



NOTICE OF TELECONFERENCE
LICENSING & CONTINUING EDUCATION COMMITTEE MEETING

April 16, 2019

12:00 p.m. – 2:00 p.m. or until completion of business

One or more Committee Members will participate in this meeting at the teleconference sites listed below. Each teleconference location is accessible to the public and the public will be given an opportunity to address the Licensing, Continuing Education and Public Relations Committee at each teleconference location. The public teleconference sites for this meeting are as follows:

Teleconference Meeting Locations:

901 P Street, Suite 142A
Sacramento, CA 95814
(Board Staff)

Dionne McClain, D.C., Chair
McClain Sports & Wellness, Inc.
6360 Wilshire Blvd., #410
Los Angeles, CA 90048
(323) 653-1014

Heather Dehn, D.C.
Dehn Chiropractic
4616 El Camino Ave., #B
Sacramento, CA 95821
(916) 488-0202

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

AGENDA

- 1. Call to Order & Establishment of a Quorum**
- 2. Selection of Committee Chair**
- 3. Approval of December 17, 2018 Committee Meeting Minutes**
- 4. Review and Discussion of Strategic Plan Goal 1**
- 5. Review, Discussion and Possible Action on proposed amendments to CE regulations**
- 6. Public Comment on Items Not on the Agenda**
Note: The Committee may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7(a).] Public comment is encouraged; however, if time constraints mandate, comments may be limited at the discretion of the Chair.
- 7. Future Agenda Items**
Note: The Committee may not discuss or take action on any matter raised during this future agenda items section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125.]
- 8. Adjournment**

Meetings of the Board of Chiropractic Examiners' Committee are open to the public except when specifically noticed otherwise in accordance with the Open Meeting Act. Public comments will be taken on agenda items at the time the specific item is raised. The Board's 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 facilities are accessible to individuals with physical disabilities. A person who needs a disability-related accommodation or modification to participate in the meeting may make a request by contacting the Board at (916) 263-5355 or e-mail chiroinfo@dca.ca.gov or send a written request to the Board of Chiropractic Examiners, 901 P Street, Suite 142A, Sacramento, CA 95814. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.

**Board of Chiropractic Examiners
TELECONFERENCE MEETING MINUTES
Licensing, Continuing Education & Public Relations Committee
December 17, 2018
901 P Street, Suite 142A
Sacramento, CA 95814**

Teleconference Meeting Locations:

<p>Board of Chiropractic Examiners 901 P Street, Ste 142A Sacramento, CA 95814 (916) 263-5355</p>	<p>Heather Dehn, DC Dehn Chiropractic 4616 El Camino Ave. #B Sacramento, CA 95821 (916) 488-0242</p>	<p>Dionne McClain, DC McClain Sports & Wellness, Inc. 6360 Wilshire Blvd., Ste 410 Los Angeles, CA 90048 (323) 653-1014</p>
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Committee Members Present

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

Staff Present

Robert Puleo, Executive Officer
Kenneth Swenson, Attorney III
Marcus McCarther, Assistant Executive Officer
Dixie Van Allen, Staff Services Manager
Natalie Boyer, Continuing Education Analyst
Andreia McMillen, Policy Analyst

Call to Order

Dr. McClain called the meeting to order at 12:03 p.m.

Roll Call

Dr. Dehn called roll. All Board Members were present at the locations specified on the Agenda.

Approval of Minutes

**MOTION: DR. DEHN MOVED TO APPROVE THE MINUTES OF THE SEPTEMBER 25, 2018
LICENSING & CONTINUING EDUCATION COMMITTEE MEETING**

SECOND: DR. MCCLAIN SECONDED THE MOTION

VOTE: 2-0 (DR. DEHN- AYE, DR. MCCLAIN - AYE)

MOTION CARRIED

Mr. McCarther suggested taking the agenda items out of order, staff wished to start with agenda item four.

Dr. McClain agreed.

Review, Discussion and Possible Action on potential CE Provider Application regulations

Mr. McCarther introduced the Continuing Education (CE) Committee to the Draft CE Provider Application. The draft application had been reviewed with legal counsel and several items in the attestation portion of the application had been identified as problematic, primarily questions regarding a provider's financial and criminal background.

Dr. McClain asked for examples of what type of questions would not be able to be included in the application.

Mr. McCarther responded that questions specifically related to providers being charged or convicted of a criminal offenses would not be able to be included in the application. Mr. McCarther inquired that if the Board was unable to facilitate the type of information they wished to require of providers, then would it be more worthwhile to pursue regulation around CE courses, which staff believed to be a more problematic area.

Dr. McClain agreed that CE courses were a large area of concern but the Board continually expressed frustration over the limited information available when ratifying providers, she felt time invested in improving this process would be worthwhile.

Mr. Puleo agreed with Dr. McClain's frustration and reiterated the Boards inability to require criminal background information from providers.

Dr. McClain inquired what had changed within the law to prevent the Board from receiving criminal background information from providers.

