



THE COUNCIL ON CHIROPRACTIC EDUCATION

CCE Accreditation Standards

Principles, Processes & Requirements
for Accreditation

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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), and equivalent (as determined by CCE) chiropractic educational programs offered outside the United States, in accordance with CCE's Vision and 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 and institutional specialized accrediting agency. It is the only agency recognized by the United States Department of Education to accredit Doctor of Chiropractic degree programs. The Council administers the process of accreditation, renders accreditation decisions, and establishes bylaws, policies, procedures, and accreditation requirements. The Council provides information and assistance to any institution seeking to establish an accredited DCP.

The purpose of The Council on Chiropractic Education is to promote academic excellence and to ensure the quality of chiropractic education.

The Council 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 primary health care professionals.

The Council 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 Council 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 Vision and Mission Statements

Vision

Promoting Excellence and Assuring Quality in Chiropractic Education

Mission

To assure the quality and integrity of its accredited doctor of chiropractic degree programs and solitary purpose chiropractic institutions.

Context

The Council is recognized by the United States Department of Education as the national accrediting body for Doctor of Chiropractic degree programs and solitary purpose chiropractic institutions. It is also recognized by the Council for Higher Education Accreditation as the accrediting body for solitary purpose chiropractic institutions. Thus, the Council is accountable to each of these organizations and is subject to periodic reviews by them.

Examples of the Council's responsibilities include:

1. Promoting through the accreditation process, excellence in chiropractic education and the safe and effective delivery of quality health care to patients;
2. Advocating scholarly activity, research and service in chiropractic education;
3. Establishing and maintaining standards for its accredited programs and institutions while providing adequate opportunities for comment;
4. Assuring the quality and integrity of its accredited programs and institutions by verifying, through the peer review process, compliance with accreditation standards;
5. Developing and maintaining a program of awareness of the mission and functions of the Council for the public, the profession, and chiropractic programs and institutions; and,
6. Providing collaborative assistance to institutions and/or programs seeking or maintaining accreditation status.

Section 1 – CCE Principles and Processes of Accreditation

I. Accreditation by CCE

CCE accreditation of DCPs is designed to promote the highest standards of educational program quality in preparing candidates for licensure, advocating excellence in patient care, and 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 DCPs and currently accepted standards of good practice for chiropractic care. This reflects a recognition that DCPs exist in different environments. These environments are distinguished by such differing factors as jurisdictional regulations, demands placed on the profession in the areas served by the DCPs, and the diversity of student populations. CCE accreditation is granted to DCPs 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 program 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 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, and provide written evidence that it meets the eligibility requirements.

2. Requirements for Eligibility

- a. Formal authorization to award the D.C. degree from the appropriate governmental agency of the jurisdiction in which the DCP legally resides.
- b. Legal incorporation in its jurisdictional residence.

- c. A governing body that includes representation adequately reflecting the public interest.
 - d. A full-time chief administrative officer of the DCP qualified by education and/or experience.
 - e. Formal governing body action that commits the DCP to comply with the CCE requirements for accreditation.
 - f. DCP mission, goals, and objectives which are consistent with the CCE *Standards*.
 - g. A written multi-year plan and a description of a functioning process of planning and evaluation that identifies and integrates future educational, physical and financial development and incorporates procedures for review and improvement.
 - h. A plan and process for the assessment of student outcomes.
 - i. Disclosure of accreditation status with any agency other than CCE that directly impacts the DCP.
3. CCE Response

Upon application by the DCP for accreditation:

- a. The Council Chair, with assistance from the CCE Administrative Office staff, reviews the evidence of eligibility documents submitted by the DCP. If further documentation is necessary, the Council Chair notifies the DCP that such documentation must be submitted with the DCP 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 DCP, according to CCE policies and procedures.

B. Application for Reaffirmation of Accreditation

1. Letter of Intent

A DCP seeking reaffirmation of accreditation must send a letter of intent from the program/institution's CEO/President to the CCE Administrative Office stating its intention to pursue reaffirmation 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.

3. CCE Response

The Council establishes timelines regarding the DCP self-study, 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/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. The self-study report must:

- a. Provide clear evidence that the DCP complies with the CCE requirements for accreditation.
- 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 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 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 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 accreditation and that the DCP is fulfilling its mission and goals. 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 DCP/institution CEO/President 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 DCP/institutional CEO/President, governing body

chair and site team members.

- d. The DCP 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 DCP sends the response to the CCE Administrative Office which distributes it to the CCE President, Councilors and Site Team Chair. 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.

3. CCE 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 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 DCP, the report of the on-site review, 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*.
- c. The Council's action concludes with a written decision regarding accreditation status that is sent to the DCP/institutional CEO/President, the chairperson of the institutional governing body, and CCE Councilors.
- d. The next comprehensive evaluation site visit normally is four years following the award of initial accreditation, or eight years following the award of reaffirmation of accreditation.

D. Additional Reports and Visits

In accordance with CCE policies and procedures the Council may require additional reports from, and/or visits to a DCP, to confirm its continued compliance with the accreditation requirements. The DCP 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 DCP 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 Characteristics Report (PCR)

Periodic 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. 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 DCP PCR.

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 program/institution does not adversely affect the capacity of the program/institution to continually comply with the CCE *Standards*. The program/institution must obtain Council approval of the substantive change request prior to implementing the change in accordance with CCE Policy 1.

4. Interim Site Visits

Interim Site Visits focus on institutional progress since the last self study, and provide an opportunity for institutional dialogue with 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.

5. Focused Site Visits

At the discretion of the Council, Focused Site Visits are conducted based upon previous concerns not yet satisfactorily addressed for the DCP 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 made, the site team report is discussed.

The Council determines if an appearance, or if participation via conference call, is necessary by DCP representatives at the next 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. 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 a certified copy of the sponsoring institution's 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 reaffirmation of 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 reaffirmation 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 DCP 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 reaffirmation of accreditation following the status review meeting. Council decisions may include:

1. To award or reaffirm accreditation
2. To defer the decision
3. To impose a sanction
4. To deny or revoke 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 program or institution regarding any standard indicates that the program or institution is not in compliance with that standard (area of concern), the Council must:

1. Immediately initiate adverse action against the program or institution; or

2. Require the program or institution to take appropriate action to bring itself into compliance with the standards 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.

