



NOTICE OF TELECONFERENCE BOARD MEETING

Board Members

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

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

Friday, January 12, 2024

9:00 a.m. to 4:00 p.m.

(or until completion of business)

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

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m5bea037e391d373ee86191669350f2f2>

If joining using the link above

Webinar number: 2495 191 8325

Webinar password: BCE112

If joining by phone

+1-415-655-0001 US Toll

Access code: 2495 191 8325

Passcode: 223112

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

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

Note: Members of the public may also submit written comments to the Board on any agenda item by Tuesday, January 9, 2024. Written comments should be directed to chiro.info@dca.ca.gov for Board consideration.

Primary Teleconference Meeting Location

**Department of Consumer Affairs
Ruby Room
1747 N. Market Blvd., Suite 182
Sacramento, CA 95834**

Additional Teleconference Meeting Locations

4100 W. Alameda Avenue
Third Floor
Burbank, CA 91505

28000 Rancho Parkway
Meeting Room
Lake Forest, CA 92630

3455 Knighton Road
Redding, CA 96001

1165 Park Avenue
San Jose, CA 95126

101 Andrieux Street
Sonoma, CA 95476

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

AGENDA

- 1. Open Session – Call to Order / Roll Call / Establishment of a Quorum**
- 2. Public Comment for Items Not on the Agenda**
Note: Members of the public may offer public comment for items not on the agenda. However, the Board may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125 and 11125.7, subd. (a).]
- 3. Board Chair’s Report**
- 4. Elections of Board Officers for 2024:**
 - A. Chair
 - B. Vice Chair
 - C. Secretary
- 5. Department of Consumer Affairs (DCA) Report Which May Include Updates on DCA’s Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, and Legislative, Regulatory, or Policy**

Matters

- 6. Review and Possible Approval of July 20, 2023 and October 19–20, 2023 Board Meeting Minutes**
- 7. Review and Possible Ratification of Approved Doctor of Chiropractic License Applications**
- 8. Review and Possible Ratification of Approved Continuing Education Provider Applications**
- 9. Executive Officer's Report and Updates on:**
 - A. Administration, Continuing Education, Enforcement, and Licensing Programs
 - B. Business Modernization Project and Implementation of Connect System
 - C. Board's Budget and Fund Condition
 - D. Regulatory Process and Status of Board's Pending Proposals
 - E. Board's 2022–2026 Strategic Plan Objectives
- 10. Presentation and Discussion Regarding the Council on Chiropractic Education's (CCE) Accreditation Process for Doctor of Chiropractic Programs and Proposed Changes to the Accreditation Standards**
- 11. Updates and Discussion on the California Doctor of Chiropractic Programs:**
 - A. Life Chiropractic College West
 - B. Palmer College of Chiropractic – West Campus
 - C. Southern California University of Health Sciences, Los Angeles College of Chiropractic
- 12. Licensing Committee Report**
 - Committee Chair's Update on Pending Regulatory Proposals Being Considered and Developed by the Committee, Including Approval of Chiropractic Programs and Educational Requirements, Chiropractic Practice Locations and Display of License, Inactive Doctor of Chiropractic Licenses, and Order for Physical or Mental Examination of Applicants
- 13. Continuing Education Committee Report**
 - Committee Chair's Update on December 1, 2023 Meeting
- 14. Government and Public Affairs Committee Report**
 - Committee Chair's Update on December 4, 2023 Meeting
- 15. Enforcement Committee Report**
 - Committee Chair's Update on December 8, 2023 Meeting
- 16. Future Agenda Items**

Note: Members of the Board and the public may submit proposed agenda items for a future Board meeting. However, the Board may not discuss or take action on any

proposed matter except to decide whether to place the matter on the agenda of a future meeting. [Government Code Section 11125.]

17. Closed Session – The Board Will Meet in Closed Session to:

- A. Deliberate and Vote on Disciplinary Matters Pursuant to Government Code Section 11126, subd. (c)(3)
- B. Conduct the Annual Performance Evaluation and Consider the Salary of its Executive Officer Pursuant to Government Code Section 11126, subd. (a)(1)

18. Adjournment

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

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

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

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

Contact Person: Tammi Pitto

Telephone: (916) 263-5355

Email: chiro.info@dca.ca.gov

Telecommunications Relay Service: Dial 711

Mailing Address:

Board of Chiropractic Examiners

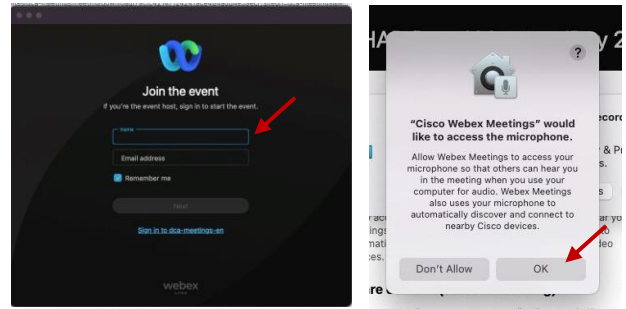
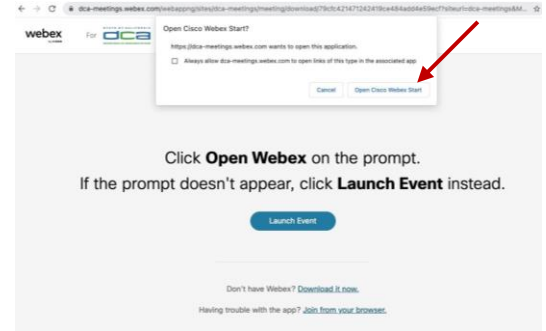
1625 N. Market Blvd., Suite N-327

Sacramento, CA 95834

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

If joining using the meeting link

- 1 Click on the meeting link. This can be found in the meeting notice you received.
- 2 If you have not previously used Webex on your device, your web browser may ask if you want to open Webex. Click "Open Cisco Webex Start" or "Open Webex", whichever option is presented. DO NOT click "Join from your browser", as you will not be able to participate during the meeting.
- 3 Enter your name and email address*. Click "Join as a guest". Accept any request for permission to use your microphone and/or camera.

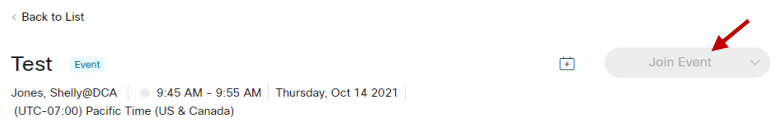
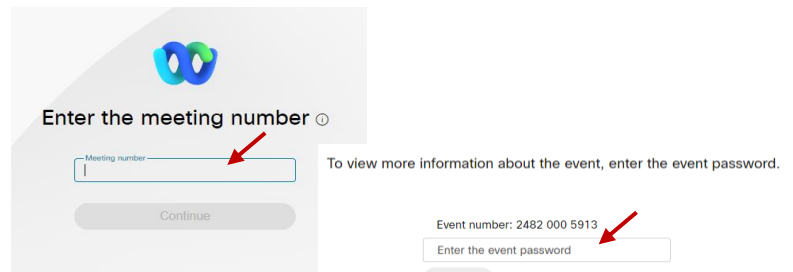
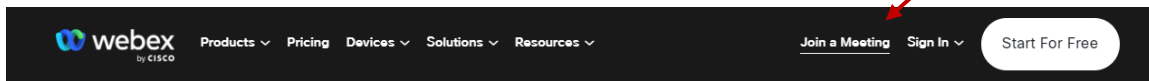


* Members of the public are not obligated to provide their name or personal information and may provide a unique identifier such as their initials or another alternative, and a fictitious email address like in the following sample format: XXXXX@mailinator.com.

OR

If joining from Webex.com

- 1 Click on "Join a Meeting" at the top of the Webex window.
- 2 Enter the meeting/event number and click "Continue". Enter the event password and click "OK". This can be found in the meeting notice you received.
- 3 The meeting information will be displayed. Click "Join Event".



Join information

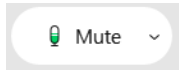
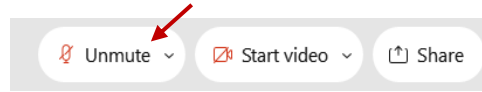
OR

Connect via telephone*:

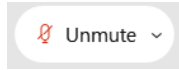
You may also join the meeting by calling in using the phone number, access code, and passcode provided in the meeting notice.

Microphone

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

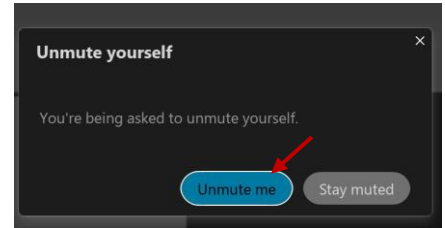


Green microphone = Unmuted: People in the meeting can hear you.



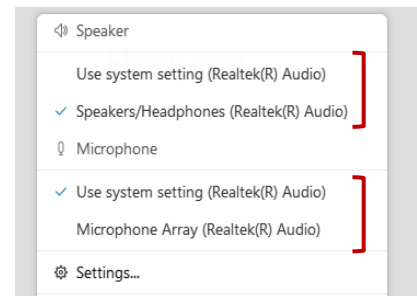
Red microphone = Muted: No one in the meeting can hear you.

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



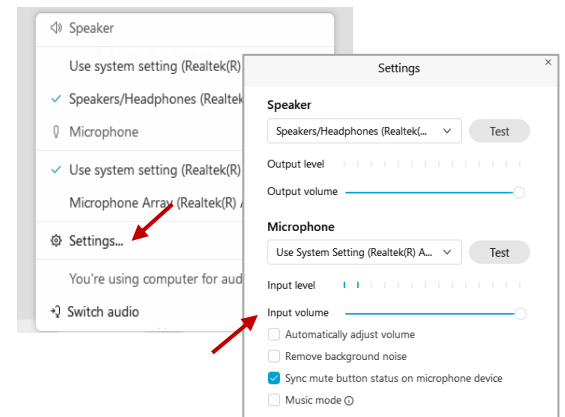
If you cannot hear or be heard

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



If your microphone volume is too low or too high

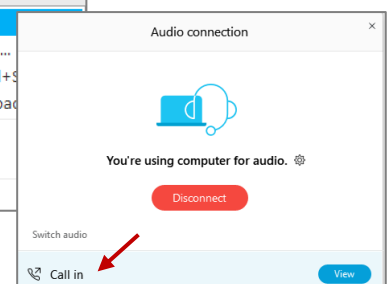
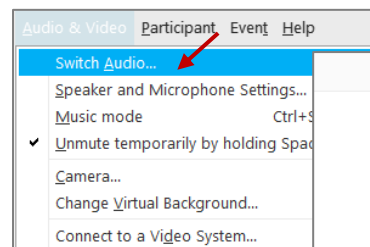
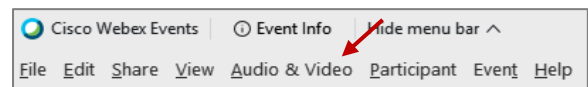
- 1 Locate the command row – click on the bottom facing arrow located on the Mute/Unmute button.
- 2 From the pop-up window:
 - Click on "Settings...":
 - Drag the "Input Volume" located under microphone settings to adjust your volume.



Audio Connectivity Issues

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

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



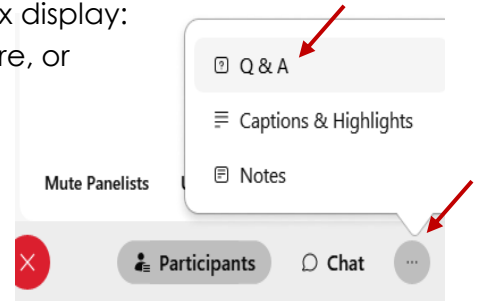
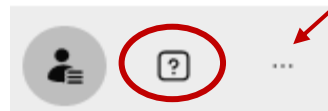
The question-and-answer (Q&A) and hand raise features are utilized for public comments.

NOTE: This feature is not accessible to those joining the meeting via telephone.

Q&A Feature

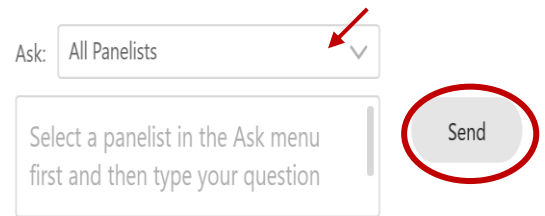
1 Access the Q&A panel at the bottom right of the Webex display:

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



2 In the text box:

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



OR

Hand Raise Feature

- 1
- Hovering over your own name.
 - Clicking the hand icon that appears next to your name.
 - Repeat this process to lower your hand.

If connected via telephone:

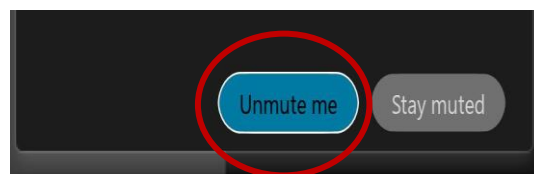
- Utilize the raise hand feature by pressing *3 to raise your hand.
- Repeat this process to lower your hand.

Unmuting Your Microphone



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

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

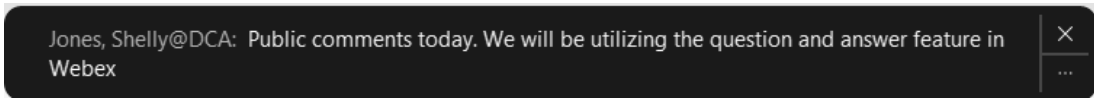


OR

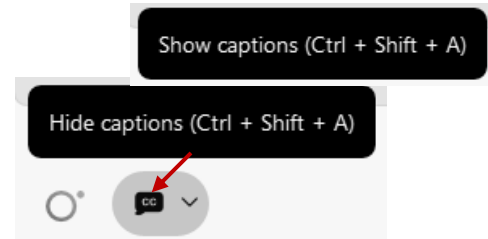
If connected via telephone:

- Press *3 to unmute your microphone.

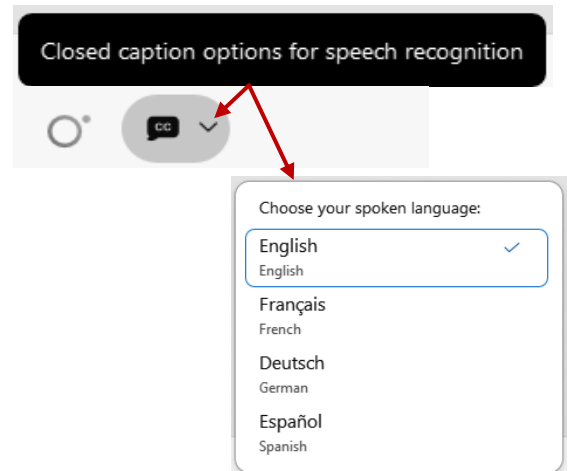
Webex provides real-time closed captioning displayed in a dialog box on your screen. The captioning box can be moved by clicking on the box and dragging it to another location on your screen.



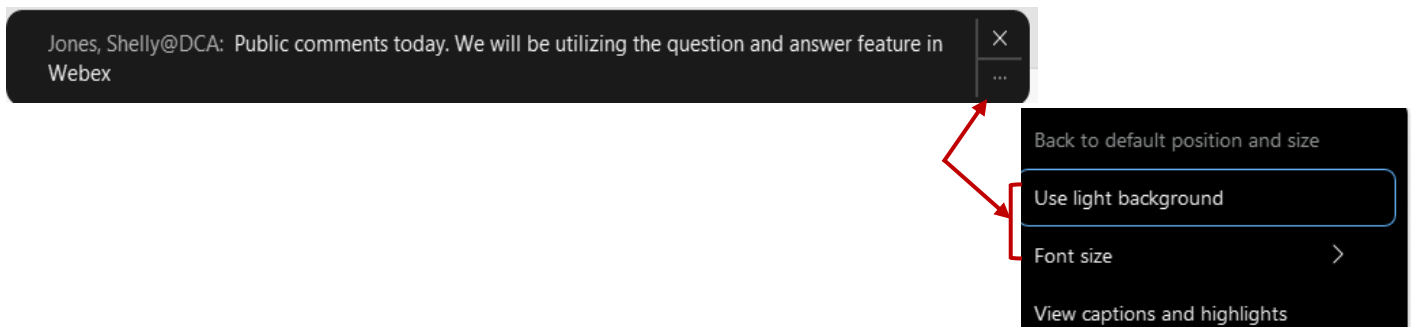
The closed captioning can be hidden from view by clicking on the closed captioning icon. You can repeat this action to unhide the dialog box.



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



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





**Agenda Item 1
January 12, 2024**

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

Purpose of the Item

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

Board Members

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



Agenda Item 2
January 12, 2024

Public Comment for Items Not on the Agenda

Purpose of the Item

At this time, members of the public may offer public comment for items not on the meeting agenda.

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



Agenda Item 3
January 12, 2024

Board Chair's Report

Purpose of the Item

Board Chair David Paris, D.C. will provide an update to the Board on recent activities and outreach opportunities.

Action Requested

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



Agenda Item 4 January 12, 2024

Elections of Board Officers for 2024

Purpose of the Item and Action Requested

The Board will elect members to serve in the Board officer positions of chair, vice chair, and secretary for 2024.

Background and Election Procedures

Section 3 of the Chiropractic Initiative Act directs the Board to annually elect members to serve as chair, vice chair, and secretary at the January meeting.