Mr. Puleo shared that the legislature had become stricter in preventing Boards from using criminal background information against applicants and licensees. The Board would be unable to meet the necessity standard for requiring a non-licensed individual to comply with a request of criminal background information or fingerprinting. Mr. Puleo recommended strengthen regulations surrounding CE courses, as well as the resources, processes and procedures that a CE provider should have in place in order to offer quality CE courses.

Dr. McClain asked for clarification surrounding the necessity standard.

Mr. Puleo explained that the Office of Administrative Law (OAL) focused heavily on the necessity of each regulatory change. The Board's burden would be to offer a compelling reason as to why the Board needed to require criminal background information from CE providers, why it would be in the interests of public protection, especially since there are so few complaints issued against providers.

Dr. McClain shared her belief that requirements for CE providers and requirements for CE courses should not be considered mutually exclusive.

Public Comment: Dr. Brian Porteous, chiropractic licensee and CE provider, inquired as to the potential for public relations problems if the Board issued approval for CE providers who ultimately displayed dangerous criminal behavior and injured the public.

Mr. Puleo agreed with protecting consumers but ultimately CE providers had limited contact with the general public, just chiropractic licensees. Mr. Puleo does fear for the potential for fraud or embezzlement but feels that those factors could be identified through the procedures and processes required in a provider application.

Dr. McClain proposed identifying and researching what would be necessary to make a compelling argument that could be supported by OAL. She also proposed adding a portion to the application requiring CE providers to take responsibility for their staff and instructors' behaviors.

Dr. Dehn inquired if the restrictions related to requesting criminal background information was related to AB 2138.

Mr. Puleo stated that it did not but was closely related, as the legislature seemed to be moving in the direction that Boards and Bureaus were overreaching in their requirement of background information that would prevent individuals from obtaining a license. Mr. Puleo also stated that there were no other Department of Consumer Affairs (DCA) programs that regulated providers with background screenings.

Dr. Dehn agreed with Dr. McClain's proposed idea to include a provision into the application to require CE providers to do their due diligence and verify the qualifications of their staff members. Dr. Dehn followed up with her sentiment that pursuing regulation solely for the CE provider application would be premature, due to the limits on criminal background information and due to the inevitable changes that would need to be made to the application once the full CE regulations were submitted.

Mr. Puleo agreed that this was a large regulation with multiple moving parts and if the regulations were to be separated it could cause confusion and drain staff resources. Mr. Puleo suggested focusing on the process and procedures that all CE providers should be incorporating, so that if a CE provider were to receive complaints the Board would have disciplinary actions in place.

Dr. McClain reaffirmed her position that these regulations were not mutually exclusive, she stated that the CE provider application needed quality time and attention and that this did not mean other regulations would not be able to be worked on in tandem. She also stated that confusion would occur, no matter which order regulations were worked on, simply due to the convoluted nature of the legislative process.

Mr. Puleo stated that if it was the CE Committee's desire to make a recommendation to the full Board to pursue a separate regulation related to the CE provider application, then he would direct staff accordingly.

Dr. Dehn inquired how the full CE regulation and curriculum regulation would be affected if staff's efforts were redirected to the CE provider application regulation.

Mr. Puleo stated staff would do their best to accommodate all regulations.

Dr. Dehn reasserted her position against pursuing separate regulations for the CE provider application, considering the time investment and the potential for future changes once other regulations were put forward.

Mr. Puleo stated his desire to have the full Board agree on which regulations were of the utmost priority, as there were a lot of separate regulations being assigned to Board staff.

Dr. McClain respectfully disagreed with Dr. Dehn and felt it necessary to continue to pursue separate regulations related to the CE provider application.

Mr. Puleo shared the workload of Board staff and his concerns over adding additional regulations, that a separate CE provider regulation would not be the most efficient use of staff's time.

Dr. McClain appreciated Mr. Puleo's sentiment and the time investment from staff, she requested a statement be presented to the full Board regarding the complications and workload requirements for undertaking an effort such as this.

Dr. Dehn and Dr. McClain agreed that the full Board would need to determine which regulations should be a priority. Dr. McClain also suggested that the full Board could develop language or arguments in favor of supporting the criminal background requirement for OAL.

Ms. Van Allen wished to add that regardless of what questions were included in the CE provider application, the problematic content and therefore the provider, became apparent during the review of CE course applications.

Dr. McClain agreed that both sides of the application process were important and needed to be updated but felt strongly that the current CE provider application was unacceptable and action needed to be taken to rectify it.

Mr. Swenson stated that from a legal perspective any questions asked in the CE provider application would have to be authorized by regulation and existing law required a showing of necessity or demonstrating through substantial evidence the need for each regulatory provision. The criminal background request would be very challenging to provide substantial evidence for need, due to the limited complaints against CE providers. Mr. Swenson is concerned in having staff invest time in attempting to gather evidence or research to support background checks, that would ultimately not pass the necessity rule of OAL.

Dr. McClain and Dr. Dehn agreed that they would seek the opinion of the full Board.

Update, Discussion, and Possible Action on Continuing Education Focus Group

Dr. McClain inquired how the CE providers for the focus group were selected for participation.

