



**BOARD OF CHIROPRACTIC EXAMINERS  
CONTINUING EDUCATION COMMITTEE  
MEETING MINUTES  
January 4, 2023**

In accordance with the statutory provisions of Government Code section 11133, the Continuing Education Committee (Committee) of the Board of Chiropractic Examiners (Board) met via teleconference/Webex Events with no physical public locations on January 4, 2023.

**Committee Members Present**

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

**Staff Present**

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

**1. Call to Order / Roll Call / Establishment of a Quorum**

Dr. Paris called the meeting to order at 12:31 p.m. Dr. Adams called the roll. All members were present, and a quorum was established.

**2. Review and Possible Approval of December 2, 2022 Committee Meeting Minutes**

**Motion: Dr. Adams moved to approve the December 2, 2022 Continuing Education Committee meeting minutes.**

**Second: Dr. Daniels seconded the motion.**

**Public Comment: None.**

**Vote: 3-0 (Dr. Paris-AYE, Dr. Adams-AYE, and Dr. Daniels-AYE).**

**Motion: Carried.**

**3. Review, Discussion, and Possible Recommendation Regarding Proposal to Mandate Basic Life Support or Cardiopulmonary Resuscitation Certification for Licensees (amend California Code of Regulations [CCR], Title 16, section 371 and add CCR, Title 16, section 371.1)**

Ms. Walker explained that the Board had adopted a regulation effective November 21, 2003, that required all licensees to maintain current certification in cardiopulmonary resuscitation (CPR) or basic life support (BLS) as a condition of licensure and license renewal, and the Board repealed the regulation in 2007 based on the reasoning that: 1) there had been no positive impact on the level of care provided by doctors of chiropractic since the regulation took effect; 2) other DCA healing arts boards had repealed their CPR requirements; and 3) the Board lacks the authority and expertise to approve associations to provide CPR training. She added in 2015, the Board began discussing reimplementing the CPR requirement for licensees as a matter of public safety because unlike many other health care professionals, doctors of chiropractic primarily work as sole proprietors and should be trained and certified in the proper procedures for handling an emergency situation that could arise in their practice. She stated at the July 30, 2015 Board meeting, the Board approved the proposed language found within Attachment 1 of the meeting materials to amend CCR, title 16, section 371 and add 371.1, and the proposal was subsequently placed on hold pending the completion of the comprehensive updates to the Board's continuing education (CE) requirements.

Ms. Walker informed the Committee that staff reviewed the 2015 regulatory language and has four recommendations for the Committee's consideration:

1. Mandate BLS-level training and certification for active licensees as those courses are specifically designed for health care providers and public safety professionals while general CPR courses are intended those without any formal medical training.
2. Remove the reference to "other associations approved by the Board" from the language because it is vague and was previously cited as problematic during the Board's 2007 repeal of the prior regulation. Instead, consider mandating courses that are approved by the American Heart Association (AHA) or the American Red Cross (ARC) or offered through providers approved by the American Safety and Health Institute (ASHI).
3. Require licensees to retain their records of certification for four years and provide them to the Board for auditing upon request for consistency with the requirements for retaining CE records.

4. Hold off on amending CCR, title 16, section 371 at this time because the Licensing Committee is discussing other issues that potentially affect that regulation.

Ms. Walker noted staff's recommendations are reflected in the updated draft language to amend CCR, title 16, section 371.1 found within Attachment 2 of the meeting materials.

Dr. Daniels suggested the Committee consider how to handle situations involving licensees with disabilities that may prevent them from being able to physically perform CPR. Ms. Walker explained the draft language includes a hands-on skills assessment, so the Committee would need to determine an appropriate alternative requirement for a disabled licensee, such as having a member of their staff who is certified or exempting them from the requirement. Ms. Knight also suggested exploring how other health care boards handle this issue.

