CCE®
THE COUNCIL ON CHIROPRACTIC EDUCATION

Residency Program Accreditation Standards

Principles, Processes & Requirements for Accreditation

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The Council on Chiropractic Education®

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Foreword

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

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

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

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

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

Terminology and Definitions:

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

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

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

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

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

Section 1 – CCE Principles and Processes of Accreditation

I. Residency Accreditation by CCE

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

II. Process of Accreditation for a DCRP

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

A. Application for Initial Accreditation

1. Letter of Intent

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

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

2. Requirements for Eligibility

a. Formal authorization to operate the DCRP from the appropriate governmental agency of the jurisdiction in which the DCRP legally resides, if applicable.

b. Legal incorporation in its jurisdictional residence.

c. The DCRP's sponsoring organization's governing or administrative authority includes representation that adequately reflects the public interest.

d. A program director of the DCRP qualified by education and/or experience and is provided authority from the sponsoring organization to manage the DCRP (e.g. contract or job description).

e. Formal action from the governing or administrative authority that commits the DCRP to comply with the CCE requirements for accreditation.

f. DCRP mission/purpose, goals, and objectives which are consistent with the CCE DCRP *Standards*.

g. A plan and process for the assessment of resident outcomes.

h. Disclosure of accreditation status with any agency other than CCE that directly impacts the DCRP.

3. CCE Response

Upon application by the DCRP for accreditation:

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

B. Application for Reaffirmation of Residency Accreditation

1. Letter of Intent

A DCRP seeking reaffirmation of accreditation must send a letter of intent from the residency program/institution's designated officer to the CCE Administrative Office stating its intention to pursue reaffirmation of its accredited status. If the DCRP's sponsoring organization is a CCE

accredited DC program, this intent may be incorporated into the DC program application for reaffirmation letter.

2. Requirements for Eligibility

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

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

3. CCE Response

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

C. Process of Residency Accreditation (Initial/Reaffirmation)

1. DCRP Self-Study

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

a. Provide clear evidence that the DCRP complies with the CCE requirements for residency program accreditation.

b. Focus attention on the ongoing assessment of outcomes for the continuing improvement of academic quality.

c. Demonstrate that the DCRP has processes in place to ensure that it will continue to comply with the CCE requirements for accreditation.

d. Be submitted to the CCE Administrative Office no later than nine months prior to the CCE meeting wherein a decision regarding accreditation will be considered.

2. Site Team Visit and Report to CCE

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

a. The DCRP must provide the site team with full opportunity to inspect its facilities and rotation sites, where feasible, and to interview all persons at the site/facilities related to the DCRP, and to examine all records maintained by or for the DCRP of which it is a part (including but not limited to budget and personnel records, and records relating to resident credentials, resident assessment of learning, resident advancement in the program, and program completion (degree, certificate, etc.).

b. A draft report is prepared by the site team and sent by the CCE Administrative Office to the DCRP Director and/or designated officer for correction of factual errors only.

c. Following the response of the DCRP to correction of factual errors, a final report is sent by the CCE Administrative Office to the DCRP Director and/or designated officer, and governing official and site team members.

d. The DCRP 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 DCRP sends the response to the CCE Administrative Office which distributes it to the CCE President, Councilors and Site Team Chair. Any DCRP 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 DCRP 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 DCRP, 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 DCRP Director and/or designated officer, and the governing official, and CCE Councilors.

d. The next comprehensive evaluation site visit normally is three years following the award of initial accreditation, or six years following the award of reaffirmation of accreditation. If the DCRP's sponsoring organization is an institution housing a CCE accredited DC program, every effort will be made to ensure the cycle of comprehensive visits coincides with the accreditation cycle of the DC program.

D. Additional Reports and Visits

In accordance with CCE policies and procedures the Council may require additional reports from, and/or visits to a DCRP, to confirm its continued compliance with the accreditation requirements. The DCRP 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 DCRP 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*. If the DCRP's sponsoring organization is an institution housing a CCE accredited DC program, the PCR's for a DCRP will be sequenced such that they can be submitted as a part of the DC program PCR.