Mr. Puleo responded that the focus group was informal and for the benefit of staff research. The participants were individuals who were heavily engaged with the Board and staff members; the California chiropractic schools, chiropractic associations and a few sole proprietor CE providers.

Mr. McCarther provided a high-level overview of the CE provider focus group's discussion surrounding proposed mandatory hours and subject matter breakdown.

Dr. McClain asked for the reasoning behind one of the suggestions from the focus group; eliminating chiropractic adjustive technique as a mandatory subject area or as subject area completely.

Mr. McCarther shared that many of the providers did not feel that requiring CE hours in chiropractic adjustive technique was needed to maintain minimum competency of licensees and there were limited instances of adjusting causing harm to patients.

Dr. McClain and Dr. Dehn stated their disagreement with this rationale.

Mr. McCarther shared that staff continually encouraged participants of the focus group to come to CE Committees and Board Meetings in order to share their perspective and rationale for their suggestions.

Dr. Dehn and Dr. McClain refuted the suggestion that little harm could be done from an improper adjustive technique.

Mr. McCarther also shared that the focus group felt that assessment procedures should be given more weight over adjustive technique, as that is where licensees could devote time and attention to prevent harm to patients.

Dr. Dehn was not opposed to potentially combining assessment procedures and chiropractic adjustive technique as one subject area, as many providers wanted assessment and technique evaluated in the same CE course application.

Ms. Van Allen also shared the focus group's concern over the list of chiropractic adjustive techniques provided by the chiropractic colleges, as another rational for removing mandatory hours in the adjustive technique subject area.

Mr. Puleo reiterated staff's commitment in encouraging these providers to attend Board events, as there were many strong opinions about proposed changes that had already been discussed at length by the full Board, and should these opinions not get shared it could significantly bog down the formal commentary process for the regulations.

Dr. McClain agreed and wished to hear highlights of the event. She also made a recommendation for staff, that for future provider focus groups the Committee Members be made aware, so they could assist with generating participant recommendations.

Mr. McCarther continued with a high-level overview of the discussion highlights from the CE provider focus group, topics included; potential changes to the Draft CE Provider Application, distance learning requirements, CE subject matter and fee options for the CE course application.

Dr. McClain inquired if audio recording could be utilized for these types of focus groups.

Mr. Puleo and Mr. McCarther agreed to this request.

Dr. McClain thanked staff for their effort and reiterated her desire to assist with selecting participants in order to achieve a more diverse group and in taking these views into consideration as the Board continued efforts towards CE regulations.

Review, Discussion and Possible Action on Oregon regulation OAR 811-015-0025

Dr. Dehn shared her interest in reviewing Oregon regulation, OAR 811-015-0025, as a potential option for California CE regulations. She felt it could be potentially useful in making specific courses mandatory for licensees.

Ms. Boyer pointed out that section 4 of the regulation contained the language allowing the Oregon Board to mandate specific CE courses. She went on to share her conversation with the Oregon Board staff regarding the execution of this particular provision of the law.

Mr. Swenson hypothesized that a provision similar to this could potentially become a part of California regulation but the necessity rule would need to be met to justify an addition such as this.

Dr. Dehn asked for potential examples for what could meet the necessity rule for OAL.

Mr. Puleo suggested that a provision could be included as part of disciplinary orders or an order of abatement to require the licensee to complete a specific CE course.

Confusion arose around if the provision was specifically mandating a CE course for a specific licensee or requiring a specific CE course for all licensees.

Mr. Puleo was curious if this could potentially be interpreted as an underground regulation, as the course would not be identified in regulation but selected at the will of the Board.

Mr. Swenson responded that one of the other requirements when submitting a regulation was clarity, the language in the Oregon regulation was ambiguous but if the California Board could define 'specific course' in the regulation, then there could be more potential of OAL accepting the provision.

Mr. McCarther agreed that there was enough interest from Committee Members for staff to pursue further research of this topic, especially among DCA programs to see if they have similar regulations.

Review, Discussion and Possible Action on List of Chiropractic Adjustive Techniques Provided by National Chiropractic Colleges

Ms. Boyer introduced the compiled list of chiropractic adjustive techniques provided by Board approved chiropractic colleges.

Dr. Dehn inquired into the feedback from the CE provider focus group regarding this list.

Mr. McCarther responded that Dr. Meeker from Palmer Chiropractic College had felt strongly that the clubs and their techniques should not be listed in the report as they have limited oversight from the colleges and not all techniques represent the profession.

Ms. Van Allen added that Dr. Meeker suggested staff review chiropractic techniques listed by the National Board of Chiropractic Examiners (NBCE) as they capture data from the majority of chiropractors. Ms. Van Allen also noted that our regulation specifically identifies 'chiropractic' adjustive or manipulative techniques and that the list from the colleges opened the term up to any technique within multiple professions.

Mr. McCarther mentioned that a reason for the extensive list is the term 'chiropractic adjustive technique' was not heavily emphasized within the schools. Mr. McCarther went on to state that staff would defer to the Committee Members when verifying the validity of the techniques presented on the list.

Dr. McClain agreed that professional members of the Board could review the list for accuracy but that it was a helpful means for staff to cross reference when reviewing CE course applications submitted under chiropractic adjustive technique.