If the program/institution 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/institution 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 program/institution has demonstrated significant recent accomplishments in addressing non-compliance (e.g., the program's/institution's cumulative operating deficit has been reduced significantly and its enrollment has increased significantly), and
2. the program/institution 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 program/institution provides assurance to the Council that it is not aware of any other reasons, other than those identified by the Council, why the program/institution 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 two years in total). If accreditation is extended for "good cause," the program/institution must be placed or continued on sanction (Notice/Probation) and may be required to host an on-site evaluation visit. At the conclusion of the extension period, the program/institution 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 program/institution 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, revocation, or termination of accreditation, or any comparable accrediting action the Council may take against the program or institution.

IV. Non-Compliance Decisions and Actions/Appeals

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.

A. Required Follow-up: In addition to regular reporting requirements and scheduled evaluations, the Council may require a DCP to provide additional follow-up information, reports, to host focused site visits, and/or to make an appearance before the Council to provide evidence of compliance.

Required follow-up is a procedural action that is not subject to appeal.

B. Deferral: In cases where additional information is needed in order to make a final decision, the Council may choose to defer a final decision. The Council may require the DCP to submit a report, host an on-site evaluation and/or make an appearance before the Council to provide such information.

Notice of deferral is confidential and is sent to the DCP/institution CEO/President, and the chairperson of the institution's governing body. Deferral is a non-public action.

Deferral may be continued up to twelve (12) months.

Deferral is not a final decision and is not subject to appeal.

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

1. Could be in non-compliance in the future if steps are not taken by the DCP to correct one or more specific situations;
2. Is in non-compliance and the Council determines that the deficiencies can be corrected by the DCP in a short period of time; or
3. Has failed to comply and/or has failed to provide requested information.

The Council may require the DCP to submit a substantive report, host an on-site evaluation and/or to make an appearance before the Council to provide additional information and/or evidence of compliance.

Notice of Warning is sent to the DCP/institution CEO/President, and the chairperson of the institution's governing body. Warning is a non-public action.

Warning may be continued for up to twelve (12) months.

Warning is a procedural action that is not subject to appeal.

D. Probation: Probation may be imposed at any time when the Council concludes that the DCP is in significant non-compliance with one or more eligibility, accreditation, or CCE policy requirements. The Council may require the DCP to submit a substantive report, host an on-site evaluation and/or make an appearance before the Council to provide evidence of compliance.

Probation is a sanction, subject to appeal and may be continued for up to twenty-four (24) months.

The Council will make public notice of a final decision to impose Probation in accordance with CCE policy and procedures.

E. 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 substantive report, host an on-site evaluation 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 within the time frame established by the Council, the DCP's accreditation is revoked.

A Show Cause Order is a sanction, subject to appeal and may not exceed 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 or a reaffirmation of 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 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. 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 in accordance with CCE policy and procedures.

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 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.

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

V. Status Description

A DCP 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 reaffirmation of accreditation and the next scheduled Council Status Review Meeting regarding that comprehensive site visit review; and,
- c. Designation of any solitary-purpose institutions awarded institutional accreditation.

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 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. A copy of the policy describing complaint procedures 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, 8049 North 85th Way, Scottsdale, AZ 85258-4321, Telephone: 480-443-8877, Toll-Free: 888-443-3506, Fax: 480-483-7333, E-Mail: cce@cce-usa.org, or Website: www.cce-usa.org.

Preface

An accredited DCP prepares its graduates to practice as primary care chiropractic physicians, and provides curricular and clinical evidence of such through outcome measures. CCE applies the understanding that in order to competently practice as a primary care chiropractic physician, DCP education trains its graduates to:

- Practice primary health care as a portal-of-entry provider for patients of all ages and genders focusing on the inherent ability of the body to heal and enhance function without unnecessary drugs or surgery.
- Assess and document a patient's health status, needs, concerns and conditions with special consideration of axial and appendicular structures, including subluxation/neuro-biomechanical dysfunction.
- Formulate the clinical diagnosis(es).
- Develop a goal-oriented case management plan that includes treatment, prognosis, risk, lifestyle counseling, and any necessary referrals for identified diagnoses and health problems.
- Follow best practices in the management of health concerns and coordinate care with other health care providers as necessary.
- Focus on neuromusculoskeletal integrity for the purpose of enhancing health and performance.
- Promote health, wellness and disease prevention by assessing health indicators and by providing general and public health information directed at improving quality of life.
- Serve as competent, caring, patient-centered and ethical healthcare professionals and maintain appropriate doctor/patient relationships.
- Understand and comply with laws and regulations governing the practice of chiropractic in the applicable jurisdiction.

* * * * *

The Requirements for Accreditation for each of the 11 areas noted in Section 2 A. through K. consist of bold-faced language which cites the particular Requirement in overarching terms. This is followed by (1) a Context section that articulates elements related to the Standard that a DCP exhibits to be compliant with the Requirement, and (2) a Characteristics of Evidence section that is intended to guide the DCP as it assembles evidence to demonstrate compliance with all elements of the Requirement. 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.

The Requirement, G. Student Admissions, refers to CCE Policies that are to be considered as essential components of the Requirements themselves.

Section 2 – CCE Requirements for Accreditation of Doctor of Chiropractic Degree Programs

A. Mission, Planning, and Assessment

The DCP has a mission or equivalent statement, approved by the governing board or other appropriate body, and made available to all stakeholders. The mission provides for an educational program leading to the Doctor of Chiropractic degree, and notes the instruction/learning, research/scholarship, and service aspects of the DCP. Measurable goals and objectives congruent with the mission must be developed. These goals and objectives both shape the DCP and guide creation of a plan that establishes programmatic priorities, 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

DCPs exist within institutions that provide professional health care education. Such institutions are committed to elements of teaching and learning, research and scholarship, and service, with an overarching focus on patient care. Within this context, the emphasis on various programmatic elements will characterize the mission of the institution housing the DCP and the DCP itself. What is appropriate within the teaching and learning, research and scholarship, and service components of a DCP will vary from program to program. If a DCP is part of a multi-purpose institution, the mission or equivalent statements (hereinafter referred to as mission or mission statement) of the DCP are aligned with that of the institution. The mission statement of the DCP is approved by the governing body and is made available to all stakeholders. The mission is periodically evaluated, with any revisions supported by evidence for needed change.

For a DCP to achieve its mission, it is guided by both a plan and an ongoing planning process. The plan and its implementation may take varying forms as determined by the DCP, but it always focuses on the attainment of the DCP mission. As part of the planning process, the DCP develops processes for establishing DCP priorities, allocating resources to support those priorities, and making appropriate changes to the plan based upon analysis of evidence and assessment outcomes. The DCP plan includes timelines for the achievement of goals and objectives, desired outcomes, and resource allocations relevant to the following nine areas: governance and administration; ethics and professionalism; resources; faculty; student support services; admissions; educational program for the Doctor of Chiropractic degree; research and scholarship; and service.