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 DCRP 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 does not adversely affect the capacity of the residency program to continually comply with the CCE *Standards*. The residency program 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 program progress since the last self-study, and provide an opportunity for program dialogue with the Council. At the discretion of the Council, visits are normally conducted at the midway point of the six -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 DCRP 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 DCRP representatives at the next Council meeting. The Council then sends a follow-up letter to the DCRP identifying the status of previous concerns (if any), and/or a substantive change application, and the requirements for any additional interim activities. The DCRP must continue to submit PCRs in accordance with CCE policies and procedures.

E. Withdrawal from Accreditation

1. Voluntary Withdrawal of Initial Application

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

3. Default Withdrawal from Accredited Status

When a DCRP fails to submit a timely application for reaffirmation of accredited status, the Council acts at its next meeting to remove the DCRP's accredited status. This meeting of the Council normally occurs within six months of the date when the DCRP 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 DCRP 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 regarding any standard indicates that the program is not in compliance with that standard (area of concern), the Council must:

1. Immediately initiate adverse action against the residency program; or
2. Require the residency program to take appropriate action to bring itself into compliance with the standards within a time period that must not exceed 18 months. NOTE: If the residency program is at least one year but less than two years in length.

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

Definition and Conditions for Good Cause

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

1. The residency program has demonstrated significant recent accomplishments in addressing non-compliance and

2. The residency program provides evidence that makes it reasonable for the Council to assume it will remedy all non-compliance items within the extended time defined by the Council, and

3. The residency program provides assurance to the Council that it is not aware of any other reasons, other than those identified by the Council, why the program should not be continued for "good cause."

The Council may extend accreditation for "good cause" for a maximum of one year at a time (not to exceed 18 months in total). If accreditation is extended for "good cause," the residency program 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 residency program must appear before the Council at a meeting to provide further evidence if its period for remedying non-compliance items should be extended again for good cause.

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

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.

IV. Non-Compliance Decisions and Actions/Appeals

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

A. Required Follow-up

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

B. Deferral

In cases where additional information is needed in order to make a final decision, the Council may choose to defer a final decision regarding accreditation status. The Council may require the DCRP to submit a report, host a site visit and/or make an appearance before the Council to provide such information. A notice of deferral is confidential. 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 DCRP 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 DCRP:

1. is in non-compliance and the Council determines that the deficiencies can be corrected by the DCRP in a short period of time; or

2. has failed to comply and/or has failed to provide requested information.

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

D. Probation

Probation may be imposed at any time when the Council concludes that the DCRP is in significant non-compliance with one or more eligibility requirements, accreditation requirements, or CCE policy requirements. The Council may require the DCRP to submit a report, host a site visit and/or make an appearance before the Council to provide evidence of compliance. Probation is a sanction, subject to appeal (see CCE Policy 8), and may be continued for up to eighteen (18) months. The Council will make a 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 DCRP provide evidence to inform the Council and demonstrate why the program's accreditation should not be revoked. The Council may require the DCRP to submit a report, host a site visit and/or make an appearance before the Council to provide such evidence. If the DCRP does not provide evidence sufficient to demonstrate resolution of the Council's concerns within the time frame established by the Council, the DCRP's accreditation is revoked. A Show Cause Order is a sanction, subject to appeal (see CCE Policy 8), 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 accreditation or reaffirmation of accreditation may be denied if the Council concludes that the DCRP 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 (see CCE Policy 8). A DCRP 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.

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

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 DCRPs. Policy 64 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 Doctor of Chiropractic Residency Program (DCRP) is a full time program that provides its graduate doctors of chiropractic an advanced level of clinical training. The CCE applies the understanding that in order for a residency program to be recognized as an accredited program, the program itself must prepare the graduate for advanced or focused practice and where applicable, be recognized by a national or international chiropractic specialty group with an independent examining board.

