STATE OF CALIFORNIA ARNOLD SCHWARZENEGGER, Governor

Board of Chiropractic Examiners
2525 Natomas Park Drive, Suite 260
Sacramento, California 95833-2931
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NOTICE OF PUBLIC MEETING

Notice is hereby given that a meeting of the **Continuing Education Committee** of the **Board of Chiropractic Examiners** will be held as follows:

Thursday, April 24, 2008
9:30 a.m.
2525 Natomas Park Drive, Suite 120
Sacramento, CA 95833

AGENDA

CALL TO ORDER

APPROVAL OF MINUTES
- November 1, 2007

PUBLIC COMMENT

Discussion and Possible Action
- Proposed Approval Process for Continuing Education Providers

Discussion and Possible Action
- Approval by Ratification of Formally Approved Continuing Education Providers

Discussion and Possible Action
- Proposal to Increase Required Continuing Education Hours from 12 to 24 Hour Annually

Discussion and Possible Action
- Proposal to Approve On-Line Continuing Education Courses

Discussion and Possible Action
- Petition to Appeal the Denial of Continuing Education Course
  - Texas Chiropractic College

FUTURE AGENDA ITEMS

PUBLIC COMMENT

ADJOURNMENT

Continuing Education Committee
Richard Tyler, D.C., Chair
Hugh Lubkin, D.C.

A quorum of the Board may be present at the Committee meeting. However, Board members who are not on the committee may observe, but may not participate or vote. Public comments will be taken on agenda items at the time the specific item is raised. The Committee may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. For verification of the meeting, call (916) 263-5355 or access the Board's Web Site at **www.chiro.ca.gov.**

The meeting is accessible to the physically disabled. If a person needs disability-related accommodations or modifications in order to participate in the meeting, please make a request no later than five working days before the meeting to the Board by contacting Marlene Valencia at (916) 263-5355 ext. 5363 or sending a written request to that person at the Board of Chiropractic Examiners, 2525 Natomas Park Drive, Suite 260, Sacramento, CA 95833. Requests for further information should be directed to Ms. Valencia at the same address and telephone number.

STATE OF CALIFORNIA

BOARD OF CHIROPRACTIC EXAMINERS | ARNOLD SCHWARZENEGGER, GOVERNOR

MEMORANDUM

Date: April 24, 2008

To: Continuing Education Committee

From: Brian J. Stiger, Executive Officer

Subject: **Ratification of Formerly Approved Continuing Education Providers**

The following continuing education providers were approved by staff between May 4, 2006 and November 20, 2007:

Continuing Education Providers	Date Approved
George R. LeBeau, D.C.	05/04/06
William J. Moreau, D.C.	05/08/06
Nancy M. Molina, D.C.	12/14/06
Chi's Enterprise, Inc.	04/10/07
Recovery Systems Clinic	06/14/07
Lorman Business Center, Inc.	08/09/07
Victor Y. Tong, D.C.	08/09/07
Marcello Caso Chiropractic, Inc.	10/22/07
M. Daniel Bivins, D.C.	11/02/07
H. J. Ross Company	11/20/07

The Continuing Education Committee recommends ratification of these continuing education providers.

Signature: _____ **Date:** _____

Richard H. Tyler, D.C., Committee Chair

Signature: _____ **Date:** _____

Hugh Lubkin, D.C., Committee Member

§356. Course Content.

(a) All doctors engaged in active practice, whether on a full-time or part-time basis, shall complete a minimum of twelve (12) hours per licensing year of continuing education courses approved by the board.

The board shall consider for approval the application of any continuing education course which conforms to the criteria below and is sponsored by a board approved continuing education provider.

A continuing education course may contain more than twelve (12) hours of approved subject material. Any twelve (12) approved hours may be selected for continuing education credit, provided, however, the same course may not be attended more than once for credit within that licensing year, and four (4) hours of every twelve (12) hours selected for continuing education credit must be in the subject area of adjustive technique. The four (4) hours in adjustive technique may be satisfied by lecture and demonstration.

The basic objectives and goals of continuing education are the growth, maintenance of knowledge and competency, the cultivation of skills, and greater understanding, with a continual striving for excellence in chiropractic care and the improvement in the health and welfare of the public.

(b) Each course approved by the board must present subject material directly related to the concepts of chiropractic principles and practice including diagnostic procedures, patient care and management. The board recommends special attention be given to the following:

(1) Principles of practice of chiropractic and office procedures including, but not limited to:

(A) Chiropractic treatment and adjustment technique, including physiotherapy, nutrition and dietetics;

(B) Examination and diagnosis or analysis including physical, laboratory, orthopedic, neurological and differential;

(2) Radiographic technique and interpretation involving all phases of roentgenology as permitted by law;

(A) Study of the methods employed in the prevention of excessive radiation and safety precautions to the patient;

(3) Postgraduate studies including, but not limited to, subjects contained within groups one through six of Section 5 of the Chiropractic Initiative Act;

(4) Insurance procedures and reporting.

NOTE: Authority cited: Sections 1000-4(b) and 1000-4(e), Business and Professions Code.
Reference: Sections 1000-4(b) and 1000-10(a), Business and Professions Code.
HISTORY:

1. Amendment filed 5-5-78; effective thirtieth day thereafter (Register 78, No. 18).
2. Amendment of subsection (d) filed 7-30-87; operative 8-29-87 (Register 87, No. 32).
3. Amendment of subsection (d) filed 6-3-92; operative 7-3-92 (Register 92, No. 23).
4. Amendment filed 3-22-99; operative 3-22-99 pursuant to Government Code section 11343.4(d) (Register 99, No. 13).

International Chiropractors Association of California
ICA of California
9700 Business Park Drive #305
Sacramento, CA 95827
800-275-3515

April 2008

Continuing Education Rationale

Increasing the hours from 12 to 24

The basic objectives and goals of continuing education are the growth, maintenance of knowledge and competency, the cultivation of skills, and greater understanding, with a continual striving for excellence in chiropractic care and the improvement in the health and welfare of the public. As there continues to be more and more advances in health care, the health care provider needs to be kept informed of this information for the best practices in the health care.

It is recommended that some continuing education should be mandatory and some should be elective.

Categories of continuing education:

Category 1: Mandatory 6 hours – Pain management (2 hours), Geriatrics (development and evaluation of the best practices for the health care of older persons) (2 hours), Mandatory Reporting Requirements (abuse identification and reporting) (2 hours),

Category 2: Minimum 10 hours – Approved subjects; adjustive technique and related rationale, examination, diagnosis, neurology, orthopedics, physiotherapy, pediatrics, rehabilitation.

Category 3: Minimum 8 hours - Approved subjects; principles of practice of chiropractic, patient documentation, nutrition, public health (blood borne pathogens, CPR), research trends, radiological technology, safety and interpretation, professional boundaries, risk management, jurisprudence, deposition trial testimony, insurance procedures and reporting.

With technology some of these hours should be made available through "Distance Education" and "Self-Directed Learning." Chiropractic licentiates should be able to satisfy continuing education with up to 8 hours in Distance Education and/or Self-Directed Learning.

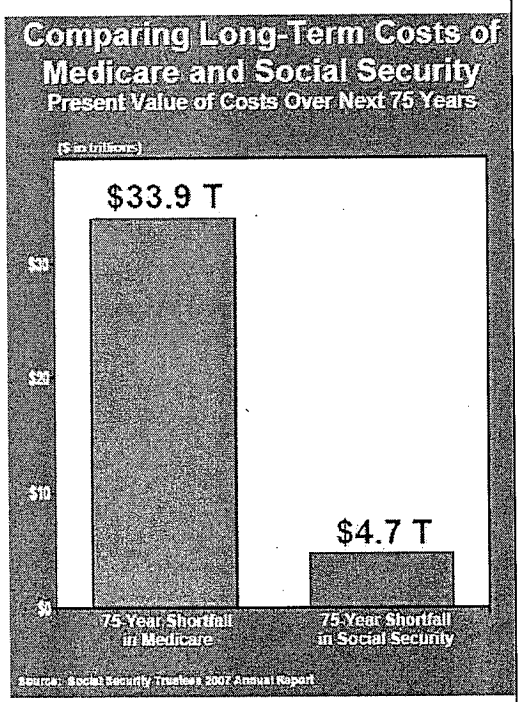
Currently there are 29 states that requiring greater number of hours than present California requirement.

Mandatory Requirements

Geriatrics

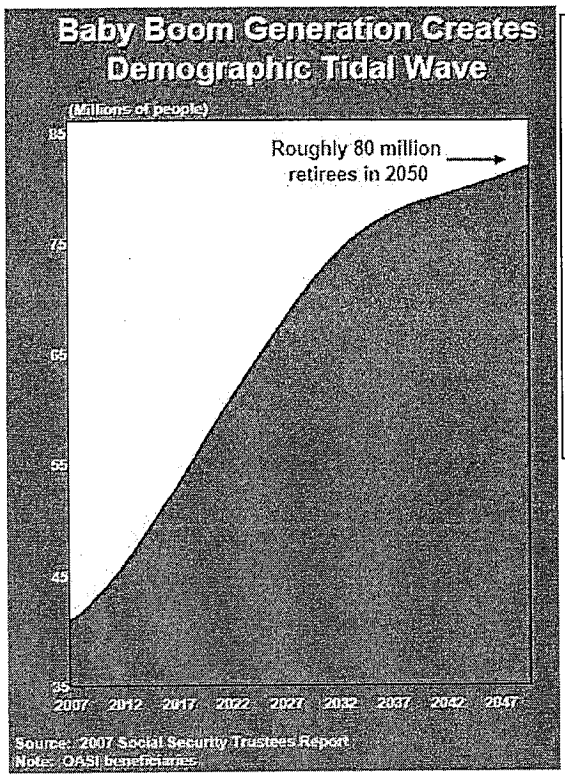
The passage of AB 1820 (California Business and Professions Code section 2190.3) establishes the Geriatric Medical Training Act of 2000, which places certain requirements on physicians and the Medical Board of California. This bill requires sufficient course work and training in the field of geriatrics for medical students and physicians to ensure that every general internist and family physician has the requisite knowledge and skills to competently treat California's older population by the year 2010. General internists and family physicians who have a patient population of which over 25 percent of the patients are at least 65 years of age, are required to complete at least 20 percent of their mandatory CME in the field of geriatric medicine. All other physicians are encouraged to take a course in geriatric medicine, including geriatric pharmacology, as part of their mandatory CME.

The present official estimate is that the Medicare population will top out at approximately 80 million beneficiaries in the year 2050. Medicare reimbursement for chiropractic services has grown significantly in recent years, from $255 million for 11.2 million chiropractic adjustments in 1994 to $683 million in 2004, for 21 million chiropractic adjustments. For the current year, estimates are for expenditures upwards of $724 million. *These amounts still do not comprise one-fourth of one percent of Medicare's total expenditures*, though chiropractic services are likely to soon top the $1 billion mark.



Medicare is the nation's single largest health care funding program, administering the payment of $374 billion in 2006, and with the addition of the prescription drug benefit and the creation of Medicare Part D, upwards of $417 billion will be expended in fiscal year 2007. Medicare expenditures represent approximately 20 percent of all health care spending in the United States, a figure which reached the $1.66 trillion mark in calendar 2005, with a strong upward trend certain to continue as health care costs increase and large numbers of new beneficiaries becoming eligible for coverage.