Dr. Dehn suggested potentially removing techniques found in student led clubs as a more accurate compilation of college techniques.

Dr. McClain inquired if responses regarding recognized techniques had been compiled from Specialty Boards.

Ms. Boyer updated the Committee that many Specialty Boards had not yet responded and that the response from the other Specialty Boards were consistent in that they do not approve or support a recognized list of chiropractic adjustive techniques.

Dr. McClain wished to have that information shared as part of the CE Committee memo for the next full Board Meeting.

Dr. Dehn summarized her desire to review the list from the colleges for any potential duplicates.

Public Comment

No public comment.

Future Agenda Items

None.

Adjournment

Dr. McClain adjourned the meeting at 1:31 p.m.

DRAFT



**Agenda Item 4
April 16, 2019**

Review and Discussion of Strategic Plan Goal 1

Purpose of the item

The Committee will review and discuss the progress of 2017 – 2019 Strategic Plan, Goal 1.

Action(s) requested

N/A

Background

Following completion and approval of the Strategic Plan, the Board developed action items to facilitate the completion of goals contained within the document. These items are used as objective measurements by the Board and staff to ensure completion of the Strategic Plan.

Recommendation(s)

N/A

Next Step

N/A

Attachment(s)

- BCE 2017-2019 Strategic Plan, Goal 1

Licensing and Professional Qualification

Ensure the continuous competency of all Doctors of Chiropractic by promoting licensing standards, professional conduct and requirements for continuing education.

- 1.1 Interface with the Council on Chiropractic Education in order to explore the possibility of revising entrance requirements at chiropractic colleges to enhance the quality and caliber of graduates.

Objective Measurement				
A determination of the path to take is made.				
Action Item	Responsible Party	Initiation Date	Proposed Completion Date	Completion Date
1.1.1 Discuss objective scope with licensing committee at next meeting.	EO and Licensing Committee	Q1 2017	Q1 2017	Q1 2017
1.1.2 Invite CCE representative to participate in a licensing committee meeting to discuss possibility of enhancing entrance requirement.	EO and Licensing Committee	Q3 2017	Q4 2017	Q4 2017
1.1.3 Depending on results of CCE meeting, partner with SOLID to possibly convene a task force to discuss entrance requirements (FCLB, CCE, CCA, ACA).	EO and Licensing Committee		N/A	N/A
1.1.4 Determine if there is data to share with Board regarding national discussion.	EO and Licensing Committee		N/A	N/A

- 1.2 Establish approval standards for continuing education providers to enhance the quality of education being provided.

Objective Measurement				
Regulations are in place.				
Action Item	Responsible Party	Initiation Date	Proposed Completion Date	Completion Date
1.2.1 Convene two focus groups (North and South) to gather information from stakeholders regarding potential standards.	Licensing Manger	Q1 2016		Q1 2016
1.2.2 Licensing Committee determines final regulatory language regarding approval standards.	Licensing Committee		In progress	
1.2.3 Prepare regulatory package	Policy Analyst		In progress	

- 1.3 Develop and implement an auditing process for continuing education courses to confirm compliance with requirements and conduct quality control of the courses.

Objective Measurement				
Developed auditing mechanism to maintain quality of CE courses and integrity of the CE process.				
Action Item	Responsible Party	Initiation Date	Proposed Completion Date	Completion Date
1.3.1 Review regulations to determine criteria for course content.	CE Manager		In progress	
1.3.2 Develop an auditing form/checklist for CE courses.	CE Manager		In progress	
1.3.3 Provide a quarterly list of new CE providers and dates for upcoming courses to the Licensing, Continuing Education, & Public Relations Committee.	CE Manager	Q3 2017		Ongoing
1.3.4 The Licensing, Continuing Education, & Public Relations Committee assigns auditors to	CE Manager		N/A	N/A

attend CE courses and audit providers.				
1.3.5 Submit audit forms to the CE Manager and take action as appropriate.	CE Manager		N/A	N/A

1.4 Research and implement possible technological solution(s) that address Stakeholders' current inability to utilize online services in order to enhance efficiency and convenience of Board services.

Objective Measurement				
Successful online services provided to Stakeholders.				
Action Item	Responsible Party	Initiation Date	Proposed Completion Date	Completion Date
1.4.1 Meet with DCA OIS to discuss the current IT system and possible alternatives.	EO	Q3 2016		Q3 2016
1.4.2 Partner with SOLID to map licensing and enforcement processes to determine business needs.	AEO	Q2 2017		Q2 2018
1.4.3 Provide DCA OIS with assessment and obtain recommendations for possible IT options.	AEO and Management Team		Q4 2019	
1.4.4 If determination is made that BreZE meets business needs work with OIS to implement BreZE.	AEO and Management Team		In progress	
1.4.5 If determination is made that BreZE does not meet business needs work with OIS to implement alternative.	AEO and Management Team		Q4 2019	

- 1.5 Continue to explore updating chiropractic college curriculum requirements to better align them with contemporary health care education.