During the October 19, 2023 Board meeting, the following members were nominated for consideration to serve as Board officers in 2024:

- **Chair:** David Paris, D.C.
- **Vice Chair:** Laurence Adams, D.C.
- **Secretary:** Janette N.V. Cruz

At this meeting, the Board will elect officers for 2024 in accordance with the previously approved election procedures:

- The Board's legal counsel will preside over the election of officers.
- For those not currently nominated, Board members will be asked if they would like to be considered for a Board officer position.
- Prior to electing a Board officer, each nominee will have the opportunity to provide their statement of interest for the Board officer position.
- Voting will take place one position at a time, allowing individuals nominated for multiple positions to have their intentions known.
- Elections will occur by officer position, starting with the chair, followed by vice chair, and then secretary.
- Voting will be held in alphabetical order with the current chair voting last.

Roll Call Order for Election of Board Officers

1. Laurence Adams, D.C.
2. Janette N.V. Cruz
3. Pamela Daniels, D.C.
4. Claudia Sandino, D.C.
5. Rafael Sweet
6. David Paris, D.C., Current Chair



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA BOARD OF CHIROPRACTIC EXAMINERS

1625 N. Market Blvd., Suite N-327, Sacramento, CA 95834

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**Agenda Item 5
January 12, 2024**

**Department of Consumer Affairs (DCA) Report Which May Include Updates on
DCA's Administrative Services, Human Resources, Enforcement, Information
Technology, Communications and Outreach, and Legislative, Regulatory, or
Policy Matters**

Purpose of the Item

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

Action Requested

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



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Agenda Item 6
January 12, 2024

Review and Possible Approval of July 20, 2023 and October 19–20, 2023 Board Meeting Minutes

Purpose of the Item

The Board will review and possibly approve the draft minutes of the previous meetings held on July 20, 2023 and October 19–20, 2023.

Action Requested

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

Attachments

1. July 20, 2023 Board Meeting Minutes (Draft)
2. October 19–20, 2023 Board Meeting Minutes (Draft)



**Agenda Item 7
January 12, 2024**

Review and Possible Ratification of Approved Doctor of Chiropractic License Applications

Purpose of the Item

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

Action Requested

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

Background

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

Attachment

- List of Approved Applications for Initial Doctor of Chiropractic Licenses Issued from October 1, 2023 to December 31, 2023

**List of Approved Applications for Initial Doctor of Chiropractic Licenses
Issued from October 1, 2023 to December 31, 2023**

First Name	Middle Name	Last Name	Date Issued	License No.
Shane	Matthew	Lokken	10/03/2023	DC 35203
Michelle	Ann	Isaacson	10/09/2023	DC 35204
Alyssa	Jayne	Isaacson	10/09/2023	DC 35205
Lee	Michael	Isaacson	10/09/2023	DC 35206
Maksim	Igorevich	Ishankhanov	10/09/2023	DC 35207
Brianna	Michelle	Vullis	11/16/2023	DC 35208
Vida		Khalili	11/16/2023	DC 35209
Aleta	Louise	Bezzic	10/02/2023	DC 36783
Anna		Nguyen	10/03/2023	DC 36784
Jose		Landin	10/03/2023	DC 36785
Sherman		Zhu	10/03/2023	DC 36786
Heidi	Annette	Bansberg	10/03/2023	DC 36787
Tanya		Reyes	10/03/2023	DC 36788
Neda		Nima	10/05/2023	DC 36789
Colby		Rompal	10/05/2023	DC 36790
Zoe		Wight	10/05/2023	DC 36791
Vahe		Voskanyan	10/05/2023	DC 36792
George	J.	Attiyah	10/05/2023	DC 36793
Tarek	F.	Tawil	10/05/2023	DC 36794
Mersedeh		Termechi	10/25/2023	DC 36795
Jordan		Grissette	10/25/2023	DC 36796
Marc		Constantino	10/25/2023	DC 36797
Abanoub		Mekhail	10/25/2023	DC 36798
Sarah		Jimenez	10/25/2023	DC 36799
John	Tyler	Richard	10/25/2023	DC 36800
Daniel		Axelrod	10/25/2023	DC 36801
James	Daegun	Yi	10/25/2023	DC 36802

**Agenda Item 7
Attachment**

First Name	Middle Name	Last Name	Date Issued	License No.
Jon	Scott	Eckfeld	10/25/2023	DC 36803
Arthur		Chakrian	10/25/2023	DC 36804
Calissa	Michaela	Haney	10/25/2023	DC 36805
Amrit		Randhawa	10/25/2023	DC 36806
Benjamin		Rotman	10/25/2023	DC 36807
Christopher		Wang	10/25/2023	DC 36808
Maria	T.	Vazquez Orozco	10/25/2023	DC 36809
Jason		Frederick	10/25/2023	DC 36810
Joohee		Hyung	11/07/2023	DC 36811
James	Jones	Stewart	11/07/2023	DC 36812
George	Rogelio	Rodriguez	11/07/2023	DC 36813
Megan		Hippeli	11/07/2023	DC 36814
Mara	Anne	Trowbridge	11/07/2023	DC 36815
Kirby Edmund	Pasamba	Olidan	11/07/2023	DC 36816
Maxwell	Edward	Murphy	11/07/2023	DC 36817
Joshua		Dorado	11/07/2023	DC 36818
Cheuk Fung		Shek	11/07/2023	DC 36819
Trent	James	Darms	11/07/2023	DC 36820
Chun Ming		Chu	11/07/2023	DC 36821
Marco		Brine	12/01/2023	DC 36822
Hector		Guzman Hernandez	12/01/2023	DC 36823
Raja		Nijim	12/01/2023	DC 36824
Laurent	Aime	Derouaux	12/01/2023	DC 36825
Connor		Subocz-Quinn	12/01/2023	DC 36826
Amy	Carolina	Fang	12/01/2023	DC 36827
Debra		Foxfern	12/01/2023	DC 36828
Emily	Frances	Pilato	12/01/2023	DC 36829
Dhaamin	Zain	Clarke	12/01/2023	DC 36830
Alexandra	Marie	Wing-LaClaire	12/01/2023	DC 36831

**Agenda Item 7
Attachment**

First Name	Middle Name	Last Name	Date Issued	License No.
Noah	Alexander	Esquibel	12/01/2023	DC 36832
Alyssa		Milward	12/12/2023	DC 36833



**Agenda Item 8
 January 12, 2024**

Review and Possible Ratification of Approved Continuing Education Provider Applications

Purpose of the Item

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

Action Requested

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

Provider Name	CE Oversight Contact Person	Provider Status
Benjamin DeLuca	Benjamin DeLuca	Corporation
Jarret Welsh	Jarret Welsh	Corporation
webFCE	William Metz	Corporation
Mount Madonna Institute of Ayurveda	Jackie Christensen	University/College
Simple Learning Systems	Jennifer Kelly	Corporation

Background

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

Attachment

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



Agenda Item 9
January 12, 2024

Executive Officer's Report and Updates

Purpose of the Item

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

- A. Administration, Continuing Education, Enforcement, and Licensing Programs**
- B. Business Modernization Project and Implementation of Connect System**
- C. Board's Budget and Fund Condition**
- D. Regulatory Process and Status of Board's Pending Proposals**
- E. Board's 2022–2026 Strategic Plan Objectives**

Action Requested

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

Attachments

1. Executive Officer's January 5, 2024 Memo to Board Members
2. Analysis of Board's Fund Condition (as of December 2023)
3. Department of Finance Budget Letter 23-27: Current Year Expenditure Freeze
4. Department of Consumer Affairs' Rulemaking Process Phases
5. 2022–2026 Strategic Plan Objectives Progress Report

**0152 - Board of Chiropractic Examiners Analysis of Fund Condition
(Dollars in Thousands)**

Prepared 12.22.23

2023 Budget Act w/FM 4 Projections

	ACTUAL 2022-23	CY 2023-24	BY 2024-25	BY +1 2025-26	BY +2 2026-27
BEGINNING BALANCE	\$ 1,725	\$ 2,026	\$ 2,810	\$ 2,143	\$ 1,387
Prior Year Adjustment	\$ -90	\$ -150	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 1,635	\$ 1,876	\$ 2,810	\$ 2,143	\$ 1,387
 REVENUES, TRANSFERS AND OTHER ADJUSTMENTS					
Revenues					
4121200 - Delinquent fees	\$ 56	\$ 58	\$ 56	\$ 56	\$ 56
4127400 - Renewal fees	\$ 3,718	\$ 4,125	\$ 4,156	\$ 4,156	\$ 4,156
4129200 - Other regulatory fees	\$ 128	\$ 124	\$ 129	\$ 129	\$ 129
4129400 - Other regulatory licenses and permits	\$ 600	\$ 800	\$ 981	\$ 981	\$ 981
4163000 - Income from surplus money investments	\$ 51	\$ 36	\$ 35	\$ 24	\$ 10
4171100 - Other Revenue Cost Recoveries	\$ -	\$ 5	\$ 5	\$ 5	\$ 5
4171400 - Escheat of unclaimed checks and warrants	\$ 2	\$ 1	\$ -	\$ -	\$ -
4172500 - Miscellaneous revenues	\$ 5	\$ 2	\$ 1	\$ 1	\$ 1
Totals, Revenues	\$ 4,560	\$ 5,151	\$ 5,363	\$ 5,352	\$ 5,338
Transfers and loans to/from other funds					
FO0421 To Vehicle Inspection and Repair Fund per Item 1111-011-0421, Budget Act 2014	\$ -	\$ -250	\$ -250	\$ -250	\$ -250
Totals, Transfers and Other Adjustments	\$ -	\$ -250	\$ -250	\$ -250	\$ -250
 TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$ 4,560	\$ 4,901	\$ 5,113	\$ 5,102	\$ 5,088
 TOTAL RESOURCES	\$ 6,195	\$ 6,777	\$ 7,923	\$ 7,245	\$ 6,475
Expenditures:					
1111 Department of Consumer Affairs Regulatory Boards, Bureaus, Divisions (State Operations)	\$ 3,705	\$ 3,640	\$ 5,453	\$ 5,616	\$ 5,785
9892 Supplemental Pension Payments (State Operations)	\$ 85	\$ 85	\$ 85	\$ -	\$ -
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 379	\$ 242	\$ 242	\$ 242	\$ 242
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$ 4,169	\$ 3,967	\$ 5,780	\$ 5,858	\$ 6,027
 FUND BALANCE					
Reserve for economic uncertainties	\$ 2,026	\$ 2,810	\$ 2,143	\$ 1,387	\$ 448
Months in Reserve	6.1	5.8	4.4	2.8	0.9

NOTES:

1. Assumes workload and revenue projections are realized in BY +1 and ongoing.
2. Includes loan repayment to BAR.
3. Expenditure growth projected at 3% beginning BY +1.
4. Current Year 2023-24 Expenditures includes Scheduled and Unscheduled Reimbursements.
5. Current Year Adjustment is for a settlement claim coming out.

BUDGET LETTER

		NUMBER:	BL 23-27
SUBJECT:	CURRENT YEAR EXPENDITURE FREEZE	DATE ISSUED:	December 12, 2023
REFERENCES:	N/A	SUPERSEDES:	N/A

TO: Agency Secretaries
 Department Directors
 Department Budget and Accounting Officers
 Departmental Human Resources and Labor Relations Officers
 Departmental Business Services Officers
 Department of Finance Budget and Accounting Staff

FROM: DEPARTMENT OF FINANCE

Budget Officers are requested to forward a copy of this budget letter (BL) to departmental Human Resources, Labor Relations, and Business Services Officers.

The State of California anticipates significant General Fund budget deficits in fiscal years 2023-24 and 2024-25. Accordingly, this BL directs all entities under the Governor’s direct executive authority to take immediate action to reduce current-year General Fund expenditures. Departments shall also take measures to ensure more prudent spending from other state funds given the fiscal outlook. Statewide Constitutional Officers are strongly encouraged to comply with the provisions of this BL.

It is vitally important that state government is efficient, effective, and only expends funds that are necessary to the critical operation and security of the state. As such, all state entities must take immediate action to reduce expenditures and identify all operational savings achieved. These immediate actions consist of, but are not necessarily limited to, the following:

- **New Goods and Services Contracts**—Departments shall not enter into any new contracts or agreements to lease or purchase equipment, issue purchase orders for goods or services, or make changes to existing contracts if the change would increase costs, except to meet a time-sensitive or critical need.
- **IT Equipment**—All discretionary and non-essential IT purchases, unless specifically related to a critical IT security need or a mission-critical need, shall be halted. This includes all planned IT equipment refreshes, copier or printer replacements, or any new equipment purchases (e.g., cell phone refreshes).
- **Fleet Vehicles**—Only mission-critical or emergency-related vehicles shall be purchased. All other planned vehicle replacements should be halted.

- **Office Supplies**—Minimal office supplies shall be ordered and kept in stock. Each department's purchasing managers should heavily scrutinize all office supply orders to ensure the need. Departments shall, to the extent possible, use all existing supplies before additional supplies are ordered.
- **Other**—All areas of department operations shall be evaluated and scrutinized to decrease costs including, but not limited to, subscription renewals, training costs, or furniture purchases.
- **Travel**—State entities shall cancel all plans for non-essential travel, such as participation in seminars, conferences, and training both in-state and out-of-state. Only travel that is **required** for the conduct of official state business is allowed.
- **Leave Buy-Back**—The annual leave buy-back of accrued vacation or annual leave in 2023-24, including for excluded employees is cancelled. An exception is noted for Bargaining Unit 6.
- **Architectural Revolving Fund (ARF)**—State entities shall delay or defer any requests to transfer funds to the ARF unless for a demonstrated critical need due to an ongoing project.

Additionally, entities shall re-evaluate expenses related to current IT projects:

- Review existing IT maintenance and operations contracts to validate services, subscriptions, equipment, and /or software licenses are still in use and necessary. Any items not meeting that criteria shall be terminated.
- Review pending procurement/solicitations to determine if the effort can be paused or delayed.
- Reevaluate any IT projects in the Project Approval Lifecycle process to determine if the project can be paused or delayed.
- If necessary to continue efforts, consider whether costs can be spread over several years or if financing is a viable option.

Agency Secretaries and Cabinet-level Directors are authorized to make exemptions from these prohibitions only in the following limited instances:

- Addressing a declared emergency.
- Providing 24-hour medical care.
- Avoiding a significant revenue loss.
- Achieving significant net cost savings.

Lastly, Agency Secretaries and Cabinet-level Directors will be required to report monthly to Finance and the Governor's Office on all approved exemptions as well as achieved savings. Reporting instructions will be sent via a subsequent BL.

If you have any questions regarding this BL, please contact your assigned Program Budget Manager.

/s/ Joe Stephenshaw

JOE STEPHENSHAW

Director

Rulemaking Process Phases

Concept Phase

Production Phase

Initial Phase

Final Phase

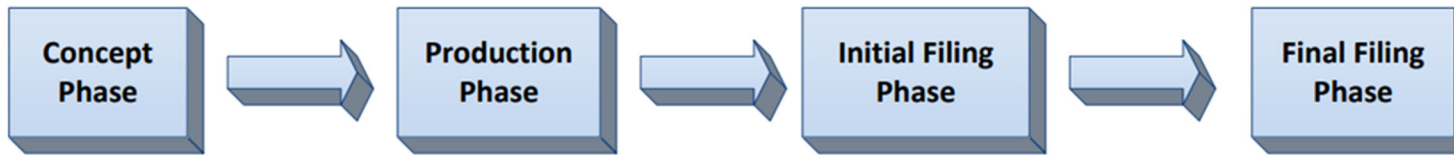
This document is intended to provide the Boards, Bureaus, Commission, Committees, and Program (Boards/Bureaus) with a process to follow to promulgate regulations. This document provides the framework to identify the roles and responsibilities of each participant within the process and should be utilized by staff at the Boards/Bureaus and the Department of Consumer Affairs (Department).

While this document provides guidance for the rulemaking process, with specific steps that should be taken, the Department recognizes that not all rulemaking packages are the same and there may need to be deviations from these processes depending upon the complexity of the regulations, the timelines provided by the legislature, or other factors that could impact and require flexibility within the process. Such deviations should be discussed with all parties at the beginning of the rulemaking process. Communication is key to the rulemaking process and this document is intended to encourage communication at each phase.

The meetings identified in these processes are at the discretion of the Board/Bureau, however, eliminating the meetings should be discussed with all parties.

Also, please be aware that these phases do not include the process for Emergency Regulations or Section 100 changes.

Regulation Package Approval Process



- Kick-Off Meeting with relevant Board and DCA staff to discuss potential regulation.
- Board staff drafts proposed regulation.
- Regulations Counsel and Second Level Reviewer reviews and approves proposed regulation.
- Board meeting is held, proposed regulation text is presented for vote and approval.

Phase Goal: Proposed Regulation is drafted and approved by the Board to move forward.

- After the Board approves the proposed text, Board staff develop remaining documents in the initial regulatory package.
- Regulation package is prepared with assistance from DCA Budget Analyst and Board Regulations Counsel.
- Following review and approval of the regulatory package by the Budget Analyst and Regulations Counsel, the package is reviewed and approved by the DCA Director and Agency.

Phase Goal: Regulation Package is approved by Agency.

- Following Agency approval, the regulatory package is submitted to OAL for publication in the Notice Register for a 45-day comment period.
- If comments are received, Board Staff draft responses for review by the Regulations Counsel.
- Board meeting is held to approve the responses and modified text, if necessary.
- If substantial changes are made to the text, a 15-day comment period commences.