Section 2 – CCE Requirements for Accreditation of Residency Programs

A. Mission/Purpose, Planning, and Assessment

The Doctor of Chiropractic Residency Program (DCRP) has a statement of mission/purpose, approved by the sponsoring organization, which describes the program's specific advanced clinical training focus. The mission/purpose statement also describes the program's outcomes as it relates to teaching, learning, research/scholarship and service aspects of the DCRP. Goals with measurable objectives congruent with the mission/purpose must be developed. Each residency program effectively measures its performance through regularly performed program evaluation and uses these results in planning to improve the program quality.

Context

Mission/Purpose statement(s):
Residency programs provide graduate professional health care education. By articulating a purpose, each DCRP clarifies its outcomes, which will vary from program to program, based on the program's focus and goals. Each DCRP has its mission/purpose statement approved by the sponsoring organization and is made available to all stakeholders. The mission/purpose is periodically evaluated, with any revisions supported by evidence for needed change.

Planning and Assessment:
For a DCRP to achieve its mission/purpose, both a plan and an ongoing planning process guide it. The plan and its implementation may take varying forms as determined by the DCRP, but it always focuses on the attainment of the DCRP mission/purpose. The DCRP uses processes for establishing DCRP priorities and connects its allocation of resources to those priorities in clear and measurable ways. A key part of the planning process is that the program measures its performance against its expectations and makes appropriate changes to the plan based upon analysis of evidence and assessment activities.

As stated previously, the program articulates its outcomes in the mission/purpose statement(s). Those outcomes are underpinned by goals and objectives that are measurable and support achievement of the outcomes. A planning and assessment structure must be used to measure program performance. Assessment results must be evident in programmatic improvement efforts. The planning and assessment process articulates measurable goals and objectives congruent with the mission/purpose. These goals and objectives both shape the DCRP and establishment of the academic, clinical, operational, and resource allocation priorities and are used for program planning.

The program must use the program goals and objectives in program planning. The program maintains a plan that describes its measurable intentions to implement actions to accomplish the goals and objectives.

The plan also measures the extent to which the goals and objectives have been achieved. The DCRP plan includes timelines for the achievement of goals and objectives, desired outcomes, and resource allocations relevant to the following areas: mission/purpose; ethics and professionalism; administration; resources; faculty; resident support services; resident selection/admissions; educational program for residents; research/ scholarship, and; service (A – J of this Section).

To ensure continued excellence and a quest for program improvement, the DCRP engages in regular cycles of self-assessment. Data collection and analysis mechanisms are developed to determine the extent to which the DCRP is achieving the goals and objectives associated with its mission/purpose. The program demonstrates the utilization of data with respect to performing its assessments and for driving resource allocation actions and programmatic change.

Characteristics of Evidence Related to Purpose, Planning, and Assessment

1. The mission/purpose for the DCRP and examples of where it is published.
2. A record of approval of the mission/purpose statement by the sponsoring organization.
3. Statement of the program's goals, objectives and outcomes that support successful achievement of the outcomes of the DCRP.
4. Evidence of connectivity between the DCRP planning and resource allocations (facilities, personnel, rotations, faculty, etc.) to program goals and objectives.
5. Description and evidence of use of the DCRP self-assessment process and cycle.
6. Evidence of use of self-assessment reports and outcomes in the planning process.

B. Ethics and Integrity

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

Context

Ethics and integrity are vital components of an effective DCRP. Integrity and transparency are manifest throughout the DCRP's culture and actions.

