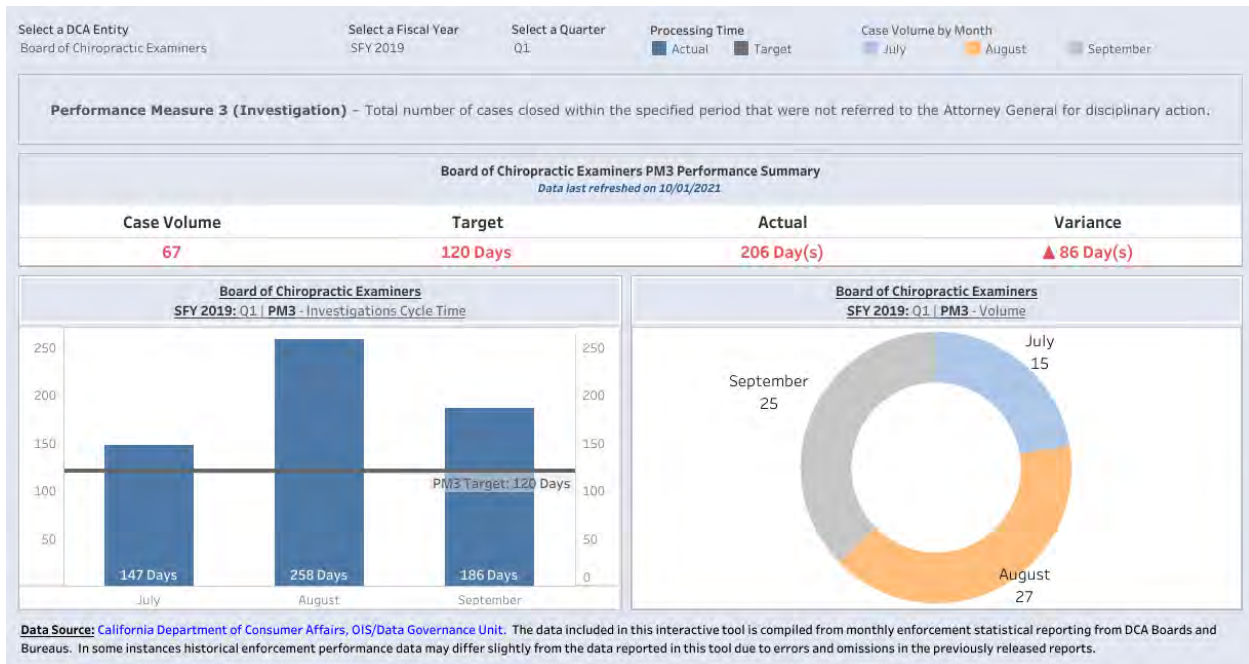
## PM1: Case Volume by Type



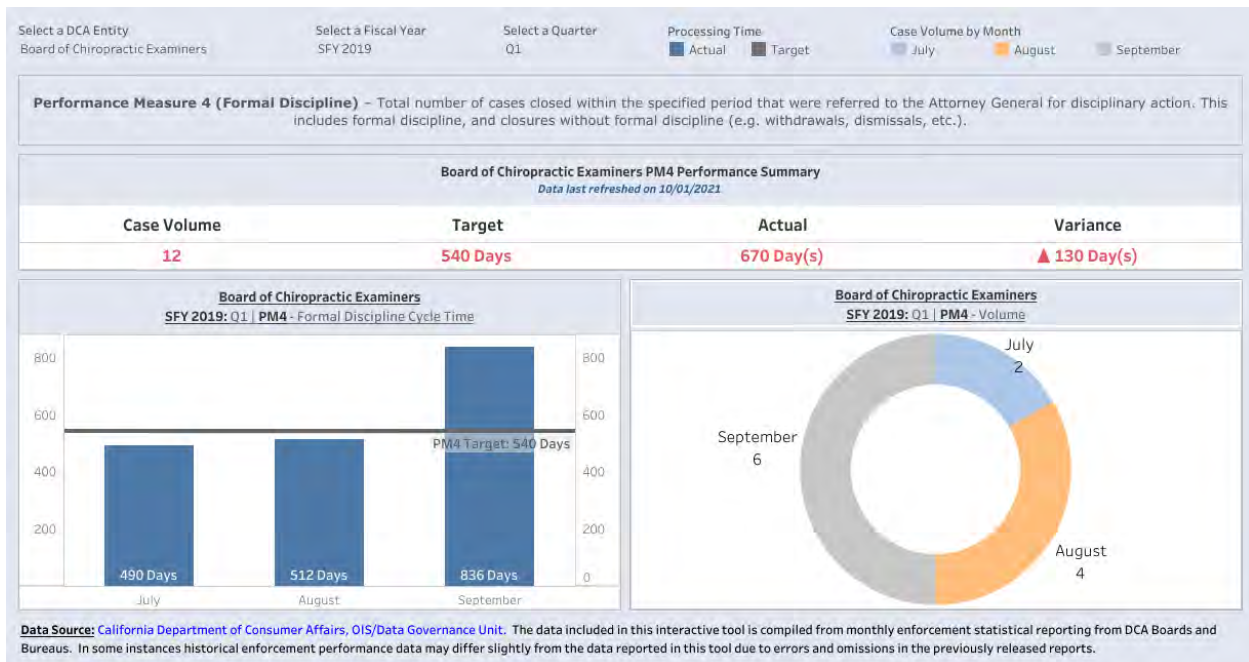
## PM2: Intake Cycle Time



## PM3: Investigations Cycle Time

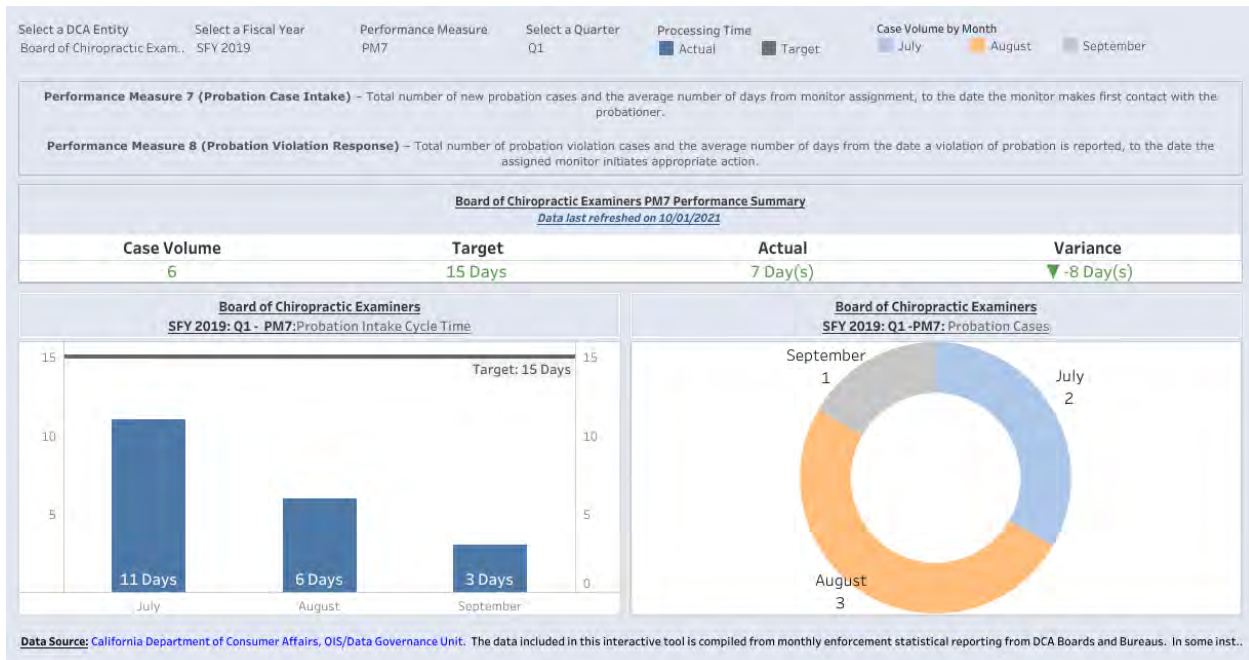


## PM4: Formal Discipline Cycle Time

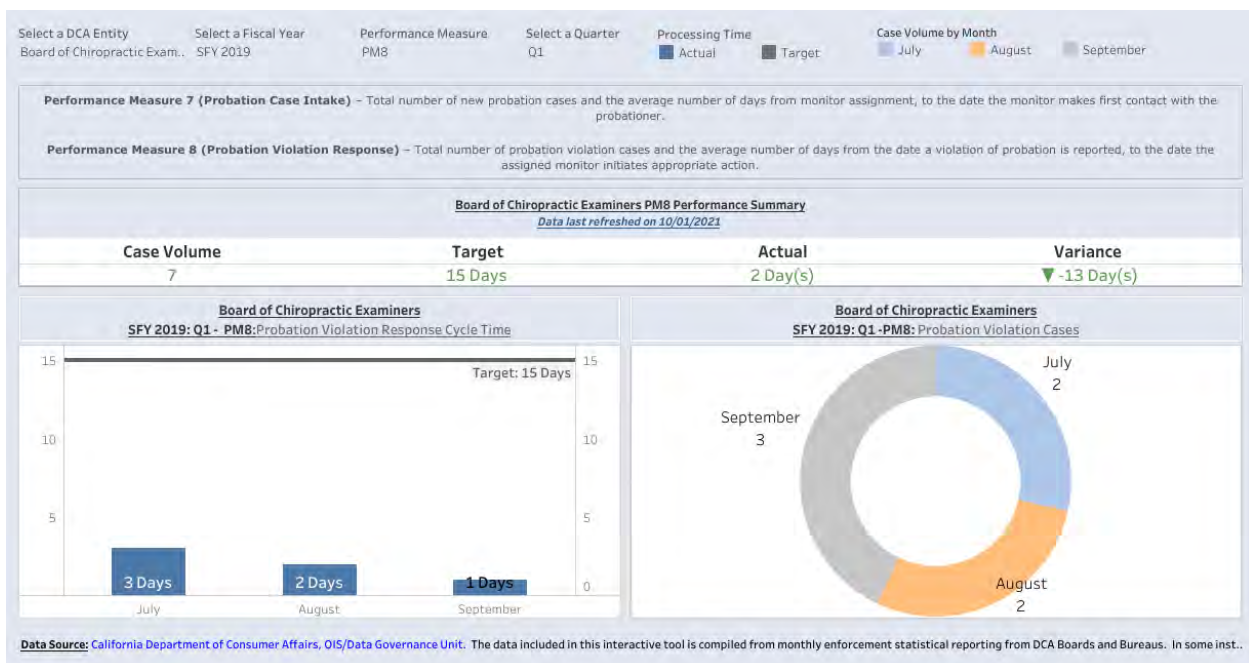




## PM7: Probation Intake Cycle Time



## PM8: Probation Violation Response Cycle Time

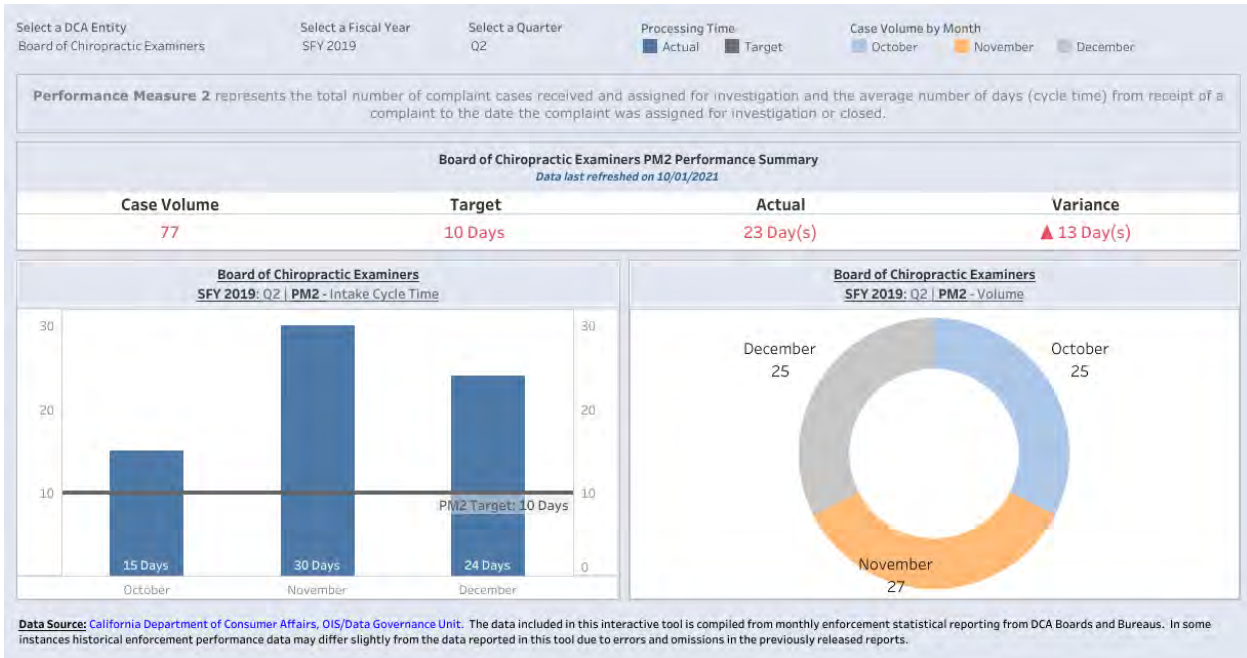


# Enforcement Performance Measures FY 2018/19 Q2 (October – December 2018)

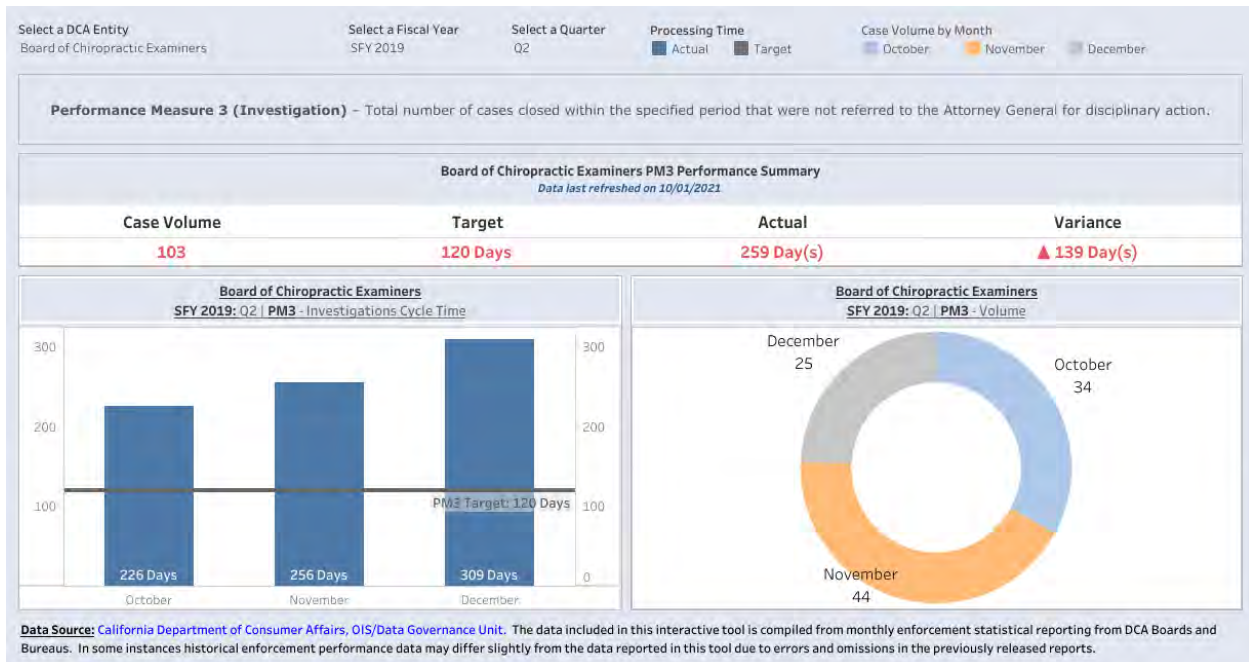
## PM1: Case Volume by Type



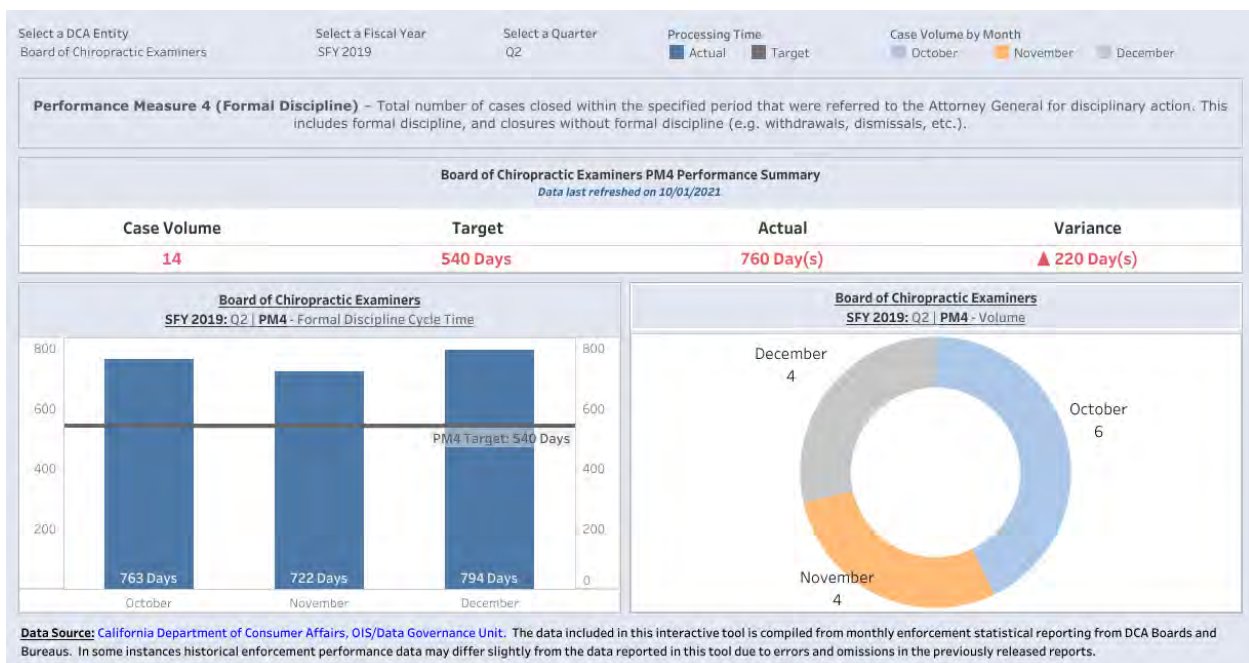
## PM2: Intake Cycle Time



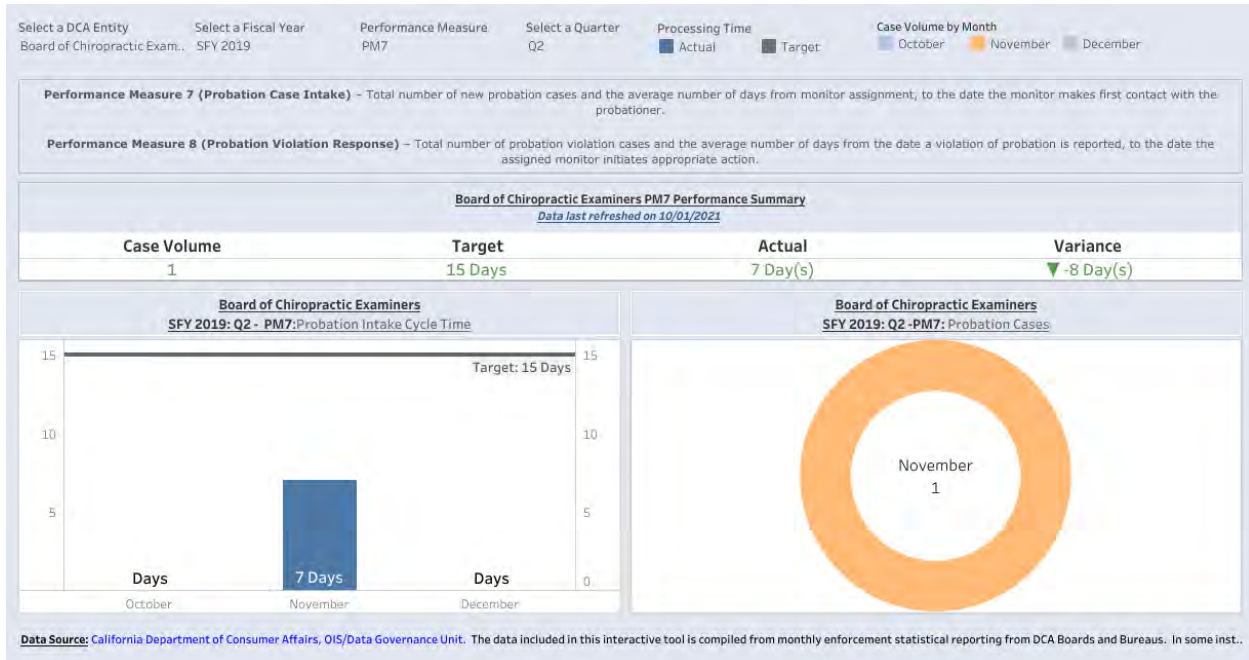
## PM3: Investigations Cycle Time



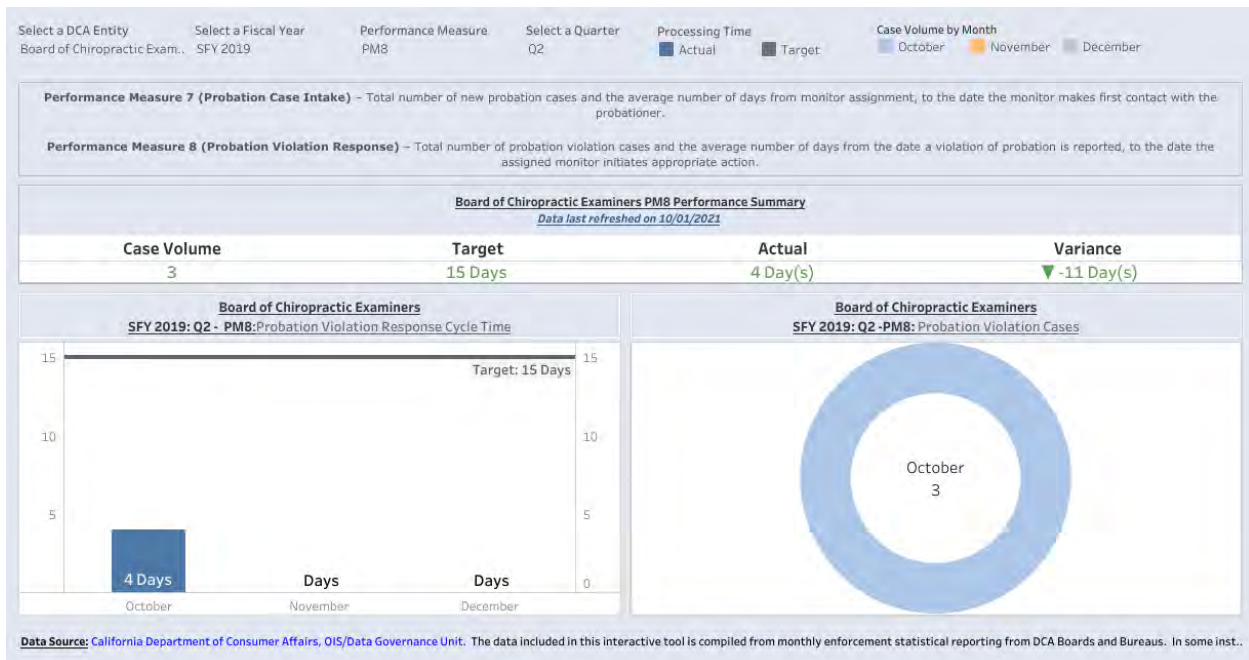
## PM4: Formal Discipline Cycle Time



## PM7: Probation Intake Cycle Time



## PM8: Probation Violation Response Cycle Time

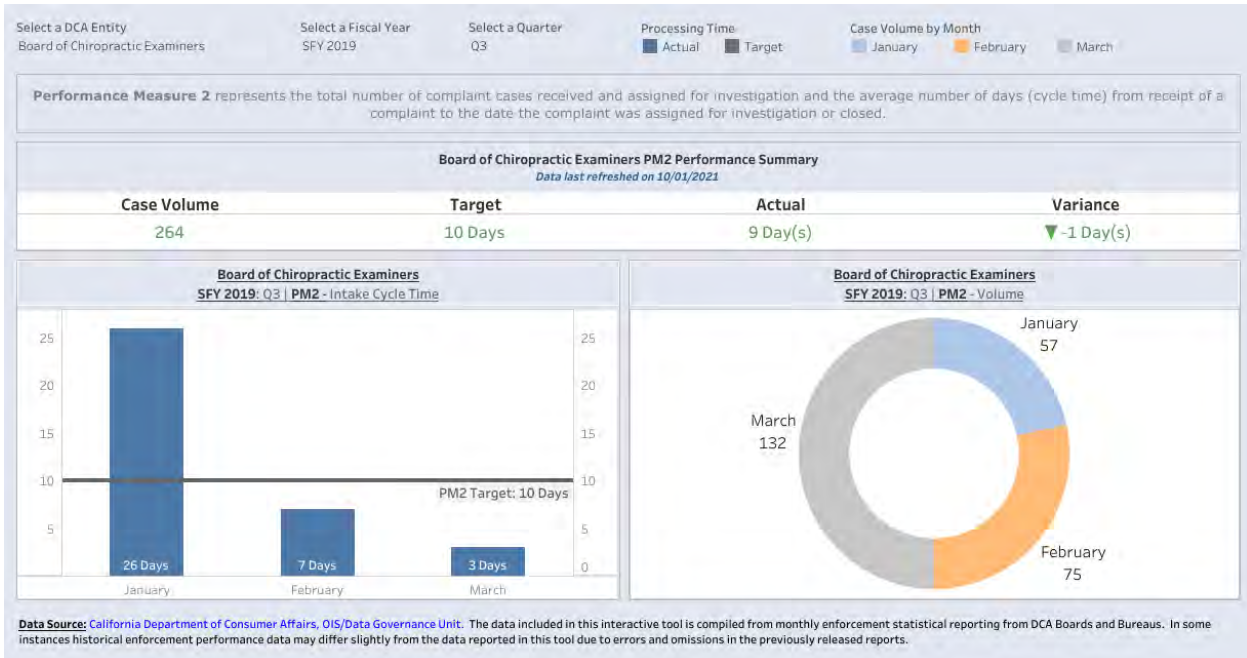


# Enforcement Performance Measures FY 2018/19 Q3 (January – March 2019)

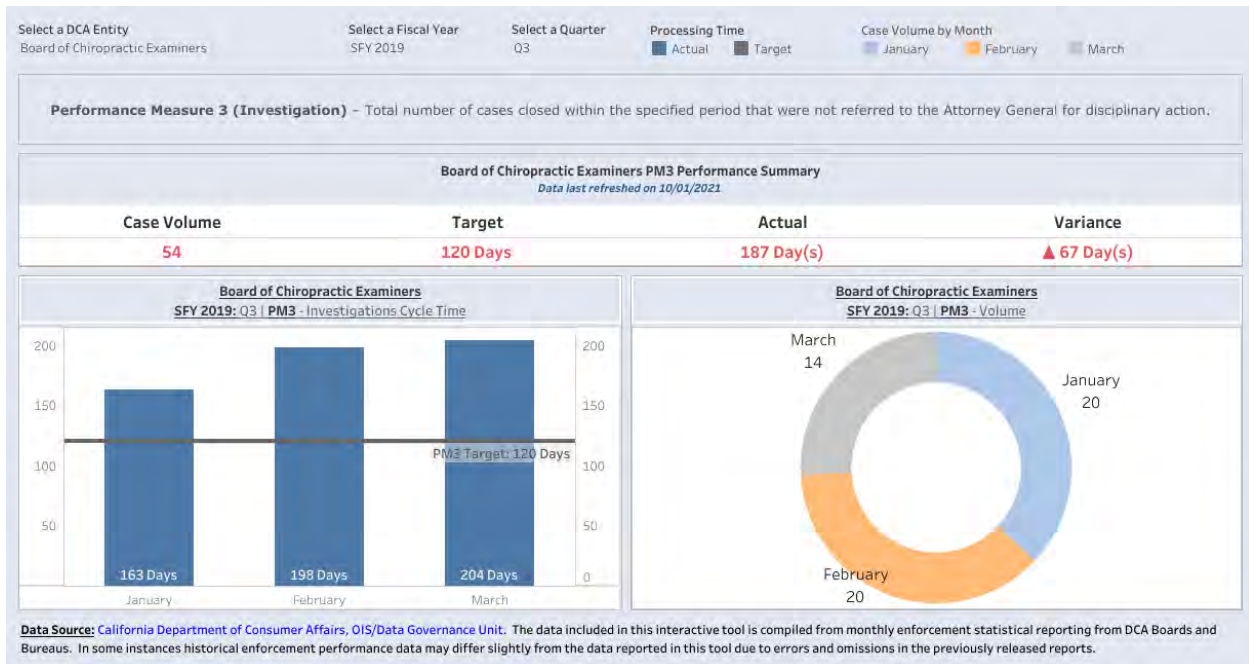
## PM1: Case Volume by Type



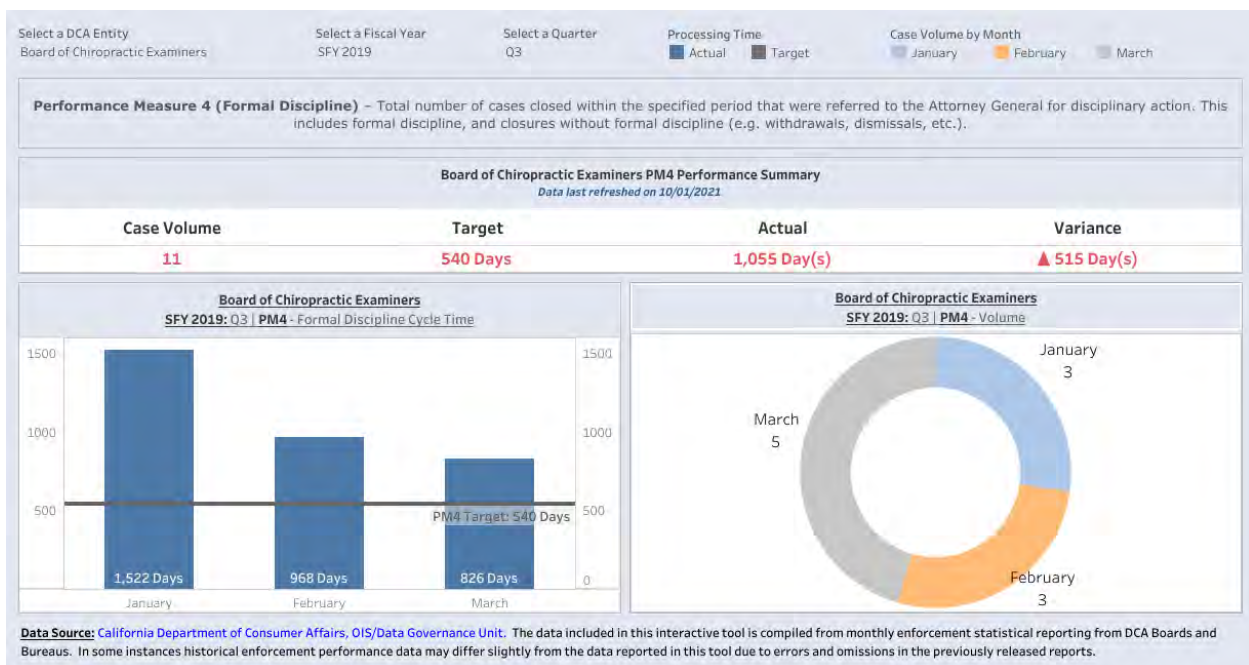
## PM2: Intake Cycle Time



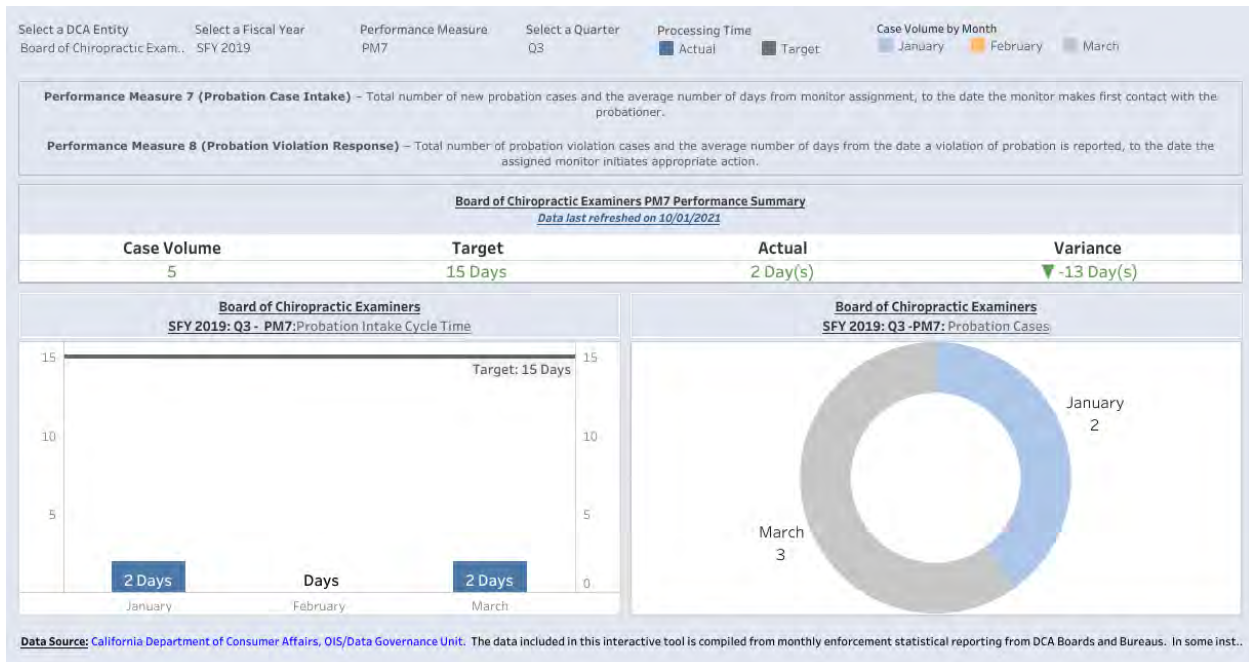