The most immediate and compelling reality of the Medicare program is the pending funding crisis that is projected to reach monumental proportions. Every estimate reflects a powerful consensus that Medicare will be out of money in the next 10 to 15 years, the ultimate projected deficit recently having been ballooned by another $8 trillion by the addition of the Part D drug benefit. The most current projection by the Social Security Trustees estimates a 75-year funding shortfall of $33.9 trillion. Medicare contributions by working people will not even come close to funding the guaranteed benefits of the program.



The crisis will deepen as more and more eligible senior citizens come into the program. The present official estimate is that the Medicare population will top out at approximately 80 million beneficiaries in the year 2050. This is considerably larger than the planning estimates over the past thirty years, those estimates grossly misjudging the key data point of the greatly increased life expectancy now being enjoyed in this age group.

Pain Management

The Legislature in AB 487, signed into law on October 4, 2001, that this act serve to broaden and update the knowledge base of all physicians related to the appropriate care and treatment of patients suffering from pain. This bill also required the Division of Medical Quality to develop standards before June 1, 2002, to assure the competent review in cases concerning the management, including, but not limited to, the undertreatment, undermedication, and overmedication of a patient's pain (B & P 2241.6, 2313).

This requirement is also needed in the chiropractic profession to address the issue of pain using non-pharmacologic or invasive approaches.

The average Medicare beneficiary spends $200 or more a month on prescription drugs. Studies have estimated that as upwards of 300,000 individuals may die each year as a result of pharmaceutical and medical errors.

> Starfield B. Is US health really the best in the world? *Journal of the American Medical Association* (JAMA) 2000 Jul 26;284(4):483-5. Starfield B. Deficiencies in US medical care. JAMA. 2000 Nov 1;284(17):2184-5..

According to a 2001 report in the Journal of American Pharmaceutical Association, more than $177 billion in excess costs in the health care supply chain can be attributed to medication errors. Sadly, estimates indicate that more than eighty percent of life-threatening medication incidents are the result of physician error.

> Gurwitz, J.H., Field, T.S., Harrold, L.S., et al, "Incidence and preventability of adverse drug events among elderly persons in the ambulatory setting, (JAMA) 2003;289(9) 1107-1116.

Mandatory Reporting

Mandatory reporting requirement would entail current requirements (PC 11166, W & I 15630) and any specific reporting as in the chiropractic regulations.

CHILD ABUSE AND NEGLECT REPORTING
California Penal Code (PC) section 11166 requires you, as a person licensed or certified under Division 2 of the Business and Professions Code, to report known or reasonable suspected child abuse or neglect to:

- Any police or sheriff's department (not including a school district police or security department);
- The county probation department (if designated by the county to receive mandated reports); or
- The county welfare department.

For more information on the Child Abuse and Neglect Reporting Act, refer to PC sections 11164 *et seq.*

ELDER OR DEPENDENT ADULT ABUSE REPORTING
California Welfare and Institutions (W&I) Code section 15630 requires you, as a health care professional, to report know or suspected elder or dependent adult abuse to:

- If the abuse occurred in a long-term care facility (except a state mental health hospital or state developmental center), the report shall be made to the local ombudsman or the local law enforcement agency;
- If the abuse occurred in a state mental health hospital or state development center, the report shall be made to designated investigators of the State Department of Mental Health or the State Department of Developmental Serviced, or to local law enforcement agencies;
- If the abuse occurred in any other setting, the report shall be made to adult protective services agency or local law enforcement agencies.

For more information on the Elder Abuse and Dependent Adult Civil Protection Act, refer to W&I Code sections 15600 *et seq.*

This is a needed requirement for the chiropractic profession.

CALIFORNIA CHIROPRACTIC ASSOCIATION

January 10, 2008

Fred Lerner, DC, Chair,
California Board of Chiropractic Examiners
2525 Natomas Park Drive, Suite 260
Sacramento, CA 95833

RE: CCA Proposed Changes to Continuing Education (CE) Regulations

Dear Dr. Lerner:

CCA appreciates the opportunity to comment on potential changes to the continuing education regulations governing doctors of chiropractic. The first part of this letter describes CCA's positions and its reasoning for those positions. The second part of this letter is a mock up of the actual changes CCA recommends to the regulations.

Part 1: Description of CCA-recommended changes to the CE regulations

Position: CCA supports increasing mandatory CE for doctors of chiropractic to 24 hours per year.

Rationale: Although CCA is concerned with any change that will increase costs for doctors of chiropractic, CCA believes the current requirement for chiropractic doctors is well bellow California's CE standards for other primary health care providers and should be increased. The state of California has established policies on how much CE should be required for health care providers that independently diagnose conditions to maintain a minimum level of competence. CCA believes it's reasonable for the chiropractic board to follow the established standards in California.

Based on our research, most health care professions in California are mandated to receive between 25-30 hours of CE every year.

- Medical doctors: 50 hours every two years
- Osteopathic doctors: 150 hours every three years
- Naturopaths: 60 hours every two years
- Doctors of optometry: 50 hours every two years
- Dentists: 50 hours every two years

The case for a minimum of 24 hours is strengthened by the fact that soon, even ancillary health care provider without the authority to independently diagnose conditions under law will have more CE than doctors of chiropractic. The California Board of Physical Therapy (PT board) recently appointed a task force to propose regulations to create the continuing competency requirements for license renewal of physical therapists and physical therapist assistants. This past month, the task force voted to propose to

the PT board the adoption into regulation a minimum of 30 hours to satisfy the continuing competency requirement for licensure renewal of both physical therapists and physical therapist assistants.

Position: CCA supports allowing up to 12 hours of the mandatory 24 to be provided via distance learning.

Rationale: To offset the financial and time costs of an increased CE requirement, some portion of hours should be allowed to taken via distance learning. We think this is reasonable because 34 other states allow distance learning for doctors of chiropractic. We believe technology and other mechanisms exist to ensure it is the licensee who is performing the continuing education through distance learning methods.

Position: CCA supports the creation of categories as proposed by the International Chiropractors Association of California (ICAC), with some modifications. CCA feels the most important CE topics to be mandated include: physical examination; diagnosis, including differential diagnosis; and, adverse event avoidance.

Rationale for physical examination: Physical examination methods have changed significantly over the years. A mandate of two hours per year for doctors of chiropractic to keep up-to-date on the effectiveness of various tests is important to ensure the health and safety of the public.

Rationale for diagnosis: CCA believes that it is imperative that doctors of chiropractic keep up-to-date on best practices related to the diagnosis of disease or injury. Section 317(w) of the California Code of Regulations mandates that licensed doctors of chiropractic refer patients to physicians, surgeons, or other licensed health care providers if diagnostic evaluations detect abnormalities that indicate patients have physical or mental conditions, diseases, or injuries that are not subject to appropriate management by chiropractic methods and techniques. If doctors of chiropractic fail to recognize an abnormality outside of their scope of practice and/or fail to refer that patient to the appropriate health care provider, the doctor of chiropractic would be subject to disciplinary action. As proper diagnosis is mandated by law, and is a component of ensuring the patient's health and safety, it should be required for CE.

Rationale for adverse event avoidance: Adverse event avoidance is focused on improving diagnostic and treatment skills to help doctors prevent an adverse event from occurring. Although adverse events are rare, the BCE's primary responsibility is to ensure the safety of the public. CCA believes that there is no better way to ensure that safety than to require every doctor of chiropractic to be trained annually on the subject.

Policy: CCA supports a regulation that delegates the role of approving continuing education courses to chiropractic colleges and associations.

Rationale: In many professions, including chiropractic in some states, the colleges or state association is delegated the role of approving continuing education courses. Under CCA's proposal, nonprofit chiropractic colleges and nonprofit state chiropractic associations would still be required to follow the regulations specifying how and what kind of CE is allowed. The only difference is these colleges and associations would self-certify that its courses meet those legal standards set by the BCE.

At the October 25, 2007, BCE hearing where this idea was discussed, two CE providers in the audience not affiliated with a state association or college opposed this proposal. They opposed what they saw as a standing approval for classes provided by an association or college and argued that instead, long-term CE providers with no history of complaints or previously approved CE courses should be "fast-tracked" or otherwise not subject to board approval.

CCA supports "fast-tracking" or automatically approving previously approved CE courses – but this concept is different than the regulation CCA is advocating. CCA is asking for the authority to independently approve CE courses. Until recently, CE providers had to have their CE classes sponsored by a chiropractic college or state chiropractic association to qualify for CE. Since that regulation was repealed, there have been significant concerns that some approved CE courses encouraged doctors to lower their standard of care to increase income.

Given the existing concerns about quality CE, CCA would oppose opening its proposed regulation to grant all CE providers the authority to approve CE. CCA believes its proposed regulation is reasonable because colleges and associations have as their core missions to educate the chiropractic profession, are nonprofit and therefore are not driven by a profit motive, do not have shareholders or owners to pay and prohibit any one person or entity from "getting rich" through an educational program. Furthermore, the chiropractic colleges and state chiropractic associations' continuing education programs should continue to be subject to rigorous random audit to ensure compliance with BCE rules.

Policy: CCA does not support allowing more than 12 hours of CE to be provided in one day.

Rationale: In CCA's experience as a CE provider, comprehension drops off after 12 hours in one day.

Policy: CCA supports a 50 minute CE hour with one 10 minute break each hour. We also support the bundling of rest breaks to allow for the breaks to be taken at the end of a course.

Rationale: This is consistent with existing law and provides speakers' flexibility in how a course is presented to obtain the maximum learning experience by the doctor in attendance.

Part 2: Actual text of CCA proposed changes to the CE regulations

NOTE: Additions to the current regulation are ***underlined, italic and bold***. Deletions are in ~~strikethrough~~. Changes to ICAC's newly proposed section 356 are in double underline or ~~double strikethrough~~ for added clarity.

§356. Course Content.

(a) All doctors engaged in active practice, whether on a full-time or part-time basis, shall complete a minimum of ~~twelve (12)~~ ***twenty-four (24)*** hours per licensing year of continuing education courses approved by the board.

(b) Except as provided by (c), ~~T~~the board shall consider for approval the application of any continuing education course ~~which~~ that conforms to the criteria ~~below~~ ***in this section*** and is sponsored by a board approved continuing education provider.

(c) An approved Chiropractic college or A 501(c)6- or 501 (c)3-organized state chiropractic association with more than 100 doctors of chiropractic as members who each pay more than $100 per year to be a member, may approve continuing education courses pursuant to Section 357(b).

(d) A continuing education course may contain more than ~~twelve (12)~~ ***twenty-four (24)*** hours of approved subject material. ***No more than 12 hours of instruction shall be given during any 24 hour period.*** Any ~~twelve (12)~~ ***twenty-four (24)*** approved hours may be selected for continuing education credit, provided, however, the same course may not be attended more than once for credit within that licensing year~~, and four (4) hours of every twelve (12) hours selected for continuing education credit must be in the subject area of adjustive technique. The four (4) hours in adjustive technique may be satisfied by lecture and demonstration~~.

(e) The basic objectives and goals of continuing education are the growth, maintenance of knowledge and competency, the cultivation of skills, and greater understanding, with a continual striving for excellence in chiropractic care and the improvement in the health and welfare of the public.