Characteristics of Evidence Related to Ethics and Integrity

1. Program and/or institutional policies and procedures that document commitment to ethics and integrity
    a) Commitment to exemplary ethics and integrity that is present in policies as well as materials used by administration, faculty and residents in the program. (e.g. reference to program and/ or institutional policies in this area or commitment to the policies of a professional organization associated with the DCRP mission/purpose) This commitment should be inclusive of the following ethical/integrity areas:
        - Management and avoidance of conflict of interest with patients, colleagues, vendors and third party payers
        - Commitment to ethical and professional care of patients
        - Commitment to fairness, objectivity and accountability in selection of residents

- Commitment to Academic Freedom and faculty centrality in programmatic educational content selection; and
- Documented processes and policies to adjudicate violations of ethical standards, including academic, clinical regulatory and behavioral concerns

2. Evidence of evaluation of ethics and integrity for administrators, faculty and residents
3. Evidence of investigation and disciplinary actions for violations of ethics or integrity, if present

C. Governance and Administration

The sponsoring organization must represent the DCRP within established chain-of-command and governance structures to ensure its authority, representation, and organization to ensure appropriate transparency and accountability, of the program within the organization's milieu. The DCRP's administrative structure and personnel facilitate the achievement of the mission/purpose and goals of the DCRP and foster programmatic quality and improvement in the areas of instruction and learning, research and scholarship, and service

Context

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

Characteristics of Evidence Related to Governance and Administration

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

D. Resources

The sponsoring organization develops and maintains financial, learning, and physical resources that support the DCRP's mission/purpose, goals, objectives, and endeavors dedicated to programmatic improvement.

Context

The recent financial history of the DCRP and/or its sponsoring organization must demonstrate adequacy and stability of financial resources to support the DCRP's mission/purpose, goals, and objectives. The DCRP and/or its sponsoring organization has and maintains a current operating and capital allocations budget.

The DCRP 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 DCRP offers opportunities for all residents to receive assistance such as academic advisement, mentoring, and reasonable accommodations to address their needs, and in particular the needs of residents with disabilities.

The DCRP provides, and adequately manages and maintains, physical facilities, equipment and other physical resources that are necessary and appropriate for meeting the mission/purpose, goals, and objectives of the DCRP.

Characteristics of Evidence Related to Resources

1. A current budget and budget projections that show revenue streams and financial allocations based on programmatic and institutional planning
2. Evidence of periodic assessment of the effectiveness of DCRP support activities, and the required investments, necessary to sustain and improve these activities.
3. Descriptions and copies of affiliation agreements with the DCRP where residents obtain clinical or other types of experiences with external practitioners and facilities, as applicable.
4. Reasonable accommodation plans and resource allocation for residents with disabilities.
5. A compilation of DCRP 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.

E. Faculty

The DCRP has appropriately credentialed faculty mentors who are qualified by virtue of their academic and professional training and experience to instruct and supervise residents. The faculty oversee all clinical services, develop, deliver and monitor the curricula of the DCRP, and assess resident learning and participate in assessment of the effectiveness of the program. With the support of the sponsoring organization, the faculty is engaged in research and scholarship, service, and professional development and governance activities.

Context

At each participating site, there must be an appropriate number of faculty with documented qualifications to instruct and supervise all residents at that location. The faculty demonstrates characteristics conducive to teaching and learning to effectively deliver the DCRP curriculum and allow the DCRP to meet its mission/purpose, goals, and objectives in instruction, research and scholarship, and service. Faculty members must devote sufficient time to the DCRP to fulfill their supervisory and teaching responsibilities. Faculty members must 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. In addition, they must demonstrate currency in their discipline. Faculty members are provided with opportunities for

professional development to improve content expertise in their areas of interest and competence, their instructional skills, and their capabilities in research and scholarship. Faculty members' performance is evaluated on a regular basis.

Faculty members are involved in the development, assessment, and refinement of the curriculum, as well as decisions regarding resident admission and advancement. They demonstrate integrity and a commitment to high ethical standards in dealing with residents and colleagues, and in their scholarship and interactions with external constituencies.

Characteristics of Evidence Related to Faculty

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

F. Resident Support Services

The DCRP, in a manner consistent with its mission/purpose, provides sufficient opportunities necessary to enable residents to develop their full potential.