Dr. Paris commented that the language will need to address both temporary and permanent disabilities. He also explained AHA has a program called HeartCode that includes online learning followed by a hands-on skills test on a voice-activated manikin. He suggested ensuring the language would allow this type of certification process to meet the requirements. Ms. Walker stated staff will update the language to also include the skills assessment Dr. Paris described. Dr. Adams commented that there are many good doctors of chiropractic who are physically unable to get down on the floor to perform CPR in an emergency situation. He suggested that licensees who are exempt from the requirement due to a disability put a disclosure in their office that they are not certified and will call emergency medical services (EMS) in case of an emergency. Dr. Paris suggested exploring whether AHA or ARC offer a limited certification to those with disabilities.

Dr. Adams expressed his concerns with potential liability for licensees who have been trained in CPR but are physically unable to perform it when an emergency arises. Ms. Knight clarified that the Board would be mandating that licensees obtain the BLS certification, not that they act when they should, so the question is if licensees can receive the certification with a physical limitation. Dr. Adams commented that the rest of the proposed language looks good.

Dr. Daniels asked how the Board would handle this requirement for inactive licensees and if they would still receive CE credit for completing the training. Ms. Walker explained the proposal is to mandate BLS certification for all licensees who hold an active license, and the Board would require proof of current certification for licensees who are seeking to reactivate an inactive license or restore a license in forfeiture or canceled status. She also stated that licensees will earn up to two hours of general CE credit for completing the BLS certification, and they must retain the records of certification for auditing upon request. Dr. Paris asked if staff had considered having

licensees upload their BLS certification in the Connect system along with their other CE records. Ms. Walker replied that staff could implement that functionality through a future software release.

Dr. Daniels asked if it was necessary to revisit the issues identified in the 2007 repeal of the prior regulation, such as no measured change and the Board's lack of knowledge in evaluating the providers. She noted the Board is relying on nationally recognized entities that provide the training. Dr. Paris replied that the BLS proposal is important and in the interest of public protection because doctors of chiropractic should have the training. He noted a recent event where an NFL player's life was saved by CPR.

Dr. Paris asked for additional information regarding ASHI. Ms. Walker replied that ASHI certifies providers to deliver BLS courses, and the purpose of including ASHI was to ensure licensees are able to access a wide variety of courses through a comparable program to those offered by AHA and ARC.

**Public Comment:** None.

#### **4. Review, Discussion, and Possible Recommendation Regarding Proposed Changes to the Annual Continuing Education (CE) Requirements for Licensees and the Board's CE Course Review and Approval Process (amend CCR, Title 16, sections 360-364)**

Ms. Walker introduced this agenda item and noted that over the past few meetings, the Committee has been developing a regulatory proposal to update the Board's annual CE requirements for licensees and the course review and approval process. She explained that licensees would still be required to complete 24 hours of CE annually; however, they would be required to complete a total of 10 mandatory hours in four new competency areas: 1) Competency 1: Evaluation and Management – 4 hours; 2) Competency 2: Documentation, Record Keeping, and Coding – 2 hours; 3) Competency 3: Adjustment, Manipulation, or Technique – 2 hours; and 4) Competency 4: Ethics, Law, and Professional Boundaries – 2 hours. She stated the remaining 14 hours of CE credit can be obtained through any of the competency areas, including Competency 5: Electives, or through other professional development activities that have been outlined in the proposed text for CCR, title 16, section 361. She added the Committee had also discussed allowing CE providers who have been recognized through the Federation of Chiropractic Licensing Boards' (FCLB) PACE program to apply for Board approval of their CE courses; moving to a three-year approval cycle for CE courses; and implementing a new reapproval process for previously approved courses.