(f)~~(b)~~ Each course ~~approved by the board~~ must present subject material directly related to the concepts of chiropractic principles and practice including diagnostic procedures, patient care and management. ***No course may include reference to or advertise increased profit or other financial gain, methods to increase patient volume or advocate recommending services to patients to generate income.*** ~~The board recommends special attention be given to the following:~~

~~(1) Principles of practice of chiropractic and office procedures including, but not limited to:~~

~~(A) Chiropractic treatment and adjustment technique, including physiotherapy, nutrition and dietetics;~~

~~(B) Examination and diagnosis or analysis including physical, laboratory, orthopedic, neurological and differential;~~

~~(2) Radiographic technique and interpretation involving all phases of roentgenology as permitted by law;~~

~~(A) Study of the methods employed in the prevention of excessive radiation and safety precautions to the patient;~~

~~(3) Postgraduate studies including, but not limited to, subjects contained within groups one through six of Section 5 of the Chiropractic Initiative Act;~~

~~(4) Insurance procedures and reporting.~~

(g) Categories of continuing education:

~~Category 1: Minimum 10 hours - Approved subjects;~~ (1)A minimum of two hours a year shall be required in each of the following topics: physical examination; diagnosis, including differential diagnosis; and, adverse event avoidance.

(2) A minimum of six hours a year shall include any of the following topics: chiropractic treatment and adjustive technique ~~and related rationale, examination, diagnosis~~, neurology, orthopedics, physiotherapy, pediatrics, geriatrics, rehabilitation.

~~Category 2: Minimum 6 hours - Approved subjects;~~ (3) A minimum of four hours a year shall include any of the following topics: patient documentation, nutrition, dietetics, public health (including blood borne pathogens, abuse identification and reporting), research ~~trends~~, radiological technology, MRI, laboratory diagnosis, safety and interpretation,

~~Category 3: Minimum 4 hours - Approved subjects;~~ (4) A minimum of four hours a year shall include any of the following topics: professional boundaries, risk management, jurisprudence, deposition trial testimony, coursework approved for QME credit, insurance procedures, fraud prevention, office procedures, coding, billing and reports.

(h) ~~"Distance Education" and "Self-Directed Learning"~~Licentiates will be able to satisfy the continuing education requirement with up to 12 hours in distance education and/or self-directed learning. This will include self-instruction via audio-visual materials, study groups, computer-assisted learning and reading journals. To receive credit for any of these activities, the licentiate is ~~would be~~ required to submit an outcome assessment satisfactory to the board. ~~in the form of a brief written statement as designed by the board.~~

A new section §356.1. is added

356.1 Cardiopulmonary Resuscitation/Basic Life Support Training.

As a condition of licensure and license renewal, all licentates are required to maintain current certification in cardiopulmonary resuscitation (CPR) or basic life support (BLS) from the American Red Cross or American Heart association. Training required for the CPR/BSL certification shall count toward the continuing education requirement in section 356 (a). Exemptions will be made for licentates as the board, in its discretion, determines were unable to maintain current CPR/BLS certification due to physical impairment, illness, incapacity or other unavoidable circumstances.

§356.5. Continuing Education Provider Approval, Duties and Responsibilities.

(a) In order to become and remain eligible for approval by the board as a continuing education provider, each provider must comply with provisions (b)(1) through (b)(1~~0~~) of this section and provisions of section 357. Failure to comply with these provisions may result in the withdrawal of approval of the provider by the board. A provider that has had its approval withdrawn by the board shall not be eligible to provide continuing education credit until the board reinstates the provider. A provider that has lost approval may reapply to the board for approval as a continuing education provider after a period of suspension established by the board at the time that approval is withdrawn not to exceed two years.

(b) Each continuing education provider shall:

(1) Make written application to the board for approval as a continuing education provider, and also provide to the board a written mission statement that outlines the provider's continuing education objectives and declares the provider's commitment to conform to the standards set forth in this section. Applications for approval shall be submitted to the board office at least 30 days prior to a scheduled board meeting. Providers with applications that are incomplete will be notified of the deficiencies in writing within three weeks from the date of receipt. Complete applications will be reviewed at the scheduled board meeting and notification of the board's decision will be provided in writing within two weeks following the board meeting;

(2) Have engaged in the business of providing education to licensed health care professionals consisting of no less than one course in each year of a five year period immediately preceding the date of application for approval by the board as a continuing education provider;

(3) Designate a person responsible for overseeing all continuing education activities of the provider and provide written notification to the board identifying that individual;

(4) Use teaching methods that ensure student comprehension of the subject matter and concepts being taught;

(5) Establish and maintain procedures for documenting completion of courses, retain attendance records for at least four (4) years from the date of course completion, and furnish the board with a roster of persons completing the course, including the name and state chiropractic license number of each course participant, within sixty (60) days of course completion. Failure to submit the list of course participants within sixty (60) days of course completion may be grounds for withdrawal or denial of course approval;

(6) Be responsible for maintaining full-time monitoring of course attendance. ***Attendees shall receive one hour credit for every 50 minutes of class attended.*** ~~If any participant's absence from the room exceeds ten (10) minutes during any one hour period, credit for that hour shall be forfeited and such forfeiture~~ ***Absences*** shall be noted in the provider's attendance report submitted to the board as required in subsection (b)(5) of this section. It shall further be the responsibility of the provider to see that each person in attendance is in place at the start of each course period. Failure to maintain proper attendance monitoring procedures may be grounds for withdrawal or denial of course approval;

(7) Ensure availability to course participants of meeting rooms, ***along with*** study aids, audiovisual aids, and self-instructional materials ***as appropriate to the course*** designed to foster learning and ensure student comprehension of the subject matter and concepts being taught;

(8) Disclose in any continuing education course advertising if expenses of the program are underwritten or subsidized by any vendors of goods, supplies, or services;

(9) Inform the board immediately of any event that may affect the provider's approval as a continuing education provider by the board;

(10) Inform the board in writing immediately of any change to the course that would affect the date, time or location when or where the course will be held.

(11) Ensure that no product or marketing material is displayed in the classroom. This requirement shall not apply to techniques that require a specific instrument, table or other equipment specific to that technique.

§357. Approval of Continuing Education Courses.

(a) The application for approval of a continuing education course shall be submitted to the board office at least 45 days prior to the date of the course and shall include a nonrefundable application fee of $50.00 and any other documentary information required by the board pursuant to section 356. The application fee for ongoing postgraduate courses presented by chiropractic institutions accredited by the Council on Chiropractic Education (C.C.E.) is due upon initial receipt of the application for approval, regardless of the number of course meetings in one calendar year. Courses with schedules continuing into a second calendar year must submit a new application for the second year if continuing education credit hours are to be offered for that year. The new application for the second year must contain the required fee ($50.00). If a course meets the criteria of the board, the board shall notify the provider when a course has been approved. Mention of such approval shall be included in announcements of the program and the printed program itself as follows: "Approved by the California State Board of Chiropractic Examiners for license renewal."

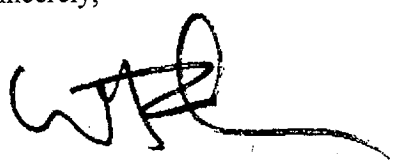
(b) An approved chiropractic college or a 501(c)6- or 501(c)3- organized state chiropractic association with more than 100 doctors of chiropractic as members who each pay more than $100 per year to be a member, shall develop procedures for compliance with the requirements of section 356 and section 356.5 (b)(3) through section 356.5(b)(11).

(~~b~~c) Any board member, or members, or board designee shall have the right to inspect or audit any approved chiropractic course in progress.

(~~c~~d) The board, may, after notification and an opportunity to be heard, withdraw approval of any continuing education course, and shall immediately notify the provider of such action.

Thank you for your consideration of CCA's concerns. If you have any questions, please contact Kristine Shultz at (916) 648-2727, extension 130.

Sincerely,



William F. Updyke, DC
President

California Board of Chiropractic Examiners
2525 Natomas Park Drive Suite 260
Sacramento, CA 95833-2931

BOARD OF
CHIROPRACTIC EXAMINERS

08 MAR 14 AM 11 29

Attention: Brian J. Stiger, Executive Officer

March 10, 2008

Dear Mr. Stiger,

Enclosed, please find a request for the California Board of Chiropractic Examiners. We would like to request that you place this issue on the Boards agenda for their March 27, 2008 meeting.

As I have worked in the area of Postgraduate and Continuing Education for almost 20 years, am published specifically in the area of Chiropractic Continuing Education and am a current Member of the Connecticut Board of Chiropractic Examiners, please check with the Boards chairman to see if he would like me to attend the March 27, 2008 meeting. I would be happy to arrange my attendance if the Board would like to interact with me on this issue and so that I can answer any questions they may have.

Sincerely,

Paul D. Powers, DC
PO Box 15
Rocky Hill, CT 06067
(860) 463-9003
Authorized Representative
University of Bridgeport College of Chiropractic
Division of Postgraduate and Continuing Education
a CCE accredited College

California Board of Chiropractic Examiners
2525 Natomas Park Drive Suite 260
Sacramento, CA 95833-2931

March 10, 2008

Dear Members of the State of California Board of Chiropractic Examiners,

Please accept this request to review the issue of whether the California Board of Chiropractic will approve online continuing education programs to meet the continuing education requirements of the Board.

Purpose for this Request

With the advent of the computer and the internet, there has been an increasing trend involving most professional licensing board and health-care related administrative agencies to allow their members to use distance-based learning programs in acquiring the requisite continuing education hours. For example, Medical Doctors may meet *all* of their continuing education requirements in every single state which requires MD's to meet continuing education requirements [emphasis added]. In fact, in every state which Chiropractors and Medical Doctors are on the same licensing board (Illinois, Kansas, Virginia), the Chiropractors are on equal grounds, having the ability to meet all their continuing education requirements online. Over 40 states accept distanced based learning programs for Chiropractic Physicians.

All state mandated professional licensing agencies, health-care related or otherwise, strive to maintain consumer confidence through effective consumer protection. As set forth in details herein, the research indicates that learning via distanced based learning programs is at least as successful, if not more successful than learning material through more traditional means. With this in mind, we respectfully request that the California Board of Chiropractic reviews this matter and issue an opinion.

A review of the California Code of Regulations Title 16 Professional and Vocational Regulations, Division 4 State Board of Chiropractic Examiners, Article 6 Continuing Education

A review of the regulations is provided below with a description of how the regulatory requirements are met. Please note: California Code of Regulations are *italics* and the conformation to the regulation is in **bold.**

356. Course Content

(a) All doctors engaged in active practice, whether on a full time or part time basis, shall complete a minimum of twelve hours per licensing year of continuing education coursed approved by the board.

The board shall consider for approval the application of any continuing education course which conforms to the criteria below and is sponsored by a board approved continuing education provider.

The University of Bridgeport College of Chiropractic, a CCE accredited college, is a California Board Approved Sponsoring Organization and sponsors ChiroCredit.com, an online program of continuing education.

A continuing education course may contain more than twelve hours of approved subject material. Any twelve approved hours may be selected for continuing education credit, provided, however, the same course may not be attended more than once for credit within that licensing year, and four hours of every twelve hours selected for continuing education credit must be in the subject area of adjustive technique. The four hours in adjustive technique may be satisfied by lecture and demonstration.