## PM3: Investigations Cycle Time



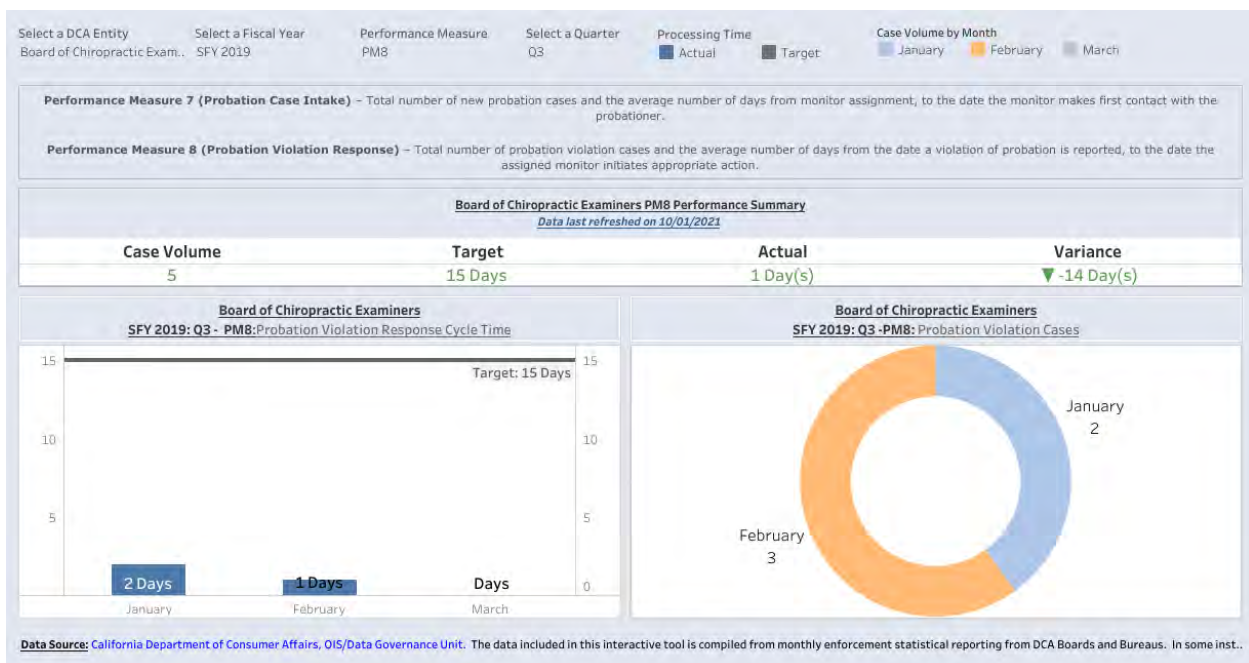
## PM4: Formal Discipline Cycle Time



## PM7: Probation Intake Cycle Time



## PM8: Probation Violation Response Cycle Time

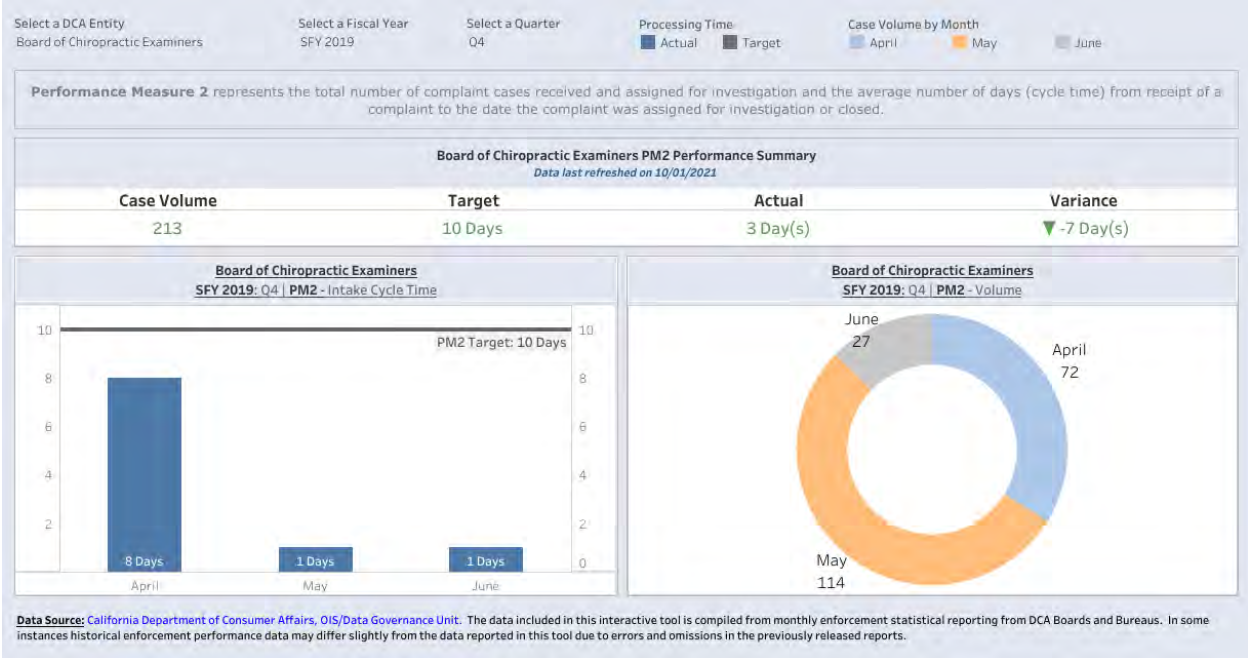


# Enforcement Performance Measures FY 2018/19 Q4 (April – June 2019)

## PM1: Case Volume by Type

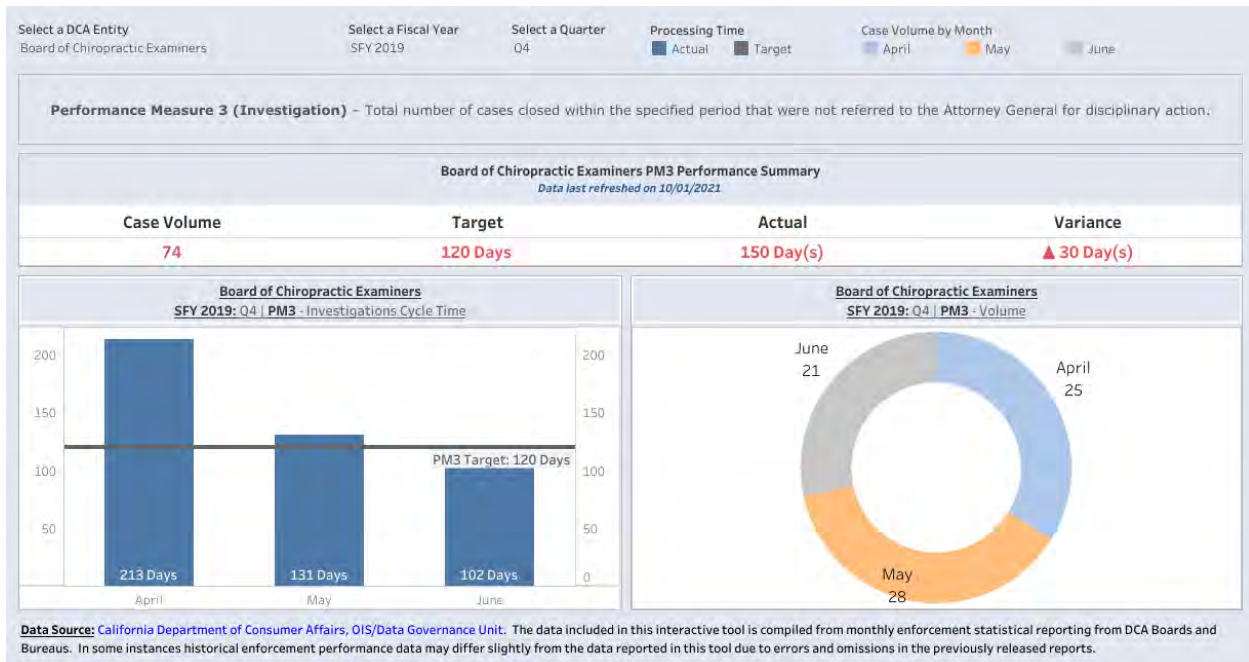


## PM2: Intake Cycle Time

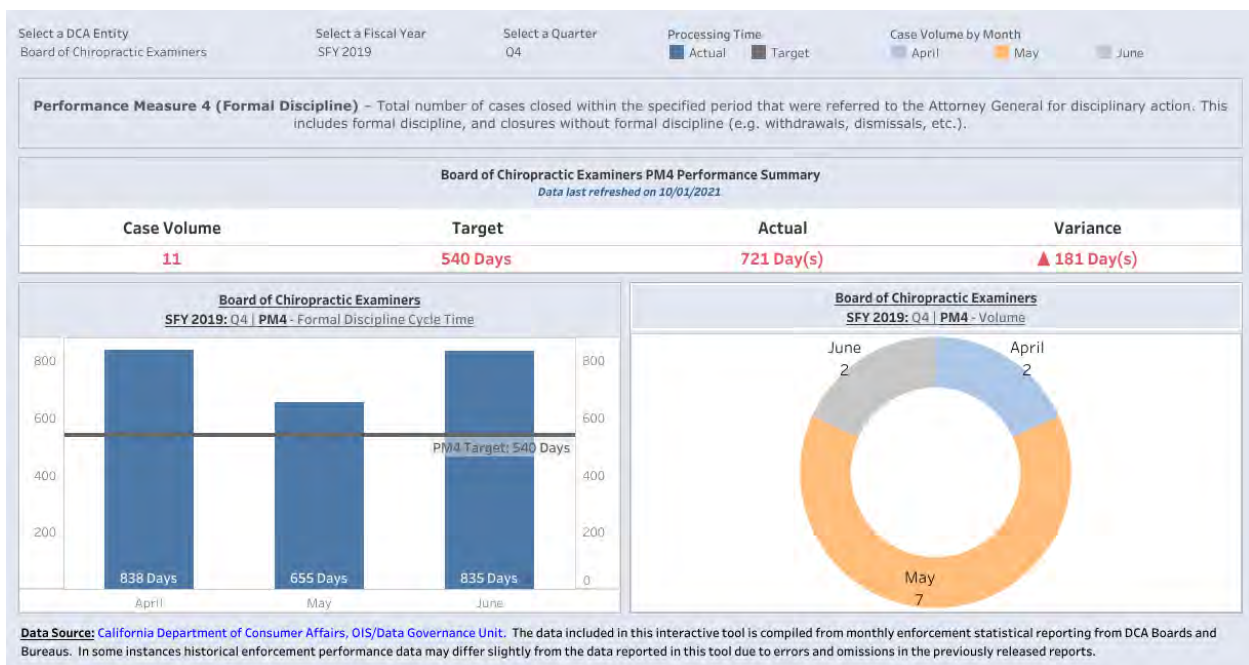




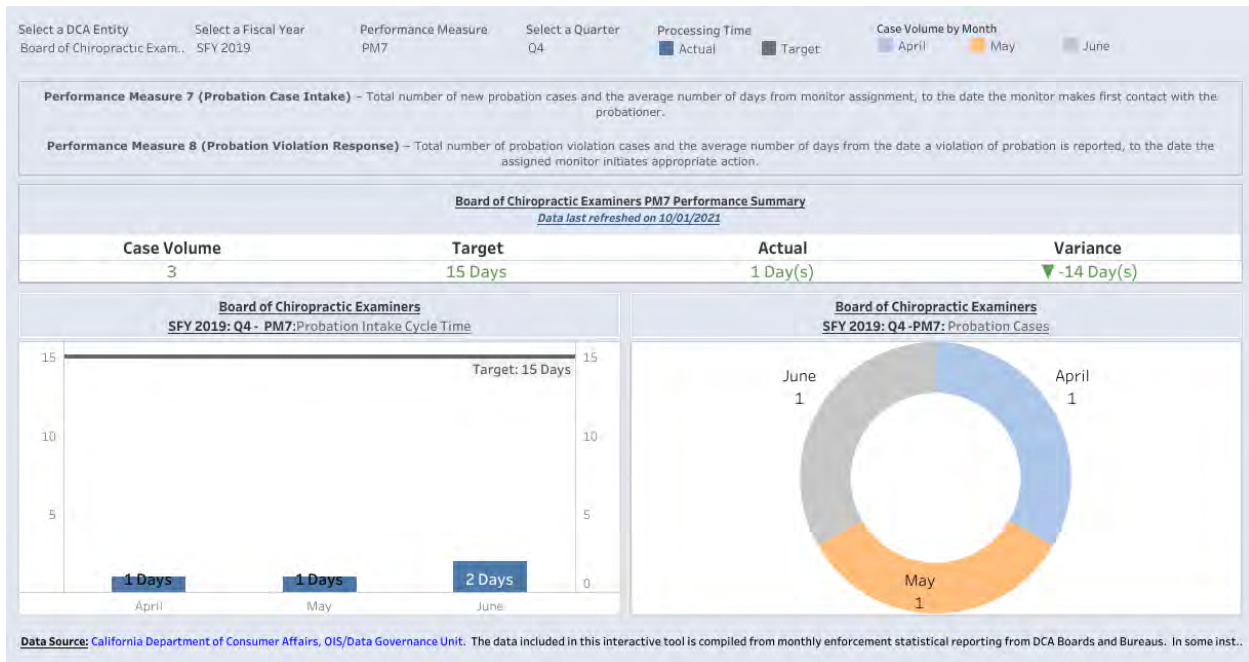
## PM3: Investigations Cycle Time



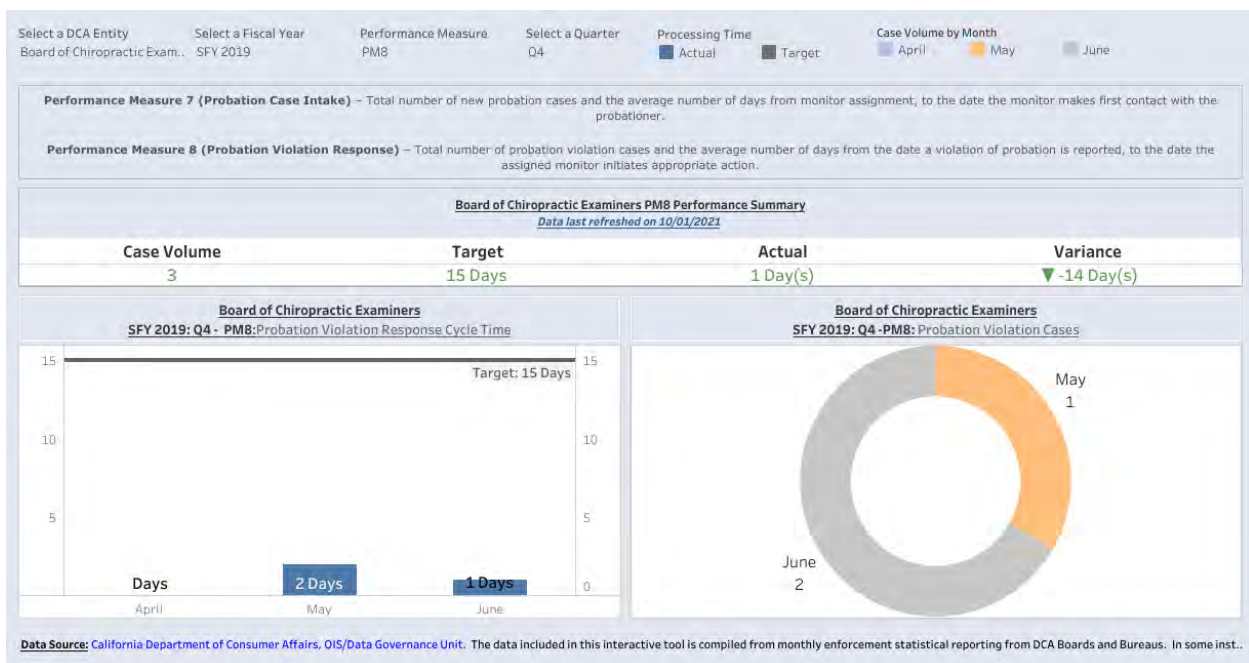
## PM4: Formal Discipline Cycle Time



## PM7: Probation Intake Cycle Time



## PM8: Probation Violation Response Cycle Time



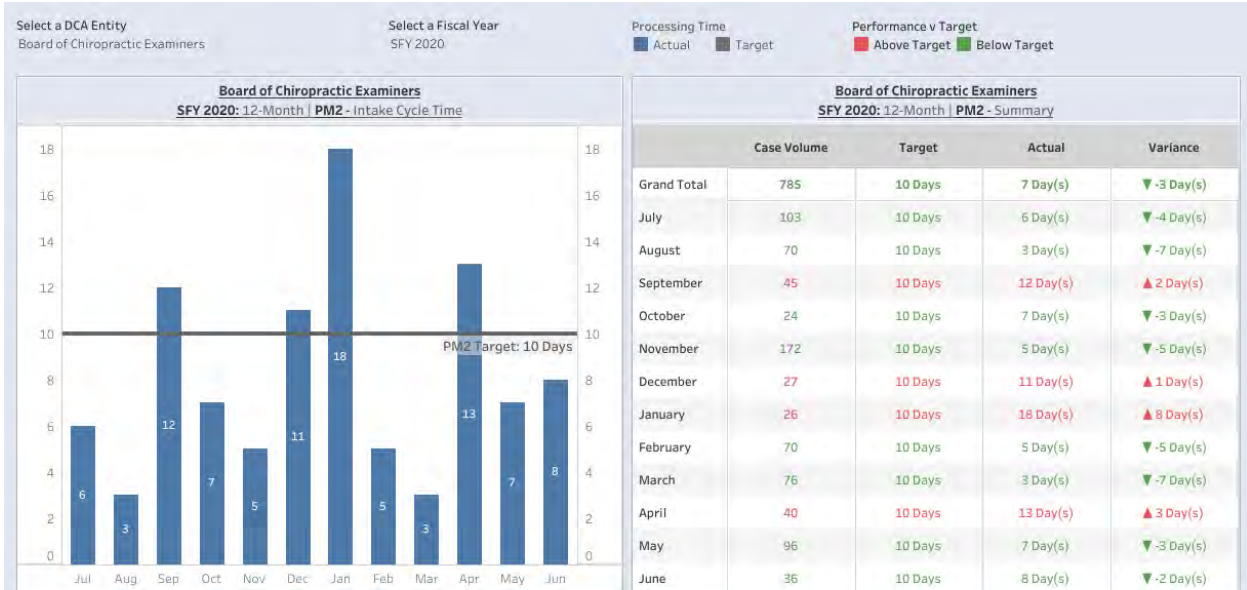
# Enforcement Performance Measures FY 2019/20 (July 2019 – June 2020)

## PM1: Case Volume by Type



**Data Source:** California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

## PM2: Intake Cycle Time



**Data Source:** California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

## PM3: Investigations Cycle Time



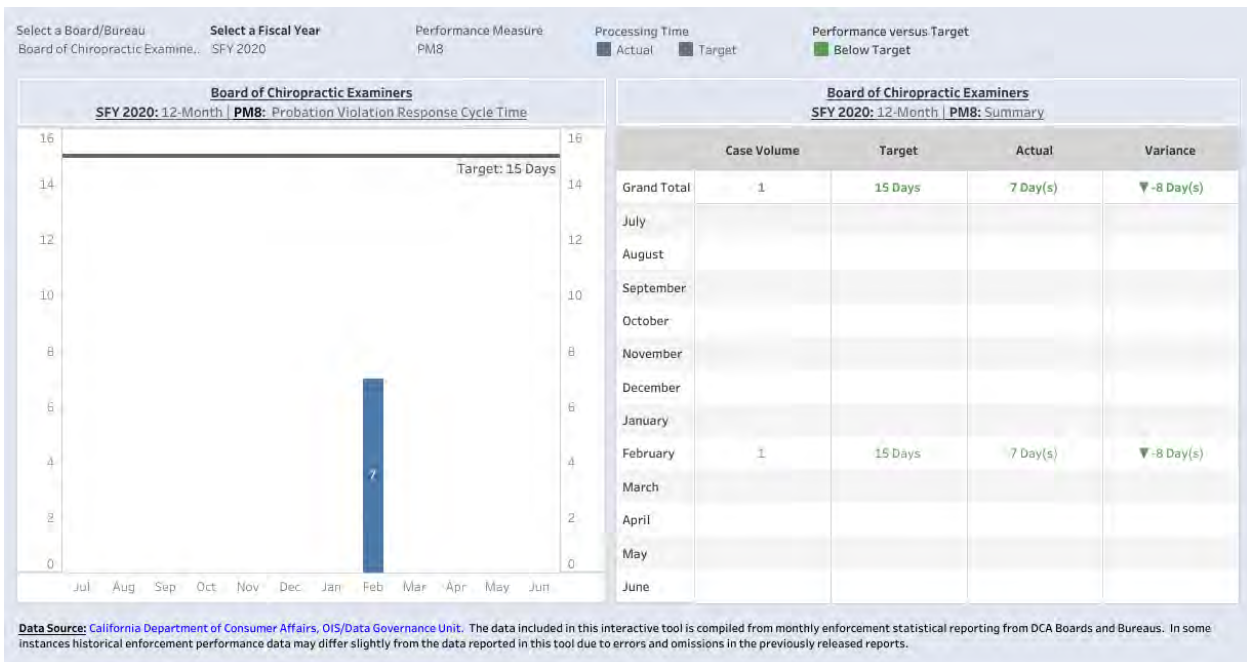