To ensure continued excellence and a quest for program improvement, the DCP engages in on-going self-assessment. Data collection and analysis mechanisms are developed to determine the extent to which the DCP is achieving the goals and objectives associated with its mission. The program demonstrates the utilization of data with respect to performing its assessments and for driving resource allocation actions and programmatic change. Measurements of curricular effectiveness are important factors in institutional and DCP planning processes and resource allocations to the DCP.

Characteristics of Evidence Related to Mission, Planning, and Assessment

1. The mission statement for the DCP and examples of where the mission statement is available.
2. A record of a mission statement approval by the governing body.
3. A record of the process used to develop or review and modify, as appropriate, the mission statement.
4. A record of periodic reviews and evaluations of the mission statement, and any modifications made resulting from these activities.
5. A clear, concise description of the planning process.
6. A copy of the most recent version of the DCP plan that incorporates the nine areas cited in the CONTEXT, and proposed timelines for achievement of goals and objectives.
7. Documentation that links the establishment of DCP priorities and resource allocations to planning process outcomes.
8. Documentation of the DCP process for self-assessment.
9. A record of self-assessment reports and documents used in the planning process.
10. A record of the assessment of curricular effectiveness.

B. Ethics and Integrity

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

Context

Ethics and integrity are vital, indispensable and critical components of an effective DCP. They should be evident in the conduct of all members of a DCP as they strive to fulfill the mission, meet the DCP accreditation requirements and graduate Doctors of Chiropractic capable of and committed to practicing in an ethical and professional manner.

Integrity and transparency are manifest throughout the DCP's culture and actions with respect to avoidance of conflicts of interest; advertising and marketing activities; student admissions and financial aid processes; recruiting; development and delivery of the DCP curriculum; grading policies and grade appeal processes; research and service activities; hiring; performance reviews; 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; catalogs and publications. Policies and procedures related to these matters are accurate, up to date and readily available to all constituencies.

Exhibited high levels of ethics and integrity in the DCP environment can serve as positive examples to students. Issues of ethics and integrity, especially as they relate to personal behavior when engaged in chiropractic practice, are addressed throughout the curriculum in both classroom and clinic settings.

Characteristics of Evidence Related to Ethics and Integrity

1. Institutional policies and procedures that document commitment to ethics and integrity
 - a) Governing board bylaws and institutional policies and procedures that prohibit conflicts of interest by governing body members, administrators, and faculty and staff of the DCP and institution.
 - b) 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.
 - c) 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.
 - d) Policies and procedures that articulate the role of faculty, students and administrators in course and curriculum development, and related academic matters.
 - e) Policies and procedures that address student admission to include academic prerequisites and technical standards, and financial aid.
 - f) Policies and procedures that govern 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; a student code of conduct; and a student grievance process.
 - g) Policies and procedures addressing the safety of students, faculty and employees.
 - h) Documentation that all policies and procedures are implemented and consistently followed, using the system in place to address violations.
 - i) Documentation that all policies and procedures are readily available to all appropriate DCP constituencies.
 - j) Documentation of the use of a process to assess the effectiveness of, and improve, ethics, professionalism, and integrity policies, procedures, and activities.

2. Institutional information that addresses ethics and integrity
 - a) Documentation of compliance with relevant governmental regulations.
 - b) Statement(s) on academic freedom.
 - c) Information covering the DCP curriculum, degree requirements, course descriptions and syllabi, the academic calendar, academic standards and standing, and tuition and fees.
 - d) Course syllabi documenting coverage of ethics and integrity with learning outcomes that are assessed.
 - e) A clinic manual or equivalent document for student interns that identifies the elements and boundaries related to ethical and professional interactions with patients.
 - f) Information regarding ethics and integrity that is readily available to DCP constituencies.
 - g) Documented use of a process to assess the effectiveness of the information related to ethics and integrity.

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 in the areas of instruction and learning, research and scholarship, and service.

Context

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.

The governance of the DCP is vested in an appropriate governing body composed of a group of individuals with diversity 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 meet the expectations of all stakeholders. The stakeholders include students, faculty, and staff of the program; jurisdictional licensing and regulatory bodies; the professional practitioners of chiropractic; and the public.

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 and goals; 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.

The administration and administrative structure promote and facilitate the achievement of the mission and goals of the DCP, and is responsible for insuring quality learning, promoting research/scholarship and service, allocating resources adequate to support and improve the program, and assessing 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, the individual responsible for 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.

Characteristics of Evidence Related to Governance and Administration

1. Governing body bylaws and policies.
2. Brief biographical sketches or resumes/*Curriculum vitae* of governing body members.
3. 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.
4. Minutes of governing board meetings covering the past five years that indicate governing body approval of DCP mission statement and goals, approval of the DCP budget on a periodic basis, selection (if applicable) and periodic evaluation of the chief executive officer, and approval of the DCP strategic plan.
5. Minutes of DCP advisory body meetings covering the last five years, if applicable.
6. Organizational charts sufficiently detailed to clearly depict the reporting structure of all DCP components.
7. Evidence of sufficiently qualified senior administrative and academic officers as demonstrated by *Curriculum vitae* and position descriptions.
8. Descriptions of administration decision making processes.
9. 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 institution develops and maintains financial, learning, and physical resources that support the DCP mission, goals, objectives, and endeavors dedicated to programmatic improvement.

Context

The recent financial history of the institution demonstrates adequacy and stability of financial resources to support the DCP mission, goals, and objectives. The DCP has and maintains a current operating and capital allocations budget, and develops long-term budget projections congruent with its planning activities that are approved by the governing body. The DCP also demonstrates that it utilizes sound financial procedures and exercises appropriate control over its allocated financial resources.

The DCP demonstrates adequate access to learning resources (e.g. library and information technology systems, either internally operated or externally provided) with staff, facilities, collections, and services sufficient to support the goals and objectives 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.

The Institution provides, and adequately manages and maintains, physical facilities, equipment and other physical resources that are necessary and appropriate for meeting the mission, goals, and objectives of the DCP in accordance with institutional policies.