Objective Measurement				
New regulations implemented regarding curriculum requirements.				
Action Item	Responsible Party	Initiation Date	Proposed Completion Date	Completion Date
1.5.1 Ask California Chiropractic colleges to recommend necessary and preferred changes to BCE curriculum regulations.	Licensing Committee Chair	Q2 2017		Q3 2017
1. 5.2 Bring recommended regulatory language to Licensing Committee to make a determination.	Chiropractic College Representatives		In progress	
1. 5.3 Licensing Committee makes recommendation to full Board.	Licensing Committee Chair		TBD	
1.5.4 Regulatory process begins.	Policy Analyst		TBD	

- 1.6 Develop and implement a new continuing education course regarding BCE laws.

Objective Measurement				
New regulation in place regarding the "Top Ten Violations".				
Action Item	Responsible Party	Initiation Date	Proposed Completion Date	Completion Date
1.6.1 Collect data on enforcement statistics for recently licensed chiropractors and determine trends.	Enforcement Manager			Ongoing
1.6.2 Identify the top ten most common violations.	Enforcement Manager			Ongoing
1.6.3 Present trends to licensing committee for their review.	Enforcement Manager		In progress	
1.6.4 Licensing Committee recommendation to full Board. Note: incorporate with 1.2 regulation package.	Licensing Committee		In progress	

1.6.5 Create a regulation to require CE providers to incorporate the top ten violations in ethics and law course. Note: incorporate with 1.2 regulation package.	Policy Analyst		In progress	
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1.7 Evaluate and make a determination about amending the Chiropractic Practice Act to affirm that the Board’s mandate maintains consistency with contemporary practice.

Objective Measurement				
Determination is made regarding the direction to take in dealing with the practice act.				
Action Item	Responsible Party	Initiation Date	Proposed Completion Date	Completion Date
1.7.1 Partner with SOLID to convene stakeholder focus groups to discuss the direction of the profession.	AEO		TBD	
1.7.2 Determine if consensus is met among stakeholders.	EO and Board Chair		In progress	
1.7.3 Determine whether amending the practice act is necessary to achieve goals.	EO and Board Chair		In progress	
1.7.4 Board to make determination regarding further action.	Board Members		TBD	



Agenda Item 5
April 16, 2019

Review, Discussion and Possible Action on proposed amendments to CE regulations

Purpose of the item

The Committee will review and discuss the enclosed policy issues related to Continuing Education (CE) requirements.

Action(s) requested

The Committee needs to determine a course of action for the CE regulations and develop language to present to the full Board.

Background

At the February 15th, 2019 full Board Meeting, the Board voted not to separate the CE provider application from the CE regulatory package and assigned developing regulatory language to the Licensing & CE Committee.

Recommendation(s)

N/A

Next Step

N/A

Attachment(s)

- Major Policy Issues for Consideration by the Licensing & Continuing Education Committee
- Sample Continuing Education (CE) Provider Application
- The Council on Chiropractic Education (CCE) Clinical Education Meta-Competencies

Major Policy Issues for Consideration by the Licensing & Continuing Education Committee

Proposed Amendments to BCE's Continuing Education Regulations

Qualifying Subject Areas

Staff strongly recommends refining the subject areas for which the Board will grant CE Credit. The Board should consider eliminating subjects which are vague or overly comprehensive, such as: Philosophy of Chiropractic; Principles of Practice; Wellness; etc. Providers regularly submit applications for courses that use these titles to describe topics that aren't focused in any substantive way on knowledge and competencies related to patient care.

Narrowing the list to specific, well-defined topics will clarify the law and streamline the course review process by establishing parameters for determining whether a course meets the requirements for approval. More importantly, these topics will ensure that training required by the Board is consistent with our Consumer Protection Mandate.

Following are suggestions for subjects directly related to core competencies and patient care.

1. Assessment and diagnostic procedures to include physical examination, orthopedic, neurological, and cardiovascular examination.
2. Radiology including diagnostic imaging and interpretation.
3. Interpretation of blood and urinalysis test results.
4. Evidence-based peer reviewed interventions.
5. Chiropractic adjustive techniques or chiropractic manipulation techniques as taught in Council of Chiropractic Education (CCE) accredited colleges or specialty boards accredited by American Board of Chiropractic Specialties. For any Provider who wishes to teach chiropractic adjustive techniques not taught in CCE accredited schools, the burden of proof would fall on the CE Provider to determine if the technique would be accepted by the colleges.
6. Physical medicine modalities and therapeutic procedures.
7. Current Issues in Public Health.
8. Nutrition.
9. Diverse/cross-cultural sensitivity as it relates to patient care.
10. Proper and ethical billing and coding, including accurate and effective record keeping. Documentation of evaluation, treatment and progress of a patient; including electronic and paper SOAP notes. This is not to include practice building or patient recruitment/retention or business techniques or principles that teach concepts to increase patient visits or patient fees per case or courses primarily focused on billing and coding.
11. Ethics and law: including but not limited to: truth in advertising; professional boundaries; mandatory reporting requirements for child abuse/neglect, elder

- abuse/neglect, and cohabitant abuse/neglect; and review of the specific laws, rules and regulations related to the practice of chiropractic in the State of California.
12. Sexual harassment and conduct prevention between doctors and patients, including but not limited to sexual boundaries, misconduct or harassment between a licensee, patient, and/or staff.
 13. Cardiopulmonary resuscitation, basic life support and use of an automated external defibrillator (*Note: This will probably be addressed elsewhere in the CE Regs).
 14. Instruction of basic sciences of anatomy, neurology, physiology, kinesiology and medical sciences as related to clinical practice.