Phase Goal: Completion of the Public Comment Period with all comments appropriately addressed and any changes to the text approved by the Board.

- Board Staff develops and submits a final regulatory package to the Regulations Coordinator for review.
- If there is a fiscal impact to the regulations, the Budget Analyst submits the package to the Department of Finance (DOF) for review and approval, as necessary.
- The package is reviewed by Regulations Counsel, DCA Director, and Agency.
- Final package is submitted to OAL.
- OAL approves package, Board Staff updates the Board website with the new regulation, and contacts interested parties with notification of the effective date.

Phase Goal: OAL approves Final Regulatory Package.

Final packages Approximate dates submitted to OAL for review	Decision Date	Effective Date
July 15 to October 15	September 1 to November 30	January 1 st
October 16 to January 14	December 1 to February 29	April 1 st
January 15 to April 15	March 1 to May 30	July 1 st
April 16 to July 14	June 1 to August 31	October 1 st

* Final packages must be received with sufficient time to allow OAL 30 *working* days for its review. It's not the date of submission to OAL, but rather the date of OAL's approval and submission to the Secretary of State that determines the effective date. An earlier effective date may be requested, but a legitimate need must be demonstrated.



BCE 2022-2026 Action Plan		Responsibility	Due Date	Current Status
Goal 1: Licensing and Professional Qualification				
1.1	Complete comprehensive updates to the Board’s continuing education program and regulations to provide clarity and accessibility, and to ensure continuing licensee competency and public protection.			
Success Measure:	Promulgated updated continuing education regulations and educated licensees and continuing education providers on those regulations.		Q2 2025	57%
1.1.1	Identify proposed framework for licensee continuing education (CE) requirements and course approval process and obtain CE Committee and Board approval.	EO	Q1 2023	Completed
1.1.2	Draft proposed language for updated regulations and obtain approval from DCA regulatory counsel.	EO	Q1 2023	Completed
1.1.3	Conduct fiscal analysis of CE regulations and develop proposed fee amounts for course approval and reapproval.	EO	Q1 2023	Completed
1.1.4	Present final regulatory proposal (language and fee amounts) to Board for approval.	EO	Q2 2023	Completed
1.1.5	Finalize regulatory package and initiate the rulemaking process.	EO	Q2 2023	In Progress
1.1.6	Inform licensees and CE providers of changes through written notices, outreach, and information sessions.	EO	Q3 2023 – ongoing	Not Started
1.1.7	Complete regulatory process.	EO	Q1 2024	In Progress
1.2	Establish a robust, effective Licensing Committee to identify issues and increase efficiency.			
Success Measure:	The completion of the action plan for all current pending licensing issues.		Q3 2023	0%
1.2.1	Gather background information to educate Licensing Committee members on pending licensing issues.	Licensing Manager	Q1 2023	In Progress
1.2.2	Train Licensing Lead (staff member) as a Licensing Committee liaison (calendar, meeting agendas, etc.).	EO and AEO	Q2 2023	Not Started
1.2.3	Educate Licensing Committee members on background and history of prior actions.	EO	Q2 2023 – ongoing	In Progress
1.2.4	Identify current issues, discuss possible solutions, and present recommendations to the Licensing Committee Chair.	AEO	Q2 2023	In Progress
1.2.5	Staff works with the Licensing Committee Chair to create an action plan for pending and current issues identified above.	AEO and Licensing Lead/Licensing Liaison	Q3 2023	Not Started
1.3	Review reciprocity requirements to minimize barriers to licensure in California.			
Success Measure:	The Board has identified how they are going to minimize any potential barriers to licensure through reciprocity.		Q3 2024	17%
1.3.1	Conduct an environmental scan of reciprocity requirements (1. BCE, 2. Other states, and 3. Other DCA healing art boards).	AEO	Q2 2023	Completed
1.3.2	Analyze the data that has been collected.	AEO	Q3 2023	In Progress
1.3.3	Develop potential options and recommendation for the Licensing Committee on how to minimize barriers to licensure.	AEO	Q3 2023	In Progress
1.3.4	Summarize environmental scan, analysis, potential options, and recommendation.	AEO	Q4 2023	In Progress
1.3.5	Present findings and recommendations to the Licensing Committee.	Licensing Lead/Licensing Committee Liaison	Q1 2024	Not Started
1.3.6	Present Licensing Committee’s recommendation to the Board.	EO	Q3 2024	Not Started
1.4	Continue to monitor the Board’s license fee structure to ensure the Board’s financial stability, maintain access to the Board’s services, and determine whether the Board needs to consider plans for restructuring its fees.			
Success Measure:	The Board has delivered its report on its fee structures and recommendation to the Legislature.		Q4 2026	43%
1.4.1	Bring any budget issues to the Board’s attention.	EO	Q3 2022 – ongoing	Completed
1.4.2	Establish regular and thorough monthly process to monitor BCE’s budget and fund condition.	Lead Administrative Analyst	Q1 2023	Completed
1.4.3	Establish quarterly budget meetings with budget analyst at DCA.	Lead Administrative Analyst	Q1 2023	Completed
1.4.4	Conduct analysis of the impact of recent fee restructuring.	Lead Administrative Analyst	Q3 2023 - ongoing	In Progress
1.4.5	Provide reports to the Government and Public Affairs Committee on the impact of recent fee restructuring.	Lead Administrative Analyst	Q3 2023 - ongoing	In Progress
1.4.6	Create report on license fee structure (due to Legislature by January 1, 2027).	EO and AEO	Q2 2025	Not Started
1.4.7	Submit license fee structure report to the Legislature with 2025 Sunset Review Report.	EO	Q4 2025	Not Started
Goal 2: Enforcement				
2.1	Implement updated disciplinary guidelines, Uniform Standards for Substance Abusing Licensees, and Consumer Protection Enforcement Initiative (CPEI) regulations, to provide consistency and clarity in disciplinary penalties, help educate licensees and the public, and deter violations.			
Success Measure:	Completed regulation process for all three areas (Disciplinary Guidelines, Uniform Standards for Substance Abusing Licensees, and CPEI regulations).		Q4 2025	23%
2.1.1	Disciplinary Guidelines & Uniform Standards – finish developing the proposed guidelines.	AEO	Q1 2023	Completed

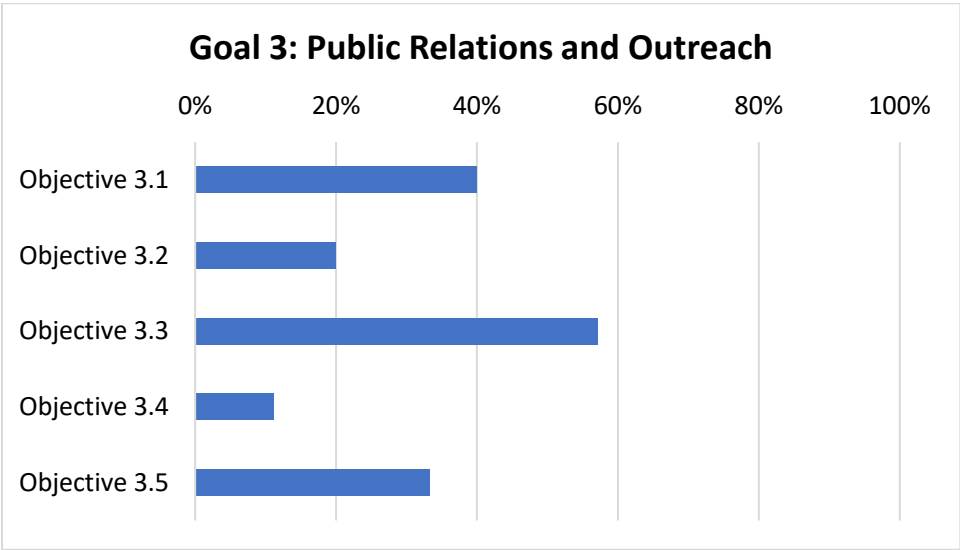
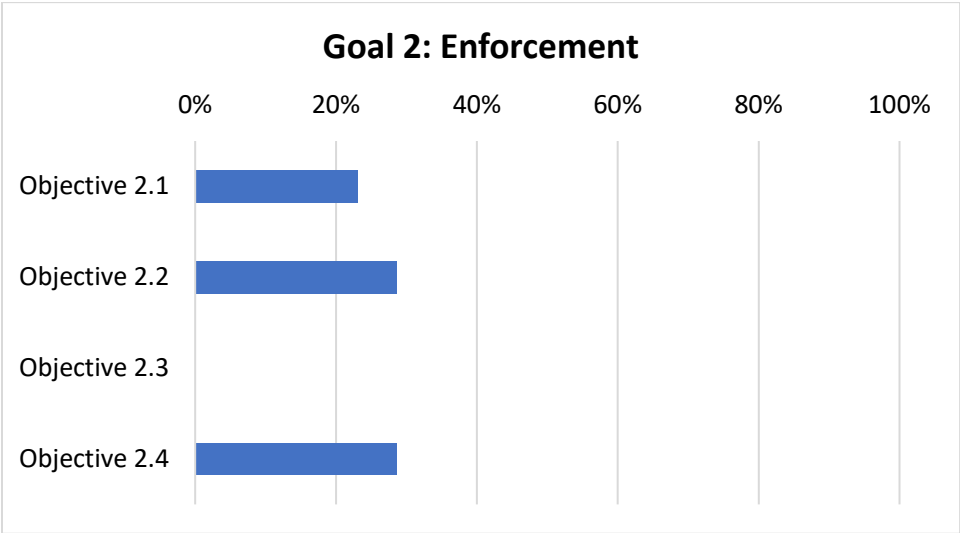
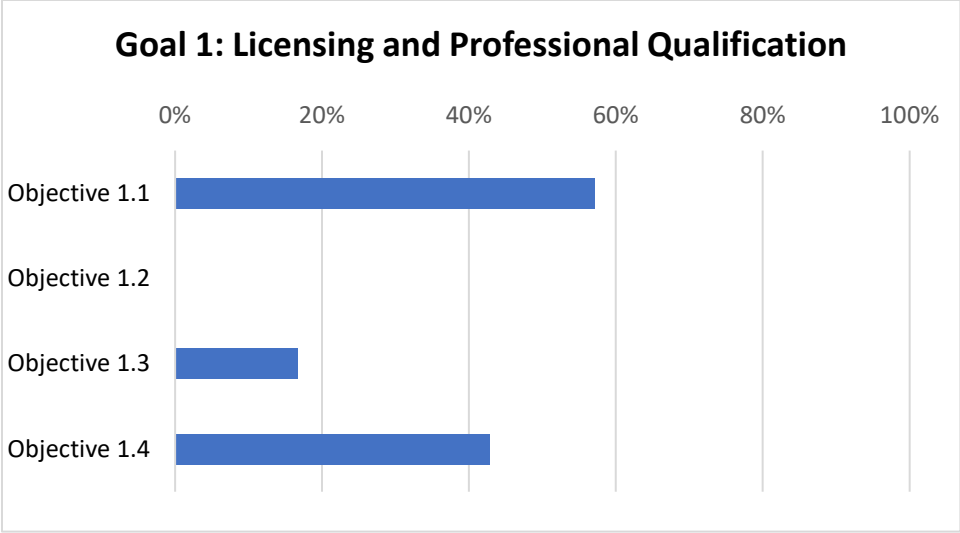
2.1.2	Disciplinary Guidelines & Uniform Standards – vet through Regulatory Counsel and DAG Liaison (AGs office).	AEO	Q1 2023	In Progress
2.1.3	Disciplinary Guidelines & Uniform Standards – present proposal to Enforcement Committee.	Enforcement Lead	Q2 2023	Not Started
2.1.4	Disciplinary Guidelines & Uniform Standards – present proposal to Board.	Enforcement Lead	Q4 2023	Not Started
2.1.5	Disciplinary Guidelines & Uniform Standards – begin regulatory process.	AEO	Q1 2024	Not Started
2.1.6	Disciplinary Guidelines & Uniform Standards – complete regulatory process.	AEO	Q1 2025	Not Started
2.1.7	CPEI (12 regulations) – develop an action plan for the different regulations (assigning to committees), formalizing plans with committee chairs to clarify assignments.	EO	Q1 2023	Completed
2.1.8	CPEI – develop proposals.	AEO	Q4 2023	Completed
2.1.9	CPEI – vet through DCA Regulatory Counsel.	AEO	Q4 2023	In Progress
2.1.10	CPEI – present proposals to appropriate Committees.	Enforcement Lead / Licensing Lead	Q1 2024	In Progress
2.1.11	CPEI – present proposals to Board.	Enforcement Lead / Licensing Lead	Q3 2024	In Progress
2.1.12	CPEI – begin regulatory process.	AEO	Q4 2024	Not Started
2.1.13	CPEI – complete regulatory process.	AEO	Q4 2025	Not Started
2.2 Streamline internal enforcement processes and standards, including complaint intake, investigations, and case management activities, to increase efficiency and ensure timely action.				
Success Measure:	Enforcement Program is meeting the established performance measure targets.		Q2 2025	29%
2.2.1	Conduct process review with OIO.	Enforcement Analysts	Q4 2022	Completed
2.2.2	Document baseline processing times.	EO	Q1 2023	Completed
2.2.3	Standardize internal enforcement process – make sure all standards are met each time – considering OIO recommendations.	AEO and Enforcement Manager	Q1 2023	In Progress
2.2.4	Update duty statements for staff in Enforcement Unit, separating case management from investigations (increasing specialization).	EO	Q1 2023	In Progress
2.2.5	Update and document all processes/ procedures.	AEO and Enforcement Manager	Q2 2023	In Progress
2.2.6	Update training of all staff, cross-train on all tasks.	Enforcement Manager	Q2 2023	In Progress
2.2.7	Measure impact of process improvements on enforcement timeframes.	EO	Q2 2025	Not Started
2.3 Improve the effectiveness of the Enforcement Program by implementing Expert Witness program enhancements, including recruitment, training, and ongoing assessment of subject matter experts in specific areas of chiropractic practice.				
Success Measure:	Program enhancements implemented, observed improvement in expert reports, and higher success rate at hearings.		Q4 2025	0%
2.3.1	Begin recruitment process for new SMEs.	EO	Q1 2023	In Progress
2.3.2	Staff review SME applications.	Enforcement Manager	Q1 2023	Not Started
2.3.3	Enforcement Committee members interview and vet potential SMEs.	Enforcement Committee	Q2 2023 – ongoing	Not Started
2.3.4	Contract with SMEs selected experts.	Enforcement Lead	Q2 2023 – ongoing	Not Started
2.3.5	Train SMEs.	EO and AEO	Q3 2023 – ongoing	Not Started
2.3.6	Measure effectiveness of expert witnesses (success ratio, input from Deputy Attorney General (DAG)).	AEO and Enforcement Manager	Q4 2023 – ongoing	In Progress
2.3.7	Report on effectiveness of SMEs to Enforcement Committee and provide any further recommendations.	Enforcement Lead	Q4 2023 – ongoing	Not Started
2.3.8	Continue monitoring effectiveness of Expert Witness Program (identify benchmarks - outcomes and hearing success).	EO and Enforcement Committee	Q4 2025 – ongoing	Not Started
2.4 Develop and implement clearly defined standards for licensee recordkeeping by updating regulations to provide consistency and clarity to licensees, the public, and other stakeholders.				
Success Measure:	Adopted updated standards for licensee recordkeeping into regulation.		Q4 2024	29%
2.4.1	Review and discuss requirements in other states.	EO and Enforcement Committee	Q4 2022	Completed
2.4.2	Develop a regulatory proposal for consideration by Enforcement Committee.	EO	Q1 2023	Completed
2.4.3	Have Legal/Regulations Counsel review proposal.	EO	Q1 2023	In Progress
2.4.4	Present proposal to Enforcement Committee for review, discussion, and possible recommendation to Board.	EO	Q2 2023	In Progress
2.4.5	Obtain Board approval of proposal.	EO	Q4 2023	Not Started
2.4.6	Begin regulatory process (formally submitting to DCA for approval, ready for Director's Review).	AEO and Enforcement Lead	Q4 2023	Not Started
2.4.7	Complete regulatory process.	AEO and Enforcement Lead	Q4 2024	Not Started
Goal 3: Public Relations and Outreach				
3.1 Continue to foster relationships with legislators, healing arts boards, professional organizations, and government agencies to allow stakeholders to share ideas and perspectives.				
Success Measure:	Improved at least five relationships with stakeholders across all above groups.		Q4 2023	40%
3.1.1	Identify relationships (existing and potential).	EO and AEO	Q1 2023	Completed
3.1.2	Define each relationship's plan (avenues, content) (include dialogues).	EO and AEO	Q2 2023	Completed
3.1.3	Arrange introductions/open channels of communication when needed.	EO	Q2 2023	In Progress