The University of Bridgeport College of Chiropractic's sponsored online program, ChiroCredit.com offers courses in many topics to meet Chiropractic continuing educationa requirements.

The basic objectives and goals of continuing education are the growth, maintenance of knowledge and competency, the cultivation of skills, and greater understanding, with a continual striving for excellence in chiropractic care and the improvement in the health and welfare of the public.

(b) Each course approved by the board must present subject material directly related to the concepts of chiropractic principles and practice including diagnostic procedures, patient care and management. The board recommends special attention to be given to the following:
(1) Principles of practice of chiropractic and office procedures including but not limited to:
(A) Chiropractic treatment and adjustment techniques, including physiotherapy, nutrition and dietetics.
(B) *Examination and diagnosis or analysis including physical, laboratory, orthopedic, neurological and differential;*
(2) Radiographic techniques and interpretation involving all phases of roentgenology as permitted by law,
(A) Study of the methods employed in the prevention of excessive radiation and safety precautions to the patient;
(3) Postgraduate studies including, but not limited to, subjects contained within groups one through six of Section 5 of the Chiropractic Initiative Act;
(4) *Insurance procedures and reporting.*

Online learning programs are offered in all of these recommended topics.

356.5 Continuing Education Provider Approval, Duties and Responsibilities

(a) In order to become and remain eligible for approval by the board as a continuing education provider, each provider must comply with provisions (b)(1) through (b)(10) of this section and provisions of section 357.

(b) *Each continuing education provider shall:*

(1) Make written application to the board for approval as a continuing education provider, and also provide to the board a written mission statement that outlines the provider's continuing education objective and declares the provider's commitment to conform to the standards set forth in this section.

(2) Have engaged in the business of providing education to licensed health care professionals consisting of no less than one course in each year of a five year period immediately preceding the date of the application for approval by the board as a continuing education provider;

(3) Designate a person responsible for overseeing all continuing education activities of the provider and provide written notification to the board identifying that individual;

(4) Use teaching methods that ensure student comprehension of the subject matter and concepts being taught;

(5) Establish and maintain procedures for documenting completion of courses, retain attendance records for at least four years from the date of course completion, and furnish the board with a roster of persons completing the course, including the name and state chiropractic license number of each course participant, within sixty days of the course completion;

(6) Be responsible for maintaining full time monitoring of course attendance. If any participant's absence from the room exceeds 10 minutes during any one hour period, credit for that hour shall be forfeited and such forfeiture shall be noted in the providers attendance report submitted to the board as required in subsection (b)(5) of this section.
It shall further be the responsibility of the provider to see that each person in attendance is in place at the start of each course period.

(7) Ensure availability to course participants of meeting rooms, study aids, audiovisual aids, and self instructional materials designed to foster leaning and ensure student comprehension of the subject matter and concepts being taught;

(8) Disclose in any continuing education course advertising if expense of the program are underwritten or subsidized by any vendors of good, supplies or service;

(9) Inform the board immediately of any event that may affect the provider's approval of a continuing education provider by the board;

(10) Inform the board in writing immediately if any change to the course that would affect the date, time, or location when or where the course will be held.

The University of Bridgeport College of Chiropractic conforms to all 10 sections and is currently listed as a Board Approved Sponsoring Organization. Pertaining to the issue of the methodology of, and verification of attendance, the program was designed to include methodology for monitoring and verifying attendance. Specifically, the doctor must login using a unique username and password. Once logged in and an individual module is chosen, the doctor begins the first section of the continuing education program. The doctor reviews the presented material and MUST spend a minimum of time that is assigned to that portion of the continuing education program. A time lock will release after the timer assigned to that section counts to zero and then the doctor must answer question(s)

pertaining to that section. Only after successfully answering the question can the doctor move on to the second section of the course. This process repeats itself for all sections of the course. If the doctor were to log on and walk away and not take part in the program, that doctor WOULD NOT earn any credits as the time lock would release and the question would not be answered, so the system would not log any additional time. This system design is unique to our distance based education program and was designed specifically to log attendance. As attendance is verified at ten minute intervals through the course, this system of monitoring and verifying attendance is at even a higher level that at a live program.

357 Approval of Continuing Education Courses

(a) The application for approval of a continuing education course shall be submitted to the board office at least 45 days prior to the date of the course and shall include a nonrefundable application fee of $50 and any other documentary information required by the board pursuant to section 356. The application fee for ongoing postgraduate courses present by chiropractic institutions accredited by CCE is due upon initial receipt of the application for approval, regardless of the number of course meetings in one calendar year. Courses with schedules continuing into a second calendar year must submit a new application for the second year if continuing education credit hours are to be offered for that year. The new application for the second year must contain the required fee.

If a course meets the criteria of the board, the board shall notify the provider when a course has been approved.
Mention of such approval shall be included in announcement of the program and the printed program itself as follows: "Approved by the California State Board of Chiropractic Examiners for license renewal".

Such language will be included on the website and in all announcements regarding the online programs.

(b) Any board member, or members, or board designee shall have the right to inspect or audit any approved chiropractic courses in progress.

Such inspection/audit rights are available to any board member, or members, or board designee. We note that the Board has a far greater ability to monitor the entire contents of online continuing education programs than a live program. It is readily available and the content does not vary from presentation to presentation as can be the case with live programs.

DISCUSSION OF THE EFFICACY OF DISTANCE-BASED LEARNING PROGRAMS:

The research pertaining to education that compares live versus distance based education clearly indicates that there is *no advantage* to live education. In fact, many studies show that distance based learning is more advantageous. A review of some examples:

Journal of the American Medical Association: Comparison of the Instructional Efficacy of Internet-Based CME with Live Interactive CME Workshops. September 2005

It is an article published in the Journal of the American Medical Association (JACA) in their September 7, 2005 issue, titled *Comparison of the Instructional Efficacy of Internet-Based CME with Live Interactive CME Workshops*. It is on point to the matter at hand.
I note the conclusions which state "Appropriately designed, evidence based online CME can produce objectively measured changes in behavior as well as sustained gains in knowledge that are **comparable or superior** to those realized from effective live activities". In fact, the study noted "while changes in knowledge and attitudes were comparible across both groups, **only the online CME participants demonstrated behavioral changes.**

Overcoming the "No Significant Difference" Phenomenon in Distance Education by Internet

2006 - Sahin, C. S.
Andolu University, Turkey http://aof.edu.tr/iodl2006
"... when compared to face to face education with Internet Based Distance Education, there is a significant difference in favor of the Internet Based Distance education."

A Modular, Webbased Introductory Course

2005 - Press, L.
California State University Dominguez Hills
"None of the performance differences we observed were significant, indicating that performance is roughly the same using either the modules or a textbook."
http://bpastudio.csudh.edu/fac/lpress/ar...

Traditional vs. Online Education: A Comparative Analysis of Learner Outcomes

2005 - Vroeginday, B. J.
ProQuest Digital Dissertations
Online learners were found to score significantly higher than traditional learners on final exams; however no significant differences were found relative to overall course scores.

A Comparison of Student Persistence and Performance in Online and Classroom

2004 - McLaren, C. H.
Business Statistice Experiences
The Decision Sciences Journal of Innovative Education Spring

"It is clear that for the students in the seven online sections and four classroom sections compared for this research, there are wide differences in persistence. It is also clear that among those students who do persist, there is no significant difference in performance."

A community-based trial of an online intimate partner violence CME program.

Am J Prev Med. 2006 Feb;30(2):181-5.
Short LM, Surprenant ZJ, Harris JM.
Analytic Systems Associates, Inc., Snellville, Georgia, USA.
CONCLUSIONS: The Internet-based CME program was clearly effective in improving long-term individual educational outcomes, including self-reported IPV practices. This type of CME may be an effective and less costly alternative to live IPV training sessions and workshops.

A learner-control instructional multimedia program is as effective as a program-control version in undergraduate orthodontic teaching.

Evid Based Dent. 2007;8(1):18. Links
Bearn D.
Unit of Orthodontics, Oral Health and Development, Department of Dental Medicine and Surgery, University of Manchester, Manchester, UK.
CONCLUSIONS: In this study, the learner-control instructional multimedia program was found to be as effective as the program-control version when teaching principles of the orthodontic appliances to undergraduate students.

An evaluative case study of online learning for healthcare professionals.

J Contin Educ Nurs. 2006 Sep-Oct;37(5):225-32.
Pullen DL.
University of Tasmania, Faculty of Education, Launceston, Tasmania, Australia.
Darren.Pullen@utas.edu.au
CONCLUSION: Online CPE offers a convenient format for healthcare professionals from educationally and geographically diverse populations to update their knowledge and view best practice.

Comparison of students' performance in and satisfaction with a clinical pharmacokinetics course delivered live and by interactive videoconferencing.

Am J Pharm Educ. 2006 Feb 15;70(1):10.
Kidd RS, Stamatakis MK.
Bernard J. Dunn School of Pharmacy, Shenandoah University, USA.
OBJECTIVES: To compare students' performance in and course evaluations for a clinical pharmacokinetics course taught in a traditional classroom setting, and for the same course taught via interactive videoconferencing. CONCLUSIONS: Students in both the classroom setting and

interactive videoconferencing setting performed well and had a high overall perception of the course.

Comparison of the instructional efficacy of Internet-based CME with live interactive CME workshops: a randomized controlled trial.

JAMA. 2006 Feb 15;295(7):758; author reply 758-9.
Fordis M, King JE, Ballantyne CM, Jones PH, Schneider KH, Spann SJ, Greenberg SB, Greisinger AJ.
Center for Collaborative and Interactive Technologies, Department of Pediatrics, Baylor College of Medicine, Houston, Tex 77030, USA. fordis@bcm.tmc.edu
CONTEXT: Despite evidence that a variety of continuing medical education (CME) techniques can foster physician behavioral change, there have been no randomized trials comparing performance outcomes for physicians participating in Internet-based CME with physicians participating in a live CME intervention using approaches documented to be effective. CONCLUSIONS: Appropriately designed, evidence-based online CME can produce objectively measured changes in behavior as well as sustained gains in knowledge that are comparable or superior to those realized from effective live activities.

E-Learning is a Well-Accepted Tool in Supplementary Training among Medical Doctors: An Experience of Obligatory Radiation Protection Training in Healthcare.

Acta Radiol. 2007 Jun;48(5):508-13.
Autti T, Autti H, Vehmas T, Laitalainen V, Kivisaari L.
Helsinki Medical Imaging Center, University Hospital of Helsinki, Finland; Finnish Institute of Occupational Health, Helsinki, Finland; Prewise Finland Oy. Helsinki. Finland.
Purpose: To evaluate the possibilities of Internet-based radiation protection training among referring physicians. Material and Methods: 324 referring physicians underwent an Internet-based radiation protection training course (www.prewise.com/radiationsafetytraining). Conclusion: Finnish medical doctors are very positive about Internet-based learning. E-learning seems to be a well-accepted and practical learning method in healthcare.

Evaluation of learning outcomes in Web-based continuing medical education.