Characteristics of Evidence Related to Resources

1. A current budget and long-term budget projections that show revenue streams and financial allocations based on strategic planning and the periodic assessment of the effectiveness of DCP and institutional support activities, and the required investments, with time lines, necessary to sustain and improve these activities.
2. Rational and consistent policies and procedures that control the allocation of assets; and an allocation approach that ensures adequate human resources and systems to support the DCP's mission and outcomes expectations.
3. An institutional investment policy approved by the governing body, with documentation that it is being implemented.
4. Policies, documentation of strategies, and outcomes relevant to institutional advancement and support activities.
5. The two most recent annual audit reports of the institution housing the DCP, prepared in compliance with the appropriate standards (e.g., G.A.A.P, I.F.R.S., S.A.R.S.), by an independent certified public accountant, or its equivalent, employing the appropriate audit guide.
6. The two most recent annual financial aid program audits as required by governmental regulations, if the institution is eligible for and participates in such programs.
7. A detailed compilation of DCP learning resources to include personnel responsible for administration and staffing, policies that govern the operations of these resources, and evidence regarding the frequency of their utilization and client satisfaction.
8. A comprehensive infrastructure master plan to include academic and administrative computer hardware and software, and facilities management and maintenance plans, coupled with evidence of plan implementation and assessment, and actions taken in response to these assessments.
9. Descriptions of clinical or other types of facilities having affiliation agreements with the DCP, as applicable.
10. Accommodation plans and aggregate data reports and resource allocation for students with disabilities.

E. Faculty

The DCP employs faculty members who are qualified by virtue of their academic and professional training and experience to develop, deliver and monitor the courses and curricula of the DC educational program, and assess student learning and the effectiveness of the program. With the support of the institution, the faculty is engaged in research and scholarship, service, and professional development and governance activities.

Context

The faculty is of sufficient size and level of experience and expertise, and demonstrates characteristics conducive to teaching and learning, to effectively deliver the DC curriculum and allow the DCP to meet

its mission, goals, and objectives in instruction, research and scholarship, and service. The employment and determination of the number of full-time and part-time faculty members are based on sound pedagogical rationales in 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, and clinical educators and student intern supervisors. In addition, they demonstrate currency in their discipline, ongoing development of expertise and use of resources in teaching theory and instructional methodology, curriculum and course design and development, and assessment of student academic achievement. 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 are evaluated on a regular basis, and processes are in place that govern advancement in rank based upon performance expectations coupled with fulfillment of faculty rank qualifications.

The faculty members are involved in the development, assessment, and refinement of the curriculum, as well as decisions regarding student admission and advancement, and in the provision of academic counseling. They demonstrate integrity and a commitment to high ethical standards in dealing with students and colleagues, and in their scholarship and interactions with external constituencies. To complement this, the DCP maintains an environment that values academic freedom, integrity, the retention of competent faculty, and faculty participation in governance and academic planning.

Characteristics of Evidence Related to Faculty

1. A 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 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 faculty related policies are implemented, assessed for effectiveness, and revised as necessary to improve their effectiveness.
3. Planning and budget allocation documents related to faculty professional development activities.
4. 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.
5. Position descriptions and personnel files for faculty members, to include documentation of relevant academic credentials, licensure, expertise and experience.
6. Search committee procedures, minutes, and other documents related to the recruitment and employment of qualified faculty members.
7. Workload assignments for classroom, laboratory, and clinical instructors that also reflect time allotted for research/scholarship and service activities, where appropriate.
8. Records of implementation of faculty evaluation processes.
9. Documentation of the use of faculty performance evaluation and professional development activities to improve the quality of the faculty and the academic program.
10. Minutes of faculty governance bodies, faculty surveys, or other documents which denote faculty participation in academic and institutional governance matters.
11. Documentation of faculty scholarship and service activities.

12. Documentation of monitoring and/or reporting related to ethical conduct and practice issues and grievance matters involving faculty.
13. Documentation of appropriate licensure/certification for faculty.

F. Student Support Services

The DCP and/or institution, in a manner consistent with its mission, provides the services that help students to develop their full academic potential and graduate as competent doctors of chiropractic.

Context

The support of chiropractic students toward their educational goal requires a directed program of student services complemented by well-organized staff leadership and broad based institutional commitment. These services promote the comprehensive development of students as doctors and professionals. Students are provided with opportunities for activities and programs that contribute to their development as ethical doctors of chiropractic and engaged citizens.

Student services support all appropriate learning in the context of the DCP's mission and chosen educational delivery system. The quality of campus life often contributes significantly to student learning; therefore, the DCP, and particularly a program with residential populations, is attentive to a wide range of student life issues, including mental health and safety.

Student support services include the following areas: registration, orientation, academic advising and tutoring; financial aid counseling; career placement; an appropriate process for handling academic standing reviews and appeals matters, and student grievance and disciplinary issues. Programs and services exist to provide support to a diverse student body that may be composed of individuals who are older, who have international backgrounds, and/or who face challenges as a result of disabilities or being members of socio/economically disadvantaged and underserved populations.

As appropriate for a DCP, student services also may include, but not be limited to, support for a student governance system, student organizations and activities, cultural programming, athletic activities, and child care.

In addition to published academically related documents (see Section 2. B.1 and 2), published policies and procedures that encompass all aspects of student support services exist and are readily available to students.

Characteristics of Evidence Related to Student Support Services

1. An organization chart that displays a structure appropriate to the delivery of student support services.
2. An orientation program to introduce entering students to the DCP.
3. Student advisement processes and procedures.
4. Policies governing tutoring and other services that support students requiring academic assistance.
5. Financial aid counseling and assistance policies to include debt management programs.

6. 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 such matters.
7. Personal counseling policies and procedures.
8. Policies and procedures governing career placement service operations to include access to information concerning opportunities in chiropractic health care and jurisdictional licensure requirements.
9. As appropriate, policies and procedures related to student governance and student organizations/activities.
10. Documentation of implementation and assessment of the effectiveness of student support services which include periodic reviews and revisions to improve their effectiveness.

G. Student Admissions

Effective January 2014, or earlier, at its discretion, the DCP admits students whose goals, abilities, and character are consistent with the DCP's mission, and who have completed 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 with a GPA for these 90 hours of not less than 3.0 on a 4.0 scale. The 90 hours will include a minimum of 24 semester hours in life and physical science courses. These science courses 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.

Prior to January 2014 the DCP may elect to continue to follow the admissions criteria noted in CCE Policy 6. This election will apply to all students the DCP admits.

Those DCPs that elect to use the January 2014 admissions standards prior to that date may admit students under the terms and conditions of CCE Policy 7.

In addition, the DCP informs all applicants of special undergraduate preparatory admission criteria and makes available specific DCP educational requirements and scope of practice information that exist for each regulatory jurisdiction to fully inform potential enrollees of the requirements for licensure in that jurisdiction.