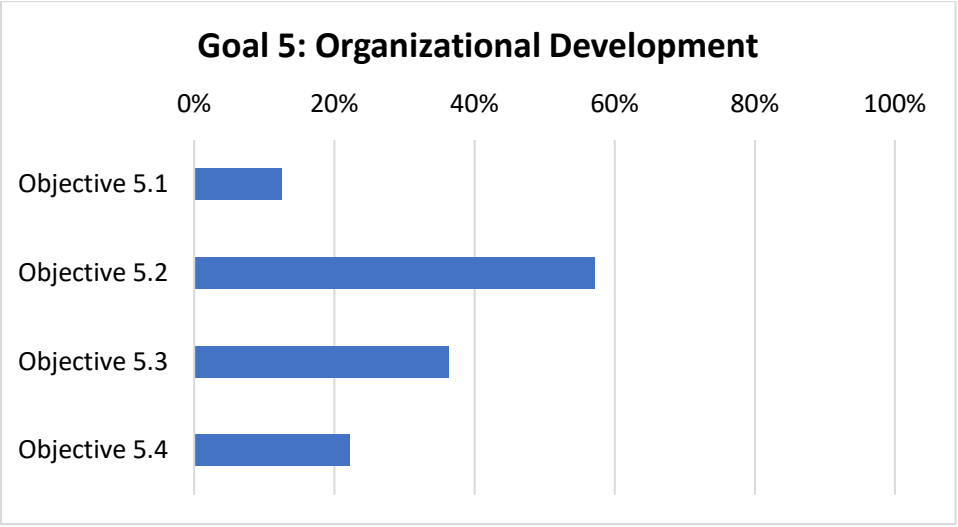
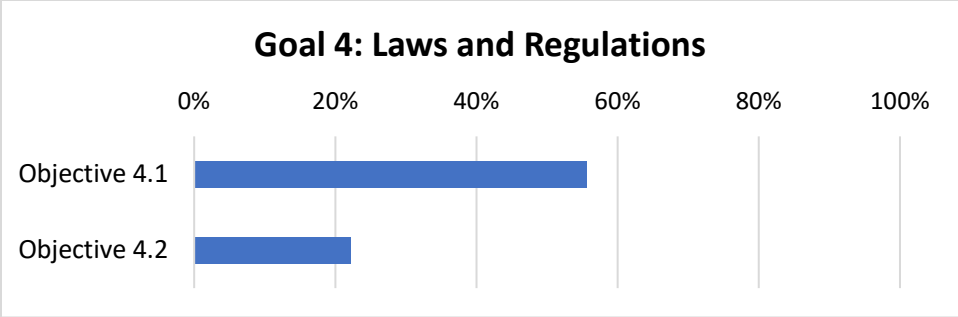
3.1.4	Schedule meetings/forums (develop MOUs if needed).	EO	Q4 2023 – ongoing	In Progress
3.1.5	Managers network/regularly communicate with other healing arts peers (include staff as appropriate).	Enforcement and Licensing Managers	Q4 2023 – ongoing	In Progress
3.2	Continue to increase the Board's presence and availability through outreach opportunities where the Board can collaborate and engage with stakeholders to allow for sharing of feedback, input, and suggestions.			
Success Measure:	Participated in at least three external outreach opportunities and hosted at least three listening sessions.		Q3 2023	20%
3.2.1	Identify existing outreach opportunities where the Board can participate.	EO	Q1 2023	Completed
3.2.2	Publicize opportunities to give feedback to the Board.	AEO	Q1 2023	In Progress
3.2.3	Host roundtable discussions / listening sessions (document feedback).	EO	Q2 2023 – ongoing	In Progress
3.2.4	Review feedback given.	EO and AEO	Q2 2023 – ongoing	In Progress
3.2.5	Communicate feedback to appropriate policy committee chair, determine action (address in public meeting, etc.).	EO and AEO	Q3 2023 – ongoing	In Progress
3.3	Create an outreach plan to improve communication with stakeholders, share helpful information, and clarify the Board's role and duties.			
Success Measure:	Board has approved its outreach plan and released at least three updated materials.		Q1 2024	57%
3.3.1	Document existing communication challenges, opportunities.	EO and AEO	Q1 2023	Completed
3.3.2	Discern what stakeholder groups would like to know (internal, anecdotal, environmental scan feedback).	Licensing/Admin Manager	Q1 2023	Completed
3.3.3	Touch base with DCA outreach/communications unit (what's available, state fair booths, etc.).	EO	Q1 2023	In Progress
3.3.4	Develop plan for modes of communication (social media, events, brochures, etc.).	AEO	Q2 2023	Completed
3.3.5	Get plan approval from Government & Public Affairs Committee, then to Board for approval.	AEO	Q3 2023	Completed
3.3.6	Create/maintain outreach calendar.	AEO	Q4 2023	In Progress
3.3.7	Create/update materials (printed materials, PDE) (get Board and legal review).	AEO	Q1 2024	In Progress
3.4	Build an interactive social media presence to engage with stakeholders and assess stakeholder sentiment of the Board.			
Success Measure:	Board has developed a presence with at least bi-weekly posts across all accounts.		Q2 2024	11%
3.4.1	Brainstorm among staff on what to share, identify priority items, clarify audiences.	EO	Q1 2023	In Progress
3.4.2	Establish internal procedure for use and management of social media accounts.	EO	Q1 2023	Completed
3.4.3	Meet with DCA Office of Public Affairs (strategy and graphics).	EO	Q1 2023	In Progress
3.4.4	Discuss social media outreach with Government & Public Affairs Committee, get feedback on what to share.	Lead Admin Analyst	Q2 2023	In Progress
3.4.5	Get input from Board members about information to share (events of interest).	Lead Admin Analyst	Q2 2023	Not Started
3.4.6	Develop bank of material to share on an ongoing basis.	AEO	Q2 2023 – ongoing	In Progress
3.4.7	Develop a system to track other accounts to monitor for sharing potential.	AEO	Q2 2023	In Progress
3.4.8	Ask Board-approved colleges for material to share.	Licensing Manager	Q4 2023	Not Started
3.4.9	Review and determine how to measure stakeholder sentiment.	AEO	Q2 2024	Not Started
3.5	Improve the Board's website by providing informative content for applicants, licensees, the public, and other stakeholders and enhancing the functionality and user experience.			
Success Measure:	Updated format and content included for all business areas.		Q4 2024	33%
3.5.1	Meet with OIS to determine process, timeline.	EO	Q1 2023	Completed
3.5.2	Assess current site - Get and review metrics from OIS, identify structure and updates needed.	EO	Q1 2023	Completed
3.5.3	Review other DCA boards' websites to get layout ideas, identify a template to adopt.	AEO	Q1 2023	Completed
3.5.4	Prioritize easy fixes and removing any obsolete information.	AEO	Q2 2023	In Progress
3.5.5	Identify what informative content should appear on site (including FAQs, requirements in plain language, and steps).	AEO	Q2 2023	In Progress
3.5.6	Review all current forms to improve them (verify ADA compliance, ensure fillable pdf versions, optimize for Connect, and confirm mobile device access).	EO	Q2 2023	In Progress
3.5.7	Communicate website redesign request to OIS.	AEO	Q3 2023	In Progress
3.5.8	Update forms.	AEO	Q2 2024	In Progress
3.5.9	Obtain feedback from external users on new website functionality through polls, listening sessions, and informal discussions.	EO and AEO	Q4 2024	Not Started
Goal 4: Laws and Regulations				
4.1	Increase efficiency in rulemaking processes to move pending regulatory packages forward, prevent a backlog of packages, and improve staff and Board effectiveness.			
Success Measure:	No current package older than two years.		Q2 2026	56%

4.1.1	Implement regular (monthly) monitoring and reporting progress for pending regulations to maintain visibility.	EO	Q1 2023	Completed
4.1.2	Identify challenges observed in regulatory process.	EO	Q1 2023	Completed
4.1.3	Develop action plan to address all pending regulatory workload items.	EO	Q1 2023	Completed
4.1.4	Discuss proposals as a team to get staff input.	EO	Q1 2023 – ongoing	Completed
4.1.5	Train all AGPA and higher staff train on rulemaking through DCA and OAL.	AEO	Q2 2023	In Progress
4.1.6	Thoroughly research and develop background information and justification for all regulatory proposals before submitting to a committee for consideration.	AEO and Committee Liaisons	Q2 2023 – ongoing	Completed
4.1.7	Develop initial package as proposals make their way through the committee process (to catch issues before final Board approval).	AEO	Q2 2023 – ongoing	In Progress
4.1.8	Educate Board and Committee members on rulemaking process and best practices (include in onboarding).	EO and DCA Regulatory Counsel	Q3 2023	In Progress
4.1.9	Monitor pending regulatory workload volume and completion time.	EO	Q3 2023 – Q2 2026 and ongoing	In Progress
4.2	Perform a comprehensive review of existing regulations to identify and address any unnecessary or obsolete regulations and to clarify current regulations as needed.			
Success Measure:	Board has addressed issues identified during comprehensive review.		Q4 2026	22%
4.2.1	Create action plan for review of regulations (possibly group by topic – licensing, enforcement, general).	EO	Q1 2023	Completed
4.2.2	Review all existing regulations to identify unnecessary, obsolete, or unclear regulations (as grouped by topic with staff SMEs).	AEO	Q4 2023	Completed
4.2.3	Develop recommendations to address identified issue(s) for each regulation.	AEO	Q2 2024	In Progress
4.2.4	Consult with DCA Regulatory Counsel.	AEO	Q3 2024	In Progress
4.2.5	Present final recommendations to appropriate committee for review and discussion.	AEO, Committee Liaisons	Q1 2025	Not Started
4.2.6	Committee makes recommendation to full Board.	Committees	Q4 2025	Not Started
4.2.7	Board approves proposal to amend or repeal as appropriate.	Board	Q4 2025	Not Started
4.2.8	Begin regulatory process.	AEO and Lead Admin Analyst	Q1 2026	Not Started
4.2.9	Complete regulatory process.	AEO and Lead Admin Analyst	Q4 2026	Not Started
Goal 5: Organizational Development				
5.1	Update processes and procedures, key staff roles, and staff organizational structure to establish clear responsibilities and increase efficiency.			
Success Measure:	Completed reorganization and have up-to-date documentation for staff roles.		Q3 2023	13%
5.1.1	Ensure all staff duties are accounted for.	EO	Q4 2022	Completed
5.1.2	Finalize reorganization plan and submit it to DCA Office of Human Resources for approval.	EO	Q1 2023	In Progress
5.1.3	Conduct change management activities.	Enforcement Manager and Licensing Manager	Q1 2023	In Progress
5.1.4	Issue updated duty statements to staff.	Enforcement Manager and Licensing Manager	Q1 2023	In Progress
5.1.5	Implement new organizational structure.	EO	Q1 2023	In Progress
5.1.6	Document current processes and ask for staff feedback and recommendations on proposed improvements (i.e., paperless, customer-focused).	AEO	Q1 2023	In Progress
5.1.7	Standardize, document, and store updated processes and procedures.	AEO	Q2 2023	In Progress
5.1.8	Train staff on the updated processes and procedures.	AEO	Q3 2023	In Progress
5.2	Maintain a high-performance and engaged culture focused on effective training, individual development, and continuous improvement, to recruit and retain quality staff.			
Success Measure:	Improvement in employee engagement scores.		Q2 2024	57%
5.2.1	Encourage an open, receptive, and problem-solving mindset.	EO	Q4 2022	Completed
5.2.2	Put together methods to solicit feedback and suggestions on the different processes. Possible method = role play activities during meetings for staff to better understand and serve stakeholders including consumers, licensees.	EO	Q4 2022	Completed
5.2.3	Conduct employee engagement survey to assess staff morale and establish baseline.	EO	Q1 2023	Completed
5.2.4	Conduct listening sessions to obtain feedback (concerns, problems, etc.) from staff.	EO	Q1 2023	Completed
5.2.5	Review and update job announcements (include telework opportunity).	EO	Q1 2023	Completed
5.2.6	Conduct all staff meetings to maintain line of communication and follow up on concerns, questions, etc. from listening sessions.	EO	Q1 2023 – ongoing	Completed
5.2.7	Identify potential training topics for staff and management.	AEO	Q1 2023 – ongoing	Completed
5.2.8	Implement basic cross-training for all Board processes (including Connect training).	AEO	Q1 2023 – ongoing	In Progress
5.2.9	Develop and deliver and/or sign up for staff trainings as a team.	AEO	Q2 2023	In Progress
5.2.10	Develop and disseminate customer satisfaction survey.	AEO	Q2 2023 – ongoing	In Progress

5.2.11	Encourage Individual Development Plans (IDP) and conduct regular check ins to help staff to be effective and well-rounded in their own position and develop additional areas of interest.	EO	Q4 2023 – ongoing	In Progress
5.2.12	Conduct second employee engagement survey to assess staff morale and identify additional opportunities for improvement (from 5.2.3).	EO	Q1 2024	In Progress
5.2.13	Create action plan for improvement based on engagement survey results.	EO	Q2 2024	Completed
5.2.14	Implement action plan to address employee engagement results and improvements.	EO and AEO	Q4 2024	Not Started
5.3	Improve communication amongst staff and board members to facilitate effective collaboration.			
Success Measure:	Positive results on the annual communication survey.		Q2 2023	36%
5.3.1	Encourage staff feedback and two-way communication during unit meetings.	EO	Q4 2022 – ongoing	Completed
5.3.2	Implement and share a monthly structured report (follow through on updates and decisions) with Board members and staff.	EO	Q1 2023	In Progress
5.3.3	Present monthly report highlights during Board meetings.	EO	Q1 2023	In Progress
5.3.4	Re-establish regular unit meetings.	Licensing Manager, Enforcement Manager	Q1 2023	Completed
5.3.5	Encourage staff to review Board and committee meeting agendas, meeting minutes, and relevant meeting materials.	EO	Q1 2023	Completed
5.3.6	Create a resource list for liaisons to know which staff members to reach out to regarding specific topics.	AEO	Q1 2023	In Progress
5.3.7	Introduce committee liaison to committees' chairs.	EO	Q1 2023	In Progress
5.3.8	Introduce Board liaison to Board members.	EO	Q1 2023	Not Started
5.3.9	Add liaison contact information to existing rosters and the Board's website.	EO	Q1 2023	Not Started
5.3.10	Communicate any updates (new Board members) to staff.	AEO	Q2 2023	Completed
5.3.11	Create and distribute an annual survey to get feedback from staff and Board members regarding communication and collaboration.	AEO	Q4 2023 – ongoing	Not Started
5.4	Re-design the board member onboarding procedures and orientation process to create effective board members.			
Success Measure:	Board has implemented the new onboarding and orientation process and the new materials have been shared with all Board members.		Q2 2023	22%
5.4.1	Present proposed framework for a new orientation and onboarding process for new Board members to Government and Public Affairs Committee	EO	Q4 2022	Completed
5.4.2	Create welcome package (include forms).	Board Liaison/EO	Q1 2023	In Progress
5.4.3	Update Board member resource binder.	Board Liaison/EO	Q1 2023	In Progress
5.4.4	Update new Board member training session materials.	Board Liaison/EO	Q1 2023	In Progress
5.4.5	Outline Board member mentor responsibilities.	Board Liaison/EO	Q1 2023	In Progress
5.4.6	Familiarize staff with mandatory Board member paperwork that needs to be completed upon appointment and annually.	Board Liaison/EO	Q2 2023	Completed
5.4.7	Create desk manual/guidelines for Board Liaison and share with all staff.	Board Liaison/EO	Q2 2023	In Progress
5.4.8	Update Board Member Administrative Procedure Manual with updated framework.	Board Liaison/EO	Q2 2023	In Progress

Objectives	Percent Completed
Goal 1: Licensing and Professional Qualification	29%
Objective 1.1	57%
Objective 1.2	0%
Objective 1.3	17%
Objective 1.4	43%
Goal 2: Enforcement	20%
Objective 2.1	23%
Objective 2.2	29%
Objective 2.3	0%
Objective 2.4	29%
Goal 3: Public Relations and Outreach	32%
Objective 3.1	40%
Objective 3.2	20%
Objective 3.3	57%
Objective 3.4	11%
Objective 3.5	33%
Goal 4: Laws and Regulations	39%
Objective 4.1	56%
Objective 4.2	22%
Goal 5: Organizational Development	32%
Objective 5.1	13%
Objective 5.2	57%
Objective 5.3	36%
Objective 5.4	22%







Agenda Item 10
January 12, 2024

Presentation and Discussion Regarding the Council on Chiropractic Education's (CCE) Accreditation Process for Doctor of Chiropractic Programs and Proposed Changes to the Accreditation Standards

Purpose of the Item

Craig S. Little, Ed.D., President and CEO of the Council on Chiropractic Education (CCE), will provide the Board with a presentation on CCE's accreditation process for Doctor of Chiropractic programs and an overview of the proposed changes to the CCE accreditation standards.

Action Requested

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

Attachments

1. Summary of Revisions to the CCE Accreditation Standards, Fall 2023
2. Final Draft CCE DCP Accreditation Standards (with tracked changes), Fall 2023
3. Final Draft CCE Residency Program Accreditation Standards (with tracked changes), Fall 2023

Council on Chiropractic Education (CCE)[®]

Proposed Standards – Summary of Revisions

Doctor of Chiropractic Program Standards

Section 1: CCE Principles and Processes of Accreditation

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

Section 1: II.A-C

- In these sections pertaining to *Application for Continued Accreditation* and *Processes of Accreditation*, there are numerous areas where the term “reaffirmation” is replaced with “continued” accreditation, to align to the language found in USDE and CHEA guidelines.
- Based on feedback from the public and proposed revision by the SRTF, in the Requirements for Eligibility areas, the language is now separated for current programs maintaining accreditation and new programs seeking accreditation.

Section 1: II.C: Process of Accreditation

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

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

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

Section 1: III. Accreditation Actions

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

Section 2: Introduction

- At the July 2022 meeting the Council recommended the removal of “*Examples of Evidence*” from Section 2 of the Standards, and to move the “*Examples of Evidence*” to a Guidance document
- The rationale for this change was derived from the feedback received from both programs and site team members that indicates some mis-interpretation, for example, whether the “*Examples of Evidence*” represent required evidence, which they do not.