Mandatory Hours

To ensure all licensees receive ongoing training in areas critical to quality of care and patient safety, the Board should identify those subject areas that are essential to the safe practice of chiropractic. Staff recommends requiring annual training, as quantified, in each of the following subject areas (14 hours total):

- Four (4) hours of continuing education in assessment and diagnostic procedures (as specified in Qualifying Subject Areas #1-#3).
- Four (4) hours in Chiropractic adjustive techniques and/or chiropractic manipulation techniques (as specified in Qualifying Subject Areas #5).
- Two (2) hours in ethics and law (as specified in Qualifying Subject Areas #11).
- Two (2) hours in sexual boundaries (as specified in Qualifying Subject Areas #12). Completed every two years.
- Two (2) hours in Record Keeping (as specified in Qualifying Subject Area #10)
 - Committee Topic: frequency of mandatory course – 6 hours in these three topics is excessive. Purposed one hour every year.

The remaining 10 hours may be satisfied through any of the eight other Qualifying Subject Areas.

Authorized Pathways

For purposes of clarity, the Board should establish two “pathways” by which a licensee may obtain CE credits – Traditional and Alternate.

- “Traditional Pathway” would be limited to BCE-approved courses (including distance-learning courses) in a Qualifying Subject Area received from a BCE-approved provider.

- “Alternate Pathway” would be credit obtained through an entity other than a BCE-approved provider. This would include credit obtained through any of the following pathways:
 - Serving as a NBCE Examiner,
 - Taking a CE Course approved by another healing arts board or the Division of Workers’ Comp,
 - Completing a PACE-approved course through a PACE accredited provider in a qualifying subject area,
 - Completing a CPR course approved by the American Heart Association/American Red Cross,
 - Credit received by attending a BCE Board Meeting.
 - Credit for participating as an Occupational Analyst, as a subject matter expert for the purpose of Exam Development of the California Law and Professional Practice Examination, pursuant to CCR 364, or for other Special Projects approved by the full Board.

Provider Qualifications and Responsibilities

The Board needs to establish minimum qualifications for determining an applicant’s ability to deliver defensible continuing education courses and programs. Current regulations require little more than name of a contact person and provide the Board with virtually no authority to deny an applicant.

At a minimum, the Board should specify causes for denial, such as prior withdrawal of the provider’s approval. The Board should also establish a process for reinstatement of approval.

Potential qualifications:

- Mission statement of organization
- Listed responsible party
- Example of record keeping system, including assessment tool result
- Methods/Procedure of attendance tracking and examples
- Grievance procedures, notification requirements (Board contact information)
- Conflict of Interest statements
- Transfer of records notice (in case of business closure and notification to the Board)
- Live scan results

Definition of “Course”

Providers and Board Staff consistently disagree on the definition of a “course” and the existing regulations provide very little clarification. The regulations do not specify limitations on the number of hours, subject areas, or CE credits for an individual course, which has resulted in providers submitting applications for “courses” being presented over several days, covering multiple subjects, taught by a variety of providers. The provider’s who do this are apparently attempting to avoid paying more than one course application fee for what in reality is a seminar offering a variety of courses and as many as 24 CE Credits.

In addition to specifying the minimum requirements for each course, the Board should specify the limits for what may qualify as an individual course.

Potential course suggestions:

- Applications consist of a planned program of continuing education activities. Applications can include multiple subject areas and are evaluated per unit hour and per subject matter.
- No limitation on how many hours submitted for given application. Licensees should be limited in taking 8 hours of instruction per day.
- Hour should be based on 60-minute hour.
- Required to submit:
 - Learning objectives
 - Hourly breakdown of instruction
 - Assessment of learning tool; the evaluation method is appropriate to the course objectives and educational methods and measures the extent to which the objectives were accomplished
 - Instructor CV, exemplifying appropriate certifications and qualifications for the subject matter the application is listed under
 - Potentially to include professional license number

Denial and Appeal Processes

For purposes of clarity, the Board should establish separate and distinct sections outlining the Denial and Appeal Processes for Provider Applications and the Denial and Appeal Processes for Course Applications. Currently, these provisions are buried in the sections related to the approval of the respective application, which makes them confusing and difficult to find. In addition, the denial/appeal process for providers and courses aren't consistent, which leads to further confusion for staff and providers.