## PM4: Formal Discipline Cycle Time



## PM7: Probation Intake Cycle Time



## PM8: Probation Violation Response Cycle Time



# Licensing Performance Measures FY 2019/20 (July 2019 – June 2020)

Select a Fiscal Year: FY19/20

Select a DCA Entity: Board of Chiropractic Examin...

Select a License Type: All

Highlight by Trend: No items highlighted

New Applications Annual Change: ■ Increase ■ Decrease

*Data last refreshed on 10/05/2020*

DCA Entity	License Type	Current Year Applications	Prior Year Applications	Year-Over-Year Change	Year-Over-Year % Change
<b>Grand Total</b>		1,554	1,833	▼ -279	▼ -15.22%
Board of Chiropractic Examiners	<b>Total</b>	1,554	1,833	▼ -279	▼ -15.22%
	Chiropractic Corporations	103	86	▲ 17	▲ 19.77%
	Doctor of Chiropractic	326	306	▲ 20	▲ 6.54%
	Satellite Offices (BCE)	1,125	1,439	▼ -314	▼ -21.82%

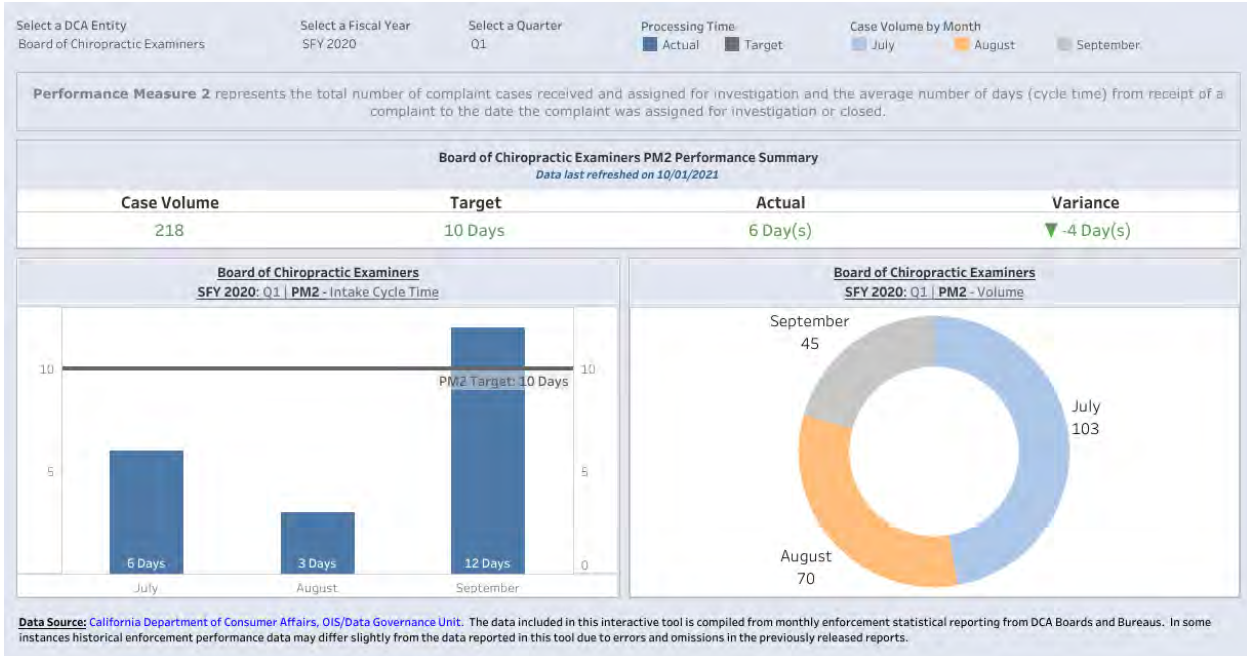
Data Source: California Department of Consumer Affairs, DIS/Data Governance Unit. The data included in this interactive tool is compiled from the DCA annual reports. In some instances, the data contained in this tool may differ slightly from the information published in the annual report due to report release timing. Please refer to the PDF version of the annual report for reporting methodology and description about the data.