- Therefore, a Guidance document will be developed in the future in lieu of having the “Examples of Evidence” in the Standards and provided on our website for program use and reference, following approval of the Final Draft by the Council.

Section 2: Process/Overview:

- The Council Chair appointed two (2) workgroups to develop recommendations to the SRTF on areas related to 1) Student Outcomes and 2) Diversity Equity, and Inclusion.
- CCE Staff collected data from approximately 21 programmatic & institutional accreditors, those with recognition from USDE and others with only CHEA recognition, for review/analysis by each Workgroup.
- The Student Outcomes Workgroup also conducted a program survey re student and program outcomes, to include specific questions about the DCP completion rates, NBCE and CCEB success rates, licensure and employment data collections, and feedback on the meta-competency curricular objectives and outcomes.
- Survey responses were collected from program deans, chief academic officers, presidents, and accreditation liaisons. These data were reviewed by the SOW and incorporated in their recommendations to the SRTF.
- Then, the SRTF was divided into three (3) sub-committees to review each of the Standards, A-J.
- Each of the sub-committees reviewed data from approximately 21 programmatic accreditors to compare requirements for each Standard, and reviewed feedback on the Standards collected from site team members and program personnel over the last 4 years.
- The changes presented are the product of the analysis of qualitative and quantitative data from multiple sources and the collective work of these workgroups and sub-committees, in addition to the Council.

Standard A.1-2: Mission & Planning

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

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

- The changes in A.3 *Program Effectiveness* and A.4 *Student Outcomes*, were recommended by the Student Outcomes Workgroup, based on the program survey results, feedback from team members, and a review of the requirements of other programmatic accreditors.
- The changes provide more direction to programs on required Program Effectiveness (PE) metrics, especially to demonstrate data analyses and review that informs program improvement activities/program changes.
- Program effectiveness metrics provide a global/comprehensive evaluation of the DCP that includes assessment of student learning, and is not limited to NBCE performance.
- Standard A.3 broadly allows for a variety of academic and non-academic measures; however, the new language requires program effectiveness metrics to include program-level student learning outcomes and the achievement of the MCOs, as related the program’s learning outcomes/objectives and the required learning outcomes in Standard H.
- This ties or links elements of A.3 program effectiveness to elements of Standard H, because program effectiveness/assessment measures and monitors the *program’s* performance, and a central component of the program is student learning and the achievement of the MCOs.

Summary of Revisions – September 1, 2023

- Another new addition in this section requires the programs to measure *retention or attrition rates*, in addition to the DCP completion rate and NBCE/CCEB/licensure rates.
- The changes to A.4 Student Outcomes, reiterates the requirements outlined in CCE Policy 56 re the thresholds and required publication of these outcomes; this links Policy 56 to the Standards, so this area is addressed in the program’s self-study, during the site visit, and Council’s review processes.

Standard B: Ethics & Integrity

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

Standard C: Administration

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

Standard D: Resources

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

Standard E: Faculty

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

Standard F: Student Support Services

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

Standard G. Student Admissions

- The Bold language Standard G. *Student Admissions* includes changes that remove a process for alternative admissions track plan for students admitted under CCE Policy 7. Further the admission standard nomenclature was revised to align with three different minimum threshold requirements, dependent upon a student that graduates from an accredited institution with a baccalaureate degree, or completes a minimum of 90 semester hours at an institution(s) accredited by an agency recognized by the U.S. Department of Education or an equivalent foreign agency. A differential pathway for admission is present for students that have a cumulative GPA of 3.0 or higher on a 4.0 scale for the 90 semester credits; or, if those students have a cumulative GPA between 2.75 and 2.99 on a 4.0 scale for the 90 semester credits, but include 24 semester credits in the sciences.
- The Diversity Equity Inclusion (DEI) Workgroup added requirements in section G.1: *Alignment with Program*, to address this area.

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

- A parenthetical is added to the DCP requirement for a minimum of 4,200 instructional hours that permits “or equivalent” which can align with competency-based learning and/or direct assessment, although would be subject to terms and conditions of CCE Policy 1, Program Changes. There would be requirements for United States Department of Education and Institutional Accreditor approval, as well as stringent requirements for the DCP to evidence meeting competency using standardized performance requirements and demonstration of learning independent of the time it takes the student to reach the desired level of performance. There is also an additional requirement that a minimum of 1,000 instructional hours will be accomplished in a patient care setting.
- Based on feedback from programs and site team members, the SRTF thoroughly reviewed Standard H to identify all the references to the “meta-competencies”, and clarified if the reference was to the meta-competency curricular objectives or the meta-competency outcomes.
- Additional changes throughout Standard H were made to provide more clarity on the meta-competency curricular objectives and the meta-competency outcomes
- Under H.1 *Curricular Content and Delivery*, the DEI Workgroup recommended additional language
- The section regarding *DCP-managed clinic site, or at DCP-approved external sites*, was moved from H.1 to H.2.
- Under H.2: *Assessment of Learning Outcomes and Curricular Effectiveness*, key points are incorporated into the Standard to provide specific guidance in best practices in the assessment of clinical competency.
- The section related to utilization of the student learning assessment data, was shortened as elements related to ‘*utilizing aggregate student learning data and the meta-outcomes*’ are now specified under A.3 Program Effectiveness where it has ties to program planning and resource allocation.

Standard H.3: Quality Patient Care

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

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

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

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

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

Meta-Competency 7: CHIROPRACTIC ADJUSTMENT/MANIPULATION:

- No changes recommended in this area

Meta-Competency 8: INTER-PROFESSIONAL EDUCATION:

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

Standard I. Research & Scholarship

- In the Bold language of Standard I, the reference to strategic planning is removed, again, b/c strategic planning may be an institutional-level element vs. program-level terminology. Further, there are new outcome requirements for demonstrating a commitment for research and scholarship to advance chiropractic education and improve the quality of health care in chiropractic clinical practice. There are also expectations for a plan involving students and staff and most, if not all, of its faculty.
- Under the sub-components sections 1) *Scope*; 2) *Support*; and 3) *Outcomes*, many of the requirements were simply re-arranged to better fit with each of these sub-components.
- Also, "Support" was moved above "Outcomes" for a more logical sequencing.
- Additional changes, such as the removal of the definitions for *Discovery*, *Application*, *Integration*, and *Teaching* were replaced with "*research and scholarship as defined by the DCP*", to be less prescriptive in this area.

Standard J: Service

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

Standard K: Distance or Correspondence Education

- Standard K was modified in Spring of 2021 and approved by the Council in July 2021.
- The 2021 changes to the standards for *Distance or Correspondence Education* were guided by our higher education expert/legal counsel to align with recent changes to the USDE requirements in this area.

- As such, the SRTF did not make any new or additional changes to Standard K.

Residency Standards

Standard H: Quality Patient Care

- In comparing the Standards of other programmatic accreditors as well as the DCP Standards, the Council found that some standards relating to quality patient care clearly outlined the specific elements for a quality assurance system, so, these specific elements and the format were incorporated in this standard.



THE COUNCIL ON CHIROPRACTIC EDUCATION

CCE Accreditation Standards

Principles, Processes & Requirements
for Accreditation

September 1, 2023 Proposed Revisions
to the CCE Accreditation Standards
(Track Changes Version)

July 2021

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Foreword

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

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

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

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

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

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

CCE Mission Statement

Mission

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

Values

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

- Integrity as the foundation in all interactions
- Accountability to students and the public
- Collaboration in community of people with a culture of respect
- Quality as informed by the use of evidence
- Improvement to advance excellence
- Cultivation and support of an environment that demonstrates commitment to diversity, equity, and inclusion.

CCE welcomes, embraces, and respects diversity of people, identities, abilities, and cultures.

Section 1 – CCE Principles and Processes of Accreditation

I. Accreditation by CCE

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

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

The Council specifically reviews compliance with all accreditation requirements.

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

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

II. Process of Accreditation for a DCP

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

A. Application for Initial Accreditation

1. Letter of Intent

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

2. Requirements for Eligibility

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

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

- a. Accreditation of the institution by an accrediting agency in the U.S. recognized by the U.S. Department of Education or Council for Higher Education Accreditation (or equivalent outside the U.S. as determined by the Council). Provide the most recent letter from the institutional accrediting agency confirming the institution's accreditation status and term., ~~to include, the most recent accreditation action letter. Identify the accrediting agency that accredits the institution and the institution's current accreditation status with this body.~~
- a.b. Provide evidence that the institution has, or has applied for, approval to develop/offer a doctor of chiropractic program/degree from its institutional accrediting agency. If approval is not necessary from the institutional accrediting agency, documentation from that accrediting agency MUST include written communication to program representatives or CCE that confirms approval to offer the program/degree is not required. NOTE: Under no circumstances will ~~the Council will not, with no exceptions,~~ grant initial accreditation to a program that is part of an institution/organization which is ~~the~~ subject to ~~of~~ an action by a recognized institutional accrediting agency, that includes: 1) a final decision to place the institution/organization on probation; or, 2) a final decision to deny, withdraw, revoke, or terminate accreditation.
- b.c. A governing body that includes representation adequately reflecting the public interest.
- e.d. Description of the administrative structure of the program, including the individual responsible for the DCP and their credentials.
- d.e. A mission (or equivalent) statement, approved by the appropriate institutional body, that provides for an educational program leading to the doctor of chiropractic degree and describes the overall purpose(s) of the program.
- e.f. A process ~~to~~ for assessing programmatic effectiveness to include, a description of how the program will analyze and use the assessment results.
- f.g. ~~Description of the p~~rogram length and a curriculum with a minimum of 4,200 instructional hours (or equivalent, following approval under the terms and conditions of CCE Policy 1, Program Changes), and a curriculum that includes, but is not limited to, the following subject matter:

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

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

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

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

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

3. CCE Response

Upon application by the DCP for accreditation:

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

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

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

1. Letter of Intent

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

2. Requirements for Eligibility

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

The DCP need not submit evidence of eligibility documents required for initial accreditation, rather, the DCP must maintain and make available documentation for review by the site team and/or Council that includes evidence to support the following:

a. Accreditation of the institution by an accrediting agency in the U.S. recognized by the U.S. Department of Education or Council for Higher Education Accreditation (or equivalent outside the U.S. as determined by the Council). Provide the most recent letter from the institutional accrediting agency confirming the institution's accreditation status and term.

b. Program length with a minimum of 4,200 instructional hours (or equivalent, following approval under the terms and conditions of CCE Policy 1, Program Changes), and a curriculum that includes, but is not limited to, the following subject matter:

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

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

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

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

3. CCE Response

The Council establishes timelines regarding the DCP self-study, comprehensive site visit and

Status Review Meeting in coordination with the CCE Administrative Office and the DCP, according to CCE policies and procedures.

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

1. DCP Self-Study

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

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

2. Comprehensive Site Visit and Report to CCE

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

- a. The DCP must provide the site team with full opportunity to inspect its facilities, to interview all persons within the campus community, and to examine all records maintained by or for the DCP and/or institution of which it is a part (including but not limited to financial, corporate and personnel records, and records relating to student credentials, grading, advancement in the program, and graduation).
- b. A draft report is prepared by the site team and sent by the CCE Administrative Office to the individual responsible for the program for correction of factual errors only.
- c. Following the response of the DCP to correction of factual errors, a final report is sent by the CCE Administrative Office to the individual responsible for the program, governing body chair and site team members.

- d. The DCP is provided the opportunity to submit a written response to the site team report, and it must submit a written response if the report identifies areas of ~~concern~~deficiency. The DCP sends the response to the CCE Administrative Office which distributes it to the CCE President and Council. Any DCP response to the site team report must be submitted to the CCE no less than 30 days prior to the Status Review Meeting which is the next step in the review (or accreditation) process.

3. CouncilCE Status Review Meeting

- a.—The objective of the Status Review Meeting is to provide an opportunity for the Council to meet with DCP representatives to discuss the findings of the site team report and DCP response in accordance with CCE policies and procedures. The Site Team Chair or other members of the site team may also be present at the request of the Council Chair.

4. Council Review, Action, and Notification

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

5. Next Comprehensive Review

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

D. Additional Reports and Visits

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

1. Program Characteristics Report (PCR)

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

intervals, to ensure the programs remain in compliance with the CCE *Standards*.

2. Program Enrollment and Admissions Report (PEAR)

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

3. Progress Reports

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

4. Program Changes Requiring Notification and/or Reporting

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

5. Interim and Focused Site Visits

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

~~6. Focused Site Visits~~

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

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

E. Progress Review Meeting

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

F. Council Action and Notification

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

E.G. Withdrawal from Accreditation

1. Voluntary Withdrawal of Initial Application

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

2. Voluntary Withdrawal from Accredited Status

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

3. Default Withdrawal from Accredited Status

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

4. Notification

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

F.H. Reapplication for Accreditation

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

III. Accreditation Actions

A. Decisions and Actions

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

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

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

B. CCE Notifications

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

C. Enforcement and Time Frames for Noncompliance Actions

1. The U.S. Department of Education requires the enforcement of standards for all recognized accrediting agencies. If the Council's review of a program regarding any accreditation standard and/or policy indicates that the program is not in compliance with that accreditation standard and/or policy, the Council must:
 - a. Immediately initiate adverse action against the program or institution; or,
 - b. Notify the program of the finding(s) of noncompliance and Rrequire the program to take appropriate action to bring itself into compliance with the accreditation standard and/or policy within a time period that must not exceed two years. ~~NOTE: If the program, or the longest program offered by the institution, is at least two years in length.~~
2. If the program does not bring itself into compliance within the initial two-year time limit, the Council must take immediate adverse action unless the Council extends the period for achieving compliance for "good cause". Such extensions are only granted in unusual

circumstances and for limited periods of time not to exceed two years in length. The program must address the three (3) conditions for “good cause” listed below.

- a. the program has demonstrated significant recent accomplishments in addressing non-compliance (e.g., the program’s cumulative operating deficit has been reduced significantly and its enrollment has increased significantly), *and*
 - b. the program provides evidence that makes it reasonable for the Council to assume it will remedy all non-compliance items within the extended time defined by the Council, *and*
 - c. the program provides assurance to the Council that it is not aware of any other reasons, other than those identified by the Council, why the program should not be continued for “good cause.”
3. The Council may extend accreditation for “good cause” for a maximum of one year at a time (not to exceed two years in total). If accreditation is extended for “good cause,” the program must be placed or continued on sanction and may be required to host a site visit. At the conclusion of the extension period, the program must appear before the Council at a meeting to provide further evidence if its period for remedying non-compliance items should be extended again for “good cause.”
4. Adverse accrediting action or adverse action means the denial, withdrawal, or revocation, ~~or termination~~ of accreditation, ~~or any comparable accrediting action the Council may take against the program.~~

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

IV. Deferral

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

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

V. Noncompliance Actions

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

A. Warning

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

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

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

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

B. Probation

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

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

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

C. Show Cause Order

A Show Cause Order constitutes a demand that the DCP provide evidence to inform the Council and demonstrate why the program's accreditation should not be revoked. The Council may require the DCP to submit a report, host a site visit and/or make an appearance before the Council to provide such

evidence. If the DCP does not provide evidence sufficient to demonstrate resolution of the ~~Council's concerns~~deficiencies within the time frame established by the Council, the DCP's accreditation is revoked. A Show Cause Order is a sanction, subject to appeal (see CCE Policy 8), and shall not exceed twelve (12) months. The Council makes public notice of a final decision to impose a Show Cause Order by notifying the U.S. Department of Education, ~~regional~~(institutional) accrediting agency, jurisdictional licensing boards, and the public that a program has been placed on Show Cause Order in accordance with CCE policy and procedures.

D. Denial or Revocation

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

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

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

VI. Status Description

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

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

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

VII. Complaint and Contact Information

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

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

Introduction

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

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

Section 2 – Requirements for Doctor of Chiropractic Degree Educational Programs

A. Mission, Planning, and Program Effectiveness

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

Context

1. Mission

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

2. Planning

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

3. Program Effectiveness

The DCP evaluates its program effectiveness by utilizing both academic and non-academic performance measures with established thresholds. Results are tracked, disseminated internally, and analyzed in a

timely fashion, to support data-informed decision making for program improvements and program planning. The DCP demonstrates periodic reviews of its program effectiveness measures and assessment processes to make appropriate changes.

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

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

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

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

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

Examples of Evidence Related to Mission, Planning, and Assessment

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

~~meta-competencies; retention and completion rates; NBCE performance; licensing and/or placement rates; and program satisfaction.~~

B. Ethics and Integrity

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

Context

1. Ethics

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

2. Integrity

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

Examples of Evidence Related to Ethics and Integrity

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

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

C. ~~Governance and Administration~~

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

Context

1. ~~Governance~~

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

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

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

~~2. Administration~~

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

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

Examples of Evidence Related to Governance and Administration

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

- ~~• Descriptions of administrative decision-making processes.~~
 - ~~• Documentation of evaluations or other forms of assessments of the performance and effectiveness of administrative personnel and the governing body.~~
- (NOTE: Reference items 3, 4 & 5; a DCP, less than five years old, will submit its complete records.)