Ms. Walker summarized the substantive changes to the proposed language to amend CCR, title 16, sections 360 through 364 since the Committee's last review at the December 2, 2022 meeting, including:

1. Granting credit for sexual harassment prevention training under Competency 4: Ethics, Law, and Professional Boundaries (CCR, title 16, section 361, subd. (d)(3));
2. Prohibiting CE providers from making changes without first seeking the Board's prior authorization (CCR, title 16, section 362, subd. (c)(4));
3. Requiring a list of the journal studies, publications, and other materials that were relied upon in the development of the course content (CCR, title 16, section 363, subd. (c)(2));
4. Adding a description of the provider's method for tracking course attendance and participation and a section for the name of the individuals or organizations that have underwritten or subsidized the course (CCR, title 16, section 363, subd. (c)(3) and (4)); and
5. Outlining the process for obtaining authorization for any substantive changes to a course (CCR, title 16, section 363, subd. (h)).

She also highlighted the proposed forms that would be incorporated by reference:

1) New Continuing Education Provider Application (Form No. BCE200, Rev. 12/2022); 2) Continuing Education Provider Renewal Application (Form No. BCE201, Rev. 12/2022); 3) Request for Authorization of Changes to Continuing Education Provider Approval (Form No. BCE202, 12/2022); 4) New Continuing Education Course Application (Form No. BCE203, Rev. 12/2022); 5) Continuing Education Instructor Attestation (Form No. BCE204, 12/2022); 6) Request to Change Continuing Education Course Date(s) or Location(s) (Form No. BCE205, 12/2022); 7) Request for Authorization of Changes to Continuing Education Course (Form No. BCE206, 12/2022); and 8) Application for Reapproval of a Continuing Education Course (Form No. BCE207, 12/2022).

Ms. Walker added that at the December 2, 2022 meeting, the Committee expressed interest in granting CE credit to licensees who conduct research and further discussing the verification of attendance during live and interactive courses given via electronic means.

Dr. Daniels explained the chiropractic profession needs more peer-reviewed research that has been submitted and accepted by a journal, and licensees who perform that research should receive CE credit for that effort based on the date of acceptance by the journal. She noted the Committee will need to have a larger conversation regarding what qualifies for credit as research because there are strict guidelines for the community of top-level researchers. Dr. Adams agreed and suggested tabling that item for a future discussion. Dr. Paris agreed with Dr. Daniels thoughts on the topic and suggested that any research would need to be published in a peer-reviewed journal. He

also noted the significant amount of time and energy that goes into research and was supportive of those efforts being reflected in the amount of CE credit granted for the activity.

Dr. Paris redirected the discussion to the topic of verification of attendance during live and interactive courses given via electronic means. Dr. Adams expressed his approval for the draft language that requires the CE provider to describe their method for tracking and verifying attendance. Dr. Paris agreed but wanted assurances through a minimum requirement that providers track attendees' sign in and out times and require quizzes and cameras to ensure the attendees are present and participating in the course. Dr. Daniels commented that the Board should require cameras to be on a minimum of 80 percent of the time to ensure the attendees are participating in their education. Dr. Adams expressed that such a requirement would require providers to record and review each of their courses to ensure licensees complied. He reiterated his support for the language that would allow the provider to demonstrate to the Board that they have an effective system for verifying attendance and participation during their courses.

Ms. Walker noted the current definition for a live and interactive course given via electronic means in the draft language allows for an audio connection to qualify, so if the Committee's intent is to require a video connection, staff will need to update that definition. She also noted the language requires the providers to inform participants of how they will address any technical difficulties that may arise during the course.

Dr. Paris recalled that the Committee's intent was to require live and interactive courses to include a real-time video connection as a mandatory course component. Drs. Adams and Daniels agreed. Dr. Adams explained that the live, remote video connection replaces the requirement for in-person participation, but an audio-only connection would not be sufficient. Ms. Walker stated staff will make the necessary updates to that language.

Dr. Daniels referenced the proposed language and asked if the Committee was considering also granting CE credit for attending Board meetings that do not include petition hearings. Dr. Paris replied that the petitioner hearings are important for public protection and provide the most benefit to licensees reflecting on their practices, so he supports keeping the language as is. Dr. Adams agreed.