# Enforcement Performance Measures FY 2019/20 Q1 (July – September 2019)

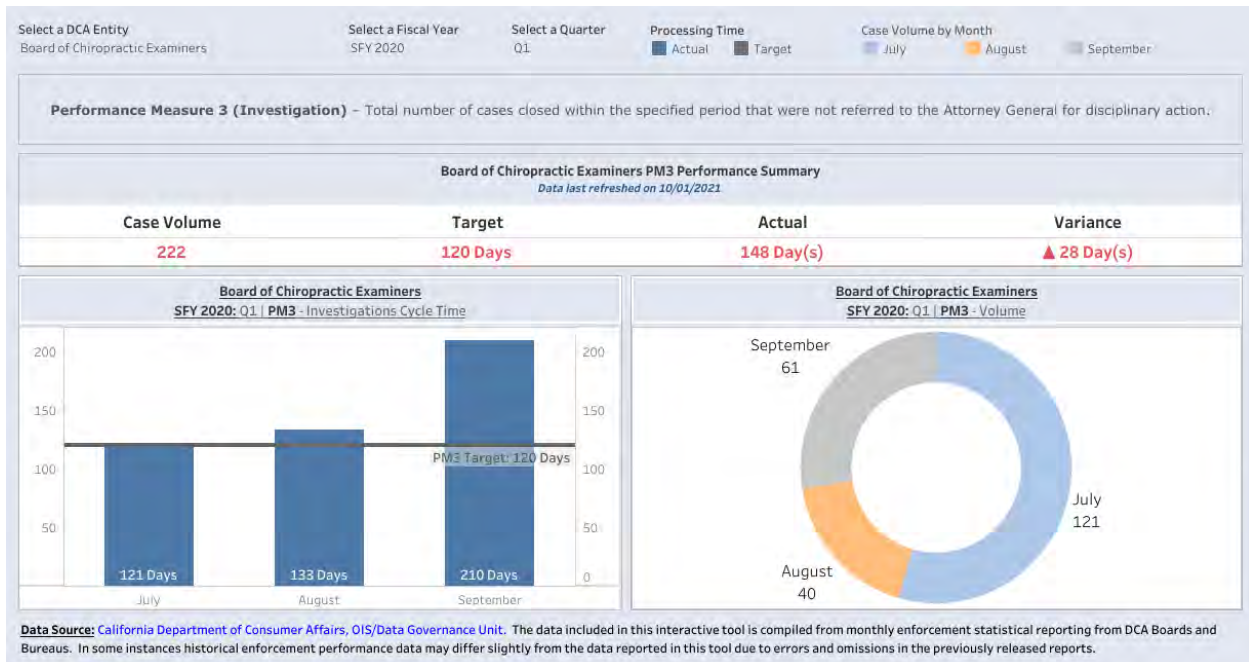
## PM1: Case Volume by Type



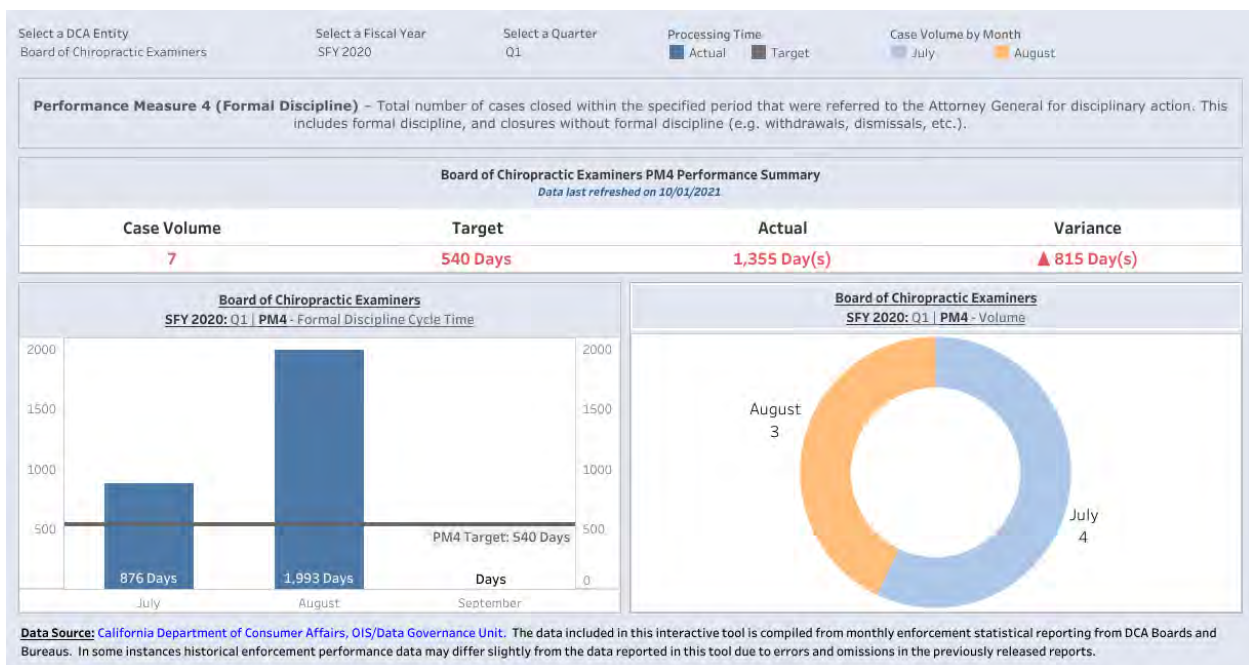
## PM2: Intake Cycle Time



## PM3: Investigations Cycle Time

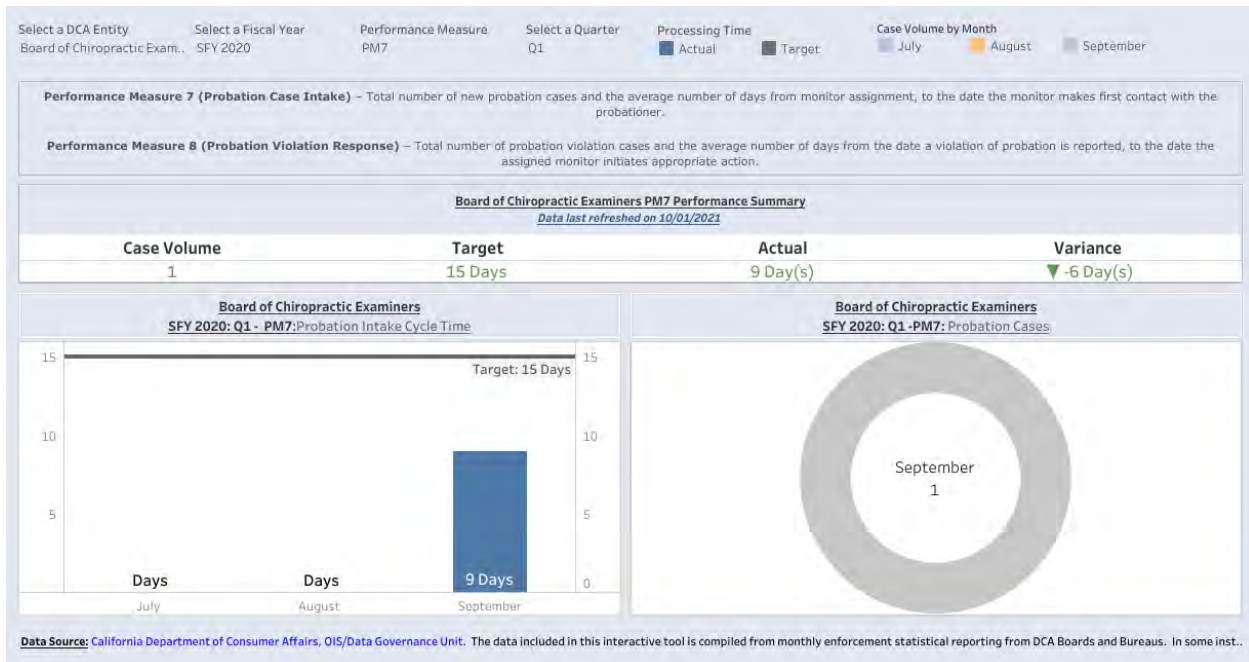


## PM4: Formal Discipline Cycle Time

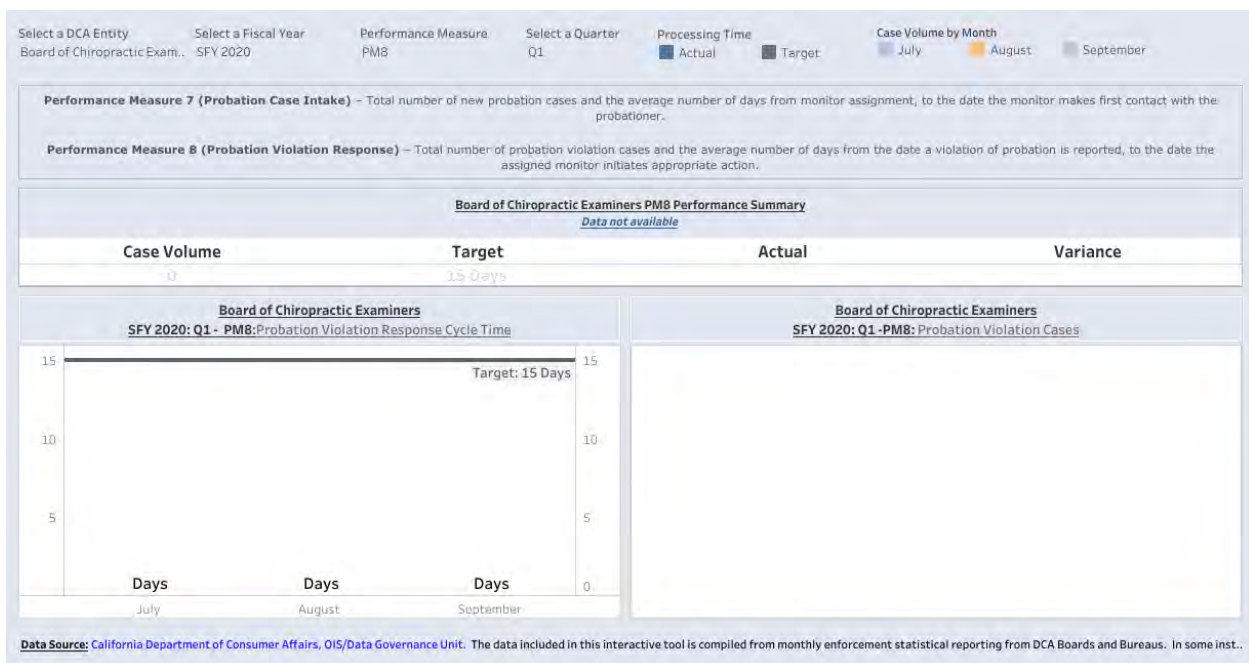




## PM7: Probation Intake Cycle Time

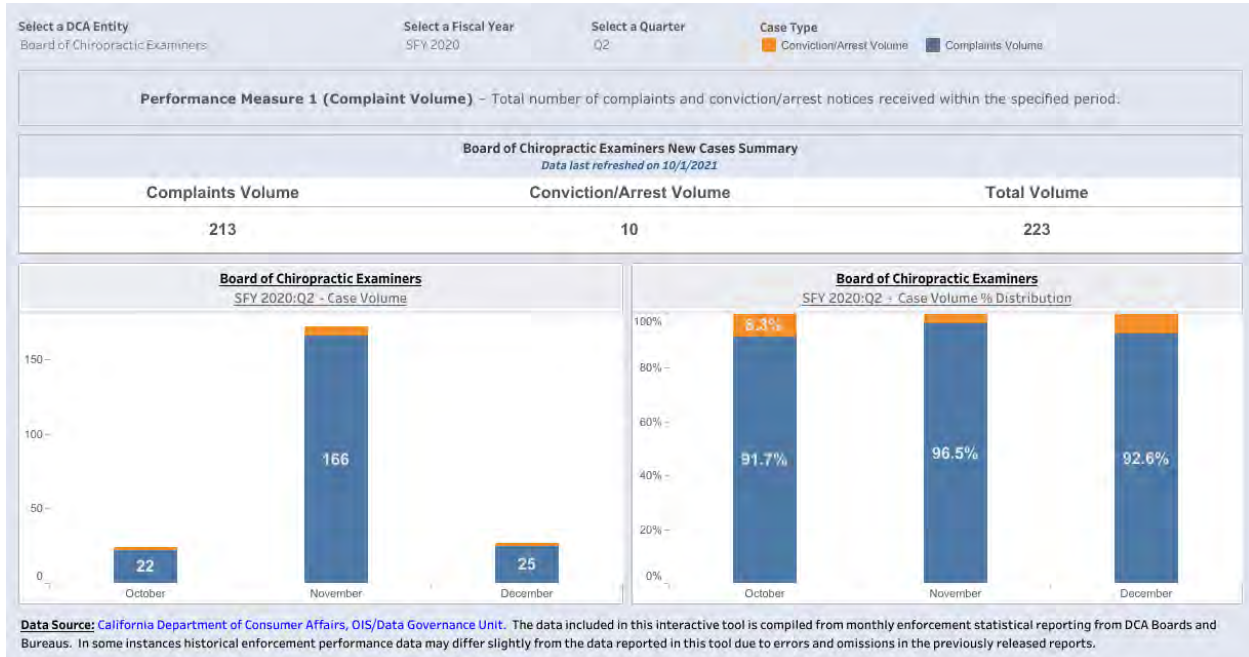


## PM8: Probation Violation Response Cycle Time

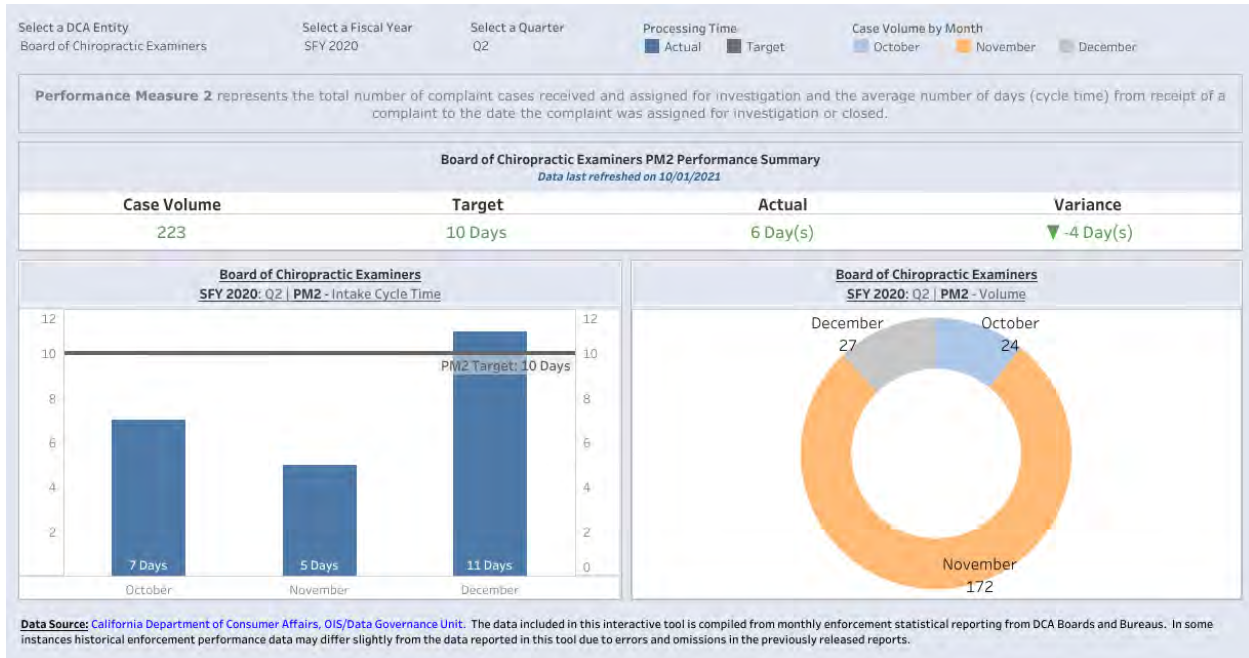


# Enforcement Performance Measures FY 2019/20 Q2 (October – December 2019)

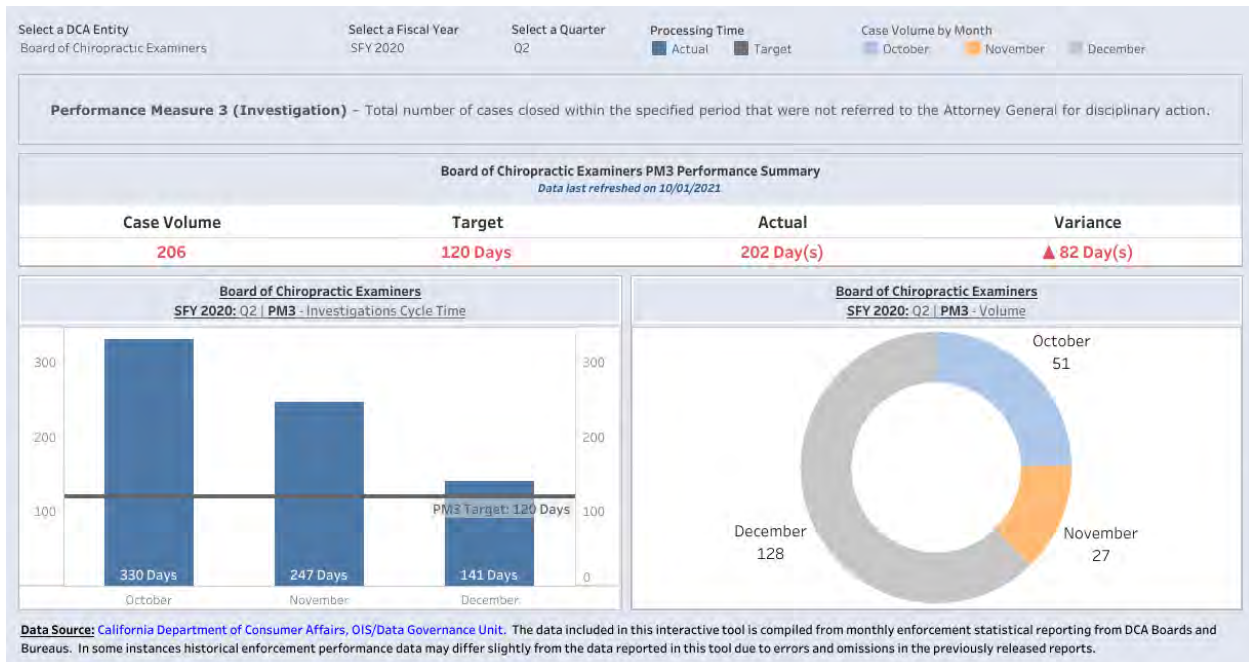
## PM1: Case Volume by Type



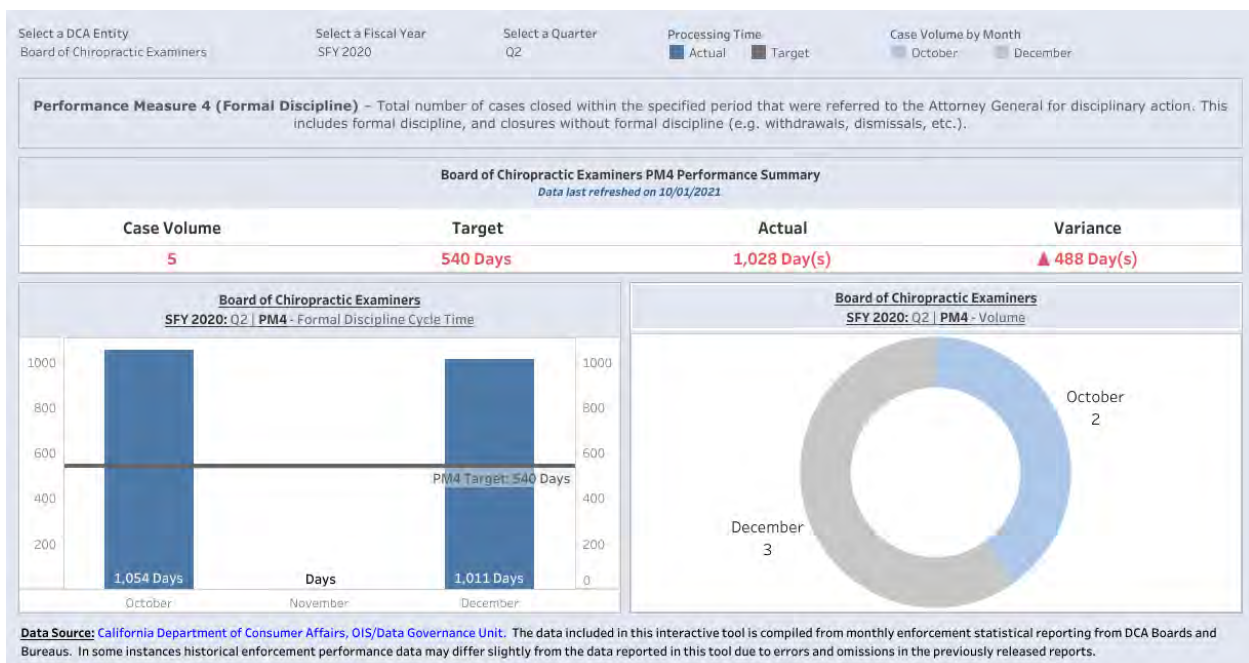
## PM2: Intake Cycle Time



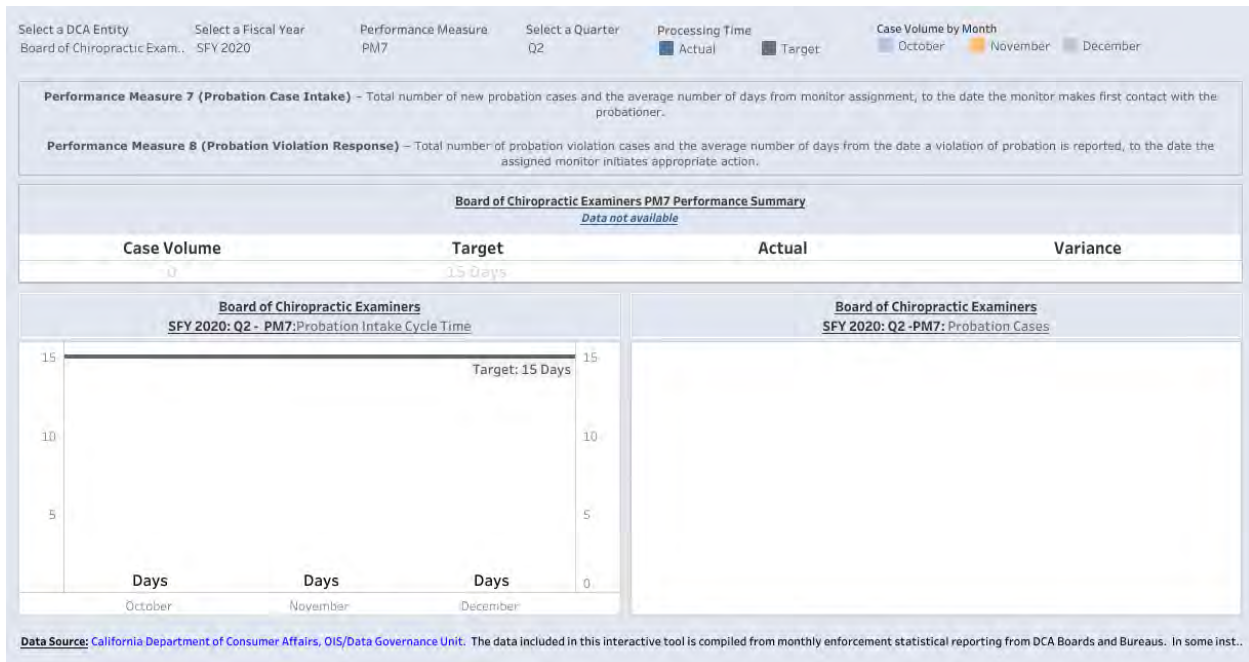
## PM3: Investigations Cycle Time



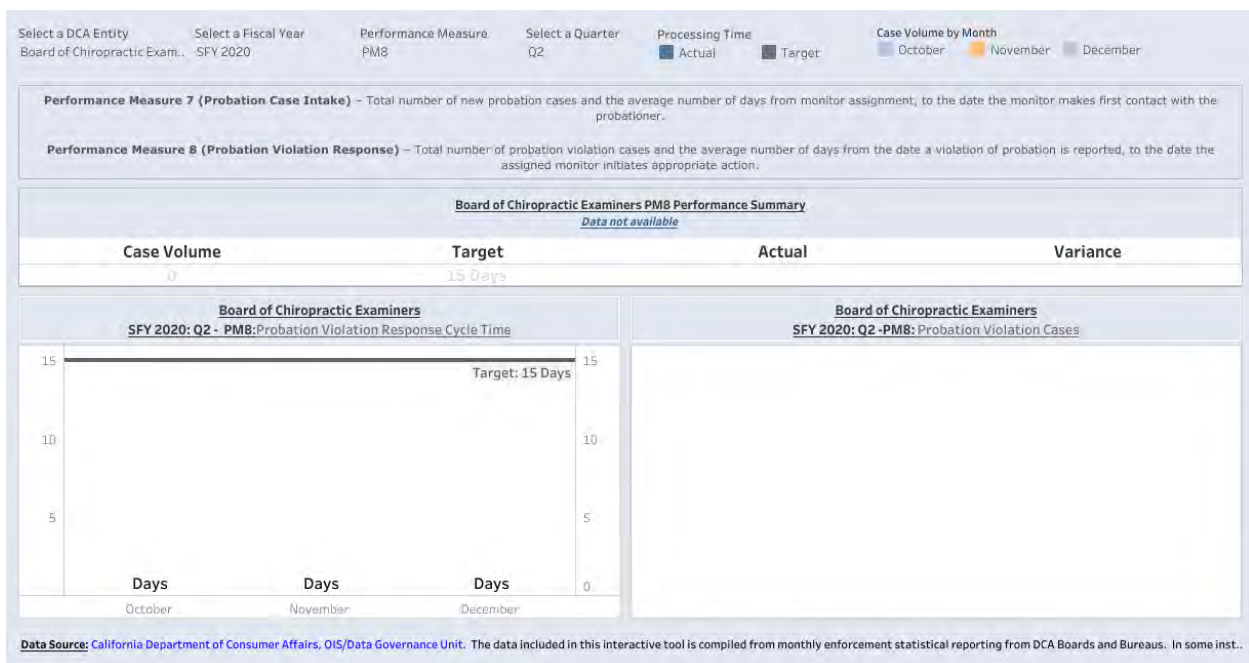