Acad Med. 2006 Oct;81(10 Suppl):S30-4.
Curran V, Lockyer J, Sargeant J, Fleet L.
Academic Research and Development, Centre for Collaborative Health Professional Education, Faculty of Medicine, Memorial University of Newfoundland, St. John's, NF, A1B 3V6 Canada. vcurran@mun.ca
BACKGROUND: There has been significant growth in use of Web-based continuing medical education (CME) by physicians. A number of evaluation and metareview studies have examined the effectiveness of Web-based CME to varying degrees. One of the main limitations of this literature has been the lack of systematic evaluation across different clinical subject matter areas using standardized Web-based CME learning formats. CONCLUSIONS: A Web-based CME instructional format comprising multimedia-enhanced learning tutorials supplemented by asynchronous computer-mediated conferencing for case-based discussions was found to be

effective in enhancing knowledge, confidence, and self-reported practice change outcomes across a variety of clinical subject matter areas.

Evaluation of traditional instruction versus a self-learning computer module in teaching veterinary students how to pass a nasogastric tube in the horse.

J Vet Med Educ. 2006 Fall;33(3):447-54.
Abutarbush SM, Naylor JM, Parchoma G, D'Eon M, Petrie L, Carruthers T.
Department of Large Animal Sciences, WCVM, University of Saskatchewan, Saskatoon, SK, Canada. sameeh75@hotmail.com
OBJECTIVE: To evaluate the effectiveness of a self-learning computer module (SLCM) versus traditional instruction in teaching how to pass a nasogastric tube (NG) in the horse. CONCLUSION: Computer-assisted learning is an acceptable and effective method of training students to pass an NG tube with potential welfare, proficiency, and knowledge advantages.

Feasibility of a web-based continuing medical education program in dermatology: the DermoFAD experience in Italy.

Dermatology. 2006;213(1):6-11.
Naldi L, Manfrini R, Martin L, Deligant C, Dri P.
Centro Studi GISED, Ospedali Riuniti di Bergamo, Bergamo, Italy. luigi.naldi@gised.it
BACKGROUND: Web-based systems are increasingly being considered for medical education. A draft legislation on distance-learning programs was licensed in Italy by the National Commission for Continuous Education in November 2003. A series of pilot studies were developed, among these the DermoFAD project, based on five simulated clinical cases of acne and a systematic appraisal of the evidence for their clinical management. CONCLUSIONS: Our experience shows that distance learning is feasible and is well accepted by physicians. The DermoFAD program was an efficient means of delivering CME to the Italian medical community at large.

Paramedic student performance: comparison of online with on-campus lecture delivery methods.

Prehospital Disaster Med. 2006 Jul-Aug;21(4):261-7.
Hubble MW, Richards ME.
Emergency Medical Care Program, Western Carolina University, Cullowhee, NC 28723, USA. mhubble@email.wcu.edu
INTRODUCTION: Colleges and universities are experiencing increasing demand for online courses in many healthcare disciplines, including emergency medical services (EMS). Development and implementation of online paramedic courses with the quality of education experienced in the traditional classroom setting is essential in order to maintain the integrity of the educational process. Currently, there is conflicting evidence of whether a significant difference exists in student performance between online and traditional nursing and allied health courses. However, there are no published investigations of the effectiveness of online learning by paramedic students. CONCLUSION: Distance learning technology appears to be an effective mechanism for extending didactic paramedic education off-campus, and may be beneficial

particularly to areas that lack paramedic training programs or adequate numbers of qualified instructors.

Pedagogy for teaching and learning cooperatively on the Web: a Web-based pharmacology course.

Cyberpsychol Behav. 2007 Feb;10(1):32-7
Tse MM, Pun SP, Chan MF.
School of Nursing, Hong Kong Polytechnic University, Kowloon, Hong Kong.
hsmtse@inet.polyu.edu.hk
The Internet is becoming a preferred place to find information. Millions of people go online in the search of health and medical information. Likewise, the demand for Web-based courses grows. This article presents the development, utilization and evaluation of a web-based pharmacology course for nursing students. The course was developed based on 150 commonly used drugs. There were 110 year 1 nursing students took part in the course. After attending six hours face to face lecture of pharmacology over three weeks, students were invited to complete a questionnaire (pre-test) about learning pharmacology. The course materials were then uploaded to a WebCT for student's self-directed learning and attempts to pass two scheduled online quizzes. At the end of the semester, students were given the same questionnaire (post-test). There were a significant increase in the understanding compared with memorizing the subject content, the development of problem solving ability in learning pharmacology and becoming an independent learner (p ,0.05). Online quizzes yielded satisfactory results. In the focused group interview, students appreciated the time flexibility and convenience associated with web-based learning, also, they had made good suggestions in enhancing web-based learning. Web-based approach is promising for teaching and learning pharmacology for nurses and other health-care professionals.

Retention of CPR skills learned in a traditional AHA Heartsaver course versus 30-min video self-training: A controlled randomized study.

Resuscitation. 2007 Apr 16; [Epub ahead of print]
Einspruch EL, Lynch B, Aufderheide TP, Nichol G, Becker L.
RMC Research Corporation, 111 SW Columbia Street, Suite 1200, Portland, OR 97201, United States.
BACKGROUND: Bystander CPR improves outcomes after out of hospital cardiac arrest. The length of current 4-h classes in cardiopulmonary resuscitation (CPR) is a barrier to more widespread dissemination of CPR training and older adults in particular are underrepresented in traditional classes. Training with a brief video self-instruction (VSI) program has shown that this type of training can produce short-term skill performance at least as good as that seen with traditional American Heart Association (AHA) Heartsaver training, although it is unclear whether there is comparable skill retention. CONCLUSIONS: Adults between 40 and 70 years of age who participated in a CPR VSI program experienced performance decline in their CPR skills after a post-training interval of 2 months. However, this decline was no greater than that seen in

subjects who took Heartsaver training. The VSI program produced retention performance at least as good as that seen with traditional training.

Surgical skill acquisition with self-directed practice using computer-based video training.

Am J Surg. 2007 Feb;193(2):237-42.
Jowett N, LeBlanc V, Xeroulis G, MacRae H, Dubrowski A.
Department of Surgery, University of Toronto, Surgical Skills Centre at Mount Sinai Hospital, 600 University Avenue, Level 2, Room 250, Ontario, Canada M5G 1x5.
BACKGROUND: Computer-based video training (CBVT) provides flexible opportunities for surgical trainees to learn fundamental technical skills, but may be ineffective in self-directed practice settings because of poor trainee self-assessment. This study examined whether CBVT is effective in a self-directed learning environment among novice trainees. CONCLUSIONS: CBVT for the 1-handed square knot is effective in a self-directed learning environment among novices. This lends support to the implementation of self-directed digital media-based learning within surgical curricula.

Teaching histology to first-year veterinary science students using virtual microscopy and traditional microscopy: a comparison of student responses.

J Vet Med Educ. 2007 Spring;34(2):177-82
Mills PC, Bradley AP, Woodall PF, Wildermoth M.
School of Veterinary Science, University of Queensland, Brisbane, QLD 4072, Australia.
p.mills@uq.edu.au
Virtual microscopy (VM) is a comparatively recent innovation that is revolutionizing both the teaching of microscopic structure in human medicine and the concept of online diagnosis and telemedicine. In this article, we report on a preliminary study wherein VM was introduced to veterinary science students in one course and directly compared to traditional microscopy to determine whether students would readily accept this new technology and which aspects of VM were advantageous. Responses from a survey form showed that students rated VM significantly higher than traditional microscopy as a tool to learn histology because it offers clearer images, the ability to learn collaboratively, more effective use of time, and the flexibility of online learning.

Teaching suturing and knot-tying skills to medical students: a randomized controlled study comparing computer-based video instruction and (concurrent and summary) expert feedback.

Surgery. 2007 Apr;141(4):442-9. Epub 2007 Jan 25.
Xeroulis GJ, Park J, Moulton CA, Reznick RK, Leblanc V, Dubrowski A.
Department of Surgery, and the Wilson Centre for Research in Education, University of Toronto, Faculty of Medicine, CRE at the University Health Network, Toronto, Ontario, Canada.
BACKGROUND: We carried out a prospective, randomized, 4-arm study including control arm, blinding of examiners to determine effectiveness of computer-based video instruction (CBVI) and different types of expert feedback (concurrent and summary) on learning of a basic technical skill. CONCLUSION: Our study showed that CBVI can be as effective as summary expert feedback in the instruction of basic technical skills to medical students. Thoughtfully

incorporated into technical curricula, CBVI can make efficient use of faculty time and serve as a useful pedagogic adjunct for basic skills training. Additionally, our study provides evidence supporting an increased role of summary feedback to effectively train novices in technical skills.

Teaching veterinary radiography by e-learning versus structured tutorial: a randomized, single-blinded controlled trial.

J Vet Med Educ. 2007 Spring;34(2):160-7
Vandeweerd JM, Davies JC, Pinchbeck GL, Cotton JC.
Department of Veterinary Clinical Science and Animal Husbandry, The University of Liverpool, South Wirral, UK. jmvdw@liv.ac.uk
Case-based e-learning may allow effective teaching of veterinary radiology in the field of equine orthopedics. The objective of this study was to investigate the effectiveness of a new case-based e-learning tool, compared with a standard structured tutorial, in altering students' knowledge and skills about interpretation of radiographs of the digit in the horse. There was no significant difference in student achievement on course tests. The results of the survey suggest positive student attitudes toward the e-learning tool and illustrate the difference between objective ratings and subjective assessments by students in testing a new educational intervention.

Web-based versus face-to-face learning of diabetes management: the results of a comparative trial of educational methods.

Fam Med. 2006 Oct;38(9):647-52.
Wiecha JM, Chetty VK, Pollard T, Shaw PF.
Department of Family Medicine, Boston University, Boston Medical Center, 1 BMC Place, Boston, MA 02118, USA. john.wiecha@bmc.org
BACKGROUND AND OBJECTIVES: This study examined the influence of an interactive, online curriculum in a third-year medical school family medicine clerkship on students' ability to create a management plan for a patient newly diagnosed with type 2 diabetes. We also evaluated how the online curriculum compared to a conventionally taught curriculum. CONCLUSIONS: Improvement among students learning online exceeded that of students learning face to face. This suggests superiority of the online method, a finding consistent with other recently published, well-controlled studies.

Web-based vs. traditional classroom instruction in gerontology: a pilot study.

J Dent Hyg. 2005 Summer;79(3):7. Epub 2005 Jul 1.
Gallagher JE, Dobrosielski-Vergona KA, Wingard RG, Williams TM.
Dental Hygiene Program, School of Dental Medicine, University of Pittsburgh, Pennsylvania, USA. jeg13@dental.pitt.edu
PURPOSE: Numerous studies have documented comparable outcomes from Web-based and traditional classroom instruction. However, there is a paucity of literature comparing these two delivery formats for gerontology courses in dental hygiene curricula. This study examines the effectiveness of alternative methods of course delivery by comparing student profiles and instructional outcomes from a dental hygiene gerontology course offered both on the Web and in

a traditional classroom setting. CONCLUSIONS: Students selecting a Web-based course format demonstrated greater motivation and learning success based on final course grades, completion of assignments, and knowledge retention over time. Age, previous experience with online courses, and selection of teaching mode are factors that may confound course delivery method to influence instructional outcomes in a gerontology course within a dental hygiene curriculum.