Context

The support of residents towards their academic/clinical goal requires a directed program of resident support services. These services promote the comprehensive development of residents and ensure compliance with grievance and due process procedures as set forth by the sponsoring organization and communicated to all program participants. Residents are provided with opportunities to take part in activities and programs that contribute to their development as ethical professionals and engaged citizens.

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

Characteristics of Evidence Related to Resident Support Services

1. An orientation program to introduce entering residents to the DCRP.
2. Resident advisement of applicable processes and procedures.
3. Policies governing any services that maximize resident performance.
4. Policies and procedures that equitably address resident complaints and grievances, resident conduct issues and performance reviews, documented by records of hearings and proceedings related to such matters.
5. Documentation of implementation and assessment of the effectiveness of the policies and procedures noted above, along with periodic revisions to increase their effectiveness.

G. Resident Selection

The DCRP selects residents who have graduated from a CCE accredited institution or its equivalent, are eligible to hold a DC license or currently are licensed to practice chiropractic, and have capabilities consistent with the purpose and rigor of the DCRP.

Context

Given the challenging nature of residency program[s], the efficacy of the selection process is demonstrated by the ability of admitted residents to demonstrate success in key educational outcomes areas directed by the DCRP's mission/purpose, goals and objectives. The DCRP's selection practices are designed to ensure that admitted residents' possess the academic, clinical and personal attributes for success in developing the skills, knowledge, attitudes and behavior that are necessary to succeed in the rigors of the academic/clinical program and pass any relevant board exams necessary to obtain recognition, and to perform as knowledgeable, skillful, caring, and ethical advanced practitioners' capable of best serving the public and the chiropractic profession.

Characteristics of Evidence Related to Resident Selection

1. Published selection/admissions policies and procedures that facilitate the enrollment of residents qualified to achieve the educational outcomes consistent with the DCRP's purpose.
   a. Policies including, but not limited to minimum academic, experience, technical standards and licensing requirements applicable to the program in addition to the requirement that the resident be a graduate of a CCE accredited institution (or its international equivalent).
2. Evidence that each applicant who received higher education and training in an international institution has:
   a. competence in the language of DCRP instruction;
   b. documented legal entry into the host country for purpose of academic study for DCRP's offered in the host country, and;
   c. demonstrated academic preparation substantially equivalent to that possessed by newly-admitted residents from institutions in the host country.
3. Published policies and procedures and any additional current and comprehensive information regarding financial aid, scholarships, stipends, salary, grants, tuition and tuition assistance, benefits, loans, and refunds.
4. Documentation of compliance with policies and procedures and assessment of the effectiveness of selection/admissions process along with evidence of implementation of changes, as appropriate, that improve their effectiveness.

H. Educational Program for the Resident

A residency program is a post-doctoral, educational program centered on clinical training and development of advanced clinical skill sets that results in the resident's attainment of an advanced level of clinical knowledge. Specific to the area of training, the residency program expands and builds on the entry-level competencies attained through completion of the Doctor of Chiropractic degree through a comprehensive clinical education program. Successful completion of the program qualifies the resident to sit any applicable board exam and / or function as clinician with advanced training.

Context

Programmatic competencies and outcomes must be identified by the DCRP regarding the skills, attitudes, and knowledge that a DCRP provides so that graduates will be prepared to serve in the area of their specialty or in an educational practice specialty setting. These competencies must meet or exceed the requirements of any applicable specialty board.

The programmatic competency requirements are designed so that each DCRP can develop its own parameters regarding requirements of its program and of the evidence of achievement by which it wishes to be evaluated for compliance. In addition, the DCRP may opt to allow for clinical competency requirements to be met through a combination of supervised resident experiences at institutionally managed clinic sites and external sites. In the case of external sites, policies and procedures for the activities and evaluation of resident competence are comparable or equivalent to those that exist in the DCRPs own settings. Measurements of curricular effectiveness are expected to be an important factor in institutional planning processes and resource allocations to the DCRP.