D. Resources

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

Context

1. Financial

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

2. Learning

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

~~3. Human~~

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

4.3. Physical

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

Examples of Evidence Related to Resources

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

E. Faculty

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

Context

1. ~~Cohort~~ Attributes

The faculty is of sufficient size and ability, with appropriate experience and expertise, to effectively design, deliver, and revise the DCP curriculum, regardless of instructional modality, and to effectively assess student learning. The faculty enable the DCP to meet its mission and program learning objectives, goals, and objectives in instruction, research and scholarship, and service. The policies, procedures and practices of the DCP promote the inclusion of personnel who contribute to the diversity of the faculty. The determination of the number of full-time and part-time faculty members is based on sound pedagogical rationales in both physical and virtual classroom, laboratory, and patient care settings. Faculty members have appropriate credentials, including licensure where required in clinical and didactic instructional settings, academic expertise, and experience to fulfill their responsibilities as instructors, mentors, subject matter/content experts, clinical educators, and student ~~intern~~ supervisors. ~~Faculty members demonstrate integrity and a commitment to high ethical standards in dealing with students and colleagues, in their research and scholarship and in their interactions with external constituencies.~~

2. ~~Curricular~~ Attributes Curriculum and Professional Development

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

3. ~~Professional Development and~~ Evaluation

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

Examples of Evidence Related to Faculty

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

F. Student Support Services

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

Context

1. Supported Functions

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

2. Academic Support

The DCP monitors each student's academic progress and implements policies and procedures that dictate active interventions based upon student needs, including academic support services to optimize the ability of admitted students to succeed in the program, e.g., transitional studies, tutorials, academic advising, and study strategies. Further, an academic plan is formulated for each student who fails to make satisfactory academic progress in accordance with DCP policies.

~~23.~~ Effectiveness

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

~~34.~~ Record of Student Complaints

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

Examples of Evidence Related to Student Support Services

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

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

G. Student Admissions

The DCP admits students who possess academic and personal attributes consistent with the DCP's mission, ~~and who~~ **Admitted students** have completed **a baccalaureate degree the equivalent of three academic years of undergraduate study (90 semester hours)** at an institution(s) accredited by an agency recognized by the U.S. Department of Education or an equivalent foreign agency. ~~The GPA for these 90 semester hours is not less than 3.0 on a 4.0 scale.~~ **Alternatively, students may matriculate into the program having obtained** ~~The 90 semester hours~~ **at an institution(s) accredited by an agency recognized by the U.S. Department of Education or an equivalent foreign agency; 1) if those students have a cumulative GPA of 3.0 or higher on a 4.0 scale for the 90 semester credits; or, 2) if those students have a cumulative GPA between 2.75 and 2.99 on a 4.0 scale for the 90 semester credits with** ~~will include~~ a minimum of 24 semester ~~credits~~ **hours** in life and physical science courses appropriate as undergraduate preparation for chiropractic education as determined by the DCP. ~~The science courses fulfilling the 24 semester hours will provide an adequate background for success in the DCP, and at least half of these courses will have a substantive laboratory component. The student's undergraduate preparation also includes a well-rounded general education program in the humanities and social sciences, and other coursework deemed relevant by the DCP for students to successfully complete the DCP curriculum.~~ Students admitted with advanced standing or transfer credit must earn not less than 25% of the total program credits from the DCP that confers the degree.

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

Context

1. Alignment with Program

The DCP's admissions policies and practices are documented and designed to ensure that admitted students meet the admissions criteria and possess the academic and personal attributes for success in the academic program and pass the exams necessary to obtain a license to practice as a doctor of chiropractic/chiropractic physician.

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

2. Informed Applicants

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

Examples of Evidence Related to Student Admissions

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

H. Curriculum, Competencies and Outcomes Assessment

The DCP curriculum contains a minimum of 4,200 instructional hours **(or equivalent, following approval under the terms and conditions of CCE Policy 1, Program Changes)** for the doctor of chiropractic degree, thus ensuring the program is commensurate with professional doctoral level education in a health science discipline. The didactic and clinical education components

of the curriculum, wherever offered and however delivered, are structured and integrated in a manner that enables the graduate to demonstrate attainment of all required meta-competency ies outcomes necessary to function as a doctor of chiropractic/chiropractic physician. Best practices in assessment of student learning, regardless of instructional modality, measure student proficiency in the identified meta-competency outcomes and produce data that are utilized to guide programmatic improvements.

~~A portion of the~~ Students must complete a minimum of 1,000 instructional hours ~~will be accomplished~~ in a patient care setting ~~and will involve the direct delivery of patient care~~. The DCP has a health care quality management system that measures the structure, process and outcomes of care and uses these data to improve the quality of patient care and inform curricular improvements and student learning.

Context

1. Curricular Content and Delivery

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

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

2. Assessment of Learning Outcomes and Curricular Effectiveness

As a function of curriculum design, the meta-competencies are met through didactic education and supervised student experiences at a DCP-managed clinic site, or at DCP-approved external sites or both. In the case of external sites, student learning outcomes are identified and evaluation of these meta-competency outcomes are consistent with those that exist in the DCP settings. ~~The DCP employs best practices to assess and demonstrate each student's achievement of meta-competency outcomes.~~ The DCP determines its own method of meta-competency delivery and assessment to document student competency and curricular effectiveness. Best practices are employed to assess and demonstrate achievement of meta-competency outcomes. Assessment of clinical competency must:

- be performed in the context of the clinical workplace and criterion-referenced;

- be based on authentic encounters;
- include frequent direct observations by multiple qualified evaluators;
- include multiple methods and strategies, as appropriate; and,
- align with the meta-competency outcomes.

Documented and systematic processes are used to confirm each student’s meta-competency outcomes achievement data prior to graduation. Additionally, performance expectations and thresholds are communicated to students. Systematic mechanisms are used to identify and remediate students when deficiencies are identified.

Aggregate student learning and meta-competency outcomes Data related to assessment of student learning and are utilized to evaluate curricular effectiveness are utilized for program improvement and are factors in institutional planning and program resource allocation. Ultimately, the DCP is accountable for the quality and quantity of its evidence of compliance with the meta-competencies and its curricular objectives and outcomes.

3. Quality Patient Care

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

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

CCE Clinical Education Meta-Competencies

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

META-COMPETENCY 1 - ASSESSMENT & DIAGNOSIS

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

CURRICULAR OBJECTIVE:

The program prepares students to -

- Compile a case-appropriate history that evaluates the patient’s health status, including a history of any present illness, systems review, and review of past, family and psychosocial histories for the purpose of constructing a differential diagnosis and directing clinical decision-making.

- B. Determine the need for and availability of external health records.
- C. Perform case-appropriate examinations that include evaluations of body regions and organ systems, including the spine and any subluxation/segmental dysfunction that assist ~~the clinician~~ in developing the diagnosis/es.
- D. Perform and ~~utilize~~interpret diagnostic studies ~~and consultations when appropriate~~, inclusive of imaging, clinical laboratory, and specialized testing procedures based on clinical needs, and refer to other providers for consultations when appropriate ~~to obtain objective clinical data~~.
- E. Formulate an evidence-informed diagnosis/es supported by information gathered from the history, examination, ~~and~~ diagnostic studies, and relevant scientific literature to inform patient care.

OUTCOMES:

Students will be able to -

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

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

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

3) Perform/order and interpret clinical laboratory, imaging, and other diagnostic studies required for formulating an appropriate diagnosis.

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

META-COMPETENCY 2 - MANAGEMENT PLAN

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

CURRICULAR OBJECTIVE:

The program prepares students to -

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

B. Evaluate the clinical indications and rationale for selecting chiropractic adjustment/manipulation or other appropriate forms of active or passive modalities supporting the goals of care. ~~Determine the need for chiropractic adjustment/manipulation or other forms of passive care.~~

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

- ~~DC~~. Determine the need for changes in patient behavior and activities of daily living.
- ~~ED~~. Determine the need for emergency care, referral, and/or collaborative care.
- ~~FE~~. Provide information to patients of risks, benefits, natural history and alternatives to care regarding the proposed management plan.
- ~~GF~~. Obtain informed consent.
- ~~HG~~. Monitor patient progress and alter management plans accordingly as new clinical information becomes available.
- ~~IH~~. Recognize the point of a patient's maximum improvement and release the patient from care, or determine rationales for any ongoing care.
- I. Use evidence to support management plan decisions.

OUTCOMES:

Students will be able to -

- 1) Develop an evidence-informed management plan appropriate to the diagnosis, including elements such as obstacles to improvement, measurable healthcare goals, prognoses and target endpoint of care in consideration of bio-psychosocial factors, natural history and alternatives to care.
- 2) Identify the need and ~~R~~refer for emergency care ~~and/or collaborative care~~ as appropriate.
- 3) Perform a review of findings that outlines benefits, risks and alternatives to care and obtain informed consent for care. ~~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, including activities of daily living and/or dietary and nutritional habits as appropriate.
- ~~7) Implement changes to the management plan as new clinical information becomes available.~~
- ~~8~~7) Identify maximum improvement and document the endpoint of care or determine rationales for continuing care or referral.

META-COMPETENCY 3 - HEALTH PROMOTION AND DISEASE PREVENTION

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

CURRICULAR OBJECTIVE:

The program prepares students to -

- A. Identify the importance of primary, secondary, and tertiary prevention in population health, including health promotion, disease prevention, and screening~~appropriate hygiene in a clinical environment.~~
- B. Explain the major causes and trends in chronic disease, comorbidity, and mortality~~health risk factors, leading health indicators and public health issues to patients.~~ including those for patients from diverse backgrounds and from underrepresented communities.
- C. ~~Identify public health issues in~~ Recognize the importance of social determinants and impact of health care disparities within diverse populations.
- D. ~~Understand their~~ Recognize reporting responsibilities ~~iesy~~ regarding public health risks and issues.

OUTCOMES:

Students will be able to -

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

META-COMPETENCY 4 - COMMUNICATION AND RECORD KEEPING

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

CURRICULAR OBJECTIVE:

The program prepares students to -

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

OUTCOMES:

Students will be able to -

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

META-COMPETENCY 5 - PROFESSIONAL ETHICS AND JURISPRUDENCE

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

CURRICULAR OBJECTIVE:

The program prepares students to -

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

OUTCOMES:

Students will be able to -

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

META-COMPETENCY 6—INFORMATION AND TECHNOLOGY LITERACY

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

CURRICULAR OBJECTIVE:

The program prepares students to—

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

OUTCOMES:

Students will be able to—

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

META-COMPETENCY 6 –CULTURAL COMPETENCY

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

CURRICULAR OBJECTIVE:

The program prepares students to -

A. Use relevant and critically appraised scientific literature and other evidence—designed to bring awareness of biases and social determinants of health that may impact the delivery of care to a diverse population.

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

OUTCOMES:

Students will be able to -

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

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

META-COMPETENCY 7 – CHIROPRACTIC ADJUSTMENT/MANIPULATION

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

CURRICULAR OBJECTIVE:

The program prepares students to –

A. Assess normal and abnormal structural, neurological and functional articular relationships.

B. Evaluate the clinical indications and rationale for selecting a particular chiropractic adjustment/manipulation.

C. Determine, based on clinical indications and risk factors, the appropriateness of delivering chiropractic adjustment/manipulation.

D. Demonstrate the knowledge, mechanical principles, and psychomotor skills necessary to safely perform chiropractic adjustment/manipulation.

E. Assess the patient outcome(s) of the chiropractic adjustment/manipulation.

OUTCOMES:

Students will be able to -

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

META-COMPETENCY 8 – INTER-PROFESSIONAL EDUCATION

Students have the knowledge, skills, 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.~~

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

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

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

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

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

OUTCOMES:

Students will be able to -

- 1) Communicate information with patients, families, community members, and health team members in a manner that is understandable, avoiding discipline-specific terminology when possible~~Explain their own roles and responsibilities and those of other care providers and how the team works together to provide care.~~
- 2) ~~Use appropriate team building and collaborative strategies with other members of the healthcare team to support a team approach to patient-centered care.~~
Apply collaborative strategies with 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 demonstrates its commitment to research and scholarship by establishing mission-congruent goals and objectives that supports and expect~~conducts and supports research and scholarly~~ activities intended to advance chiropractic education and improve the quality of health care in chiropractic clinical practice~~congruent with its mission, goals, and objectives and strategic plan.~~

Context

1. Scope

The DCP actively engages its personnel and students in research and scholarship by developing related expectations consistent with the program's mission, goals and objectives. ~~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. Expectations for research and scholarship include a plan, involving students and staff and most, if not all,~~

of its faculty. The plan leads to outcomes that will improve the quality of and promote innovation in chiropractic education and advance the understanding and application of chiropractic clinical practice. 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. Research and scholarship are conducted in accordance with programmatic/institutional policies, external legal requirements, and accepted research practices.

2. Support

Research and scholarship are supported by appropriate levels of physical, financial, and human resources. The DCP provides the workload allocation and assignment of faculty responsibilities, budgetary infrastructure and resources, including an Institutional Review Board (IRB), necessary to support research activities. Policies and procedures are in place to manage and support the conduct of internally and externally funded research and scholarship and to ensure the protection of human and/or animal subjects.

3.2. Outcomes

Research and scholarship ~~within~~ as defined by the DCP ~~occurs in one or more of the following areas: (1) Discovery — the development and creation of new knowledge result~~ing from basic science, clinical, psychosocial, and educational methodology studies; (2) Application — the integration and application of existing knowledge to clinical practice and teaching; (3) Integration — the critical analysis and review of existing literature; and (4) Teaching — the critique, analysis, and dissemination of knowledge about teaching, learning, evaluation and assessment. Measures and thresholds for research and scholarship outcomes are set, and tracked and used to inform program improvement by the DCP. Research and scholarship position the DCP to apply for grant funding that contributes to the advancement of chiropractic education and clinical practice; promote internal/external collaborations; and result in publications and professional presentations.

3. Support

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

Examples of Evidence Related to Research and Scholarship

- Demonstrated institutional support for research and scholarship to include the budget for research and scholarship activities, itemization of research faculty and staff, faculty release time, physical facilities, equipment and technology, coupled with ongoing assessments of the effectiveness of such support.
- The record of external funding from government, foundation, and private sector business/vendor sources.
- Documentation of research and scholarship outcomes for the most recent three-year period as evidenced by reports, peer reviewed publications, presentations, and grant awards and applications submitted, which may include collaborative efforts with other institutions.

- Curriculum content that introduces students to the value of evidence-based scientific and practice research studies, the fundamental aspects of research processes, the development and analysis of research data, and critical appraisal skills.
- Evidence that students and faculty are provided with opportunities to participate in research and scholarship.
- Documentation of activities that promote faculty professional development in the areas of research and scholarship.
- The use of a process to evaluate, improve, and implement growth in DCP research and scholarship.
- Evidence of an effectively functioning Institutional Review Board (IRB).

~~J. Service~~

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

Context

~~1. Scope~~

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

~~2. Outcomes~~

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

~~3. Support~~

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

Examples of Evidence Related to Service

- A description of the scope of service activities engaged in by the DCP.
- Policies and procedures germane to services provided by the DCP or its associated groups or individuals.
- Demonstrated institutional support for the service component of the DCP mission to include the budget for service activities, itemization of faculty and staff release time, institutional facilities, equipment, and technology to support the service activities, coupled with ongoing assessments of the effectiveness of such support.
- Documentation of service activity outcomes for the most recent three-year period.
- The use of a process to evaluate, improve and implement growth in DCP service activities.
- Documentation of leadership or participatory roles in local, state or federal professional organizations, in community and civic organizations and/or in educational and governmental task forces, committees, organizations and conferences.
- Documentation of the provision of low cost or free health care to underserved populations, and/or the offering of health related seminars, conferences and forums to the public.

KJ. Distance or Correspondence Education (if applicable)

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

Context

1. Identity Verification

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

2. Regular Interaction

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

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

Examples of Evidence Related to Distance or Correspondence Education

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

The following definitions apply to this Standard:

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

- (1) Is defined by the program in accordance with any applicable requirements of its institutional accrediting agency;
- (2) Includes, but is not limited to--
 - (i) Attending a synchronous class, lecture, recitation, or field or laboratory activity, physically or online, where there is an opportunity for interaction between the instructor and students;
 - (ii) Submitting an academic assignment;
 - (iii) Taking an assessment or an exam;

- (iv) Participating in an interactive tutorial, webinar, or other interactive computer-assisted instruction;
 - (v) Participating in a study group, group project, or an online discussion that is assigned by the program; or
 - (vi) Interacting with an instructor about academic matters; and
- (3) Does not include, for example--
- (i) Living in campus housing;
 - (ii) Logging into an online class or tutorial without any further participation; or
 - (iii) Participating in academic counseling or advisement.

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

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

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

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



Residency Program Accreditation Standards

Principles, Processes & Requirements
for Accreditation

September 1, 2023 Proposed Revisions
to the Residency Program Accreditation Standards
(Track Changes Version)

July 2017

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Foreword

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

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

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

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

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

Terminology and Definitions:

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

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

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

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

Residency: A chiropractic residency is a post-doctoral education program centered on clinical training that results in the residents' attainment of advance competencies. A residency must be a minimum of twelve months, full-time, and must be composed of appropriately supervised in-person clinical care. A residency should also include a well-designed mix of self-directed learning, seminar participation, instructional experiences, and scholarship. -Specific to the area of training, the residency expands and builds on the competencies attained through completion of the doctor of chiropractic degree program.