Family Medicine: Relating Students Preformance on a Family Medicine Clerkship with Completion of Web Cases. October 2005

This study demonstrated that students who completed web based case assignments scored higher on the national board of medical examiners and the standardized patient based exam than those who did not. Conclusions were that "web-based learning was associated with improved student performance on clerkship assessments".

Chiropractic & Osteopathy: An Online Survey of Chiropractors' Opinions of Continuing Education. October 2005

This published article includes data that Chiropractors who took online continuing education programs graded them extremely satisfactory/somewhat satisfactory at a higher level than live programs.

International Review of Research in Open and Distance Learning: Differences Between Traditional and Distance Education Academic Perfomances: A meta-analytic approach. October 2003

"Eighty-six experimental and quasi-experimental studies met the established inclusion crieteria for the meta-analysis (including data from over 15,000 participating students), and provided effect sizes, clearly demonstrated that
in two thirds of the cases, students taking courses by distance education outperformed their student counterparts enrolled in traditionally instructed courses" "We have been focusing all along on the question "Is distance education suitable for all students?" The results of this study may raise the inverse question: "Is face to face suitable for all students?"

The Institute for Higher Education Policy: What's the Difference? A review of Contemporary Research on the Effectiveness of Distance Education in Higher Education. 1999

"With few exceptions, the bulk of these writings suggest that the learning outcomes of students using technology at a distance are similar to the learning outcomes of students who participate in conventional classroom instruction. Most of these studies conclude that, regardless of the technology used, distance education courses compare favorably with classroom-based instruction and enjoy high student satisfaction"

Online Journal of Distance Education: Students Perceptions of Distance Education, Online Learning and the Traditional Classroom. 1999

"Some experts have gone as far as to predict that the "residential based model," that is, students attending classes at prearranged times and locations will disappear in the near future (Blustain, Goldstein, and Lozier 1999 and Drucker 1997)."

Usefulness of an Internet-based thematic learning network: comparison of effectiveness with traditional teaching
Coma Del Corral MJ, Guevara JC, Luquin PA, Peña HJ, Mateos Otero JJ.
Med Inform Internet Med. 2006 Mar;31(1):59-66.

The aim was to evaluate the real learning of the students of doctorate courses, by comparing the effectiveness of distance learning in UniNet with traditional classroom-based teaching. Five doctorate courses were taught simultaneously to two independent groups of students in two ways: one, through the UniNet Network, and the other in a traditional classroom. There were no significant statistical differences in the outcomes of the two groups of students. This suggests that both teaching systems were equivalent in increasing the knowledge of the students. Both educational methods, the traditional system and the online system in a thematic network, are effective and similar for increasing knowledge.

Can Internet-based Education Improve Physician Confidence in Dealing With Domestic Violence?
John M. Harris Jr, MD, MBA; Randa M. Kutob, MD; Zita J. Surprenant, MD, MPH; Roland D. Maiuro, PhD; Thomas A. Delate, MS
Fam Med 2002;34(4):287-92

> Conclusions: An interactive, case-based, on-line DV education program that teaches problem-solving skills improves physician confidence and beliefs in managing DV patients as effectively as an intensive classroom-based approach. Such programs may be of benefit to those seeking to improve their personal skills or their health care delivery system's response to DV.

Can internet-based continuing medical education improve physicians' skin cancer knowledge and skills?
John M. Harris Jr.1 , Stuart J. Salasche2 and Robin B. Harris3
Journal of General Internal Medicine Volume 16, Number 1 / January, 2001

Abstract: We sought to determine whether an Internet-based continuing medical education (CME) program could improve physician confidence, knowledge, and clinical skills in managing pigmented skin lesions. This popular and easily distributed online CME program increased physicians' confidence and knowledge of skin cancer. Remaining challenges include improving the program to increase physician sensitivity for evaluating pigmented lesions while preserving the enhanced specificity.

A Comparative Analysis of Online and Traditional Undergraduate Business Law Courses
D.J. Shelley, L.B. Swartz, and M.T. Cole (USA)
From Proceeding (528) Computers and Advanced Technology in Education - 2006

The trend in academia to online learning has gained momentum in the past decade, due in part to the cost of higher education, a changing student profile, lack of traditional classroom space, and the recognition that distance learning has created a new paradigm of instruction. Universities wishing to maintain or expand enrollments need to be able to respond effectively to the educational needs of working adults, students in the military and residents of rural communities as well as of other countries. Online (internet-based) course offerings constitute a creative and increasingly popular response to these challenges. As more and more institutions of higher learning offer online courses, the question arises whether they are, or can be, as effective as courses offered in the traditional classroom format. Answering the question has been the focus of several studies. Our study compared students enrolled in both online and traditional classroom versions of one business law course, BLAW 1050, where all elements were the same except for the instruction format. The study found no significant difference between the two formats with regard to student satisfaction and student learning. The findings support earlier comparisons of online and traditional instruction modes.

On Point Resolution by the American Chiropractic Association

2005 Resolution Passed by American Chiropractic Association's House of Delegates Sept. 2005, St. Paul, Minn.

Because of the recent trend toward "distance learning," and because online education is offered by many chiropractic colleges and state associations and accepted by many states for license renewal, the House of Delegates resolved at its recent meeting to also support other types of educational activities. The new resolution states that the ACA supports educational activities "utilizing materials such as CD-ROMs, DVDs, power-point presentations, printed educational materials, audiotapes, video cassettes, films, slides, journal club activities, journal-based CME, teleconferences, web based and computer-assisted / online educational instruction that provide a clear, concise statement of the educational objectives and indicate the intended audience. These programs shall also have a method of verifying practitioners' participation."

Other Factors to Consider

There is no evidence that healthcare providers that obtain their continuing education requirements by way of distanced based learning are more likely to have a malpractice claim or board action against them.

A research of literature demonstrates no evidence by any state or federal licensing board in any profession that a professional that obtains their continuing education requirements by internet/distance based learning is correlated with a greater amount of disciplinary actions or malpractice complaints. Thus, not accepting online continuing education *does not protect the public to a greater degree.*

Different Types of Learning

There are different types of learners and it is known that adult learners choose programs which are most appropriate to them. This is to say that Doctors who want to attend live programs will while those who learn better by reading/studying seek appropriate learning. Learners should have a choice. This is emphasized in a rule change enacted by the Oregon Board of Chiropractic back in 2002. In a letter to the Chiropractic profession in October 2002, the board made several key statements in discussing their new CE rules which allowed all mechanisms of delivery for continuing education. The Oregon Board stated "the new CE Rule takes into consideration that there are several unique aspects to adult education. One is that adults will typically make educational choices based on their assessment of need. Also, adult learning tends to be self directed with several stages: experience, observation, reflection, and then active testing in a new setting. To acknowledge this, the OBCE has expanded the ranges of sources for continuing education to the physician." They went on to say "part of the mission of the OBCE is to promote quality in the Chiropractic profession. We feel the Chiropractic Profession's continuing education rule should function as a tool to promote the quality of care delivered by chiropractic physicians. Our goal is to encourage the doctor to evaluate the quality of care they deliver and choose their educational tools accordingly."

Standards of Live and Distance Based Learning Programs

There is no reason to limit the practitioners' use of what delivery mechanism they use to obtain their continuing education. As a distance based learning program must meet the same rule requirements as that of a live program, the same quality standards are met.

Economic and Social Factors

As live programs require Doctors of Chiropractic to take time off from practice and incur travel expenses, distance based learning can be a more cost effective way to meet their continuing education requirements. This is especially relevant in today's healthcare environment due to the financial pressures as a result of managed care and the increased paperwork burdens placed upon practitioners.

Distance Learning is consistent with American's with Disabilities Act

Distance learning is consistent with the American with Disabilities Act, allowing individuals with a variety of disabilities to more easily meet their requirements without any additional board waivers. This is also important with certain religious denominations who can not attend weekend courses. It helps meet the burdens of practicing single parents and/or part time practitioners who may not have as much income and/or time to spend on continuing education.

Ability for the Board to Monitor Programs is higher with distanced based learning

Distance based learning programs also make it easier for the Chiropractic Board to more easily monitor a continuing education program than it is to monitor a live program. Board member(s) or staff can evaluate/review a program without having to take time and travel to attend a live program for purposes of evaluation.

Other Educational Factors

Live programs are often offered as 12 hour seminars over two days in one subject. Online education allows a doctor to select continuing education courses in many different subjects with educational objectives that are of specific interest to a particular doctor. For example, instead of a 12 hour program in nutrition, a doctor can take several hours in nutrition, several hours in diagnostic imaging, several hours in Physical Diagnosis and several hours in Risk Management. It leads to a more rounded educational experience that is tailored to the specific educational needs identified by each specific doctor.

Classroom courses for chiropractic physicians are typically offered in 12 hours over two days. In this model, students sit through six hours of lecture per day. Although it is traditional, is it optimal? Consider that attention often starts to drift after only 10 to 20 minutes and the average learner is paying attention to the lecturer approximately 50 percent of the time. It should not be a surprise that these students commonly retain less than 20 percent of the material presented.

Unlike traditional classroom programs that are presented verbally, online education programs require that material is presented in a variety of audiovisual modes. Learners are able to progress at their own pace as the material is presented, which optimizes learning. Although the classroom learner may miss 50 percent of what is offered only once verbally, the online learner can review the information as many times as necessary and retain more.

SUMMARY

We would like the Board to allow Doctors of Chiropractic to utilize the same high quality educational capabilities available through institutions of higher learning for obtaining degrees and satisfying continuing education requirements just as Medical Doctors, Registered Nurses and the multitude of health care providers licensed and regulated by their respective administrative agencies. There is a national trend among the various other licensing boards to not only accept distance-based learning programs for continuing education, but embrace the many benefits that accompany society's ongoing technological advancement.

By allowing online continuing education, the Board will make it possible for its licentiates to stay on top of the current issues facing chiropractic professionals today in a more efficient, and cost-effective manner, without compromising the quality of the course content. There will be no relaxation of the current standards relating to the traditional forms of instruction provided. Distance education programs must meet the same requirements as live programs so it should not matter as to what the mechanism of delivery is so long as it adheres to a mechanism of delivery commonly accepted within the realm of institutions of higher learning. Distance learning

programs clearly fall within accepted mechanisms of instruction and thus, meet the standard to protect the public. Consistent with the above information, we respectfully requests that the Board allows online continuing education.

Support by California Licensees

The following is a list of some of the California Doctors of Chiropractic who have expressed support for the implementation of distance-based learning programs to fulfill California's continuing education requirements.