## PM4: Formal Discipline Cycle Time



## PM7: Probation Intake Cycle Time



## PM8: Probation Violation Response Cycle Time

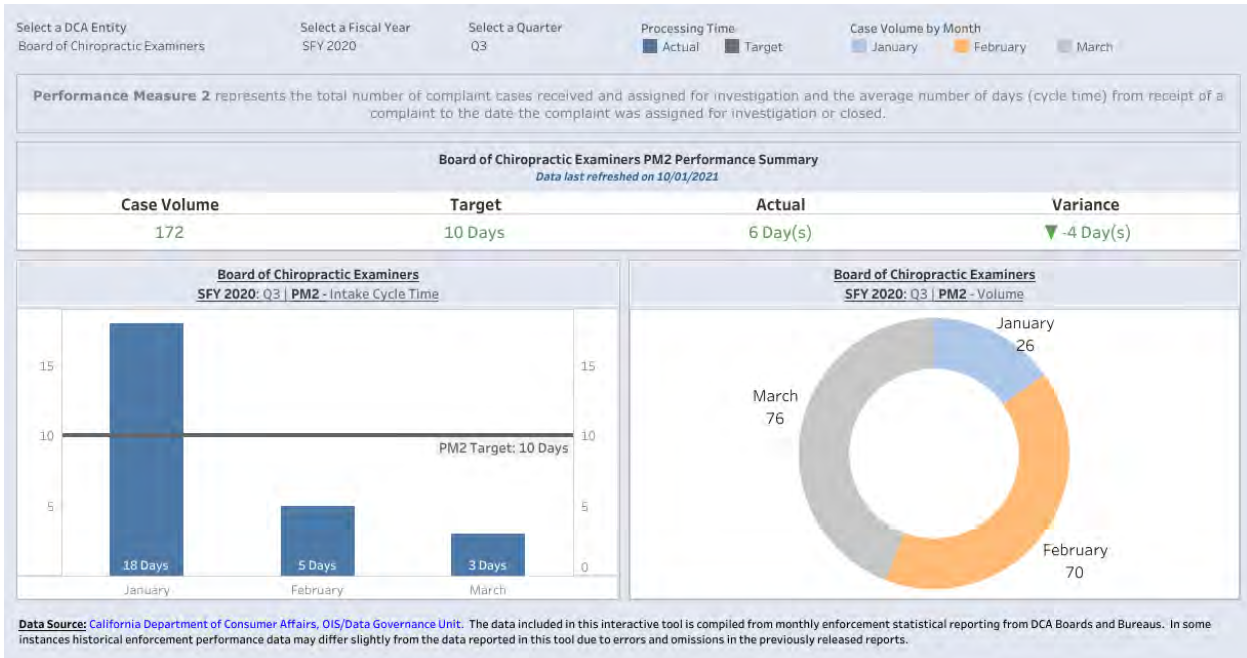


# Enforcement Performance Measures FY 2019/20 Q3 (January – March 2020)

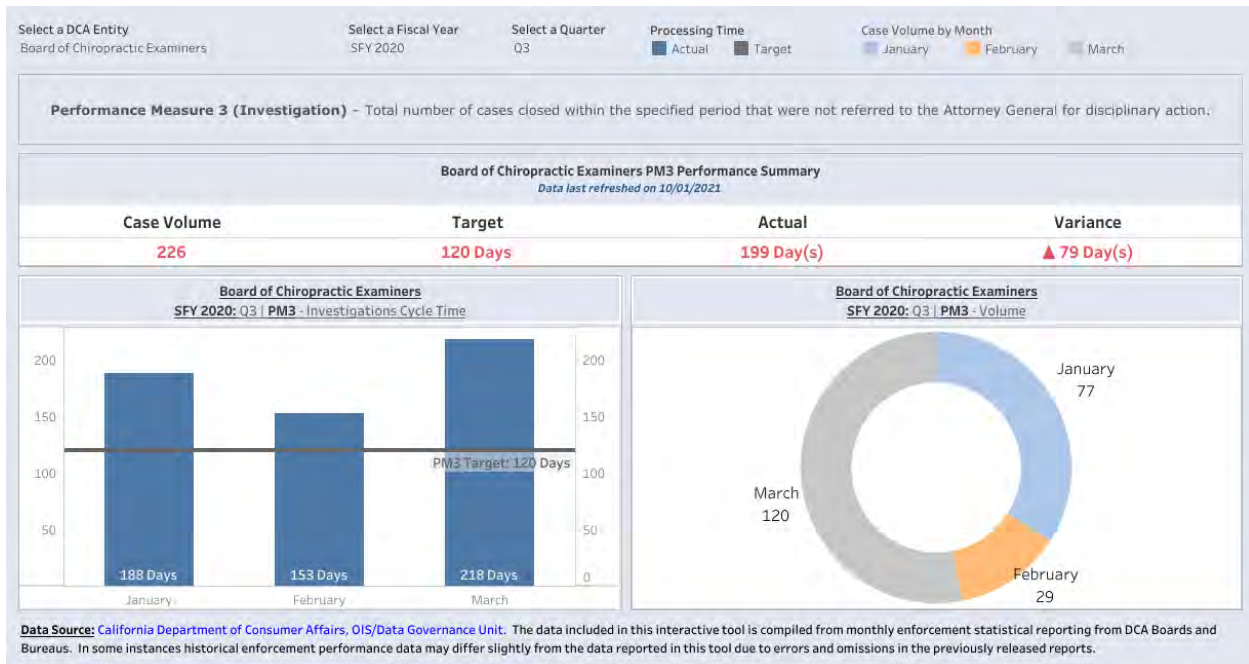
## PM1: Case Volume by Type



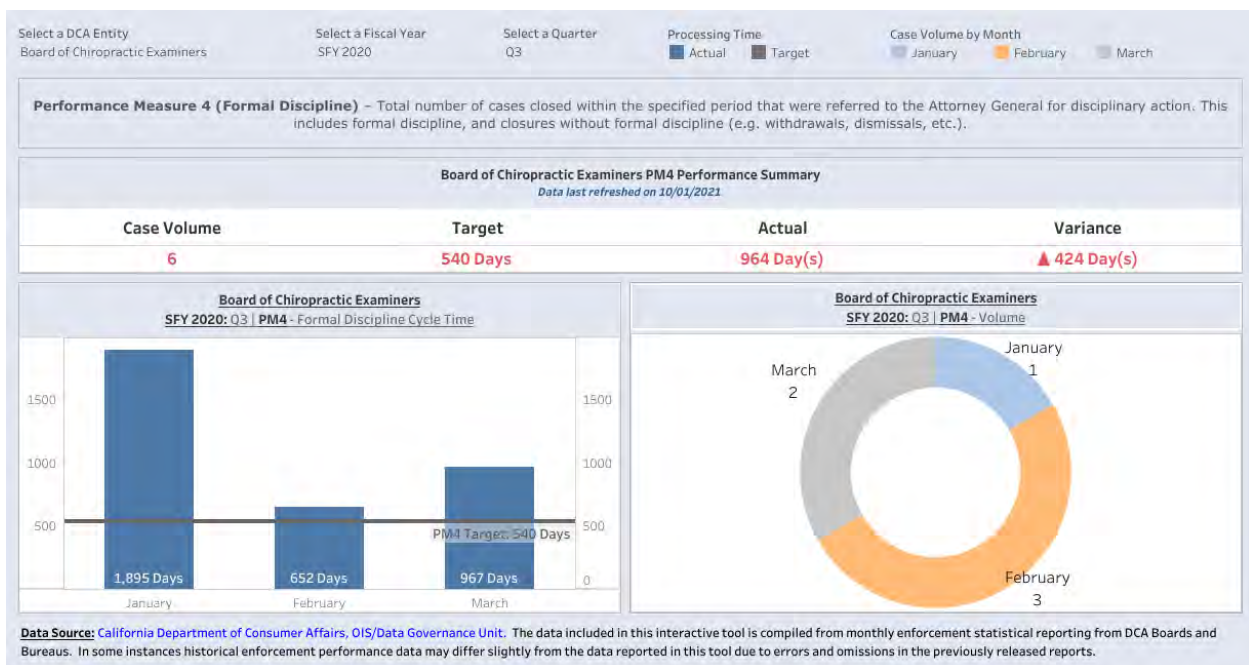
## PM2: Intake Cycle Time



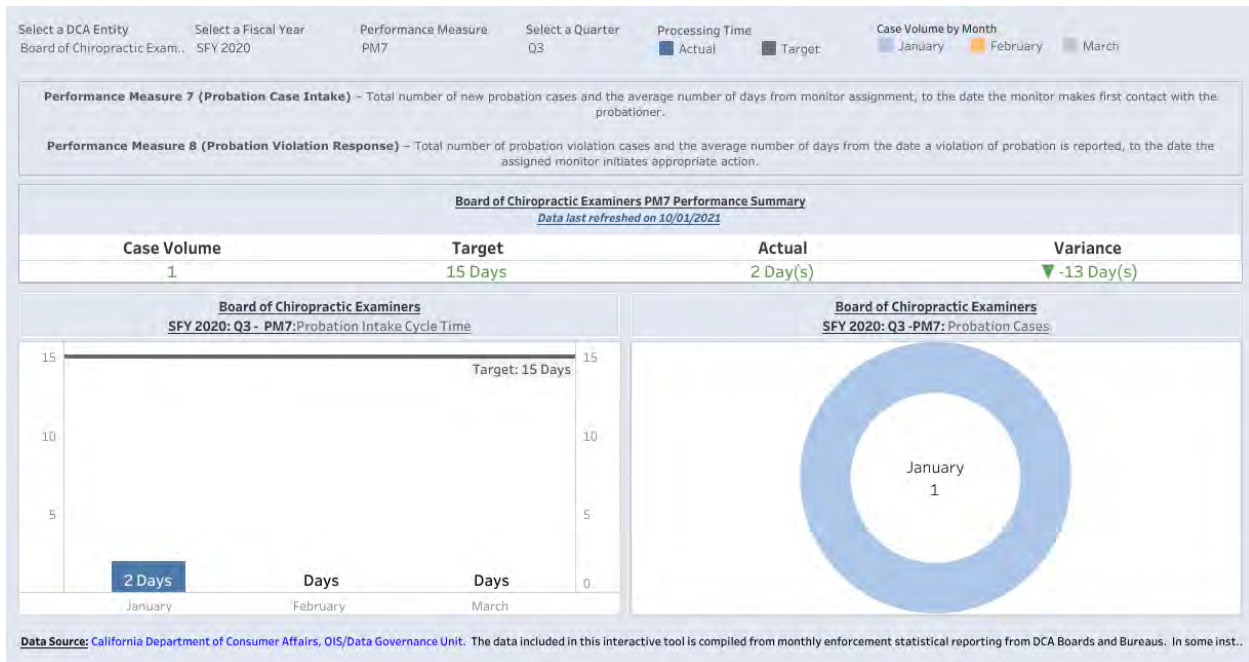
## PM3: Investigations Cycle Time



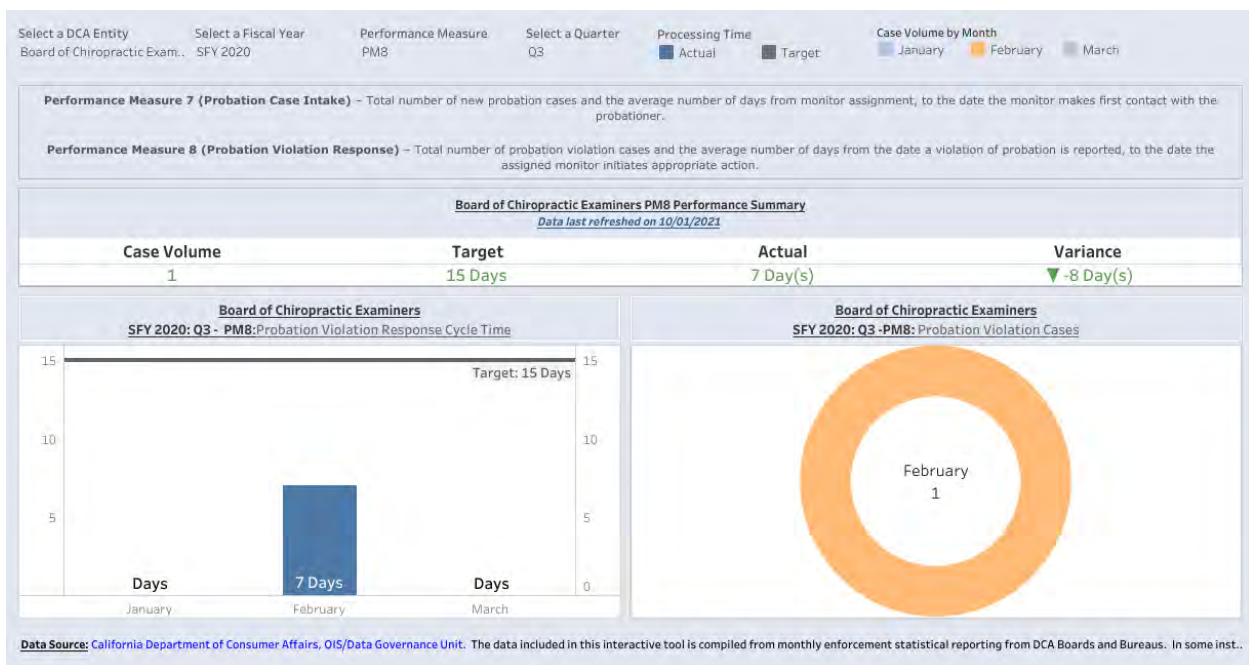
## PM4: Formal Discipline Cycle Time



## PM7: Probation Intake Cycle Time



## PM8: Probation Violation Response Cycle Time

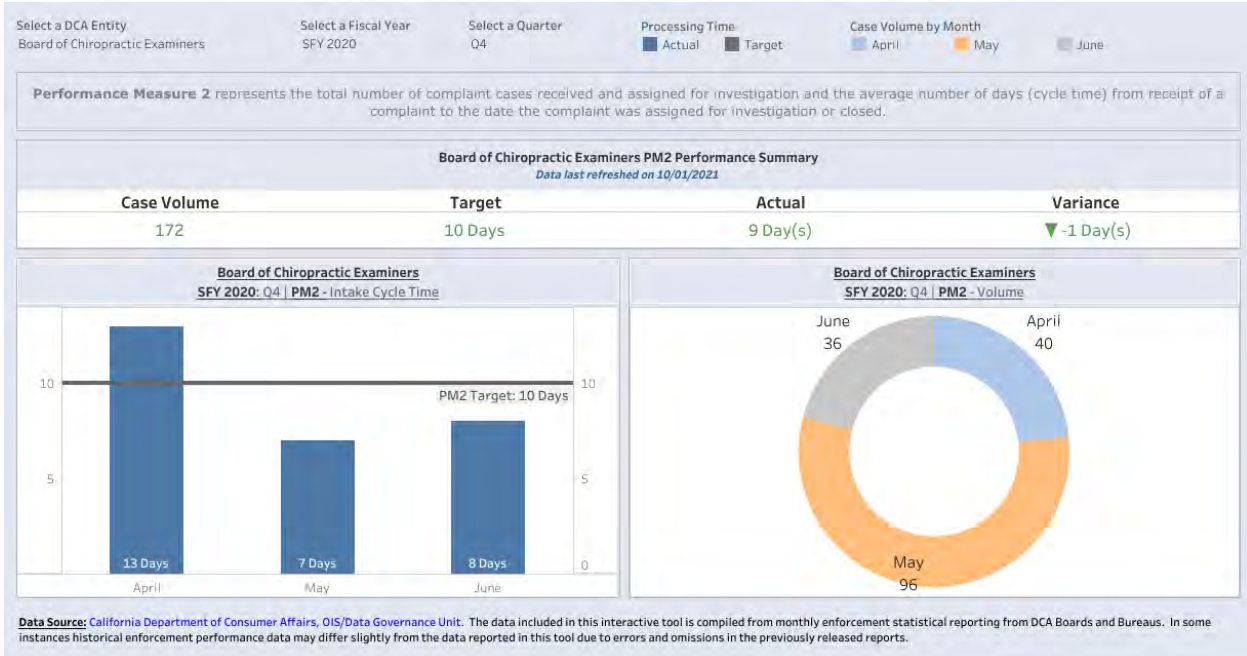


# Enforcement Performance Measures FY 2019/20 Q4 (April – June 2020)

## PM1: Case Volume by Type

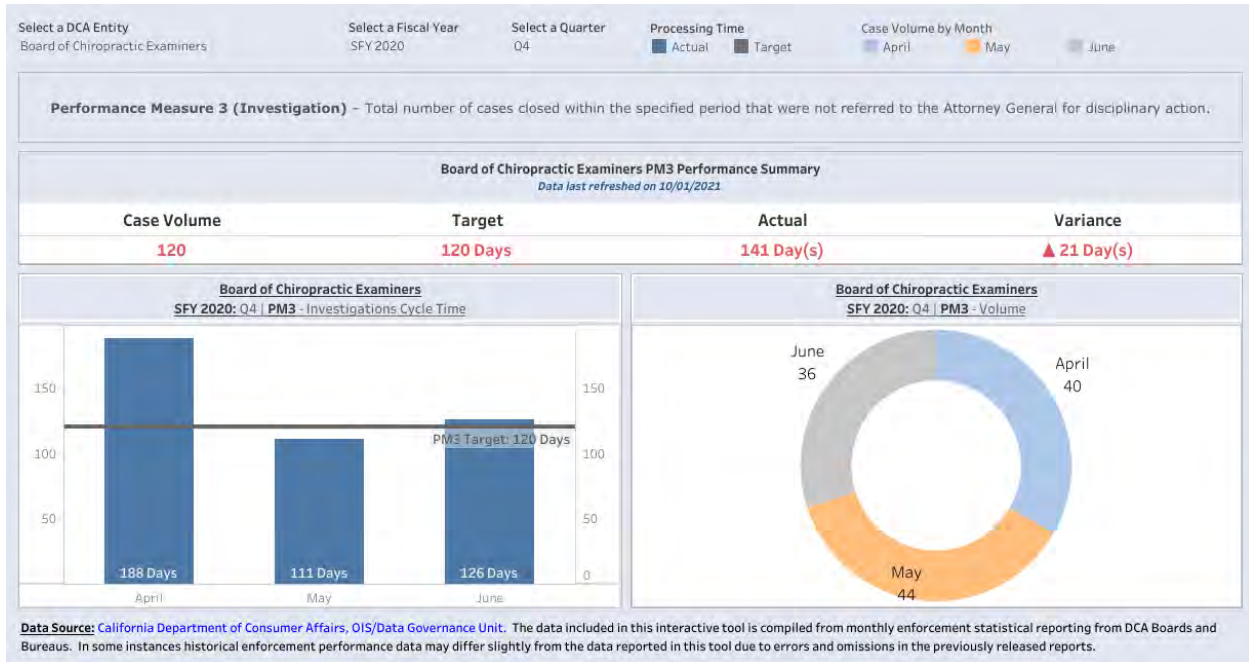


## PM2: Intake Cycle Time

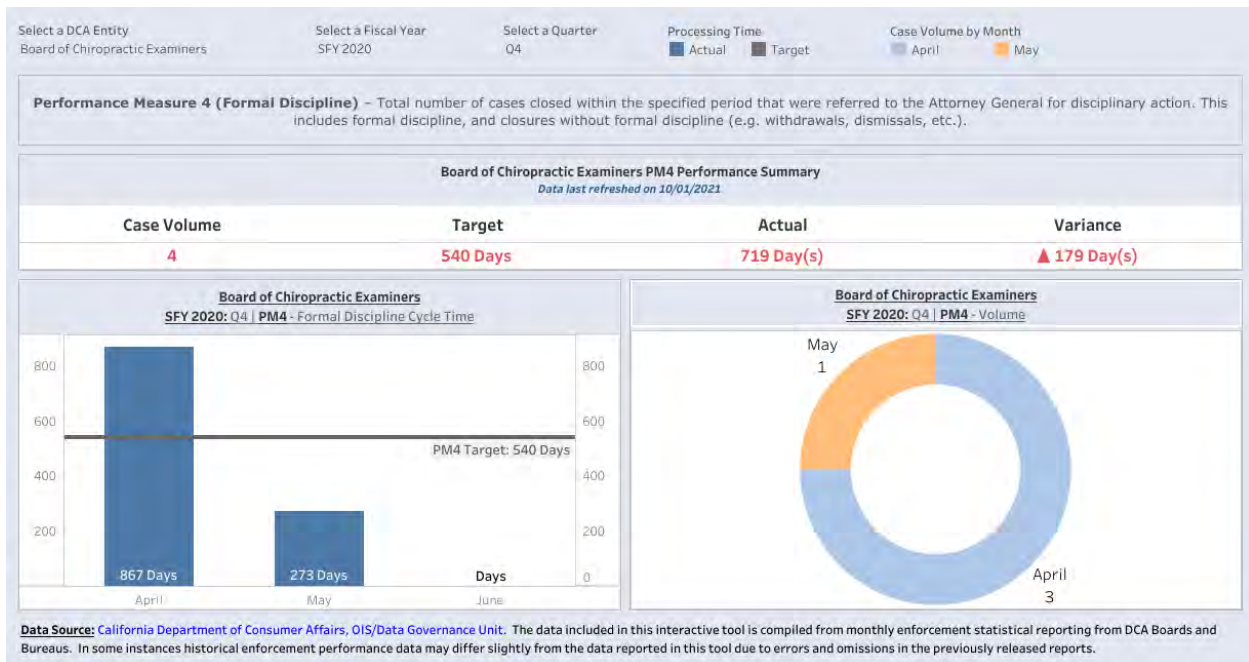




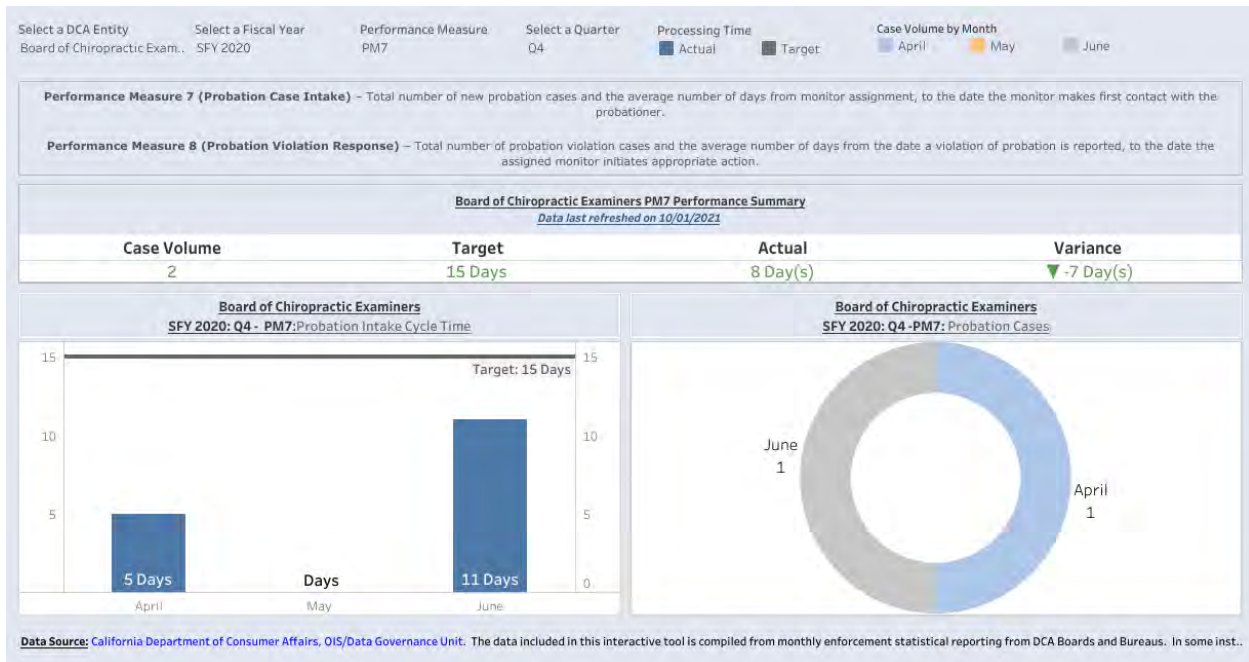