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

Section 1 – CCE Principles and Processes of Accreditation

I. Residency Accreditation by CCE

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

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

II. Process of Accreditation for a Residency

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

A. Application for Initial Accreditation

1. Letter of Intent

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

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

2. Requirements for Eligibility

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

3. CCE Response

Upon application by the residency for accreditation:

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

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

1. Letter of Intent

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

2. Requirements for Eligibility

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

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

3. CCE Response

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

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

1. Residency Self-Study

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

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

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

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

2. Site Team Visit and Report to CCE

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

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

3. CCE Status Review Meeting

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

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

D. Additional Reports and Visits

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

1. Program Interim Report (PIR)

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

2. Progress Reports

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

3. Substantive Change Reports

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

4. Focused Site Visits

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

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

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

E. Withdrawal from Accreditation

1. Voluntary Withdrawal of Initial Application

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

2. Voluntary Withdrawal from Accredited Status

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

3. Default Withdrawal from Accredited Status

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

4. Notification

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

F. Reapplication for Accreditation

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

III. Accreditation Decisions and Actions

A. CCE Decisions

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

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

B. CCE Notifications

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

C. Enforcement of Standards

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

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

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

Definition and Conditions for Good Cause

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

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

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

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

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

IV. Non-Compliance Decisions and Actions/Appeals

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

A. Required Follow-up

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

B. Deferral

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

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

C. Warning

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

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

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

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

D. Probation

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

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

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

E. Show Cause Order

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

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

F. Denial or Revocation

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

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

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

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

V. Status Description

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

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

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

VI. Complaint and Contact Information

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

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

Preface

An accredited chiropractic residency program (residency) is a post-doctoral education program centered on clinical training that results in the residents' attainment of advanced competencies. A residency must be a minimum of twelve months, full-time, and must be composed of appropriately supervised in-person clinical care. ~~is a full time program that provides its graduate doctors of chiropractic an advanced level of clinical training.~~ The CCE applies the understanding that in order for a residency to be recognized as an accredited program, the residency itself must prepare the graduate for advanced or focused practice and where applicable, be recognized by a national or international chiropractic specialty group with an independent examining board.

Section 2 – CCE Requirements for Accreditation of Residency Programs

A. Mission/Purpose and Program Effectiveness

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

Context

Mission/Purpose Statement(s):

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

Program Effectiveness:

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

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

Examples of Evidence Related to Mission/Purpose and Program Effectiveness

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

B. Ethics and Integrity

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

Context

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

Examples of Evidence Related to Ethics and Integrity

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

C. Governance and Administration

The sponsoring organization must include the residency within its governance structures to ensure its authority, representation, and appropriate transparency and accountability, within the organization's

milieu. The residency’s administrative structure and personnel facilitate the achievement of the mission/purpose and goals of the program.

Context

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

Examples of Evidence Related to Governance and Administration

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

D. Facilities and Resources

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

Context

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

Examples of Evidence Related to Facilities and Resources

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

E. Faculty

The residency has appropriately credentialed faculty mentors who are qualified by virtue of their academic and professional training and experience to instruct and supervise residents. The faculty

oversee all clinical services, develop, deliver and monitor the curricula of the residency, and assess resident learning and participate in assessment of the effectiveness of the program. ~~With the support of the~~ sponsoring organization provides opportunities for, the faculty ~~to is~~ engaged in research and scholarship and professional development.

Context

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

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

Examples of Evidence Related to Faculty

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

F. Resident Support Services

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

Context

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

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

Examples of Evidence Related to Resident Support Services

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

G. Resident Selection

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

Context

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

Examples of Evidence Related to Resident Selection

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

H. Curriculum, Clinical Training and Competencies

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

Context

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

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

Program Duration:

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

Scope of Training:

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

Program Design and Curriculum:

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

Core Competencies:

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

1. Patient Care and Procedural Skills:~~Clinical Service:~~ Residents must be able to effectively diagnose and manage complex, subtle or infrequently encountered clinical presentations by using patient-centered, compassionate, equitable and appropriate diagnostic and treatment approaches.~~diagnostic and treatment modalities;~~

2. Advanced or Focused Healthcare Knowledge: Residents must identify and synthesize~~residents must research and analyze~~ current scientific information and integrate this knowledge into patient care through evidence-based clinical decision making.; The resident must promote and disseminate knowledge through scholarly activities, such as lectures, presentations, publications, posters or research.

3. Practice-Based Learning and Improvement: Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve patient care through self-assessment and lifelong learning~~documented quality assurance activities;~~

4. Interpersonal and Communication Skills: Residents must be able to demonstrate interpersonal and communication skills appropriate and effective for the exchange of information with patients, their families, and health professionals.~~through culturally competent patient education, communication and shared decision making;~~

5. Professionalism: residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population;

6. Systems-Based Practice:~~Collaborative Practice:~~ Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and collaborate with other professionals and community entities to assure that appropriate resources are utilized for well-coordinated patient care;

~~7. Evidence-informed Advanced or Focused Practice: residents must demonstrate competency in the application of knowledge of accepted standards in clinical practice appropriate to their specialty training. The resident must promote and disseminate knowledge through scholarly activities, such as lectures, presentations, publications, posters or research.~~

Quality Patient Care:

The residency ~~and/or the sponsoring organization employs~~ must utilize a ~~formal system of~~ quality assurance ~~system to evaluate and utilize data to improve the structure, process, and outcomes of~~ for patient care ~~provided by the resident and/or patient care that is overseen by the residency faculty/mentors involving the resident.~~ This system must demonstrate evidence of: ~~includes a systematic patient chart audit process with measurable chart audit criteria/elements, outcomes and thresholds for performance, set, and tracked, and reviewed by the residency or sponsoring organization to inform improvements to patient care and the residency program, as needed.~~ The delivery of patient care will comply with state and federal laws and regulations and applicable/acceptable industry standards.

- a. standards of care that are patient-centered, evidence-informed, consistent with accepted industry standards, compliant with applicable jurisdictional laws and regulations, and are provided in a format that facilitates assessment with measurable criteria;
- b. an ongoing review of a representative sample of patient records to assess the appropriateness, necessity, and quality of the care;
- c. thresholds for performance that are set, tracked, and reviewed by the residency to inform improvements to patient care and the residency program;
- d. mechanisms to address patient response to care and evolve treatment plans as appropriate; and,
- e. regular review of the assessment methods and training of assessors to improve the validity and reliability of processes to assess the residents' documentation quality in patient records.

Examples of Evidence Related to Curriculum, Clinical Training and Competencies

- ~~1.—A curriculum map or similar representation demonstrating a curriculum that provides a coherent, integrated and progressive educational program with appropriate experiences and progressive responsibility for the residents, aligned with the competencies and outcomes, as identified by the program.~~
- ~~2.—Published syllabi, documentation showing program goals and objectives, instructional strategies and methods of assessment of residents' progress and achievement.~~
- ~~3.—Evidence that faculty have a central role in curriculum development, management and approval, and that they participate in program assessment and are included in efforts to affect changes based on that assessment.~~
- ~~4.—Examples of assessment tools and methods that measure competency development and learning.~~
- ~~5.—Resident portfolios and/or reports, which tracks and demonstrates each resident's achievement of the competencies.~~

I. Duty Hours

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

Context

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

Examples of Evidence Related to Duty Hours

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

J. Completion Designation

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

Context

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

Examples of Evidence Related to Completion Designation

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



Agenda Item 11
January 12, 2024

Updates and Discussion on the California Doctor of Chiropractic Programs

Purpose of the Item

The Board will receive updates on the three California Doctor of Chiropractic programs:

- A. Life Chiropractic College West
- B. Palmer College of Chiropractic – West Campus
- C. Southern California University of Health Sciences, Los Angeles College of Chiropractic

Action Requested

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



**Agenda Item 12
January 12, 2024**

Licensing Committee Report

Purpose of the Item

Committee Chair Pamela Daniels, D.C. will provide the Board with an update on the pending regulatory proposals being considered and developed by the Licensing Committee, including approval of chiropractic programs and educational requirements, chiropractic practice locations and display of license, inactive doctor of chiropractic licenses, and orders for physical or mental examinations of applicants.

Action Requested

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

Background

The Licensing Committee scheduled the following meetings for 2024:

- Friday, March 8, 2024
- Friday, June 7, 2024
- Friday, September 6, 2024
- Friday, December 6, 2024

During these meetings, the Committee will continue its work on the pending regulatory proposals that affect the Board's Licensing Program, including:

Approval of Chiropractic Programs and Educational Requirements (Amend California Code of Regulations [CCR], Title 16, Sections 330–331.16)

The Committee is developing this proposal to amend the regulations regarding approval of chiropractic programs to align with the standards of the accrediting body, the Council on Chiropractic Education (CCE), and eliminate any unnecessary or duplicative content within the Board's regulations that is already evaluated during the CCE accreditation process.

Curriculum Requirements for Doctor of Chiropractic Programs (Amend CCR, Title 16, Section 331.12.2 and Add CCR, Title 16, Section 331.12.3)

The Committee is developing a proposal to update the minimum curriculum and clinical experience requirements for Board-approved chiropractic programs based on the CCE's proposed changes to the accreditation standards that will become effective

Licensing Committee Report
January 12, 2024
Page 2

January 1, 2025, and the results of the Board's occupational analysis of the chiropractic profession.

Requirements for Filing Places of Practice with the Board and Notifying the Public of Licensure at Practice Locations and in Mobile Settings (Amend CCR, Title 16, Section 308 and Add CCR, Title 16, Section 308.1)

The Committee engaged in a detailed policy discussion regarding the filing of places of practice with the Board and the potential for modernizing the licensure notification and posting requirements at practice locations. The Committee provided input to staff on a definition for a place of practice, the different practice settings to include in the definition, and the feasibility of implementing a facility permit for fixed places of practice that contains the name and physical location of the practice along with the name and license number of each owner, employee, and independent contractor associated with the facility to replace the existing satellite certificate requirement. The Committee also discussed more effective methods to notify the public of licensure at all practice settings such as through the use of a posted notice that contains the license or facility permit information, a statement indicating the licensee or facility is regulated by the Board, and a QR code that provides a direct link to the licensee's or facility's public profile page on DCA Search.

Staff is revising this proposal based on the Committee's input and is working with DCA's Office of Information Services to create digital licenses and permits with QR codes that link to DCA Search. Staff plans to present this proposal to the Committee for consideration at an upcoming meeting.

Requirements and Limitations for Inactive Licenses (Business and Professions Code Sections 700–704 and CCR, Title 16, Sections 370 and 371)

Business and Professions Code (BPC) section 700 establishes an inactive category of health professionals' licensure which is intended to allow a healing arts licensee who is not actively engaged in the practice of their profession, to maintain licensure in a nonpracticing status. BPC section 702 prohibits an inactive licensee from: 1) engaging in any activity for which an active license or certificate is required; and 2) representing that they have an active license.

The Committee discussed the need to establish regulations to clarify the meaning of the phrase "not actively engaged in the practice" within BPC section 700 to protect consumers and ensure licensees are aware of the activities that require an active license with annual continuing education. Staff is developing a regulatory proposal based on the Committee's input and plans to present it to the Committee for consideration and further discussion at a future meeting in 2024.

Practice of Chiropractic via Telehealth

The Committee engaged in an initial policy discussion regarding the practice of chiropractic via telehealth. The Committee discussed the consumer protection benefits of establishing minimum requirements for the delivery of chiropractic via telehealth and suggested staff begin developing a proposal similar to the model being pursued by the California Acupuncture Board. Staff is drafting a proposal based on the Committee's input for review and discussion at a future meeting in 2024.

Order for Physical or Mental Examination of Applicants (Add CCR, Title 16, Section 324)

Staff is developing this CPEI proposal to allow the Board to order an applicant to complete a physical or mental examination when evidence exists that the applicant may be unable to practice safely due to a mental or physical condition affecting their competency. This proposal is planned to be presented to the Committee for an initial policy discussion at the next meeting.



Agenda Item 13
January 12, 2024

Continuing Education (CE) Committee Report

Purpose of the Item

Committee Chair David Paris, D.C. will provide the Board with an update on the December 1, 2023 Continuing Education Committee meeting.

Action Requested

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

Background

The Continuing Education Committee met by teleconference (Webex) on December 1, 2023, and discussed the following items:

Proposal to Mandate Basic Life Support or Cardiopulmonary Resuscitation Certification as a Condition for Licensure in Active Status (Amend California Code of Regulations [CCR], Title 16, Section 371 and Add CCR, Title 16, Section 371.1)

The Committee engaged in a robust policy discussion regarding the pending regulatory proposal to potentially reinstate a requirement for all licensees to maintain basic life support (BLS) certification, including cardiopulmonary resuscitation (CPR), as a condition of licensure in active status.

The Committee discussed the various situations where a licensee may obtain a BLS advisor card rather than the full BLS certification and the need for a licensee with an advisor card to provide a written notification to patients that the licensee understands BLS/CPR, but does not physically perform it, and will activate the emergency medical services (EMS) system in an emergency situation.

Staff is revising the proposed regulatory text based on the Committee's input and discussion and plans to present it to the Committee for review and consideration at the next meeting.

Proposal to Create a Process for Granting Exemptions or Extensions to the Annual Continuing Education Requirement to Licensees Who Have Been Adversely Affected by a Natural Disaster, State of Emergency, Medical Condition, or Other Hardship During Their License Renewal Period (Add CCR, Title 16, Section 364.1)

Continuing Education Committee Report

January 12, 2024

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During the meeting, the Committee reviewed the draft regulatory text to grant exemptions to the continuing education (CE) requirements for licensees affected by a natural disaster or state of emergency that was last considered by the Board in April 2022 before being placed on hold while the Committee developed the comprehensive updates to the annual CE requirements, competency areas, and course approval process.

Staff presented the following recommendations regarding this proposal for the Committee's consideration:

1. Add additional hardships, such as a temporary or permanent medical condition or involving the licensee or their immediate family, to the list of qualifying events for an exemption or extension from the annual CE and Basic Life Support certification requirements.
2. Create a process for granting a reasonable extension of time to complete the CE requirements, such as up to 180 days, rather than a full exemption, to address the majority of hardships experienced by licensees, and retroactively apply the applicable courses to the appropriate renewal period using the Connect system to prevent the potential for "double-dipping" of CE credit over multiple renewal cycles.
3. Create a process for granting an exemption or reasonable modification for licensees with a permanent medical condition or disability, rather than requiring them to annually file for the exemption or modification.

Based on the Committee's feedback and concurrence with those recommendations, staff is developing an updated regulatory proposal for granting hardship extensions to the annual CE requirements for the Committee's review and consideration at the next meeting.

Attachment

- December 1, 2023 Continuing Education Committee Meeting Notice and Agenda



NOTICE OF TELECONFERENCE **CONTINUING EDUCATION COMMITTEE MEETING**

Committee Members

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

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

Friday, December 1, 2023
12:00 p.m. to 2:00 p.m.
(or until completion of business)

The Committee may take action on any agenda item.

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

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

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m815fdb4c32ba5df38e1a012943d908c>

If joining using the link above

Webinar number: 2486 236 8022
Webinar password: BCE121

If joining by phone

+1-415-655-0001 US Toll
Access code: 2486 236 8022
Passcode: 223121

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

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

Note: Members of the public may also submit written comments to the Committee on any agenda item by Tuesday, November 28, 2023. Written comments should be directed to chiro.info@dca.ca.gov for Committee consideration.

AGENDA

- 1. Call to Order / Roll Call / Establishment of a Quorum**
- 2. Review and Possible Approval of January 4, 2023 Committee Meeting Minutes**
- 3. Update on Board's Continuing Education Program**
- 4. Review, Discussion, and Possible Recommendation Regarding Proposal to Mandate Basic Life Support or Cardiopulmonary Resuscitation Certification as a Condition for Licensure in Active Status (amend California Code of Regulations [CCR], Title 16, section 371 and add CCR, Title 16, section 371.1)**
- 5. Review, Discussion, and Possible Recommendation Regarding Proposal to Create a Process for Granting Exemptions or Extensions to the Annual Continuing Education Requirement to Licensees Who Have Been Adversely Affected by a Natural Disaster, State of Emergency, Medical Condition, or Other Hardship During Their License Renewal Period (add CCR, Title 16, section 364.1)**
- 6. Public Comment for Items Not on the Agenda**
Note: Members of the public may offer public comment for items not on the agenda. However, the Committee may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7(a).]
- 7. Future Agenda Items**
Note: Members of the Committee and the public may submit proposed agenda items for a future Committee meeting. However, the Committee may not discuss or take action on any proposed matter except to decide whether to place the matter on the agenda of a future meeting. [Government Code Section 11125.]
- 8. Adjournment**

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

The Board plans to webcast this meeting at <https://thedcapage.wordpress.com/webcasts/>. Webcast availability cannot, however, be guaranteed due to limitations on resources or other technical difficulties that may arise. The meeting will not be canceled if webcast is not

available. If you wish to participate or to have a guaranteed opportunity to observe, please attend the meeting via Webex Events.

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

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

Telephone: (916) 263-5355

Email: chiro.info@dca.ca.gov

Telecommunications Relay Service: Dial 711

Mailing Address:

Board of Chiropractic Examiners

1625 N. Market Blvd., Suite N-327

Sacramento, CA 95834

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



Agenda Item 14
January 12, 2024

Government and Public Affairs Committee Report

Purpose of the Item

Committee Chair Janette N.V. Cruz will provide the Board with an update on the December 4, 2023 Government and Public Affairs Committee meeting.