Dr. Daniels continued and suggested adding electrodiagnostics to diagnostic testing procedures. Drs. Adams and Paris agreed. Dr. Paris suggested broadening the language to "advanced imaging and diagnostics" to include new and future technologies. Dr. Adams emphasized the Committee's intent for the electives to be broad and inclusive without providing an exhaustive list through the use of the term "including, but not limited to." Ms. Hoganson suggested providing examples of the technology in the regulation to provide greater clarity to CE providers on the Board's intent. The Committee proposed adding electromyography (EMG), nerve conduction

velocity (NCV), diagnostic ultrasound, and electrocardiography (EKG or ECG) to the list as examples in the proposed language for CCR, title 16, section 361, subdivision (f)(5)(C).

Dr. Daniels redirected the Committee to the application forms and suggested adding a section in the CE provider renewal application to list any updates to their education. She also asked why the CE provider's website was listed as an optional field. Ms. Walker replied that staff is envisioning a modern course search section of the Connect system where providers could include a link to their website in the search results. She added that the Board could make that a mandatory field on the application.

Dr. Daniels noted the CE course reapproval application currently asks if there have been any updates to the reference materials, and stated the application should be reworded to ask the provider to explain what updates have been made. Dr. Adams noted there may not be any new studies for some topic areas. Dr. Daniels explained the intent is for the provider to demonstrate that they have completed a literature review and made appropriate updates to enhance the course content. Dr. Paris agreed and commented that three years is a fair amount of time to ask CE providers to reassess and update the scientific material that is relevant to their courses. Dr. Daniels noted the need to ensure licensees are receiving quality education. Ms. Walker proposed changing the question as Dr. Daniels suggested to ask the provider to describe any updates that have been made since the course was last approved and provide the current reference list.

Dr. Daniels asked if there were sufficient course offerings for Competency 2: Documentation, Record Keeping, and Coding. Dr. Paris replied there are courses available and CE providers will begin developing additional courses to meet the new competency areas after they have been implemented by the Board. Dr. Daniels also suggested adding the course time to the application form. Ms. Walker added the Board should be notified of the location of the course, including the full street address, and noted the Board currently only requests the city and state. Drs. Paris and Adams concurred. The Committee discussed the additional workload associated with collecting and updating course times as changes are made, and agreed to leave that field off of the application form.

**Motion: Dr. Adams moved to recommend that the regulatory proposal with the Committee's changes to the video connection requirements and description of advanced imaging and diagnostics be presented to the full Board for consideration at the January 20, 2023 meeting.**

**Second: Dr. Daniels seconded the motion.**

**Public Comments:** Dallan Packard, D.C. commented that the Board's recent increase of the CE course application fee to \$116 per hour of instruction would be passed on to

course attendees and asked why that decision was made and what the money goes toward.

Victor Tong, D.C. thanked the Committee for requiring video connections during live webinars. He shared that he already implemented this policy for his seminars and adding the requirement to the regulations would help him enforce it. He stated he and his course monitor have observed attendees driving, shopping, or treating patients during the webinars and they are not granted any CE credit. Dr. Tong also requested further clarification from the Committee on the requested updates to CE courses because some topics, such as anatomy, have no changes.

**Vote: 3-0 (Dr. Paris-AYE, Dr. Adams-AYE, and Dr. Daniels-AYE).**

**Motion: Carried.**

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

**Public Comment:** None.

## **6. Future Agenda Items**

Dr. Daniels requested further discussion regarding granting CE credit to licensees for conducting research.

**Public Comment:** Dr. Tong commented that when he does research, it typically takes more than one year to complete the work so the Committee should think about the timeline and when to grant the CE credit, such as upon approval of the peer-reviewed journal article. He also stated it is very difficult to predict how much time will be spent on research, but it will be a lot more than one or two hours.

## **7. Adjournment**

Dr. Paris adjourned the meeting at 2:49 p.m.