Context

Given the challenging nature of the doctor of chiropractic educational program, the efficacy of the admissions process is demonstrated by the ability of admitted students to demonstrate success in key educational outcomes areas as directed by the DCP's mission, goals and objectives. The DCP's admissions policies and practices are documented and designed to ensure that admitted students possess the academic and personal attributes for success in developing the skills, knowledge sets, attitudes and behavior that are necessary to succeed in the rigors of the academic program and pass the exams necessary to obtain a license to practice, and to perform as a knowledgeable, skillful, caring, and ethical Doctor of Chiropractic capable of best serving the public and the chiropractic profession.

Characteristics of Evidence Related to Student Admissions

1. 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.
2. Published admissions policies that state the equivalent of at least three years of undergraduate preparation to include a minimum of 90 semester hours of study is necessary for admission, articulate preferred grade point average and prerequisite core science and other course requirements, indicate whether successful completion of advanced placement examinations and/or non-institutionally based learning experiences will be accepted for undergraduate prerequisite course credit, and cite desired technical standards and personal attributes required for admission.
3. Published policies that govern the acceptance of prior academic credit or transfer credit from one DCP to another to include whether credit for non-institutionally based learning experiences and challenge examination results are acceptable for granting credit for DCP course equivalency purposes.
4. Published policies and procedures and any additional current and comprehensive information regarding financial aid, scholarships, grants, loans, and refunds.
5. Published policies that address the stated desired diversity of the enrolled student body, and documentation of outcomes regarding attainment of that diversity.
6. 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 for purposes of academic study for DCPs offered in the host country, and (3) demonstrated academic preparation substantially equivalent to that possessed by either newly admitted to or transfer students from institutions in the host country.
7. 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.

H. Educational Program for the Doctor of Chiropractic Degree

The DCP offers an educational program for the Doctor of Chiropractic degree that minimally requires the equivalent of 4,200 instructional hours which ensures that the program is commensurate with doctoral level professional training in a health science discipline, a portion of which incorporates this training into patient care settings. Students must have earned not less than 25% of the total credits of the program from the DCP that confers the degree. The didactic and clinical education components of the curriculum are structured and integrated in a manner that enables the graduate to demonstrate attainment of all required competencies necessary to function as a primary care chiropractic physician. The curriculum is consistent with the mission, goals, and objectives of the DCP.

Context

Mandatory meta-competencies have been identified regarding the skills, attitudes, and knowledge that a DCP provides so that graduates will be prepared to serve as primary care chiropractic physicians. These competencies require a DCP graduate to demonstrate that she/he can:

- perform an initial assessment and diagnosis;
- create and execute an appropriate case management/treatment/intervention plan;
- promote health, wellness, safety and disease prevention;

- communicate effectively with patients, doctors of chiropractic and other health care professionals, regulatory agencies, third party payers, and others as appropriate;
- produce and maintain accurate patient records and documentation;
- be proficient in neuromusculoskeletal evaluation, treatment and management;
- access and use health related information;
- demonstrate critical thinking and decision making skills, and sound clinical reasoning and judgment;
- understand and practice the ethical conduct and legal responsibilities of a health care provider;
- critically appraise and apply scientific literature and other information resources to provide effective patient care; and
- understand the basic, clinical, and social sciences and seek new knowledge in a manner that promotes intellectual and professional development.

The mandatory meta-competencies and their required components and outcomes, plus recommended sources and types of evidence used to demonstrate student achievement of the meta-competencies and evidentiary guidelines for assessment, are cited in Appendix 1. The required components of the meta-competencies are described in a manner that allows the DCP the flexibility to develop assessment parameters and methodologies to document both student competency and patient outcomes, and to demonstrate compliance with each meta-competency item. In addition, the DCP, at its discretion, may incorporate quantitative clinical requirements that include numbers of patient interactions, and utilize information related to institutional and alumni outcomes as it relates to and provides measures of student success. The DCP may allow for clinical competency requirements to be met through a combination of supervised student experiences at both DCP managed clinic sites and external sites. In the case of external sites, policies and procedures for the activities and evaluation of student competence are comparable or equivalent to those that exist in the DCP clinical settings. Measurements of curricular effectiveness are expected to be an important factor in institutional planning processes and resource allocations to the DCP.

The basic, clinical and social science components of the didactic portion of the DCP curriculum are developed and structured to facilitate integration of course content in a manner that enables the student to develop the foundations of attitude, knowledge and skill sets necessary to perform competently in the clinical education phase of the program. At the course level, this requires each course in the curriculum to have a syllabus with learning objectives supportive of the DCP mission, and have outcome measures in place to assess the effectiveness of student learning. With respect to the curriculum, there occur regular assessments of its efficacy at various stages of the program to determine whether the curriculum is meeting its stated goals and objectives.

Subject matter in the curriculum provides the didactic knowledge and other essential precursors for the development of the clinical skills expected of the Doctor of Chiropractic and provide the basis for lifelong learning and ongoing professional development. These subjects, that do not necessarily have to be presented in discrete courses, include:

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

Basic Sciences – anatomy; physiology; biochemistry; microbiology and pathology. The extent to which these subjects are taught may depend on the prerequisites in place for an individual chiropractic program.

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; 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.

Information Literacy and Research Methodology - ability to access and understand information and critically analyze outcomes associated with research and scholarly activities.

Program Content

DCP faculty members and academic/clinical administrators are jointly involved in course and curriculum development, and the assessment of student performance relevant to both the mastery of didactic subject matter and the attainment of clinical competencies.

Program Delivery

The curriculum delivery model/method chosen by the DCP is appropriate for the material being delivered. The DCP documents the effectiveness/appropriateness of the model(s) chosen and provides appropriate faculty development activities to ensure curriculum delivery success. In addition the DCP shows appropriate investment of resources to ensure successful learning outcomes.

Characteristics of Evidence Related to the Educational Program for the Doctor of Chiropractic Degree

1. 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.
2. A curriculum map or similar representation with accompanying analysis that displays where topics related to the various meta-competencies are presented.
3. Published syllabi and learning objectives for all courses and other components of the curriculum that include methods of evaluating student performance.
4. Evidence that documents the achievement of learning objectives to include samples of student performance and competency assessments.
5. Published information regarding qualitative and quantitative measures used to assess clinical competency.
6. Evidence that documents students are meeting clinical competency requirements associated with assessment outcomes of student performance.
7. Evidence of the effectiveness of the DCP curriculum to include licensing exam scores and graduation rates in accordance with CCE policy and documentation of the results of clinical examinations or other forms of clinical competency assessments.
8. 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.
9. Evidence that there is an ongoing system of monitoring and using feedback to improve the quality of patient care as noted in patient satisfaction survey results, clinical outcomes, and procedures for responding to patient complaints.
10. 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.
11. Evidence that faculty participate in course and curriculum development and student and curricular assessment.