Mathew Norton, DC (CA Lic #15452)
Stan Gale, DC (CA Lic #17935)
Robert Deluca, DC (CA Lic #12389)
Joseph Keller, DC (CA Lic #14111)
Sandra Fazio, DC (CA Lic #15916)
Stephen Iverson, DC (CA Lic #19846)
Kim Makoi, DC (CA Lic #25549)
Greg Pappe, DC (CA Lic #20351)
James Barger, DC (CA Lic #12351)
B. Shaprio, DC (CA Lic #19133)
Leonard Ross, DC (CA Lic #10428)
Edward Noa, DC (CA Lic #16781)
Mark Sutton, DC (CA Lic #15407)
John Dawson, DC (CA Lic #19749)
Martha Henry, DC (CA Lic #21783)
Mark Henry, DC (CA Lic #22711)
Michael San Jose, DC (CA Lic #25502)
Gard Boulkoukian, DC (CA Lic #16274)
Derek Greensides, DC (CA Lic #10309)
Kelli Molthen, DC (CA Lic # 24516)
Daniel Flury, DC (CA Lic #21687)
Stephen Iverson, DC (CA Lic #19846)
Lynn Kerew, DC (CA Lic #24153)
Charles Lea, DC (CA Lic #10207)
Roehl de Leon, DC (CA Lic #27038)
Irvin Sonnett Stern, DC (CA Lic #22473)
Ferrel Richey, DC (CA Lic #18931)
Mitchell Grandi, DC (CA Lic #15216)
Edward Olff, DC (CA Lic #18575)
R.L. Molthen, DC (CA Lic #9941)
Brigide Daily, DC (CA Lic #18775)
Susan Goodwin, DC (CA Lic #26725)
Robin Roloff, DC (CA Lic #19260)
Casey Tucker, DC (CA Lic #23602)
Nathan Sklar, DC (CA Lic #25180)
Stephen Tullins, DC (CA Lic #28750)

Neda Mehrabani, DC (CA Lic #25902)
Connie Anderson, DC (CA Lic #22956)
John Zimmerman, DC (CA Lic #26261)
Edward Wagner, DC (CA Lic #11827)
Alan Zenimura, DC, (CA Lic #24254)
Bruce Presnick, DC (CA Lic #013369)
Gary Brenton, DC (CA Lic #16282)
Kenneth Erickson, DC (CA Lic #25690)
Lynn Owens, DC (CA Lic #20732)
David Bunganich, DC (CA Lic #018057)
Jason Kelberman, DC (CA Lic # 16444)
Joseph Kim, DC (CA Lic #28249)
Steven Bernfeld, DC (CA Lic #16263)
Diane Bellwood, DC (CA Lic #18328)
L.W. Bellwood, DC (CA Lic #10130)
Stephen Barkalow, DC (CA Lic #11690)
Michele Bosten, DC (CA Lic # 17611)

Respectfully Submitted,

Paul D. Powers, DC
PO Box 15
Rocky Hill, CT 06067
Authorized Representative
University of Bridgeport College of Chiropractic
Division of Postgraduate and Continuing Education
a CCE accredited College

CALIFORNIA CHIROPRACTIC ASSOCIATION

CALIFORNIA HEALTH CARE PROVIDERS' CONTINUING EDUCATION REQUIREMENTS

This document reviews continuing education requirements for various California-licensed health care providers in following areas: 1) number of hours required, 2) qualifying subjects, 3) qualifications for continuing education providers and 4) whether "distance learning" is permitted. The health care providers examined were medical doctors, dentists, osteopathic doctors, acupuncturists, podiatrists, naturopaths and optometrists. Pertinent statute, regulation and the Web sites of the licensing boards were consulted.

Summary of Findings

1. **Number of hours required:** All health care providers reviewed were required to obtain more continuing education hours than doctors of chiropractic, ranging from 20 hours per year to 50 hours per year.
2. **Qualifying continuing education subjects:** All providers were required to take classes clinically related to their particular scope of practice. Many health care providers examined were also permitted to take for continuing education credit non-clinical classes, including billing and coding, knowledge of licensing law, professional ethics, management of practice, employment law, etc.
3. **Qualifications for continuing education providers:** The state and national associations for all health care providers examined, except dentists and acupuncturists, were automatically approved as continuing education providers, and in many cases, the schools and colleges graduating the providers were automatically approved as providers.
4. **Distance learning:** All licensed health care providers except podiatrists were permitted to obtain some portion of required continuing education through distance learning.

The details of this examination follow.

I. Number of Hours Required:

• **Medical doctors**	50 every two years with 25 hours required each calendar year
• **Dentists**	50 every two years
• **Osteopathic doctors**	150 every three years
• **Acupuncturists**	50 every two years
• **Podiatrists**	50 every two years
• **Naturopaths**	60 every two years
• **Optometrists**	40 every two years (**Note:** An optometrist certified to use therapeutic pharmaceutical agents must have 50 hours every two years, and 35 of those hours must be on the diagnosis, treatment and management of ocular disease.)

II. Qualifying Continuing Education Subjects:

A. Medical doctors

1. Qualified courses:

a. Have scientific or clinical content with a direct bearing on the quality or cost-effective provision of patient care, community or public health or preventive medicine.

b. Concern quality assurance or improvement, risk management, health facility standards or the legal aspects of clinical medicine.

c. Concern bioethics or professional ethics.
d. Are designed to improve the physician-patient relationship.
e. Except for courses dedicated solely to research or other issues that do not include a direct patient care component, all continuing medical education courses shall contain curriculum that includes cultural and linguistic competency in the practice of medicine.

2. **Recommended courses:** If their practices include contact with, or require knowledge of, the following, MDs are encouraged to take classes in: a) human sexuality, b) nutrition, c) acupuncture, d) elder abuse, e) early detection and treatment of substance abusing pregnant women, f) special care needs of drug addicted infants. g) training and guidelines on how to routinely screen for signs exhibited by abused women, h) special care needs of individuals and their families facing end-of-life issues, including pain and symptom management, psycho-social dynamics of death, dying and bereavement, hospice care, i) pharmacology and pharmaceuticals and j) geriatric pharmacology.
3. **Other CE opportunities:**
   a. A maximum of 60 hours of continuing education shall be granted to a physician for receiving the Physician's Recognition Award.
   b. Up to six CE hours are granted for each month that a physician is engaged in an approved postgraduate residency training program or approved clinical fellowship program accredited by the Accreditation Council for Graduate Medical Education (ACGME).
4. **Non-qualified courses:** Educational activities that **are not** directed toward the practice of medicine, or are directed primarily toward the business aspects of medical practice, including, but not limited to, medical office management, billing and coding, and marketing do not qualify for CE.

B. Dentists: Qualified courses:

1. **Mandated:** Two units, i.e., hours, in 1) infection control and 2) California Dental Practice Act and attending regulations; every two years, a course in basic life support approved by the American Red Cross or the American Heart Association.
2. **In General:** Required to complete a minimum of 80 percent of their required units for license renewal in Category I subjects and no more than 20 percent of their required units in Category II subjects. Allowable subjects under those categories are:

a. Category I

- Mandatory courses, including infection control, California Dental Practice Act, basic life support
- Preventive services, diagnosis (including physical evaluation, radiography, dental photography) and comprehensive treatment planning
- Nutrition counseling of patient
- Corrective and restorative oral health treatment
- Dentistry's role in individual and community health emergencies and disasters
- Legal requirements governing the areas of auxiliary employment and delegation of responsibilities; HIPAA; delivery of care; workplace, environmental and general safety
- Office instrument sterilization systems

b. Category II

- Organizational management and management of dental practice including office design and ergonomics, improvement of office operations for the patient's benefit and/or improve continuity of care
- Implementation and/or mechanism of alternative delivery systems
- Patient record-keeping
- Skills in such areas as communication, behavioral sciences, patient management and motivation when oriented specifically to the needs of the dental practice and will improve the health of the patient
- Subjects of direct concern to dentistry such as dentolegal matters, including but not limited to, risk management, liability, malpractice, employment law and employment practices
- Methods of health care delivery and sociopolitical problems involving dentistry

3. **Non-qualified courses:**

- ► Money management, personal finances, personal business matters
- ► Educational or cultural subjects not related to the practice of dentistry
- ► General physical fitness or the licensee's personal health
- ► Presentations by political or public figures or other persons that do not deal primarily with dental practice
- ► Memory training or speed reading
- ► The computerized dental office when the topic involves record management or new technology designed primarily for the licensee's understanding and benefit
- ► Courses designed to make licensee a better business person or to improve licensee or staff motivation
- ► Improvement of office operations, licensee and staff convenience or profit motive
- ► Courses that address increased office production; financial planning; employee benefits; marketing or motivational topics to increase productivity or profitability
- ► Courses in which the primary beneficiary is the licensee

C. Osteopathic doctors (same as medical doctors):

1. Qualified courses:

a. Have scientific or clinical content with a direct bearing on the quality or cost-effective provision of patient care, community or public health or preventive medicine.

b. Concern quality assurance or improvement, risk management, health facility standards or the legal aspects of clinical medicine.

c. Concern bioethics or professional ethics.

d. Are designed to improve the physician-patient relationship.

e. Except for courses dedicated solely to research or other issues that do not include a direct patient care component, all continuing medical education courses shall contain curriculum that includes cultural and linguistic competency in the practice of medicine.

2. Non-qualified courses:

Educational activities that **are not** directed toward the practice of medicine, or are directed primarily toward the business aspects of medical practice, including, but not limited to, medical office management, billing and coding, and marketing shall not be deemed to meet the continuing medical education standards.

3. Specific to osteopathic doctors: A minimum of 60 hours is required in Category 1-A or 1-B. Subjects under Category 1-A and 1-B are defined by reference to that contained in the American Osteopathic Association (AOA) *Continuing Education Guide*. Subjects classified under Category 1 by the American Medical Association *Physicians Recognition Award Information* Booklet are defined by reference. The balance of the CME requirement of 90 hours may consist of CME as defined by either the American Osteopathic Association (AOA) or the American Medical Association (AMA).

D. Acupuncturists

1. Qualified courses:

a. Theoretical content related to the knowledge of acupuncture and oriental medicine. Examples: Meridian Theory, Yin Yang, Zang Fu Organs, Five Elements, Eight Principles, Etiology, Body Fluids, Qi, Blood, Shen, Jing, treatment principles and classics, Oriental philosophy, diagnosis, case studies.

b. The application of knowledge relating to the practice of acupuncture and oriental medicine. Examples: acupuncture technique, point location, herbology, drugless substances, nutrition, exercise, Oriental massage, acupressure, moxibustion, breathing techniques.

c. Content related to Western Medicine. Examples: Courses in first aid, emergency conditions, indications for referral, understanding of diagnostic testing analysis.

d. Content related to direct and/or indirect patient care. Examples: sterilization and preventive practices, patient counseling, patient education.

e. Content related to business practice and/or medical ethics. Examples: acupuncture law, medical ethics, patient management, office management, risk management.

2. Non-qualified courses:

a. Courses which focus upon self-improvement, personal growth changes, self-therapy, self-awareness, weight loss, etc., for the practitioner.

b. Liberal arts courses in music, art, philosophy, and others unrelated to acupuncture or oriental medicine.
c. All other courses not related to the practice of acupuncture and/or Oriental medicine.

3. **Proposed changes: Regulations have been proposed to alter the subjects that can qualify for continuing education:**
   a. **Category I:** Clinical matters or the actual provision of health care to patients, including, but not limited to, acupuncture and Oriental medicine, Western medicine as it relates to acupuncture practice and scope of practice.
   b. **Category II:** Unrelated to clinical matters or the actual provision of health care to patients, including, but not limited to, acupuncture research and evidence-based medicine as related to acupuncture and Oriental medicine; practice management and ethics to achieve improved health of the patient or for the patient's benefit to include risk management, record-keeping, acupuncture laws and regulations, insurance billing codes, report writing and workers' compensation; breathing and other exercises. **No more than 5 hours from this category permitted for biannual license renewal.**

E. Podiatrists

1. **Qualified courses:** Scientific courses relating directly to patient care that are:
   a. Programs approved by the California Podiatric Medical Association or the American Podiatric Medical Association and their affiliated organizations.
   b. Programs approved for Category I credit of the American Medical Association, the California Medical Association, or their affiliated organizations, and programs approved by the American Osteopathic Association, or the California Osteopathic Association or their affiliated organizations.
   c. Programs offered by approved colleges or schools of podiatric medicine, medicine and osteopathic medicine.
   d. Programs approved by a government agency, e.g., radiology.
   e. Programs offered by other individuals, organizations and institutions approved by the board.
2. **Specific to podiatrists:** A minimum of 12 hours in subjects related to the lower extremity muscular skeletal system
3. **Non-qualified courses:** Courses in other subjects such as investments, tax planning, practice management and risk management.