Action Requested

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

Background

The Government and Public Affairs Committee met by teleconference (Webex) on December 4, 2023, and discussed the following items:

2022–2026 Strategic Plan Objective 1.4 to Continue to Monitor the Board’s License Fee Structure to Ensure the Board’s Financial Stability, Maintain Access to the Board’s Services, and Determine Whether the Board Needs to Consider Plans for Restructuring Its Fees

The Board’s 2022 sunset bill, [Senate Bill \(SB\) 1434 \(Roth, Chapter 623, Statutes of 2022\)](#), implemented a new fee schedule for the Board effective January 1, 2023, based on the findings of a 2021 fee study conducted by Matrix Consulting Group on behalf of the Board. The purpose of the updated fee schedule was to realign the Board’s fees with the actual costs associated with providing specific services. SB 1434 also requires the Board to submit a report to the Legislature by January 1, 2027, that contains an update on the status of the Board’s license fee structure and whether the Board needs to consider plans for restructuring its fees.

During the meeting, staff provided the Committee with a presentation on the Board’s license fee structure, key findings from the 2021 fee study, and the Board’s current budget and fund condition. Staff updated the Committee on their plans to conduct an updated fee analysis in fiscal year 2024–25 and complete the required report to the Legislature by late 2025 for inclusion in the Board’s next Sunset Review Report.

2022–2026 Strategic Plan Objective 4.1 to Increase Efficiency in Rulemaking Processes to Move Pending Regulatory Packages Forward, Prevent a Backlog of Packages, and Improve Staff and Board Effectiveness

Throughout the last year, staff and the committees have focused on discussing and developing regulatory concepts and text during committee meetings so the pending

Government and Public Affairs Committee Report
January 12, 2024
Page 2

regulatory proposals could be presented to the full Board for review and action. As a result of these efforts, eight of the Board's 20 pending proposals have been fully approved by the Board and are expected to be implemented through the rulemaking process in 2024.

Staff provided the Committee with a presentation on the phases of the rulemaking process and shared recommendations to further increase the Board's effectiveness through continued, active collaboration and discussion between staff, the Committees, and relevant stakeholders during the concept development phase.

2022–2026 Strategic Plan Objective 5.4 to Re-Design the Board Member Onboarding Procedures and Orientation Process to Create Effective Board Members

From fall 2022 through summer 2023, staff collaborated with the Committee to develop an updated onboarding and orientation process for new Board members and a proposed outline for the new Board member orientation session. Based on the Committee's feedback and recommendations, staff also began developing and compiling a new Board Member Resource Binder and creating an electronic Board Member Resource shared folder.

Staff plans to complete this project and make these new resources available to all Board members in January 2024.

Attachment

- December 4, 2023 Government and Public Affairs Committee Notice and Agenda



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

Committee Members

Janette N.V. Cruz, Chair
Rafael Sweet

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

Monday, December 4, 2023
11:00 a.m. to 1:00 p.m.
(or until completion of business)

The Committee may take action on any agenda item.

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

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

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=mcd2d6718b385e5b274416dfcbbaf47f>

If joining using the link above

Webinar number: 2499 274 2114
Webinar password: BCE124

If joining by phone

+1-415-655-0001 US Toll
Access code: 2499 274 2114
Passcode: BCE124

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

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Note: Members of the public may also submit written comments to the Committee on any agenda item by Wednesday, November 29, 2023. Written comments should be directed to chiro.info@dca.ca.gov for Committee consideration.

AGENDA

- 1. Call to Order / Roll Call / Establishment of a Quorum**
- 2. Review and Possible Approval of June 16, 2023 and September 18, 2023 Committee Meeting Minutes**
- 3. Update on Board's Administration Program, Including Budget and Fund Condition, Business Modernization, Implementation of Connect System and 2023 Legislation, and Status of Board's Pending Rulemaking Packages and 2022–2026 Strategic Plan Objectives**
- 4. Review, Discussion, and Possible Recommendation Regarding 2022–2026 Strategic Plan Objective 1.4 to Continue to Monitor the Board's License Fee Structure to Ensure the Board's Financial Stability, Maintain Access to the Board's Services, and Determine Whether the Board Needs to Consider Plans for Restructuring Its Fees**
- 5. Review, Discussion, and Possible Recommendation Regarding 2022–2026 Strategic Plan Objective 4.1 to Increase Efficiency in Rulemaking Processes to Move Pending Regulatory Packages Forward, Prevent a Backlog of Packages, and Improve Staff and Board Effectiveness**
- 6. Review, Discussion, and Possible Recommendation Regarding 2022–2026 Strategic Plan Objective 5.4 to Re-Design the Board Member Onboarding Procedures and Orientation Process to Create Effective Board Members**
- 7. Public Comment for Items Not on the Agenda**

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

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

BCE Government and Public Affairs Committee Meeting Agenda

December 4, 2023

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

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

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Telephone: (916) 263-5355

Email: chiro.info@dca.ca.gov

Telecommunications Relay Service: Dial 711

Mailing Address:

Board of Chiropractic Examiners

1625 N. Market Blvd., Suite N-327

Sacramento, CA 95834

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



Agenda Item 15
January 12, 2024

Enforcement Committee Report

Purpose of the Item

Committee Chair Laurence Adams, D.C. will provide the Board with an update on the December 8, 2023 Enforcement Committee meeting.

Action Requested

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

Background

The Enforcement Committee met by teleconference (Webex) on December 8, 2023, and continued its discussion and development of the following regulatory proposals:

Proposal to Update the Minimum Supervision and Training Requirements for Unlicensed Individuals Who Perform Specified Support Services Within a Chiropractic Practice (Amend California Code of Regulations [CCR], Title 16, Section 312)

The Committee continued its discussion of this Consumer Protection Enforcement Initiative (CPEI) proposal to clarify the role of and delineate the activities that can be performed by unlicensed individuals within a chiropractic practice, define and establish minimum training requirements and supervision requirements by a licensed doctor of chiropractic, and require that unlicensed individuals follow and provide only the treatment defined in the supervising doctor's treatment plan.

The Committee discussed establishing minimum training, examination, or experience requirements for unlicensed staff who perform the duties of a chiropractic assistant within a chiropractic practice and defining the term "chiropractic assistant" in the regulation. Based on the Committee's input and direction, staff is preparing updated regulatory text for the Committee's review and consideration at the next meeting in spring 2024.

Proposal to Update the Record Keeping and Retention Requirements for Chiropractic Patient Records (Amend CCR, Title 16, Section 318)

The Committee also continued its policy discussion of the pending CPEI proposal to update the record keeping requirements for chiropractic patient records and impose requirements to notify patients and the Board in writing in the event of the death, incapacity, or retirement of a licensee or upon the closure or sale of a chiropractic

Enforcement Committee Report

January 12, 2024

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practice. Following discussion, the Board voted to move this regulatory proposal to the Board for consideration (see Attachment 2 for draft conceptual text).

Staff is working with regulatory counsel to finalize the proposed regulatory text to amend CCR, title 16, section 318 and plans to present that text to the Board for review and approval during the next Board meeting in spring 2024.

Proposal to Update the Board's *Disciplinary Guidelines and Model Disciplinary Orders* and Implement the Uniform Standards for Substance Abusing Licensees (Amend CCR, Title 16, Section 384)

During the meeting, the Committee engaged in a policy discussion regarding the establishment of guidelines for imposing the following terms and conditions of probation when granting a petition for reinstatement of licensure:

1. National Board of Chiropractic Examiners (NBCE) Part IV Examination
2. NBCE Special Purposes Examination for Chiropractic (SPEC) Post-Licensure Examination
3. California Chiropractic Law Examination (CCLE)
4. Ethics and Boundaries Assessment (EBAS)
5. Practice Monitoring/Supervised Practice

Based on the Committee's input and direction, staff is preparing proposed regulatory text to amend CCR, title 16, section 384, incorporate the updated *Disciplinary Guidelines* by reference, and implement the Uniform Standards for Substance Abusing Licensees for final review by the Committee at the next meeting in spring 2024.

Attachments

1. December 8, 2023 Enforcement Committee Meeting Notice and Agenda
2. Proposed Language to Amend California Code of Regulations, Title 16, Section 318 (Draft)



NOTICE OF TELECONFERENCE **ENFORCEMENT COMMITTEE MEETING**

Committee Members

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

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

Friday, December 8, 2023
12:30 p.m. to 2:30 p.m.
(or until completion of business)

The Committee may take action on any agenda item.

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

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

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=me424cf4a6d031ef4ebc5ffb967e269e6>

If joining using the link above

Webinar number: 2494 830 7106
Webinar password: BCE128

If joining by phone

+1-415-655-0001 US Toll
Access code: 2494 830 7106
Passcode: 223128

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Note: Members of the public may also submit written comments to the Committee on any agenda item by Tuesday, December 5, 2023. Written comments should be directed to chiro.info@dca.ca.gov for Committee consideration.

AGENDA

- 1. Call to Order / Roll Call / Establishment of a Quorum**
- 2. Review and Possible Approval of June 8, 2023 Committee Meeting Minutes**
- 3. Update on Board's Enforcement Program**
- 4. Review, Discussion, and Possible Recommendation Regarding Proposal to Update the Minimum Supervision and Training Requirements for Unlicensed Individuals Who Perform Specified Support Services Within a Chiropractic Practice (amend California Code of Regulations [CCR], Title 16, section 312)**
- 5. Review, Discussion, and Possible Recommendation Regarding Proposal to Update the Record Keeping and Retention Requirements for Chiropractic Patient Records (amend CCR, Title 16, section 318)**
- 6. Review, Discussion, and Possible Recommendation Regarding Proposal to Update the Board's *Disciplinary Guidelines and Model Disciplinary Orders* and Implement the Uniform Standards for Substance Abusing Licensees (amend CCR, Title 16, section 384)**
- 7. Public Comment for Items Not on the Agenda**
Note: Members of the public may offer public comment for items not on the agenda. However, the Committee may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7(a).]
- 8. Future Agenda Items**
Note: Members of the Committee and the public may submit proposed agenda items for a future Committee meeting. However, the Committee may not discuss or take action on any proposed matter except to decide whether to place the matter on the agenda of a future meeting. [Government Code Section 11125.]
- 9. Adjournment**

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

BCE Enforcement Committee Meeting Agenda

December 8, 2023

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

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

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

Telephone: (916) 263-5355

Email: chiro.info@dca.ca.gov

Telecommunications Relay Service: Dial 711

Mailing Address:

Board of Chiropractic Examiners

1625 N. Market Blvd., Suite N-327

Sacramento, CA 95834

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

**Proposed Language to Amend California Code of Regulations, Title 16,
Section 318**

§ 318. Chiropractic Patient Records/ and Accountable Billings.

(a) Creation of Chiropractic Patient Records and Required Content. Chiropractic patient records shall be contemporaneously and legibly documented during each patient encounter in the patient file. Each licensed doctor of chiropractic shall ensure the content of their records is accurate and supports all diagnoses, recommendations, treatments/services rendered, and billings.

At a minimum, the chiropractic patient file shall contain the following records:

- (1) The patient's full name and date of birth;
- (2) Signed written informed consent as specified in Section 319.1;
- (3) Documentation of the initial patient visit, including the:
 - (A) Date and purpose of the visit;
 - (B) Pertinent patient history;
 - (C) Description of the patient's symptom(s) or complaint(s) in terms of onset, provocation/palliation, quality, region/radiation, severity, and time.
 - (D) Patient's gender, height, and weight;
 - (E) Patient's vital signs as clinically indicated;
 - (F) Diagnostic imaging or laboratory tests as clinically indicated;
 - (G) Examination and findings;
 - (H) Assessment and diagnosis with the applicable diagnosis code(s);
 - (I) Prognosis;
 - (J) Treatment plan and goals of care, including any recommendations or orders;
 - (K) Any treatment(s) or service(s) provided with the applicable procedure code(s) and the patient's response; and
 - (L) The full name and signature of the doctor of chiropractic who examined the patient and developed the treatment plan.

(4) Documentation of any subsequent patient visit(s), including the:

(A) Date and purpose of the visit;

(B) Any changes in history or complaint(s) since the last visit;

(C) Assessment of any change(s) in the patient's condition since the last visit;

(D) Periodic reexamination as clinically indicated;

(E) Any modification to the treatment plan or goals of care;

(F) The full name and either the signature or initials of the treating doctor of chiropractic.

(5) Any records or reports obtained from other health care providers, imaging facilities, or laboratories.

(6) Documentation of any correspondence or communications with the patient or with any other party regarding the patient, such as a legal representative, an insurance company, or another health care provider.

(a) Retention of Chiropractic Patient Records. Each licensed ~~chiropractor~~ doctor of chiropractic is required to maintain all active and inactive chiropractic patient records for five (5) years from the date of the doctor's patient's last treatment of the patient visit, or at least three (3) years after the patient reaches the age of twenty-one (21), whichever occurs later, unless state or federal laws require a longer period of retention. Active chiropractic records are all chiropractic records of patients treated within the last twelve (12) months. Chiropractic patient records shall be classified as inactive when there has elapsed a period of more than twelve (12) months since the date of the last patient treatment.

All chiropractic patient records shall be available to any representative of the Board upon presentation of patient's written consent or a valid legal order. Active chiropractic patient records shall be immediately available to any representative of the Board at the chiropractic office where the patient has been or is being treated. Inactive chiropractic patient records shall be available upon ten (10) days' notice to any representative of the Board. The location of said inactive records shall be reported immediately upon request.

~~Active and inactive chiropractic patient records must include all of the following:~~

~~(1) Patient's full name, date of birth, and social security number (if available);~~

~~(2) Patient gender, height and weight. An estimated height and weight is acceptable where the physical condition of the patient prevents actual measurement;~~

~~(3) Patient history, complaint, diagnosis/analysis, and treatment must be signed by the primary treating doctor. Thereafter, any treatment rendered by any other doctor must be signed or initialed by said doctor;~~

~~(4) Signature of patient;~~

~~(5) Date of each and every patient visit;~~

~~(6) All chiropractic X-rays, or evidence of the transfer of said X-rays;~~

~~(7) Signed written informed consent as specified in Section 319.1.~~

(c) Disposal of Chiropractic Patient Records. A licensed doctor of chiropractic may dispose of chiropractic patient records through confidential destruction or permanent deletion after the minimum retention period specified in subdivision (b) has passed.

(d)(1) Retirement, Sale, or Closure of a Practice. In the event that a doctor of chiropractic plans to retire, sell, or close their practice, the doctor of chiropractic shall establish a plan for the maintenance of their chiropractic patient records for the minimum retention period specified in subdivision (b) and provide written notice to the Board and to each patient by first class mail to the patient's last known address or by secure electronic message to the patient's last known email address at least thirty (30) days prior to the date of retirement, sale, or closure of the practice. The notice shall contain the following information:

(A) A statement that the doctor of chiropractic is or will no longer be practicing chiropractic and the date that the doctor ceased or will cease practicing;

(B) The name, mailing address, and contact information of the custodian of the patients' chiropractic patient records;

(C) Instructions for how the patient may access, inspect, or obtain a copy of their chiropractic patient records, including any fee for providing the records in accordance with Health and Safety Code section 123110, subdivision (j); and

(D) Instructions for how the patient may submit a claim for a refund for any prepaid treatment(s) or service(s) not rendered by the doctor of chiropractic prior to the termination of practice.

(e)(1) Transfer of Chiropractic Patient Records Due to Incapacity or Death of a Licensee. Each licensed doctor of chiropractic shall establish a plan for the transfer and maintenance of their chiropractic patient records for the minimum retention period specified in subdivision (b) to another licensed doctor of chiropractic in the event they become incapacitated, deceased, or otherwise unable to practice chiropractic.

(2) In the event a doctor of chiropractic becomes incapacitated, dies, or is or will be otherwise unable to practice, within sixty (60) days, the doctor of chiropractic or their personal representative, succeeding doctor of chiropractic, heir, trustee, executor,

administrator, or conservator shall provide written notice to the Board and to each patient by first class mail to the patient's last known address or by secure electronic message to the patient's last known email address. The notice shall contain the information specified in subdivision (d)(2)(A)-(D).

(b) Accountable Billings. Each licensed ~~chiropractor~~ doctor of chiropractic is required to ensure accurate billing of ~~his or her~~ their chiropractic services whether or not such chiropractor is an employee of any business entity, whether corporate or individual, and whether or not billing for such services is accomplished by an individual or business entity other than the licensee. In the event an error occurs which results in an overbilling, the licensee must promptly make reimbursement of the overbilling whether or not the licensee is in any way compensated for such reimbursement by ~~his~~ their employer, agent or any other individual or business entity responsible for such error. Failure by the licensee, within 30 days after discovery or notification of an error which resulted in an overbilling, to make full reimbursement constitutes unprofessional conduct.

Note: Authority cited: Section 4000-4(b), ~~Business and Professions Code~~ (of the Chiropractic Initiative Act of California, (Stats. 1923, p. 4xxxviii)). Reference: Section 4000-4(b), ~~Business and Professions Code~~ (of the Chiropractic Initiative Act of California, (Stats. 1923, p. 4xxxviii)) and Section 123110 of the Health and Safety Code.



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Agenda Item 16
January 12, 2024

Future Agenda Items

Purpose of the Item

At this time, members of the Board and the public may submit proposed agenda items for a future Board meeting.

The Board may not discuss or take action on any proposed matter except to decide whether to place the matter on the agenda of a future meeting. [Government Code Section 11125.]



Agenda Item 17
January 12, 2024

Closed Session

Purpose of the Item

The Board will meet in closed session to:

- A. Deliberate and Vote on Disciplinary Matters Pursuant to Government Code Section 11126, subd. (c)(3)**
- B. Conduct the Annual Performance Evaluation and Consider the Salary of its Executive Officer Pursuant to Government Code Section 11126, subd. (a)(1)**



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Agenda Item 18
January 12, 2024

Adjournment

Time: _____