I. Research and Scholarship

The DCP conducts and supports research and scholarly activities congruent with its missions, goals, and objectives.

Context

While teaching and learning are central to the mission of the DCP, research and scholarship in their various forms are critical to a viable and effective academic program. This is particularly true in a clinical discipline where the DCP academic community bears the primary responsibility for advancing the profession which its students will enter. In addition, research and scholarship should inform the instructional objectives and content of the DCP with respect to research methodology and values, and guide faculty clinicians in the care of their chiropractic patients.

The manner in which the DCP desires to and ultimately does contribute to the scientific advancement of the chiropractic profession must be given thoughtful consideration by the faculty, administration, and governing board responsible for approval of the institutional/programmatic mission. Research and scholarship are recognized as an essential element in the culture of the DCP, and are supported by appropriate levels of physical and financial resources to be meaningful and of the highest possible quality.

Characteristics of Evidence Related to Research and Scholarship

1. Research and scholarship within the DCP in one or more of the following areas: (1) Discovery – the development and creation of new knowledge resulting from basic science, clinical, psychosocial, and educational methodology studies; (2) Application – the integration and application of existing knowledge to clinical practice and teaching; (3) Integration – the critical analysis and review of existing literature; and (4) Teaching – the critique, analysis, and dissemination of knowledge about teaching, learning, evaluation and assessment.
2. Published and implemented research policies and procedures regarding the conduct and management of internally and externally supported research and the protection of human and/or animal subjects.
3. Demonstrated institutional support for research and scholarship to include the budget for research activities; and, as applicable, research faculty and support staff, faculty release time, physical facilities, equipment and technology, coupled with ongoing assessments of the effectiveness of such support.
4. As applicable, a record of external funding from government, foundation, and private sector business/vendor sources.
5. Documentation of research and scholarly outcomes for the most recent three-year period as evidenced by reports, peer reviewed publications, presentations, and grant awards and applications submitted, that may include collaborative efforts with other institutions, as applicable.
6. 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.
7. Evidence that students and faculty are provided with opportunities to participate in research and scholarly activities.

8. Documentation of activities that promote faculty professional development in the areas of research and scholarship.
9. The use of a process to evaluate, improve and implement growth in DCP research and scholarship.

J. Service

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

Context

Service represents a variety of activities that involve faculty, staff, and students that are dependent upon DCP or institutional affiliation and/or sponsorship. While service can be manifested in a number of ways, service provided by the DCP has its paramount focus in two major areas: (1) the improvement of patient care and promotion of the importance of health and wellness to the public, and (2) the advancement of chiropractic education and the profession with respect to their status in the health care system. Examples of service in (1) would be the provision of low cost or free health care to underserved populations in either DCP managed clinics or in clinical settings controlled by external agencies; or through the offering of health related seminars, conferences, and forums open to the public that could include involvement in the activities of civic and community organizations. With respect to (2), service could involve the participation of DCP community members at educational and professional conferences; or serving as directors, officers, and members of committees and task forces of government and chiropractic related educational and professional organizations.

Characteristics of Evidence Related to Service

1. A description of the scope of service activities that the DCP provides.
2. Published and implemented any necessary policies and procedures regarding services provided by the DCP or its associated groups or individuals.
3. Demonstrated institutional support for the service component of the DCP mission to include the budget for service activities; and, as applicable, 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.
4. Documentation of service activity outcomes for the most recent three year period.
5. The use of a process to evaluate, improve and implement growth in DCP service activities.

K. Distance or Correspondence Education (if applicable)

The DCP has processes in place through which the institution establishes that the student who registers in a distance education or correspondence education course or program is the same student who participates in and completes the course or program and receives the academic credit.

Context

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.

Characteristics of Evidence Related to Distance or Correspondence Education

1. A secure login and pass code.
2. Proctored examinations, as appropriate.
3. New or other technologies and practices that is effective in verifying student identity.

Section 3 – CCE Requirements for Institutional Accreditation

Initial Accreditation or Reaffirmation of Accreditation review for award of Institutional Accreditation is provided by CCE upon specific request for solitary purpose institutions that offer **only** the Doctor of Chiropractic degree program (DCP), and that have otherwise not achieved institutional accreditation with a nationally recognized accrediting agency.

The institution meets the Requirements for Institutional Accreditation **in addition** to the Requirements for Accreditation of Doctor of Chiropractic Degree Programs (Section 2) in order to be awarded initial or reaffirmed institutional accreditation. These additional requirements are noted below.

- A. The institution is incorporated in its jurisdictional residence.
- B. The institution holds appropriate legal authorization to grant the Doctor of Chiropractic degree.
- C. The institution meets all legal requirements to conduct its business as an institution of higher education in all jurisdictions in which it operates.
- D. The institution has a mission statement which states that it is an institution of higher education offering only the Doctor of Chiropractic degree.
- E. The institution documents compliance with all appropriate governmental regulations, and if it participates in activities affected by Title IV of the Higher Education Act of 1965 as amended it maintains compliance with its program responsibilities, including but not limited to administrative and fiscal standards; record-keeping and disclosure requirements; and student loan default prevention measures, which includes the maintenance of a Federal Family Education Loan Cohort Default Rate that is beneath the threshold established by the United States Secretary of Education.
- F. The institution discloses its accredited status with the CCE and all other accrediting bodies with which it is affiliated.
- G. The institution's transfer of credit policies are disclosed to the public, and include, a description of the transfer of credit policies; any established criteria the institution uses regarding the transfer of credit earned at another institution; and a list of institutions with which the institution has established an articulation agreement.
- H. The institution maintains policies and procedures for determining the credit hours that the institution awards for courses and programs (as defined in 34 CFR 600.2, provided below for reference); the application of these policies and evidence that the assignment of credit hours conforms to commonly-accepted practice in higher education.

34 CFR 600.2 Definitions

Credit hour: Except as provided in 34 CFR 668.8(k) and (l), a credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates not less than—

- (1) One hour of classroom or direct faculty instruction and a minimum of two hours of out of class student work each week for approximately fifteen weeks for one semester or trimester hour of credit, or ten to twelve weeks for one quarter hour of credit, or the equivalent amount of work over a different amount of time; or
- (2) At least an equivalent amount of work as required in paragraph (1) of this definition for other academic activities as established by the institution including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours.