F. Naturopaths

1. **Qualified courses:**
   a. 20 hours in pharmacotherapeutics.
   b. No more than 20 hours may be in any single topic.
   c. No more than 15 hours may be for the specialty certificate in naturopathic childbirth.

G. Optometrists

1. **Qualified courses:** The program is likely to contribute to the advancement of professional skill and knowledge in the practice of optometry. Eight hours of course work in the area of patient care management for elder or child abuse detection is encouraged.
2. **Specific to therapeutic pharmaceutical agents (TPAs):** 35 of the 50 hours required must be in the diagnosis, treatment and management of ocular disease in any combination of the following areas: glaucoma, ocular infection, ocular inflammation, topical steroids, systemic medication or pain medication.
3. **Non-qualified courses:** Courses dealing with business management.

III. Qualifying Continuing Education Providers

A. Medical doctors:

1. Category I programs from the California and American Medical Associations and programs that qualify for prescribed credit from the American Academy of Family Physicians are automatically approved.
2. Programs offered by other organizations and institutions acceptable to the California Medical Board.

B. Dentists: Providers registered with the California Dental Board.

C. Osteopathic doctors:

1. Programs certified by the American Osteopathic Association (AOA) as Category I and II credit and those certified by the American Medical Association as Category I are automatically approved.
2. Programs which qualify for prescribed credit from the AOA specialty groups
3. Other providers and their courses must be approved by the California Osteopathic Medical Board.

D. Acupuncturists:

1. Providers and their courses must be registered with and approved by the California Acupuncture Board.
2. Acupuncture schools and colleges which have been approved by the board that seek to be approved providers are required to submit an application but are deemed to have met the requirements for approval.

E. Podiatrists:

1. Programs that are scientific in content and relate directly to patient care that are approved by the California Podiatric Medical Association and the American Podiatric Medical Association and their affiliated organizations are automatically approved.
2. Programs approved for Category I by the American Medical Association, California Medical Association, American Osteopathic Association, California Osteopathic Association or their affiliated organizations are automatically approved.
3. Programs approved colleges or schools of podiatric medicine, medicine, and osteopathic medicine are automatically approved.
4. Other providers and their courses must be approved by the California Board of Podiatric Medicine (**Note:** It appears these providers may be limited to a public university or state college or in a private postsecondary educational institution).

F. Naturopaths:

1. Courses approved by the California Naturopathic Doctors Association, the American Association of Naturopathic Physicians, the Medical Board of California, the California Board of Pharmacy, the California Board of Chiropractic Examiners are automatically approved.
2. Other providers and courses must be approved by the California Bureau of Naturopathic Medicine.

G. Optometrists:

1. Courses officially sponsored or accredited by schools or colleges of optometry are automatically approved.
2. CE offered by the American Optometric Association, the American Academy of Optometry and the Optometric Extension Program are automatically approved.
3. CE approved by the Association of Regulatory Boards of Optometry known as COPE (Council on Optometric Practitioner Education) are automatically approved.
4. Other providers and courses must be approved by the California Board of Optometry.

IV. Distance Learning

A. Medical doctors: Yes, but unknown how many hours permitted.

B. Dentists: Up to one-half of required biannual CE, i.e., 25 hours. Defined as tape recorded courses, home study materials, video courses, and computer courses are considered correspondence courses, and if from registered providers.

C. Osteopathic doctors: Up to 90 hours of required triannual CE defined as home study; reading medical journals and viewing non-osteopathic medical video and audio tapes and cassettes; journal type CME on the Internet; faculty development; physician administrative training; quality assessment programs; observations at medical centers; medical economics; CME on the Internet; risk management programs that are administrative in nature; and programs dealing with experimental and investigative areas of medical practice.

D. **Acupuncturists:** Up to one-half of the required biannual CE, i.e., 25 hours. Defined as an independent or home study basis.
E. **Podiatrists:** Do not appear able to acquire continuing education through distance learning.
F. **Naturopaths:** Up to 15 hours of required biannual CE, limited to naturopathic medical journals or osteopathic or allopathic medical journals, audio or videotaped presentations, slides, programmed instruction, computer-assisted instruction or preceptorships.
G. **Optometrists:** Up to 20 hours of required biannual CE through documented and accredited self-study through correspondence or an electronic medium, i.e., review of written, audio, video material, or a combination. Also, one hour of credit awarded for each page of articles published in optometric journals, magazines or newspapers, pertaining to the practice of optometry (or in other scientific, learned, refereed journals on topics pertinent to optometry).

STATE OF CALIFORNIA ARNOLD SCHWARZENEGGER, Governor

Board of Chiropractic Examiners
2525 Natomas Park Drive, Suite 260
Sacramento, California 95833-2931
Telephone (916) 263-5355 FAX (916) 263-5369
CA Relay Service TT/TDD (800) 735-2929
Consumer Complaint Hotline (866) 543-1311
www.chiro.ca.gov

March 18, 2008

Jason Flanagan, D.C.
Associate Professor of Clinical Sciences
Texas Chiropractic College
5912 Spencer Highway
Pasadena, Texas 77505-1699

Re: CE Request Denial

Dear Dr. Flanagan:

This confirms receipt of your request dated March 4, 2008, and received in this office on March 7, 2008. Due to a severe understaffed situation and the press of business, I apologize for the delayed response.

After a thorough review of the applicable laws and regulations governing chiropractic in California, the Board of Chiropractic Examiners does not have the authority to extend practice dates for licensees who have not met the annual continuing education requirement of 12 hours.

With regards to your petition to appear before the board regarding this matter, you will be placed on the next agenda for the Continuing Education Committee that is scheduled to meet late April 2008 in Sacramento California. You will receive notice of the time, date, and location of the meeting once it is calendared.

If you have any further questions, please feel free to contact me at your earliest opportunity.

Best regards,

Brian J. Stiger

Brian J. Stiger,
Executive Officer

TEXAS CHIROPRACTIC COLLEGE

DIVISION OF POSTGRADUATE STUDIES

5912 Spencer Highway • Pasadena, Texas 77505-1699 • (800) 533-9822 • 281-487-5656 • Fax 281-487-2009

BOARD OF CHIROPRACTIC EXAMINERS

08 MAR -7 PM 12: 52

March 4, 2008

Brian J. Stiger
Executive Officer
2525 Natomas Park Drive, Suite 260
Sacramento, California 95833-5369

RE: CE Request Denial

Dear Mr. Stiger,

Texas Chiropractic College joins the Karl Parker Seminars in respectively requesting an extension for the doctors denied continuing education hours for January 13-16 due to a lost application. It would protect the public trust and greatly benefit the 70+ doctors to take another California Board approved course for the January and February birth date doctors. This letter is also sent as a petition to appear before the board regarding this matter. We request the doctors be given until March 31, 2008 and preferably until April 30, 2008 to fulfill their continuing education requirements.

Several facts regarding the matter are as follows:

1. The doctors did attend the Karl Parker Seminars course and have the transcripts to verify their attendance.

2. The course they attended was the same course approved by the California board for September 13-16, 2007.

3. A copy of affidavits from the postgraduate department personnel of the Texas Chiropractic College (included) showing the application was mailed in a timely manner is provided.

4. The event in Las Vegas has been approved by the California Board at all prior events over the past nine years.

5. For each of the 16 prior approvals for this event, the applications were mailed by regular US Postal Service mail, the same as for the January 10-13, 2008 event, and without any problems or concerns that this was not an appropriate method of communication.

With all due respect to the California Board's rule for applications to arrive 45 days prior to an event, we request this extension to protect the public at large, to maintain credibility with our doctors, and to maintain integrity with continuing education programs approved by the appropriate authorities.

We would appreciate a timely response to this urgent matter and greatly appreciate your assistance.

Sincerely,

Jason Flanagan, D.C.
Associate Professor of Clinical Sciences
Dean of Postgraduate Studies and Continuing Education
Texas Chiropractic College

Affidavit

I, (Bitsy Hatch), of (Texas Chiropractic College, 5912 Spencer Hwy, Pasadena TX, 77505 in the State of (Texas), Program Coordinator, make oath and say as follows:

The schedule for Karl Parker Seminars for Jun 2007 – Jan 2008 was submitted to the Postgraduate Department prior to my coming to the department the end of August 2007. I submitted applications to the requested states for the January 10-13, 2008 seminar in Las Vegas, NV, around September 29, 2007. CA was initially omitted, per Karl Parker, from the list of requested states. Amber with Karl Parker's office called November 1st and requested that CA be submitted. At this point it was already nearing the 45 day deadline required by the state of CA, which made this a rush. From what I remember Priscilla Lerma told me of the request, made by Amber, and we processed the board application. Priscilla and I both remember this application due to the fact that it was requested after the other state board applications had been processed back in September. Unfortunately, we didn't learn it had not been received by CA until after the class was held and we had received the class roster from Karl Parker. At this time we contacted the board and over-nighted a new board application and check on February 5, 2008.

Bitsy Hatch

SIGNED AND SWORN

By the above-named Deponent (Bitsy Hatch), at Texas Chiropractic College, 5912 Spencer Hwy, in the State of TX signature of deponent the (28 day) of (Feb) 2008, before me

Gabrielle Greenwade.
(Name of Notary Public.)

GABRIELLE GREENWADE
MY COMMISSION EXPIRES
JUNE 20, 2010

Notary Public

Gabrielle Greenwade Signature of Notary Public.

My Commission Expires 6/20 20 10

Affidavit

I, Priscilla Lerma, of Texas Chiropractic College, 5912 Spencer Hwy, Pasadena, TX 5505 in the State of TX, Program Coordinator, make oath and say as follows:

On Nov. 1,2007 Amber (staff member from KPS) called to request approval for CA for the seminar on Jan.10-13,2008 to be held in Las Vegas, Nevada. At this time I relayed the message to Bitsy Hatch and we began the process with filling out all necessary forms and submitting a check request. We did not know that this seminar had not been approved until the class roster had been submitted to Texas Chiropractic College. At this time we contacted the CA board and over-nighted a new board application along with a check.

Priscilla Lerma

SIGNED AND SWORN

By the above-named Deponent Priscilla Lerma At 5912 Spencer Hwy, Pasadena, Tx 77505 in the State of TX. the (28 day) of (Feb) 2008, before me

Gabrielle Greenwade.
(Name of Notary Public.)

GABRIELLE GREENWADE
MY COMMISSION EXPIRES
JUNE 20, 2010

Notary Public

Gabrielle Greenwade Signature of Notary Public.

My Commission Expires 6/20, 2010.