Potential suggestions:

- The board may deny a provider application or withdraw its approval of a provider for causes that include, but are not limited to, the following:
 - The provider or applicant has been convicted of a crime substantially related to the activities of a provider or licensee;
 - The provider or applicant has had a license revoked, suspended, placed on probation, voluntarily surrendered or otherwise disciplined by the board.
- The board may suspend review and approval of an application if an administrative action is pending against an applicant's license.
- Any material misrepresentation of fact by a provider or applicant in any information required to be submitted to the board is grounds for withdrawal or denial of an application.
- The board may withdraw its approval of a provider or a course after giving the provider written notice setting forth its reasons for withdrawal and after giving the provider a reasonable opportunity to be heard by the board or its designee.

Appeal process:

Should the board deny approval of a provider or a course request, the applicant may appeal the action by submitting to the board, a letter stating the reason(s) for the appeal. The letter of appeal shall be filed with the board within ten (10) days of the mailing of the applicant's notification of the board's denial. The appeal shall be considered by the board or its designee. In the event that the board or its designee grants the appeal after the date of the course for which the appeal is being made, the board will accept continuing education hours from its licensees who completed the course.

Licensee Reporting Requirements

To facilitate the auditing of a licensee's compliance with the annual CE requirements, the Board should consider requiring licensees to disclose at the time of license renewal specific information regarding the credits obtained in the preceding year.

Specifically, licensees should provide a certificate containing the following information for each qualifying course they completed:

- Course Title
- Approval Number
- Date of Completion,
- Name of CE Provider
- Method of Study (e.g., live presentation, online course, etc).
- Number of credits earned
- Qualifying subject areas satisfied
- Any additional information applicable to CE Credits earned through an alternate pathway.
- Additionally, a form must be completed at the time of license renewal, identifying all courses completed and including pertinent details.



Continuing Education (CE) Provider Application

- New CE Provider Application - \$84
- CE Provider Biennial Renewal Application - \$56

Provider Status

- Individual* _____ University/ College
- Corporation* _____ Government Agency
- Partnership* _____ Professional Agency
- Health Facility

*Please provide names of all responsible parties.

Provider Business Name:	
*Business Owner (Financial Responsible Party):	
Address:	
Telephone Number:	Email address:
Name of responsible party for all CE communication (include license number if applicable):	
Second responsible party:	
Type of courses to be offered:	
In person seminars <input type="checkbox"/> Online <input type="checkbox"/> Both <input type="checkbox"/>	

Conflict of Interest statements:

Examples of digital record keeping system (compliance with provider four-year record retention requirements, i.e. templates for CE certificates, course registration information). Examples should be safe, retrievable and replicable:

Provide an example of your course completion certificate:

Methods/Procedure of attendance tracking and examples:

Grievance procedures:

Transfer of records procedures (in case of business closure and notification to the Board):

Procedure for vetting and approving appropriately credentialed instructors:

Have any of the above-referenced individuals been previously denied approval to offer CE courses by the Board of Chiropractic Examiner or by any other Department of Consumer Affairs Boards? If yes, attach an explanation.

YES NO

Are the above-referenced individuals currently in good standing with each licensing jurisdiction in which they hold or have held a license? If no, attach an explanation identifying the licensing entity and reason the individual is not in good standing.

YES NO

Are any of the above-referenced individuals under investigation by a regulatory agency? If yes, attach an explanation identifying the licensing entity and the nature and status of the investigation.

YES NO

Have any of the above-referenced individuals had a license placed on probation or restricted within the past five years in this or any other jurisdiction? If yes, attach an explanation.

YES NO

Are any of the above-referenced individuals under investigation for or been charged with a criminal offense? If yes, attach an explanation identifying the individual, the nature and status of the investigation and all relevant police records.

YES NO

Have any of the above-referenced individuals been convicted of a misdemeanor involving moral turpitude or a felony in this or any other jurisdiction? If yes, attach an explanation identifying the individual, the nature of the crime, the dates of arrest and conviction, the law enforcement agency and court having jurisdiction and all relevant police and court documents.

YES NO

I hereby certify that the information provided is true, correct and complete to the best of my knowledge. I also certify that I personally read and completed this application and have read the instructions.

Signature of Authorized Agent

Date

1. Assessment of Learning Outcomes and Curricular Effectiveness

The DCP employs best practices to assess and demonstrate each student's achievement of meta-competency outcomes. The DCP determines its own method of meta-competency delivery and assessment to document student competency and curricular effectiveness. Data related to assessment of student learning and curricular effectiveness are utilized for program improvement and are factors in institutional planning and program resource allocation. Ultimately, the DCP is accountable for the quality and quantity of its evidence of compliance with the meta-competencies and its curricular objectives and outcomes.

2. Quality Patient Care

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

CCE Clinical Education Meta-Competencies
A graduate of a CCE accredited DCP is competent in the areas of:

META-COMPETENCY 1 - ASSESSMENT & DIAGNOSIS

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

CURRICULAR OBJECTIVE:

The program prepares students to -

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

OUTCOMES:

Students will be able to -

- 1) Develop a list of differential diagnosis/es and corresponding exams from a case-appropriate health history and review of external health records.
- 2) Identify significant findings that may indicate the need for follow-up through additional examination, application of diagnostic and/or confirmatory tests and tools, and any consultations.
- 3) Generate a problem list with diagnosis/es.