Appendix 1 – CCE Meta-Competencies & Guidelines

The DCP is required to demonstrate that its students have achieved the mandatory meta-competencies and their required components and outcomes noted below. Within the constraints of the meta-competencies and evidence-informed assessment techniques, each DCP is free to determine its own method of meta-competency delivery and assessment. Ultimately, the DCP is accountable for the quality and quantity of its evidence of compliance with the meta-competencies and their required components and outcomes.

A meta-competency assessment guide, Guidelines for DCP Assessment of Meta-Competencies, is attached to this appendix. The guide is designed to provide insight into several options for documenting success in achieving the competency requirements. The guidelines are not meant to be all inclusive or prescriptive with respect to the evidence necessary to demonstrate compliance.

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

META-COMPETENCY 1 - ASSESSMENT & DIAGNOSIS

An assessment and diagnosis requires developed clinical reasoning skills. Clinical reasoning consists of data gathering and interpretation, hypothesis generation and testing, and critical evaluation of diagnostic strategies. It is a dynamic process that occurs before, during, and after the collection of data through history, physical examination, imaging, and laboratory tests.

REQUIRED COMPONENTS:

- A. Compiling a case-appropriate history that involves a process focused on patients' health status, including a history of any present illness, systems review, and review of past, family and psychosocial histories for the purpose of directing clinical decision-making.
- B. Determining the need for and availability of external health records.
- C. Performing case-appropriate physical examinations that include evaluations of body regions and organ systems, including the spine and any subluxation/neuro-biomechanical dysfunction, that assist the clinician in developing the clinical diagnosis(es).
- D. Utilizing diagnostic studies and consultations when appropriate, inclusive of imaging, clinical laboratory, and specialized testing procedures, to obtain objective clinical data.
- E. Formulating a diagnosis(es) supported by information gathered from the history, examination, and diagnostic studies.

OUTCOMES:

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

- 2) Determination and documentation of the significance of physical findings and thereby the need for follow-up through a physical examination, application of diagnostic and/or confirmatory tests and tools, and any consultations.
- 3) Generation of a problem list with diagnoses after synthesizing and correlating data from the history, physical exam, diagnostic tests, and any consultations.

META-COMPETENCY 2 - MANAGEMENT PLAN

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

REQUIRED COMPONENTS:

- A. Establishing a management plan appropriate for the diagnosis and the patient's health status, including specific therapeutic goals and prognoses.
- B. Determining the need for emergency care, referral and/or collaborative care.
- C. Providing information to patients of risks, benefits, natural history and alternatives to care regarding the proposed management plan.
- D. Obtaining informed consent.
- E. Determining the need for chiropractic adjustment and/or manipulation procedures, or other forms of passive care.
- F. Determining the need for active care.
- G. Determining the need for changes in patient behavior and activities of daily living.
- H. Monitoring patient progress and altering management plans accordingly.
- I. Recognizing the point of a patient's maximum therapeutic benefit and release of the patient from corrective care, and communicating rationales for any ongoing care.
- J. Incorporating patient values and expectations of care in the management plan.

OUTCOMES:

- 1) Formulation and documentation of an evidence-informed management plan appropriate to the diagnosis, inclusive of measurable therapeutic goals and prognoses in consideration of biopsychosocial factors, natural history and alternatives to care.
- 2) Documentation of informing the patient of any need for emergency care, referral and/or collaborative care.

- 3) Documentation of informed consent.
- 4) Deliverance and documentation of appropriate chiropractic adjustments/manipulations, and/or other forms of passive care as identified in the management plan.
- 5) Deliverance and documentation of appropriate active care as identified in the management plan.
- 6) Documentation of patient counseling regarding recommended changes in life style behaviors and activities of daily living.
- 7) Documentation of modifying the management plan as new clinical information becomes available.
- 8) Documentation of end points of care.

META-COMPETENCY 3 - HEALTH PROMOTION AND DISEASE PREVENTION

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

REQUIRED COMPONENTS:

- A. Assessing the patient's health and determining areas of potential health improvement (e.g. disease screening, ergonomics, nutrition, fitness, posture, smoking cessation, and risk factor reduction).
- B. Addressing appropriate hygiene in a clinical environment.
- C. Coordinating health improvement strategies with other health care professionals.
- D. Identifying public health issues relevant to patients.

OUTCOMES:

- 1) Documentation of management of health risks and public health issues, including reporting, as required.
- 2) Explanation of health risk factors, leading health indicators and public health issues to patients.
- 3) Provision of recommendations regarding patients' health status, behavior and life style.
- 4) Recommendation or provision of resources (educational, community-based, etc.) and instruction designed to encourage a patient to pursue change.
- 5) Recommendation of dietary habits and/or nutritional approaches designed to restore, maintain or improve the patient's health.
- 6) Implementation of appropriate hygiene practices in the clinical environment.

- 7) Communication of health improvement strategies with other treating 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, and record keeping and reporting.

REQUIRED COMPONENTS:

- A. Communicating effectively, accurately and appropriately, in writing and interpersonally with diverse audiences (e.g. patients, their relatives and others involved in their care; regulatory agencies, third party payers and employers; and doctors of chiropractic and other healthcare professionals).
- B. Acknowledging the existence and nature of different value systems of patients and others.
- C. Creating and maintaining accurate and legible records.
- D. Complying with regulatory ethical standards and responsibilities involving patient and business records.

OUTCOMES:

- 1) Provision of accurate and understandable explanations of health issues and management options considering the patient's health care needs and goals.
- 2) Documentation of any health risks and management options considering the patient's health care needs and goals.
- 3) Consideration of the patient's ethnicity, cultural beliefs, and socio-economic status when communicating.
- 4) Generation of patient records, narrative reports and correspondences that are accurate, concise and legible.
- 5) Evidence of safeguarding the patient's protected health and financial information.

META-COMPETENCY 5 - PROFESSIONAL ETHICS AND JURISPRUDENCE

Professionals comply with the law and exhibit ethical behavior.

REQUIRED COMPONENTS:

- A. Applying knowledge of ethical principles and boundaries.
- B. Applying knowledge of health care law.

C. Applying knowledge of expected professional conduct.

OUTCOMES:

- 1) Maintenance of appropriate physical, communication (verbal and non-verbal) and emotional boundaries with patients.
- 2) Maintenance of professional conduct with patients, peers, staff, and faculty in accordance with established policies.
- 3) Compliance with the ethical and legal dimensions of clinical practice.
- 4) Generation of patient records and diagnostic and billing codes in compliance with federal and state law.

META-COMPETENCY 6 - INFORMATION AND TECHNOLOGY LITERACY

Information and technology literacy are manifested in an ability to locate, evaluate and integrate research and other types of evidence, including clinical experience, to explain and manage health-related issues and use emerging technologies appropriately.