## PM3: Investigations Cycle Time



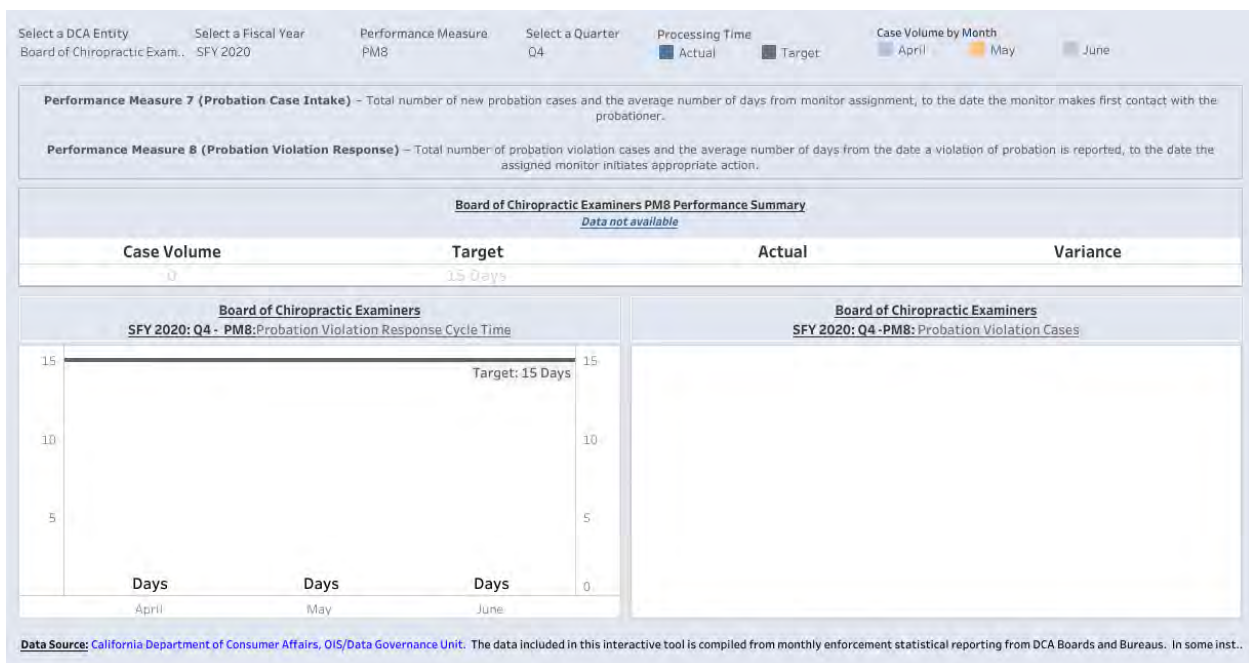
## PM4: Formal Discipline Cycle Time



## PM7: Probation Intake Cycle Time

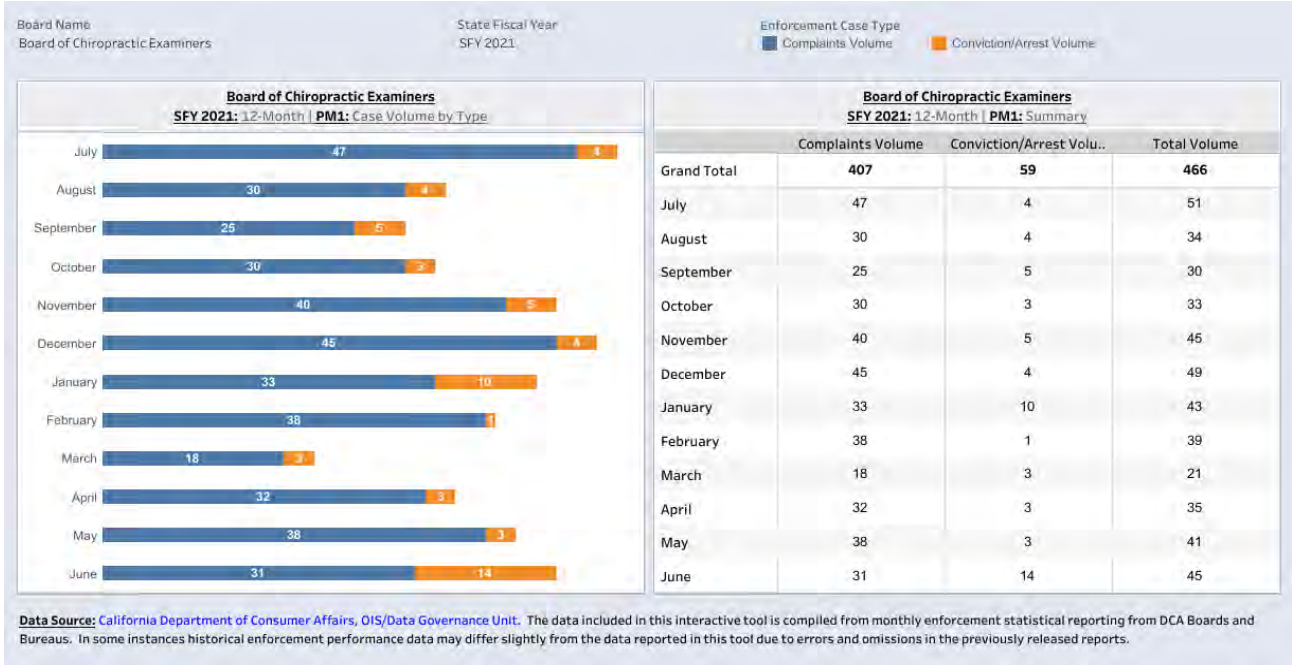


## PM8: Probation Violation Response Cycle Time



# Enforcement Performance Measures FY 2020/21 (July 2020 – June 2021)

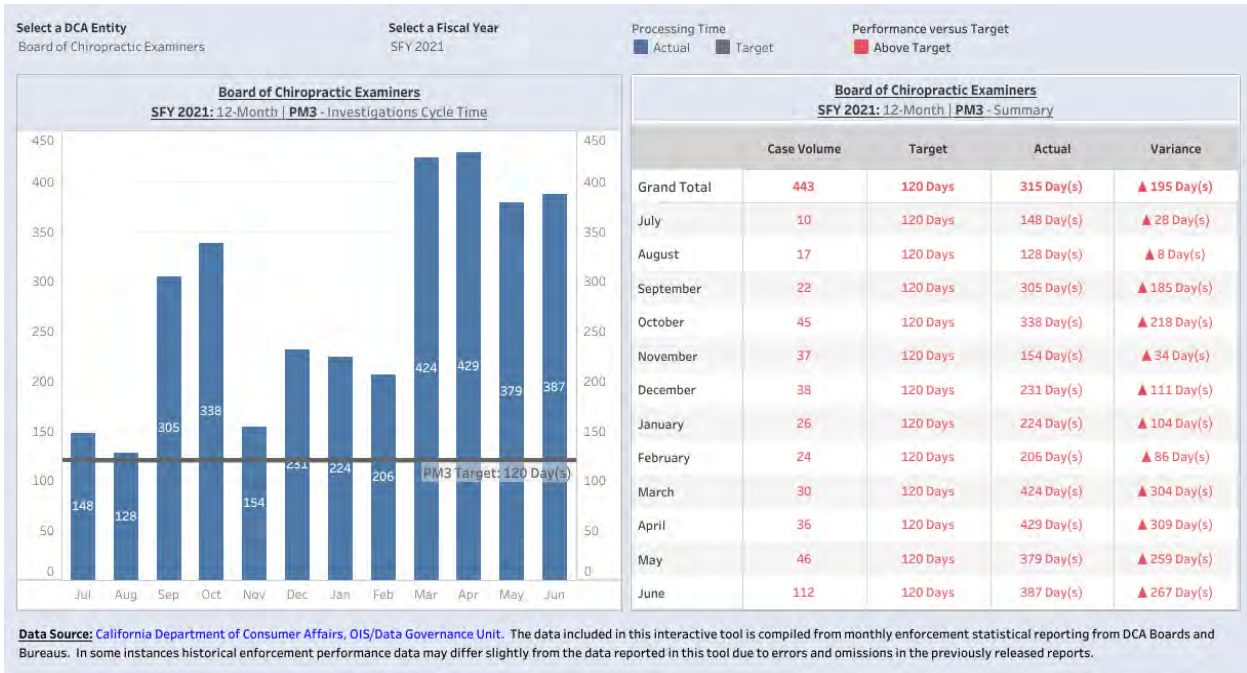
## PM1: Case Volume by Type



## PM2: Intake Cycle Time



## PM3: Investigations Cycle Time



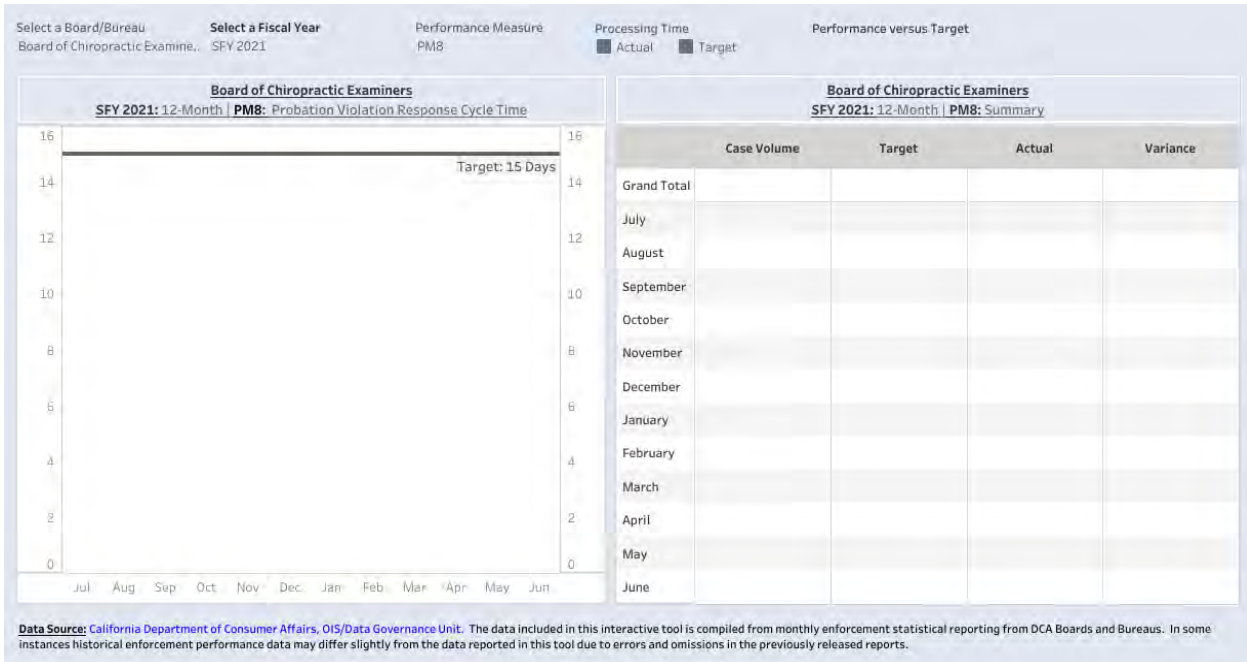
## PM4: Formal Discipline Cycle Time



## PM7: Probation Intake Cycle Time



## PM8: Probation Violation Response Cycle Time

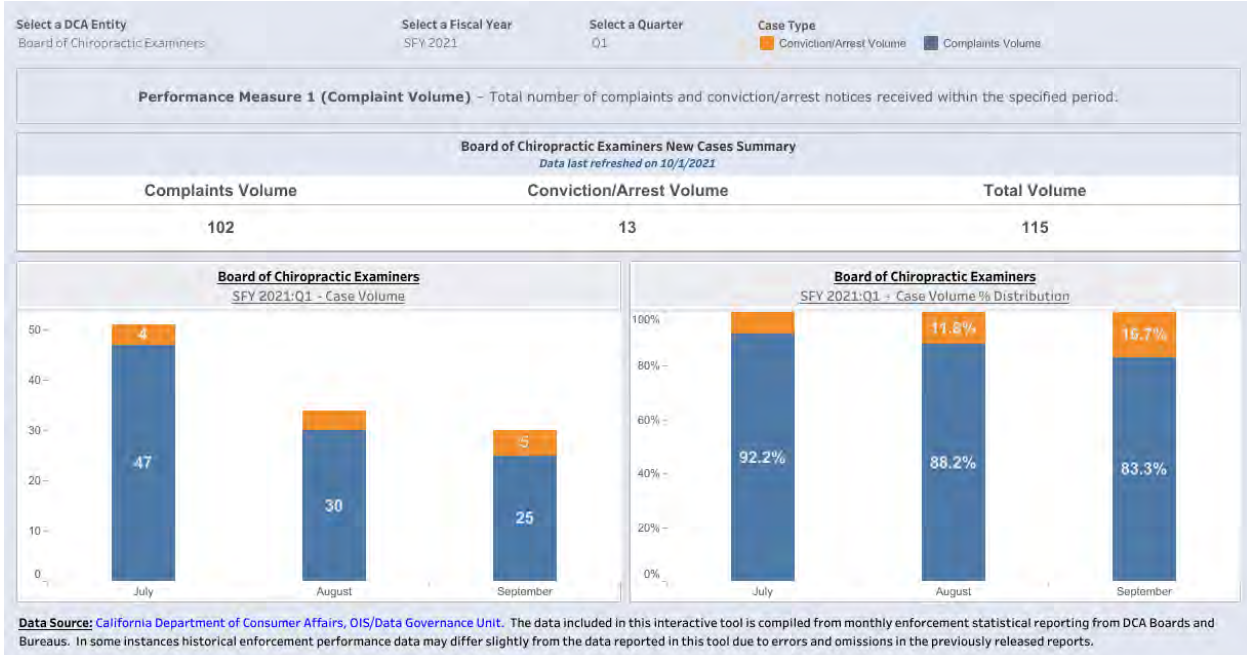


**Licensing Performance Measures  
FY 2020/21 (July 2020 – June 2021)**

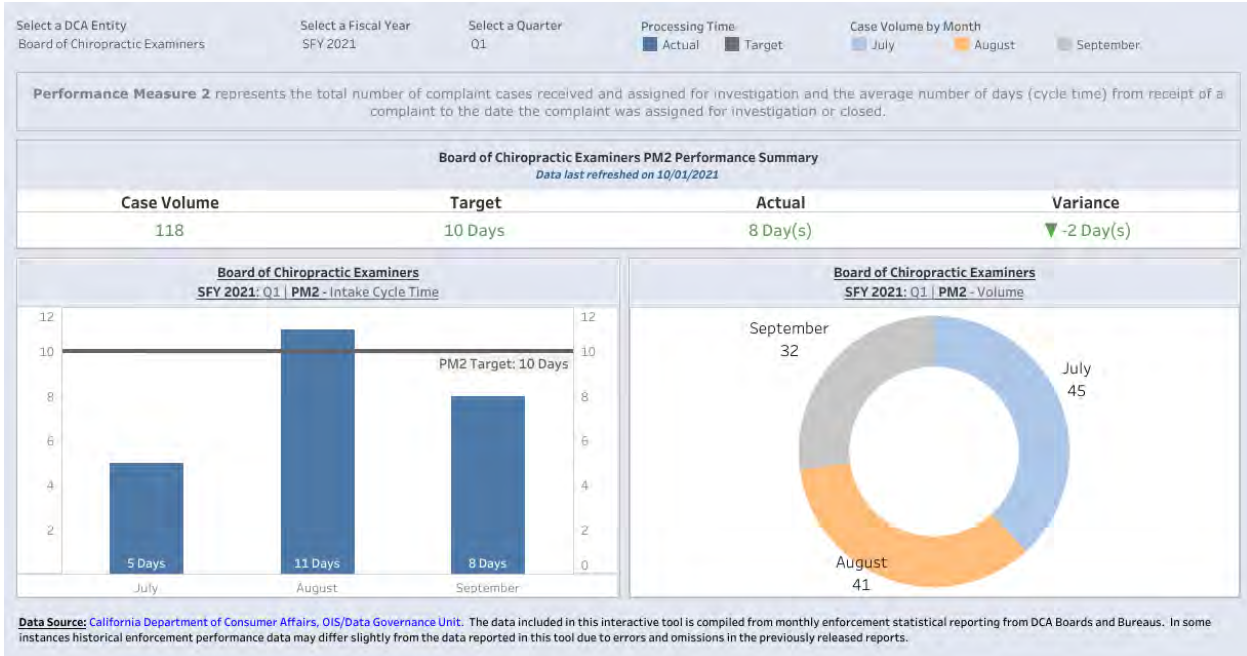
**NOT AVAILABLE**

# Enforcement Performance Measures FY 2020/21 Q1 (July – September 2020)

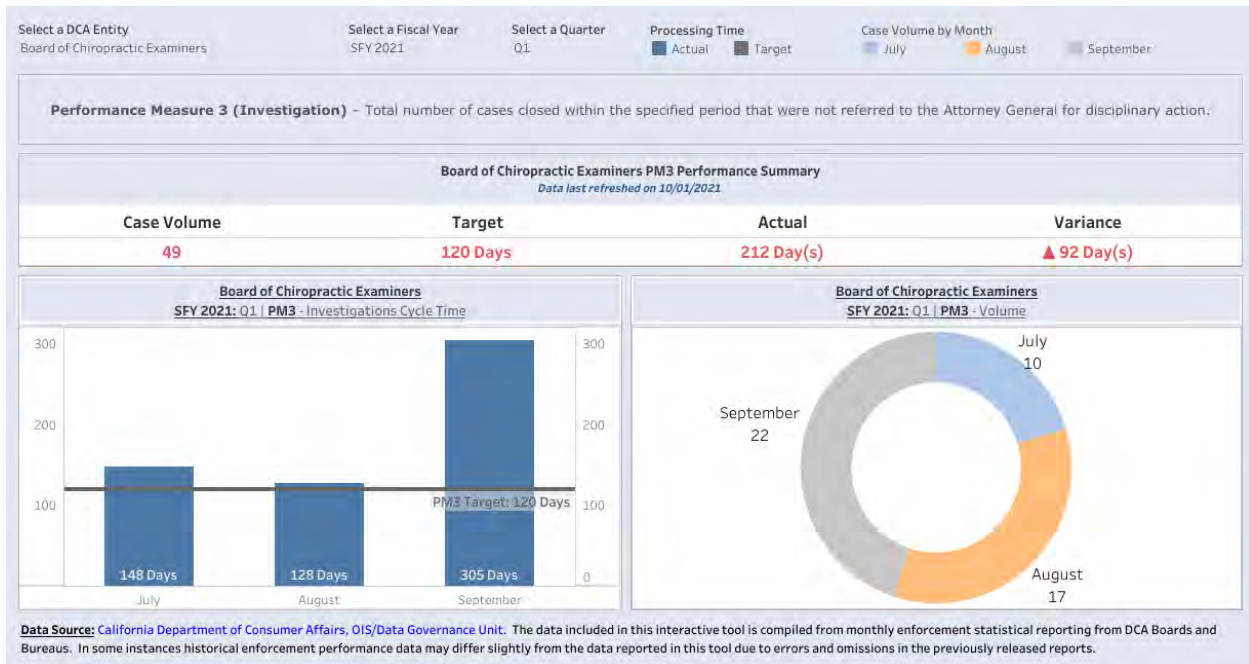