Program Duration:
A DCRP is a program with a minimum duration of 12 months. The duration of the residency must be appropriate for the intended outcome as postgraduate training leading to specialty certification or qualification. The DCRP must demonstrate that the residency ensures a coherent, integrated and progressive educational program with evidence of increasing professional responsibility.

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

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

All residency programs must meet at least the following seven core competencies and show evidence of attainment of these competencies in the context of the topic-specific competencies of the residency program.

1. *Clinical Service*: residents must be able to provide patient care services that are compassionate, appropriate and effective for the evaluation and/or management of health problems and the promotion of health;

2. *Advanced or Focused Healthcare Knowledge*: residents must demonstrate knowledge about established and evolving biomedical, clinical and cognate sciences and the application of this knowledge to patient problems;

3. *Practice-Based Learning and Improvement*: residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices;

4. *Inter-personal and Communication Skills*: residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patient's families, and professional associates;

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

6. *Collaborative Practice*: residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value;

7. *Evidence-informed Advanced or Focused Chiropractic Practice*: residents must demonstrate competency in the application of knowledge of accepted standards in chiropractic clinical practice appropriate to their specialty training. The resident should remain dedicated to life-long learning in evidence-informed chiropractic practice.

<u>CLINICAL SERVICE</u>
Residents must be able to provide care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health. Residents are expected to:

1. Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their family.

2. Gather essential and accurate information about their patients.

3. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence and clinical judgment.

4. Develop and carry out patient management plans appropriate to their area of specialty.

5. Counsel and educate patients, their families and/or other health care providers.

6. Use information technology to support patient care decisions and patient education.

7. Competently perform and interpret all clinical evaluation/management procedures considered essential for their area of specialty practice.

8. Provide consultation or services aimed at minimizing health risks, preventing health problems or improving health.

9. Work with other health care professionals, including those from other disciplines to provide patient focused care.

ADVANCE OR FOCUSED HEALTH CARE KNOWLEDGE

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to:

1. Demonstrate an investigatory and analytic thinking approach to clinical situations;

2. Apply the basic and clinically supportive sciences knowledge that are appropriate to their discipline.

PRACTICE-BASED LEARNING AND IMPROVEMENT

Residents must be able to investigate, evaluate and improve their patient care practices through critical appraisal and assimilation of scientific evidence. Residents are expected to:

1. Analyze practice experience and perform practice-based improvement activities using systematic methodologies;

2. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;

3. Obtain and use information about their own population of patients and the larger population from which their patients are drawn;

4. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness;

5. Use information technology to manage information, access on-line medical information, and support their own education, and;

6. Facilitate the learning of residents and other health care professionals.

INTERPERSONAL AND COMMUNICATION SKILLS

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients' families, and professional associates. Residents are expected to:

1. Create and sustain ethically sound relationships with patients;

2. Apply communication skills effectively, including nonverbal, explanatory, inquiry, and written expressions; and

3. Work effectively with others as a member or leader of a health care team or other professional group.

PROFESSIONALISM

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

1. respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development;

2. a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices;

3. sensitivity and responsiveness to patients' culture, age, gender, and disabilities.

COLLABORATIVE PRACTICE

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

1. Recognize how their patient care and other professional practices affect other health care professionals, and the health care organization, and the larger society, and how these elements of the system affect their own practice;

2. Differentiate types of medical practice and delivery systems, including methods of controlling health care costs and allocating resources;

3. Practice cost-effective health care and resource allocation that does not compromise quality of care;

4. Advocate for quality patient care and assist patients in dealing with system complexities;

5. Partner with health care managers and health care providers to assess, coordinate, and improve health care, with awareness of how these activities can affect system performance.