REQUIRED COMPONENTS:

- A. Demonstrating knowledge of relevant research methodologies and ability to critically appraise and apply the literature to clinical cases.
- B. Using health informatics to access information.

OUTCOMES:

- 1) Critical appraisal of scientific literature and other information sources.
- 2) Incorporation of health care informatics into patient care.

META-COMPETENCY 7 - INTELLECTUAL AND PROFESSIONAL DEVELOPMENT

Intellectual and professional development is characterized by maturing values and skills in clinical practice; the seeking and application of new knowledge; and the ability to adapt to change.

REQUIRED COMPONENTS:

- A. Demonstrating knowledge of basic, social and clinical sciences sufficient to promote intellectual development and effective patient care.
- B. Reflecting on and addressing personal and professional learning issues.
- C. Providing evidence of critical thinking skills.

OUTCOMES:

- 1) Satisfactory performance on licensing board exams and other assessments of student learning.
- 2) Use of appropriate self-evaluation and other feedback for personal and professional development.
- 3) Incorporation of critical thinking and clinical experience into patient care.

CCE Guidelines

Guideline for DCP Assessment of Learning of Meta-Competencies

CCE Meta-Competencies are assessable learning outcomes to be measured at the student and program levels.

The DCP utilizes a system of student assessment and evaluation that is based on the goals, objectives, competencies and learning outcomes established by the DCP, as well the Meta-Competencies defined by the CCE Standards and appropriate to entry-level chiropractic practice. The system must clearly identify the level of performance expected of students in the achievement of these objectives, competencies, and outcomes.

As a component of its assessment plan, the DCP develops and carries out program assessment activities to collect information about the attainment of Meta-Competencies and other DCP competencies, which are desired student learning outcomes. The assessment activities employ a variety of valid and reliable *direct* and *indirect* measures, systematically and sequentially throughout the professional degree program. At the program level, it is suggested that learning is assessed using a minimum of two direct measures and one indirect measure that reflect learning close to or at the end of the program. Assessment methods and tools are appropriate for the type of learning that is assessed. *Direct measures* include student products or performances that demonstrate that specific learning has taken place, including reports, exams, demonstrations, performances, and completed works. *Indirect measures* may imply that learning has taken place (e.g., student perceptions of learning), but do not specifically demonstrate that learning or skill. Such perceptions can come from many perspectives, including students, faculty, internship supervisors, alumni, transfer institutions, and employers. Because each method has its limitations, an ideal assessment program would combine direct and indirect measures from a variety of sources.

Examples of *direct measures* of student learning relative to the *knowledge* component of taking a patient history include student performance on a course written exam and relevant NBCE sub scores on Patient History found in the Part II & III exams. Direct measures of student *performance* relative to taking a patient history include Objective Structured Clinical Exams (OSCEs), clinical Qualitative Evaluations (QE) and Part IV scores related to history taking.

Examples of *indirect measures* of student learning relative to the *knowledge* and *performance* components of taking a patient history include student surveys of their perception of their knowledge and ability, employer surveys, and course evaluations.

Results obtained through assessment of student learning are made available to appropriate constituencies, including students themselves. The DCP uses the analysis of assessment measures to improve student learning and the achievement of the Meta-Competencies.

Examples of Direct Measures of Learning of Meta-Competencies

- Performance scores on Standardized Tests (sub scores on NBCE exams related to specific meta-competencies)
- Course written & practical exams related to meta-competencies
- Graded patient file audits
- Clinical OSCEs
- Direct observations in a clinical setting
- Case Studies
- Relevant internships/clinical experiences with evaluation
- Performance based projects with evaluation
- Graded presentations (individual or group)
- Portfolio evaluation
- Research and other published papers
- Progressive disclosure case studies

Examples of Indirect Measures of Learning of Meta-Competencies

- Student Satisfaction relative to their perception of their knowledge/ability regarding a given meta-competency
- Global Rating Scales
- Preceptor surveys
- Classroom assessment techniques
- Clinical mentor evaluations

CCE Guideline for Measuring Program Effectiveness

Along with assessment of learning of Meta-Competencies, each DCP provides evidence of overall program effectiveness through a variety of valid and reliable measures that assess the impact of the curriculum and co-curriculum on learning.

Measures include data with thresholds for success. Examples of measures are found in the table below. Results obtained through program assessment are made available to appropriate constituencies. The DCP uses the analysis of assessment measures for continuous improvement of its curriculum and co-curriculum.

Examples of Direct Measures of the DCP

- NBCE pass rates
- CCEB pass rates
- OSCE pass rates
- Student publication counts
- Evaluation of off-site clinical experiences
- Student portfolio evaluations
- External accreditation reviews
- Course pass rates
- Clinical qualitative evaluation scores
- Patient quality assurance data/analyses
- Progressive disclosure case studies

Examples of Indirect Measures of the DCP

- Satisfaction (Student, Patient, Alumni, Employer)
- Preceptorship rates
- Title IV Loan default rates
- Graduating class GPA
- Graduate placement
- Licensure rates
- Enrollment percentage
- Diversity of student and staff populations
- Retention rates
- First year completion rates
- Graduation rates
- Transfer ratios
- Community services (clinical care)
- Community partnerships
- Extramural grants
- Faculty publications/presentations
- Student complaint percentage
- Articulation agreements with other colleges
- Faculty publication rates
- Faculty retention

GLOSSARY

Active Care – Care/treatment that involves the active participation of the patient such as stretching and/or rehabilitative exercise.

Correspondence education - Education provided through one or more courses by an institution under which the institution provides instructional materials, by mail or electronic transmission, including examinations on the materials, to students who are separated from the instructor. Interaction between the instructor and the student is limited, is not regular and substantive, and is primarily initiated by the student. Correspondence courses are typically self-paced. Correspondence education is not distance education.

Distance education - Education that uses one or more of the technologies listed in (1) through (4) below 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. The technologies may include—

- (1) The internet;
- (2) One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
- (3) Audio conferencing; or
- (4) Video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in (1) through (3) above.

Evidenced-Informed – The integration of the best available research evidence, clinical experience and patient values.

Passive Care – Care/treatment/modalities delivered by a health care provider to the patient who is a passive recipient of the care. Examples would include chiropractic adjustments/manipulation, ultra sound and massage.

Primary Health Care - Care that is provided by a health care professional in the patient's first contact within a health care system that includes an examination and evaluation, diagnosis and health management. A Doctor of Chiropractic practicing primary health care is competent and 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.