## PM1: Case Volume by Type



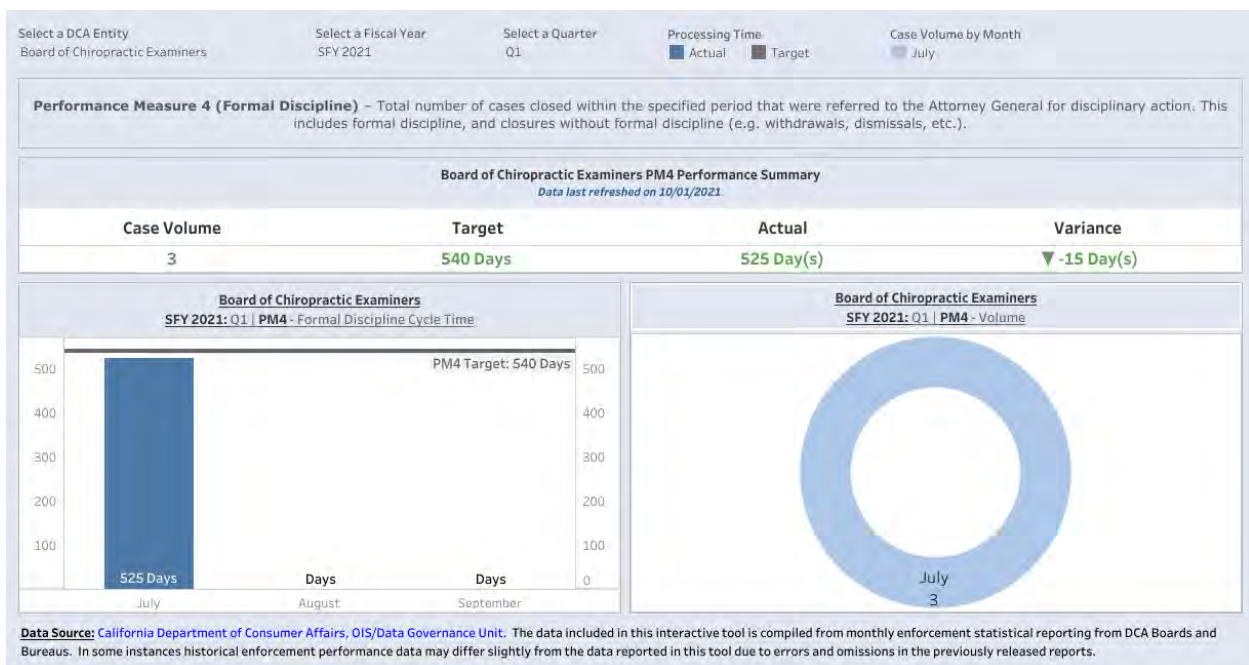
## PM2: Intake Cycle Time



## PM3: Investigations Cycle Time

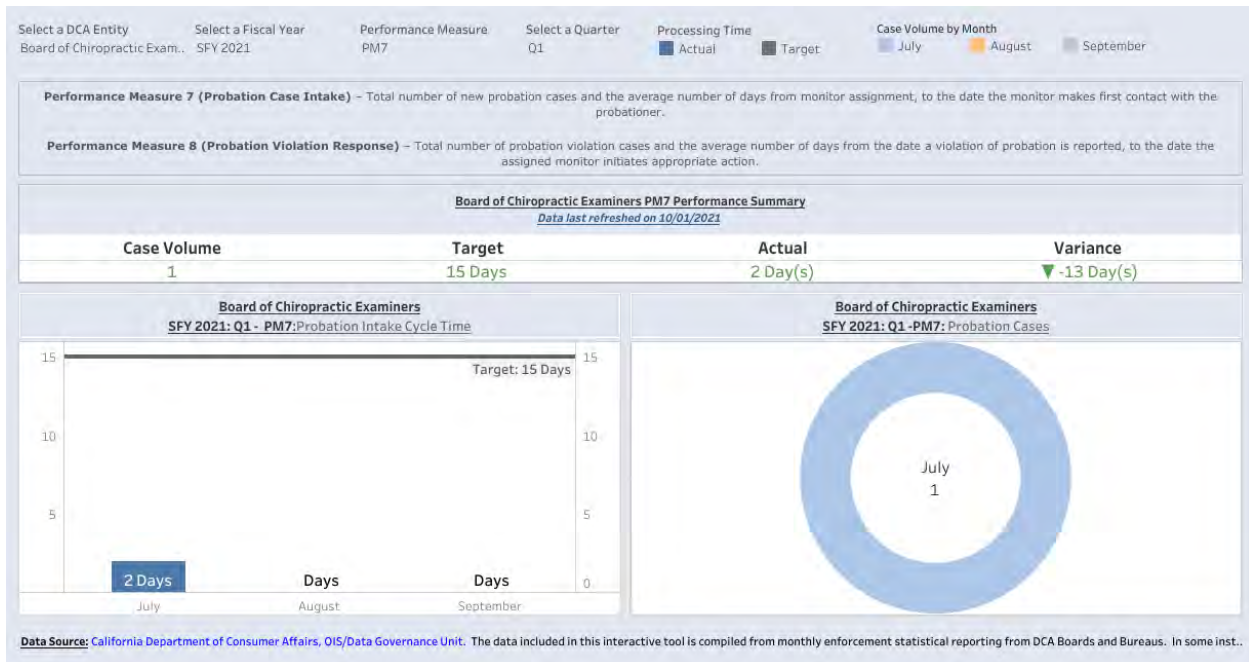


## PM4: Formal Discipline Cycle Time

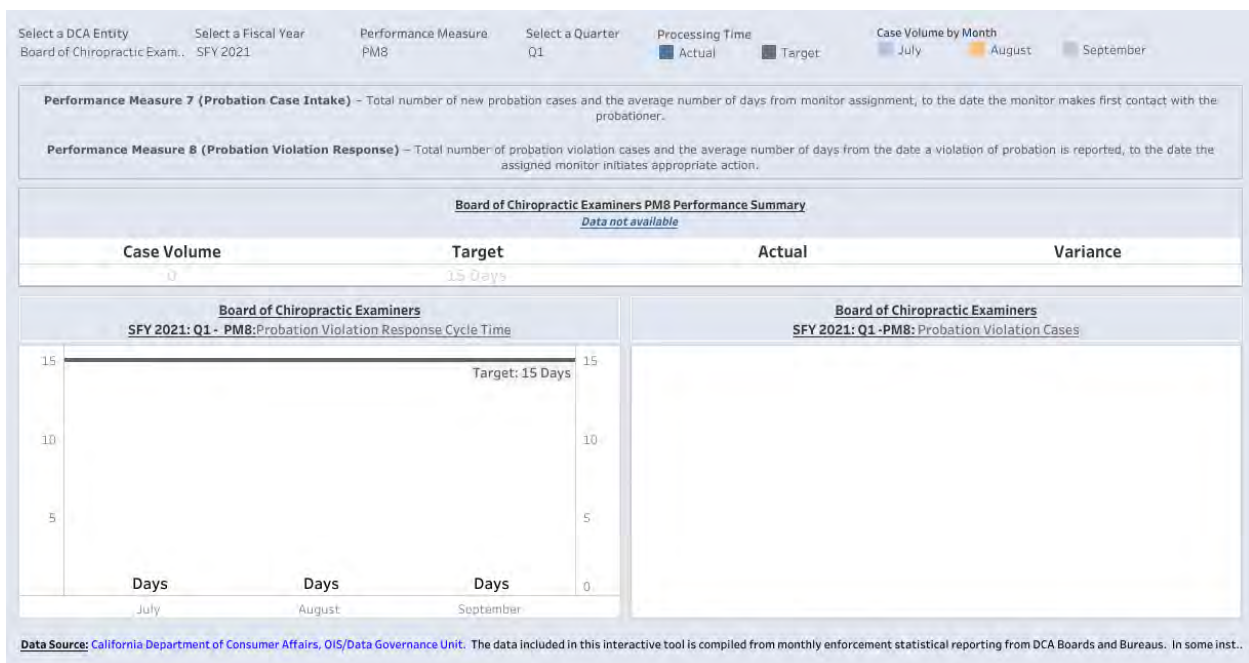




## PM7: Probation Intake Cycle Time

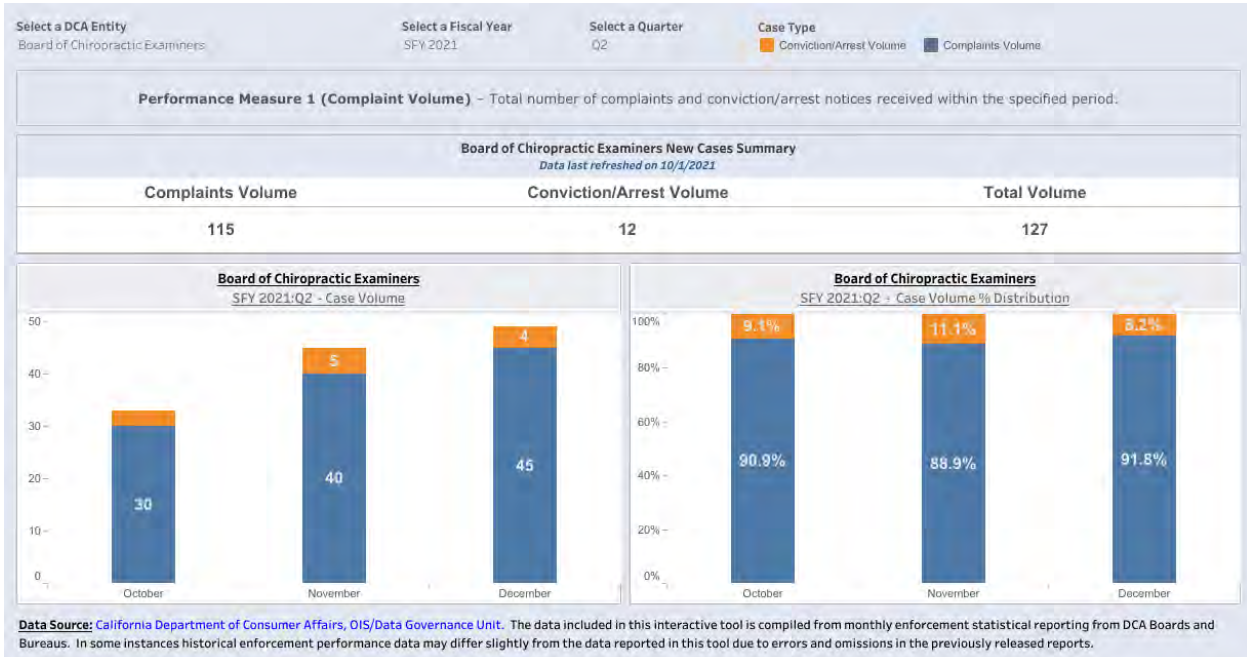


## PM8: Probation Violation Response Cycle Time

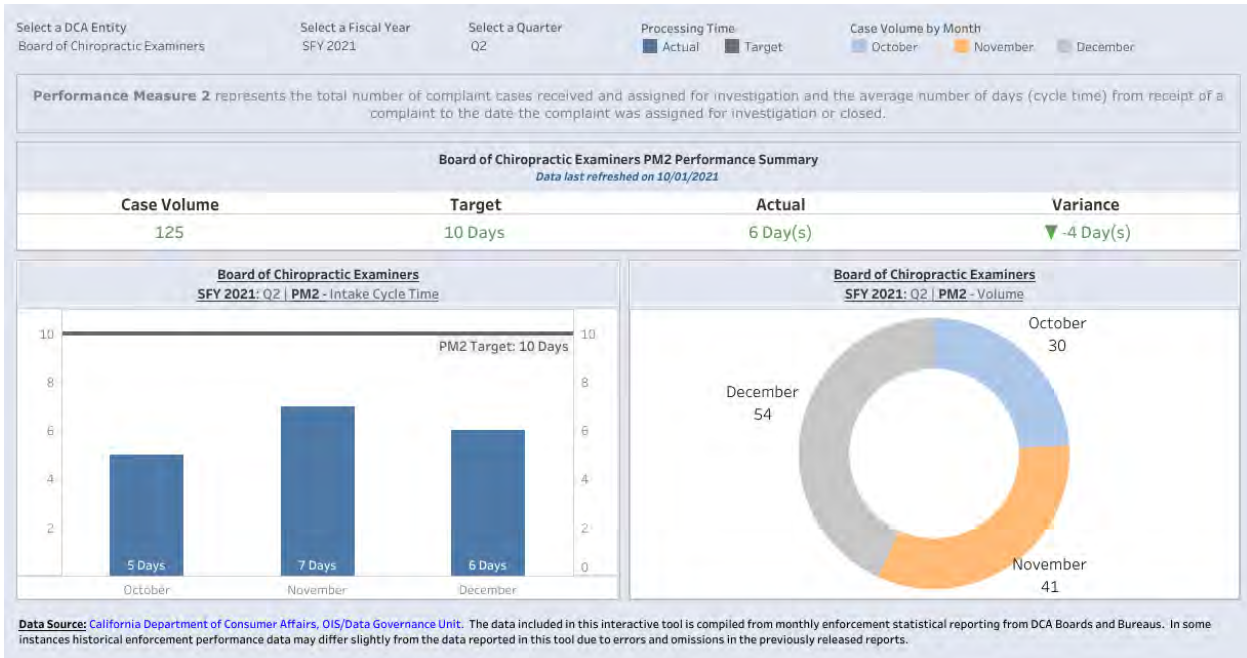


# Enforcement Performance Measures FY 2020/21 Q2 (October – December 2020)

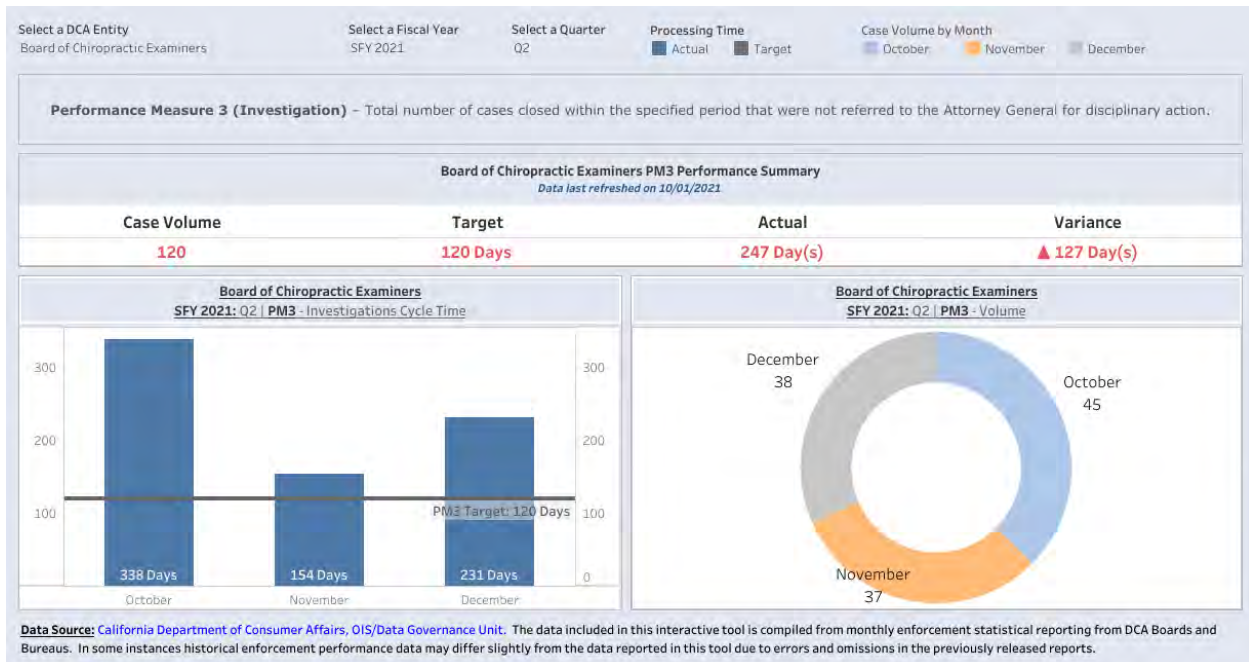
## PM1: Case Volume by Type



## PM2: Intake Cycle Time



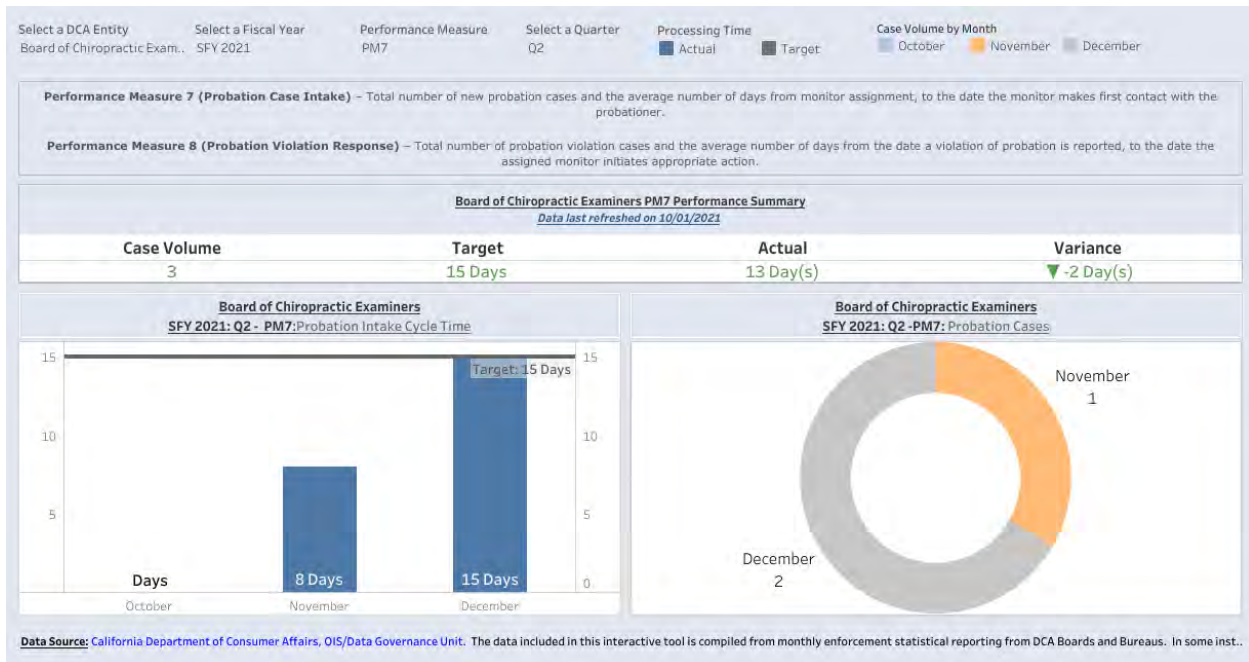
## PM3: Investigations Cycle Time



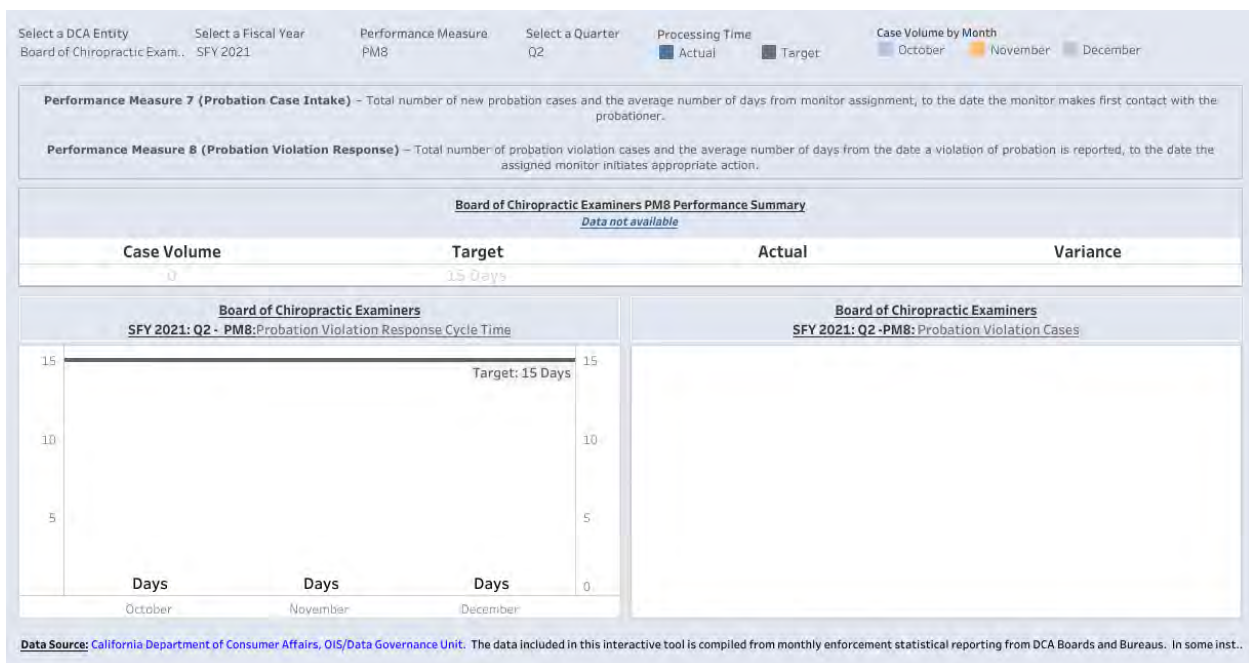
## PM4: Formal Discipline Cycle Time



## PM7: Probation Intake Cycle Time



## PM8: Probation Violation Response Cycle Time

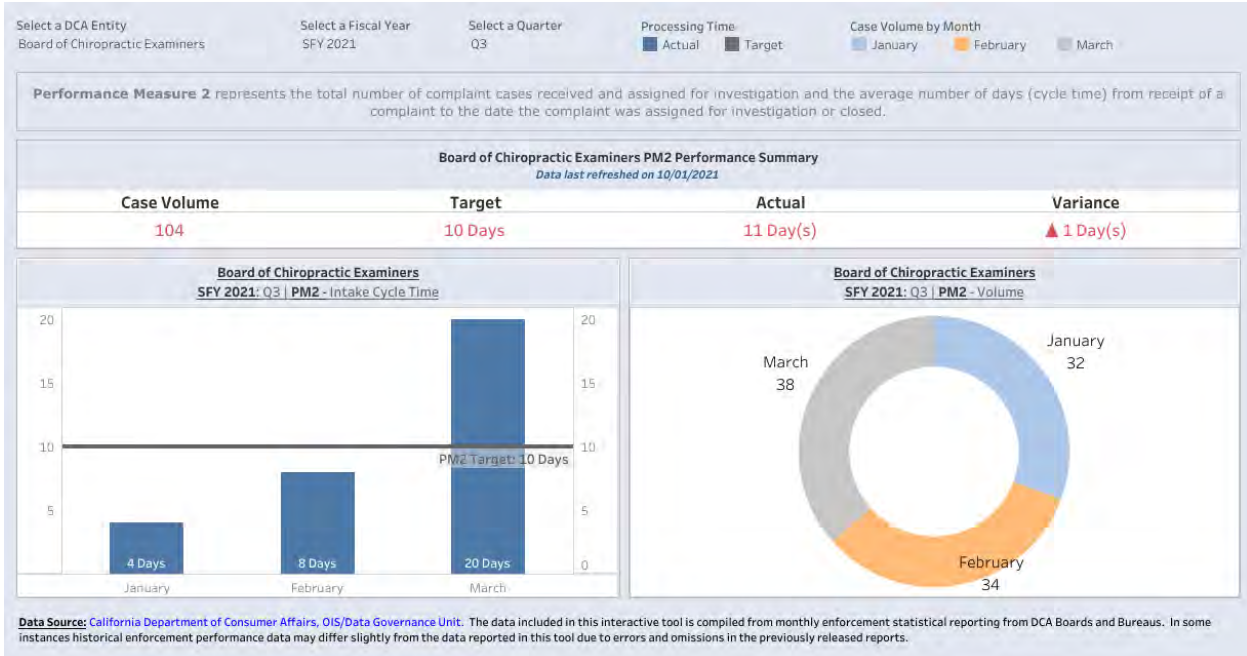