EVIDENCE-INFORMED ADVANCED OR FOCUSED CHIROPRACTIC PRACTICE

Residents must demonstrate competency in the application of knowledge of accepted standards in chiropractic clinical practice appropriate to their specialty training. The resident should remain dedicated to life-long learning in evidence-informed chiropractic practice. Residents are expected to:

1. Demonstrate skill at seeking and acquiring scientific literature relevant to patient problems;

2. Evaluate the quality and applicability of various types of scientific evidence;

3. Integrate scientific evidence into clinical situations;

4. Apply best practices into patient evaluation and care.

Program Requirements

The program must contain educational activities and experiences appropriate to the advanced or focused field of study. DCRPs must provide evidence of opportunities for progressive academic and clinical development for residents. DCRPs document the progress of each resident in meeting the stated program objectives as well as the effectiveness of the residency program in meeting stated program goals. The DCRP must document its commitment to quality patient care through a formal system of quality assurance for patient care delivery. Residents must have appropriate licensure to deliver patient care and they must maintain their professional status and competency as required by law. A residency program must be a minimum in 12 months in length with the resident being considered full time by the terms of the sponsoring organization.

Characteristics of Evidence Related to the Educational Program for the Resident

1. A flow chart or similar representation, with accompanying analysis, demonstrating a curriculum that provides a coherent, integrated and progressive educational program with appropriate experiences and progressive responsibility for the residents.
2. Published syllabi or documentation showing program goals and objectives, instructional strategies and methods of assessment of residents' progress and achievement.
3. Evidence that faculty have a central role in curriculum development, management and approval, and that they participate in program assessment and are included in efforts to affect changes based on that assessment.
4. Examples of assessment tools and methods that measure competency development and learning.
5. Evidence of the overall effectiveness of the DCRP curriculum including, but not limited to, clinical performance evaluations, graduation rates, applicable specialty board exam scores, and job placement.

I. Research and Scholarship

The DCRP supports research and/or scholarly activities congruent with its missions/purpose, goals, and objectives. The curriculum must advance residents' knowledge of the basic principles of research, including how research is conducted, evaluated, applied to patient care and explained to patients.

Context

Research and/or scholarship in their various forms are critical to a viable and effective residency program. The manner in which the DCRP desires to and ultimately does contribute to scientific advancement is dependent on the individual DCRP's mission/purpose. These activities must be supported by appropriate levels of physical and financial resources sufficient to be meaningful.

Characteristics of Evidence Related to Research and Scholarship

1. Evidence of faculty research/scholarship outcomes by faculty, including but not limited to scholarly publications, presentations in scholarly venues, grant applications and funded research.

2. Evidence of resident research/scholarship activities including:
   a) Service as investigators in any research activity;
   b) Service as research assistants in any research activity;
   c) Critical appraisal of scientific literature such as a critically appraised topic presentations or journal club activities, and;
   d) Evidence of resident's scholarly activities in the clinical education of other healthcare professionals.

J. Service

The DCRP conducts and supports service activities congruent with its mission/purpose, goals, and objectives as stated by the organization sponsoring the DCRP program.

Context

While service can be manifested in a number of ways, service provided by the DCRP 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 participation in low cost or free health care to underserved populations in either the institutions 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. With respect to (2), service could involve the participation of DCRP community members at educational and professional conferences; or serving as directors, officers, and members of committees and task forces of chiropractic related educational and professional organizations.

Characteristics of Evidence Related to Service

1. A description of the scope of service activities that the DCRP provides.
2. Published and implemented policies and procedures, where necessary, regarding the provision of services provided by individuals and groups associated with the DCRP.
3. Demonstrated institutional support for the service component of the DCRP mission.
4. Documentation of service activity for the most recent three-year period.

K. Duty Hours

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

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

Characteristics of Evidence Related to Duty Hours

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

L. Completion Designation

The DCRP or sponsoring organization must provide formal documentation of the educational record of residents, a registry of those who successfully complete the program, and recognition of completion of their program by awarding a certificate or degree.

Context
The residency process should culminate in a formally recognized certificate or degree. This codifies for the resident and the **sponsoring organization** who has, and who has not successfully completed the program. The credibility gained through recognition of this achievement is an important factor for future practice.

Characteristics of Evidence Related to Completion Designation

1. Example of Certificate or Degree conferred to graduates of the DCRP.