



Announcement

CCE Accreditation Standards

January 2018 edition

The Council on Chiropractic Education (CCE) has completed its five-year process to review and revise its Accreditation Standards. The process of revision is consistent with United States Department of Education (USDE) criteria 602.21 and CCE Policy 23, *Authority, Responsibility and Action Regarding CCE Standards*. At its January 2017 annual meeting, the Council reviewed the Final Draft Standards based upon its review of public comments and recommendations forwarded by the Standards Review Task Force (SRTF), and approved the Standards by unanimous vote. The new Standards will become effective in January 2018.

Periodic review of accreditation standards is not only necessary to satisfy USDE requirements, but it is also an essential responsibility of an accrediting agency to continually monitor and improve its effectiveness, and thereby provide a means to ensure continuous quality improvement in its accredited programs and institutions.

The standards revision process consists of a series of activities to ensure that the CCE Accreditation Standards are revised in a consensus-driven and transparent process, involving all relevant stakeholders. The revision process began with the first meetings of the SRTF in August & December 2013. The process continued over the next 3+ years with the following activities highlighting the process of review:

- March 2014 – Association of Chiropractic Colleges (ACC) Working Group Meeting
- May 2014 – Public Comments, Standards Review Survey
- October 2014 – SRTF Meeting
- November 2014 – Site Team Academy Training
- December 2014 – SRTF Meeting, Draft 1 completed
- January 2015 – Council reviews Public Comments & Draft 1
- March-May 2015 - Meta-Competency Advisory Committee (MAC) Meetings
- March-May 2015 – SRTF Subcommittee Meetings
- April/May 2015 – Inter-Professional Education Committee (IPEC) Meetings
- June 2015 – SRTF Meeting
- September-November 2015 – Public Comments
- November-December 2015 – SRTF Subcommittee Meetings
- December 2015 – SRTF Meeting, Draft 2 completed
- December 2015 – Site Team Academy Training
- January 2016 – Council reviews Public Comments & Draft 2
- March 2016 – ACC Working Group Meetings
- March-June 2016 – SRTF Subcommittee Meetings
- June 2016 - SRTF Meeting
- August-September 2016 – Public Comments
- October 2016 – SRTF Meeting, Final Draft completed
- January 2017 – Council reviews Public Comments & approves Final Draft

Along with the three (3) separate public comment periods in 2014, 2015 & 2016, the SRTF, Council and CCE staff representatives met with program representatives, site team evaluators, professional organizations and other stakeholder groups toward the development of the Standards. Moreover, 22 presentations throughout the U.S. were provided and used to gain feedback on the draft Standards as well as to listen to ideas for further revisions. The CCE is grateful for the high volume of input received from educational programs, students, field practitioners and many other stakeholders in the profession.

The following information summarizes noteworthy changes that occurred during the revision process:

- Removed preface and modified foreword
 - Developed consistency in nomenclature of doctor of chiropractic/chiropractic physician ⁱ
- Moved subject matter from Section 2.H to Section 1
 - Amended nomenclature of toxicology to toxicology/pharmacology ⁱⁱ
 - Moved glossary definition of primary health care elements to foreword ⁱⁱⁱ
- Clarified Examples of Evidence definition (Introduction to Section 2)
- For each Standard, improved the Context statement by revising the requirements language, and removing “non-requirement” statements
- Developed two new Meta-Competencies (MC)
 - MC 7, Chiropractic Adjustment/Manipulation
 - MC 8, Inter-Professional Education
- Removed MC Intellectual and Professional Development
 - Incorporated some language into other MCs; removed redundancy
- Clarified MC language to promote accountability and measurability
- For each Meta-Competency ‘Required Components’ title changed to ‘Curricular Objective’

The Task Force and committees utilized in the revision process were comprised of experienced educators and representatives of nine different chiropractic educational programs, active members of the CCE, representatives from professional organizations, field practitioners and public members. The Council would like to thank the Standards Review Task Force Chair, Dr. Kathleen Galligan, for her outstanding leadership and collaboration with various stakeholders throughout the process.

Please feel free to disseminate this announcement to your constituents, volunteer leadership, and/or staff. This announcement may also be viewed on the homepage of our website at www.cce-usa.org.

Endnotes:

ⁱ In the final public comment period the Council received public comment from accredited chiropractic programs, professional associations, field practitioners, and licensing boards surrounding the appropriateness of the terminology of chiropractic physician. Although most public comment requested revision of the nomenclature from doctor of chiropractic to chiropractic physician, the SRTF recommended hyphenated use that may be consistent with the mission of the chiropractic program. Research performed by the SRTF revealed jurisdictional licensing authorization of a chiropractor as physician in 34 of 53 US States and territories.

ⁱⁱ In the final public comment period the Council received public comment from accredited chiropractic programs, professional associations, field practitioners, and licensing boards surrounding the appropriateness of pharmacology in the subject matter of Section 1. Furthermore, input was received from military and state licensing authorities regarding the necessity of doctors of chiropractic to have such training to perform physical examinations. Although most public comment requested revision of the nomenclature from toxicology to pharmacology, the SRTF recommended a hyphenated usage that may be consistent with the mission of the chiropractic program. The subject matter is linked to the core skills of the doctor of chiropractic/chiropractic physician in serving as a portal of entry for patients, to know what medications patients are on, and to understand the positive and adverse health effect of medications. Research performed by the SRTF revealed that 10 of 15 chiropractic programs currently have one or more courses in pharmacology, and the remainder of programs have courses of toxicology that include the subject matter of pharmacology. Last, the National Board of Chiropractic Examiners includes the subject matter of pharmacology for students sitting for examinations leading to licensure.

ⁱⁱⁱ In the final public comment period the Council received public comment from accredited chiropractic programs, professional associations, field practitioners, and licensing boards surrounding the appropriateness of keeping the Preface to the Standards and/or the primacy of nomenclature of primary care. It is not the role of accreditation standards to define chiropractic or the scope of practice for the chiropractic profession as that is the role of jurisdictional licensing authorities. The SRTF recommended using elements from the 2013 glossary to be included in the Introduction to give context to the core skills required of a doctor of chiropractic/chiropractic physician to provide a portal of entry, independent, quality, patient-focused care to individuals of all ages and genders.