# Enforcement Performance Measures FY 2020/21 Q3 (January – March 2021)

## PM1: Case Volume by Type



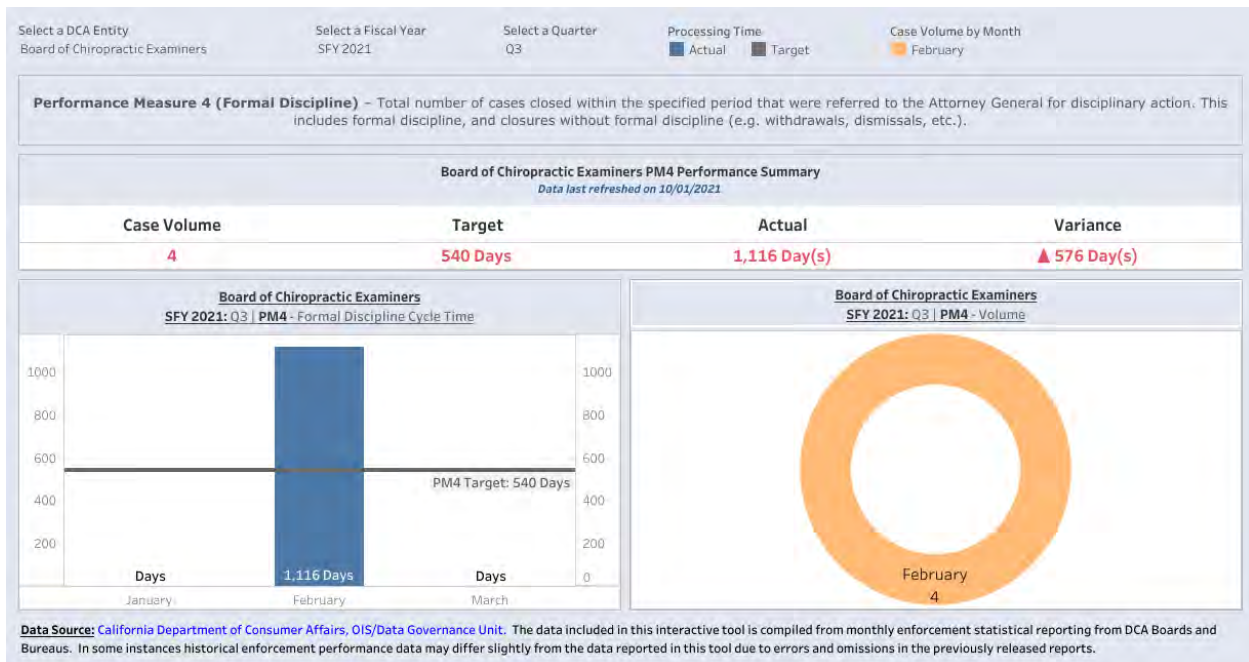
## PM2: Intake Cycle Time



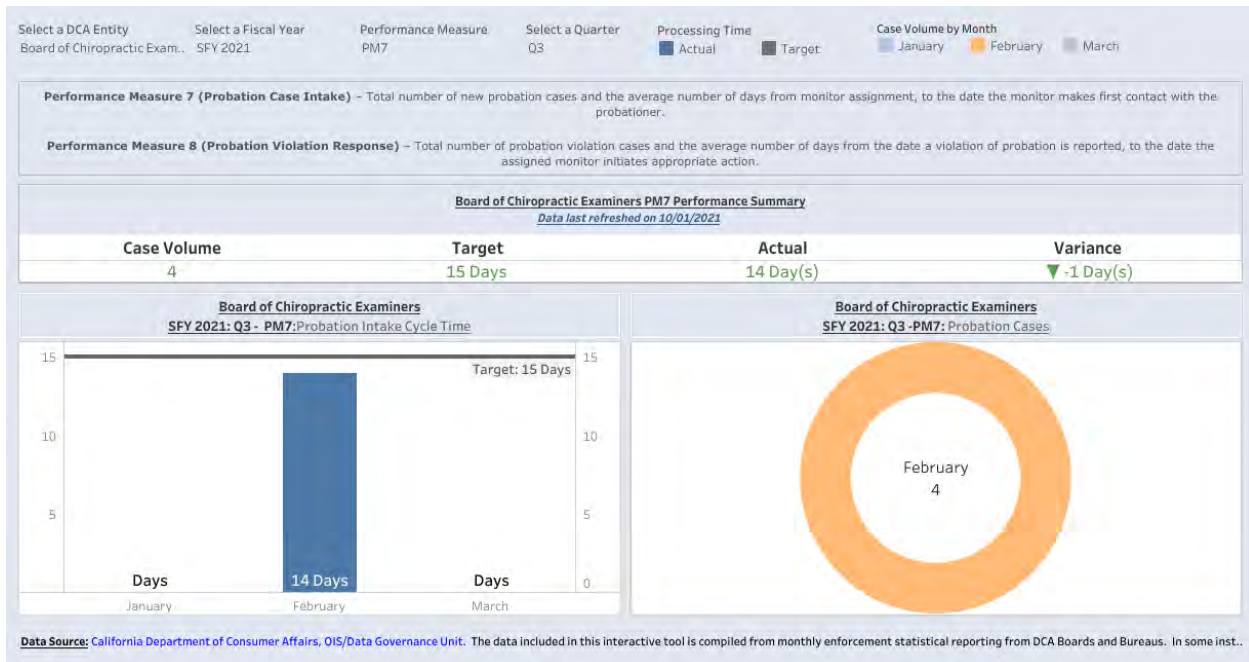
## PM3: Investigations Cycle Time



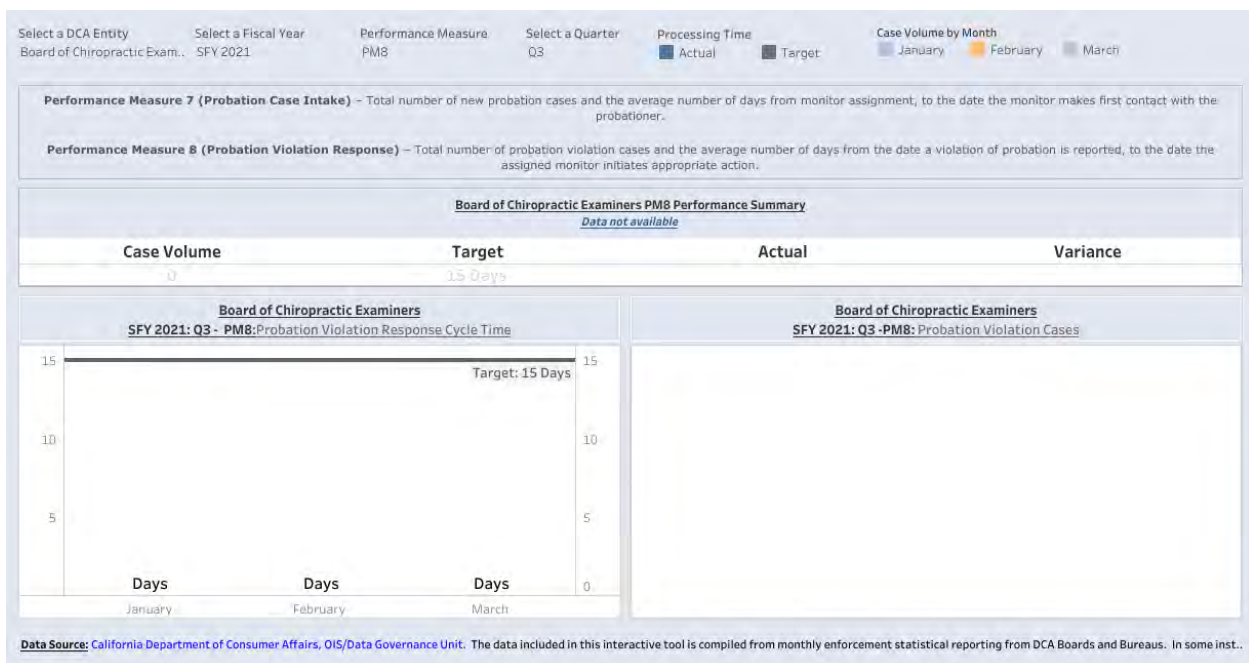
## PM4: Formal Discipline Cycle Time



## PM7: Probation Intake Cycle Time



## PM8: Probation Violation Response Cycle Time

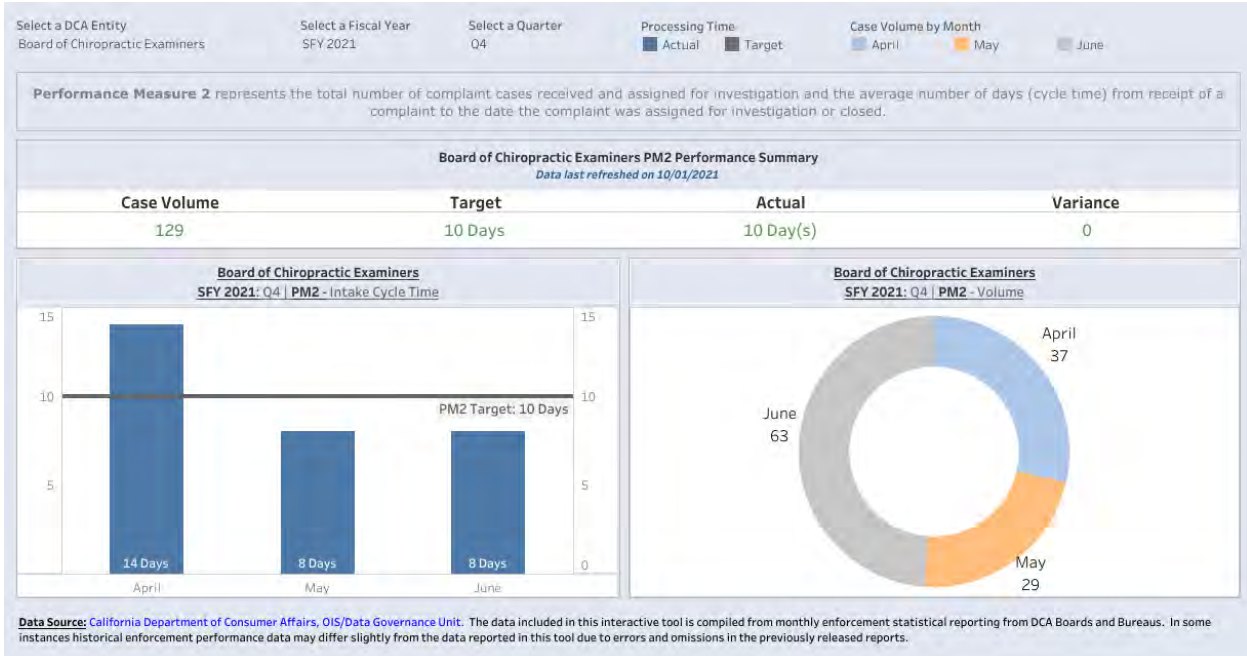


# Enforcement Performance Measures FY 2020/21 Q4 (April – June 2021)

## PM1: Case Volume by Type

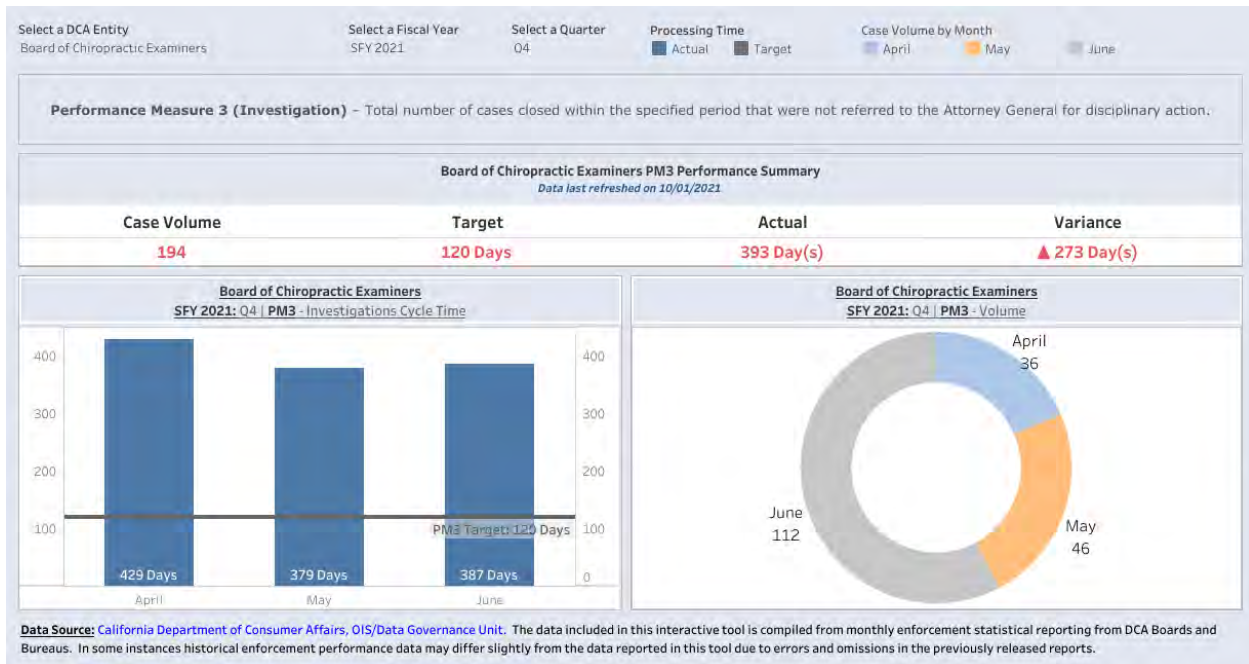


## PM2: Intake Cycle Time

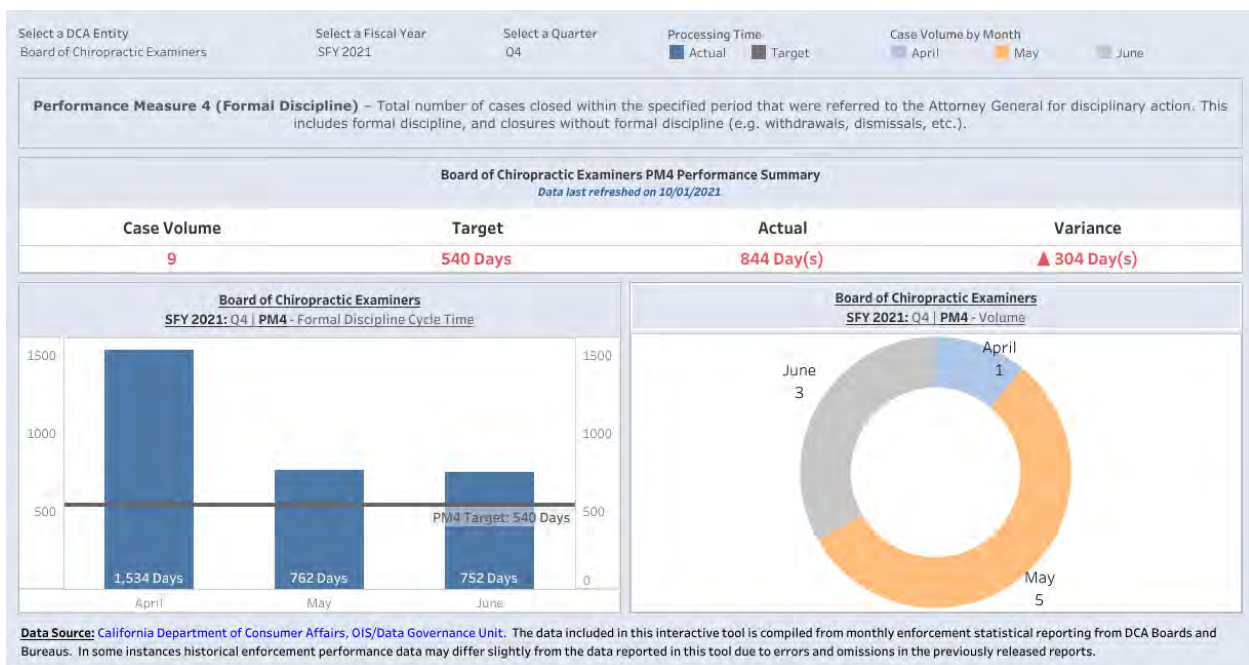




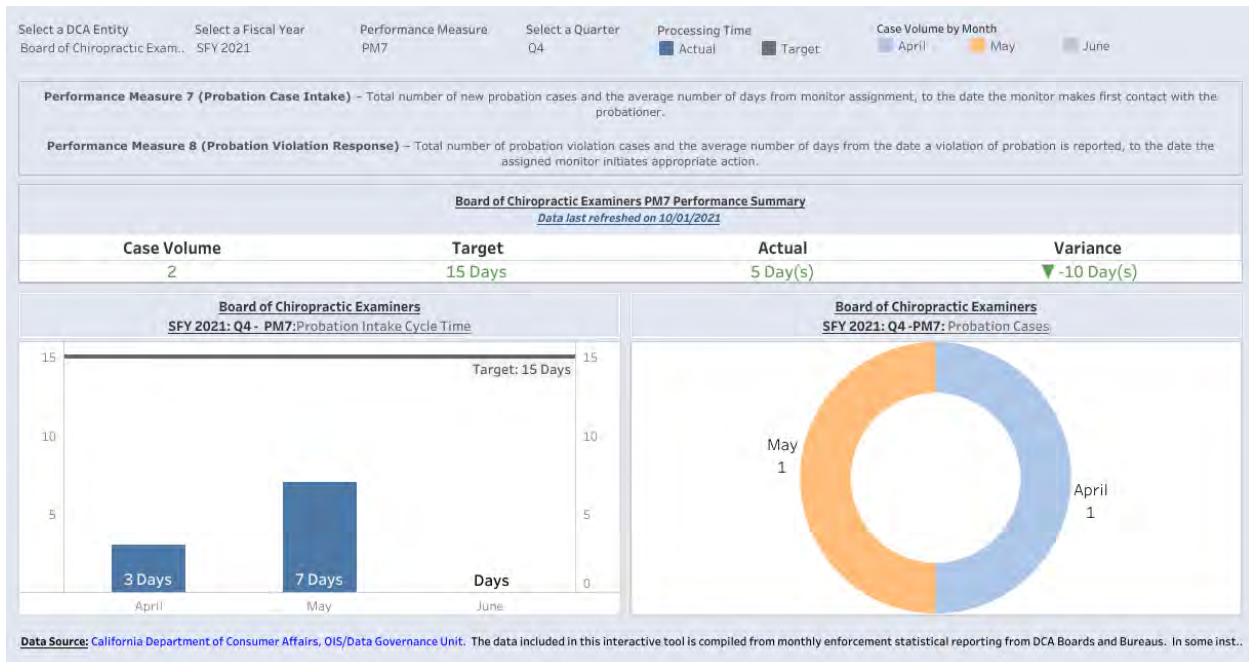
## PM3: Investigations Cycle Time



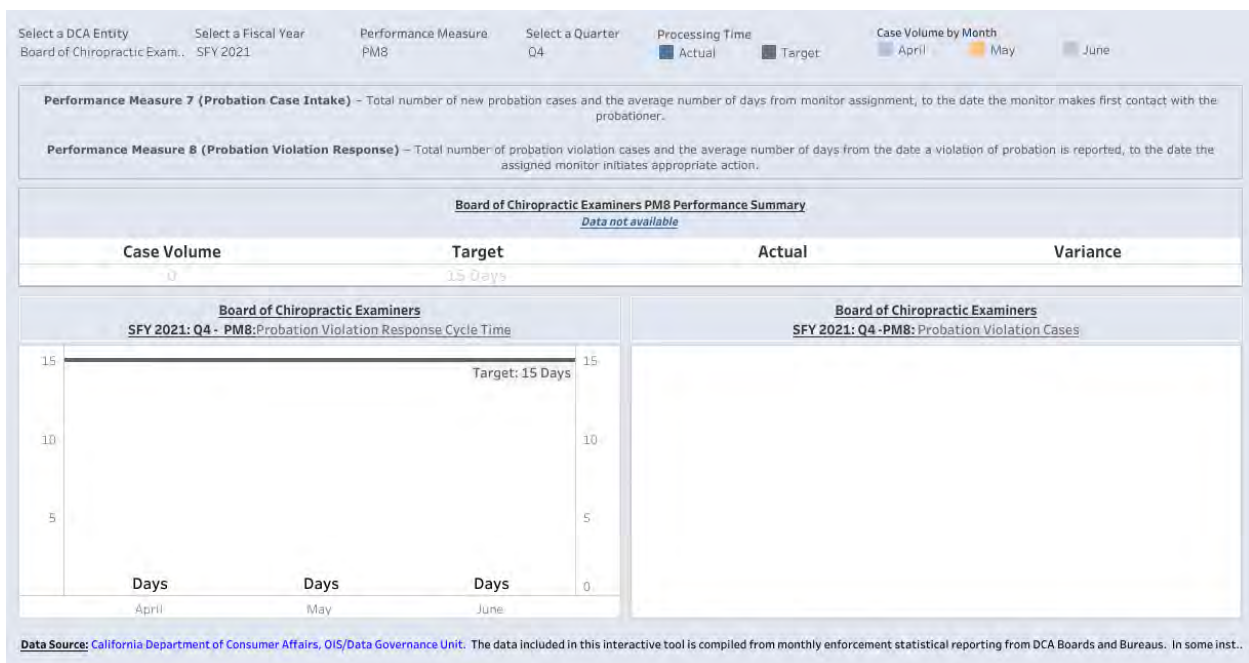
## PM4: Formal Discipline Cycle Time



## PM7: Probation Intake Cycle Time



## PM8: Probation Violation Response Cycle Time





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