META-COMPETENCY 2 - MANAGEMENT PLAN

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

CURRICULAR OBJECTIVE:

The program prepares students to -

- A. Develop a management plan appropriate to the diagnosis/es, the patient's health status, obstacles to improvement, specific goals, and prognoses, while incorporating patient values and expectations of care.
- B. Determine the need for chiropractic adjustment/manipulation or other forms of passive care.
- C. Determine the need for active care.
- D. Determine the need for changes in patient behavior and activities of daily living.
- E. Determine the need for emergency care, referral and/or collaborative care.
- F. Provide information to patients of risks, benefits, natural history and alternatives to care regarding the proposed management plan.
- G. Obtain informed consent.
- H. Monitor patient progress and alter management plans accordingly.
- I. Recognize the point of a patient's maximum improvement and release the patient from care, or determine rationales for any ongoing care.

OUTCOMES:

Students will be able to -

- 1) Develop an evidence-informed management plan appropriate to the diagnosis, including obstacles to improvement, measurable healthcare goals, prognoses and target endpoint of care in consideration of bio-psychosocial factors, natural history and alternatives to care.

- 2) Refer for emergency care and/or collaborative care as appropriate.
- 3) Present a management plan that includes obtaining informed consent.
- 4) Deliver appropriate chiropractic adjustments/manipulations, and/or other forms of passive care as identified in the management plan.
- 5) Implement appropriate active care as identified in the management plan.
- 6) Make recommendations for changes in lifestyle behaviors, activities of daily living and/or dietary and nutritional habits as appropriate.
- 7) Implement changes to the management plan as new clinical information becomes available.
- 8) Identify maximum improvement and document the endpoint of care or determine rationales for continuing care.

META-COMPETENCY 3 - HEALTH PROMOTION AND DISEASE PREVENTION

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

CURRICULAR OBJECTIVE:

The program prepares students to -

- A. Identify appropriate hygiene in a clinical environment.
- B. Explain health risk factors, leading health indicators and public health issues to patients.
- C. Identify public health issues in diverse populations.
- D. Understand their reporting responsibility regarding public health risks and issues.

OUTCOMES:

Students will be able to -

- 1) Manage health risks and public health issues, including reporting, as required.
- 2) Recommend or provide resources (educational, community-based, etc.) and instruction regarding public health issues.
- 3) Address appropriate hygiene practices in the clinical environment.
- 4) Communicate health improvement strategies with other health professionals.

META-COMPETENCY 4 - COMMUNICATION AND RECORD KEEPING

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

CURRICULAR OBJECTIVE:

The program prepares students to -

- A. Communicate effectively, accurately and appropriately, in writing and interpersonally with diverse audiences.
- B. Acknowledge the need for, and apply cultural sensitivity in, communications with patients and others.
- C. Create and maintain accurate, appropriate and legible records.
- D. Comply with regulatory standards and responsibilities for patient and business records.

OUTCOMES:

Students will be able to -

- 1) Document health risks and management options considering the patient's health care needs and goals.
- 2) Consider the patient's ethnicity, cultural beliefs, and socio-economic status when communicating.
- 3) Generate accurate, concise, appropriate and legible patient records, narrative reports and correspondence.
- 4) Safeguard and keep confidential the patient's protected health and financial information.
- 5) Generate patient records that are in compliance with state and federal laws and regulations and applicable/accepted industry standards.

META-COMPETENCY 5 - PROFESSIONAL ETHICS AND JURISPRUDENCE

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

CURRICULAR OBJECTIVE:

The program prepares students to -

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

OUTCOMES:

Students will be able to -

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

META-COMPETENCY 6 - INFORMATION AND TECHNOLOGY LITERACY

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

CURRICULAR OBJECTIVE:

The program prepares students to -

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

OUTCOMES:

Students will be able to -

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

META-COMPETENCY 7 – CHIROPRACTIC ADJUSTMENT/MANIPULATION

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

CURRICULAR OBJECTIVE:

The program prepares students to –

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

OUTCOMES:

Students will be able to -

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

META-COMPETENCY 8 – INTER-PROFESSIONAL EDUCATION

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

CURRICULAR OBJECTIVE:

The program prepares students to –

- A. Work with other health professionals to maintain a climate of mutual respect and shared values, placing the interests of patients at the center of inter-professional health care delivery.
- B. Use the knowledge of one's own role and other professions' roles to effectively interact with team members.
- C. Understand different models of inter-professional care, organizational and administrative structures, and the decision-making processes that accompany them.
- D. Understand the principles of team dynamics to perform effectively on an inter-professional team influencing patient-centered care that is safe, timely, efficient, effective and equitable.
- E. Organize and communicate with patients, families, and healthcare team members to ensure common understanding of information, treatment and care decisions.

OUTCOMES:

Students will be able to -

- 1) Explain their own roles and responsibilities and those of other care providers and how the team works together to provide care.
- 2) Use appropriate team building and collaborative strategies with other members of the healthcare team to support a team approach to patient centered care.

Examples of Evidence Related to Curriculum, Competencies and Outcomes Assessment

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

I. Research and Scholarship

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

Context

1. Scope

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

2. Outcomes

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