The Council on Chiropractic Education®
CCE®

A briefing for the
Congress of Chiropractic State Associations

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Vision

Promoting Excellence and Assuring Quality in Chiropractic Education
The Council on Chiropractic Education®

• The purpose of CCE is to promote academic excellence and to ensure the quality of chiropractic education.

• The CCE is an autonomous, programmatic and institutional specialized accrediting agency. It is the only agency recognized by the United States Department of Education (USDE) to accredit Doctor of Chiropractic degree programs.
The Council on 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.
What is Accreditation?

Certification of the quality of education by:

- Development of valid criteria (*Standards*)
- Self-study and assessment (self analysis)
- Peer review evaluation (site-visit & report)
- Accreditation decisions (CCE Council)
- On-going monitoring of compliance (interim reports, complaint process, data collection)
What Accreditation is NOT

• *Not scope* of practice (jurisdictional law)
• *Not philosophy* of chiropractic (trade org, schools, individual practitioners)
• *Not identity* of the profession (trade org)
• *Not definition* of chiropractic (jurisdictional law)
• *Not proscriptive*—does not prohibit or restrict education
Accreditation in Chiropractic Education

• Establish and promulgate comprehensive accreditation standards to assure quality in the education of chiropractic physicians

• Develop evidence-based competencies that form the basis of chiropractic education

• Utilize a recognized process to evaluate a program’s compliance with accreditation standards

• Public disclosure regarding those educational programs that undergo such evaluation
Outcomes-Based Accreditation

• Less prescriptive—more autonomy for the educational program

• Establishes expected results from the program, including the competencies of its graduates

• “Begin with the end in mind” - Stephen Covey
Evidence Supporting CCE Standards

CCE® competencies and accreditation requirements are derived from:

• State licensure statutes and regulations (representing legal authority and societal expectations)
• Federation of Chiropractic Licensing Boards (FCLB)
• National Board of Chiropractic Examiners
• NBCE Chiropractic Practice Analysis
• Peer evaluation and input (CCE Standards review process)
• Curricula of CCE®-accredited programs offering the Doctor of Chiropractic degree
• USDE and CHEA recognition requirements
President’s Annual Work Plan

- Stakeholder relations
- Strategic planning
- USDE recognition
President’s Annual Work Plan

Stakeholder Relations

- 24 meetings with stakeholders
- Changes:
  - Subluxation – policy to standards
  - Consensus wording – Preface to standards
President’s Annual Work Plan

Strategic Planning

- Mission Task Force
- Residency Accreditation Task Force
- Threshold Task Force (NBCE)
- Standards Implementation Task Force
- Standards Revision Task Force
President’s Annual Work Plan

USDE Recognition

• Compliance materials submitted
• USDE meeting December
• Decision December/January
Clarification of Issues
(Issues Identified From Feedback)

• Is CCE “Medicalizing” the Chiropractic Profession?
• Is CCE “Anti-Subluxation”?
• Is CCE responsible for colleges producing graduates who are not competent in adjusting?
• Why did CCE go from a “cookbook” to competency method of Standards?
Clarification of Issues

• Why is CCE governance structured in its current fashion?
• Are the CCE requirements placed on colleges responsible for increased costs of tuition?
• Is CCE advocating for drugs and surgery in the chiropractic profession?
Dialogue
Dialogue
Dialogue
Dialogue
Dialogue
Dialogue
Clinical Competencies

• Defines what the **graduate** should be **able to do**
• **Attributes** of a chiropractic physician
• Relies on input from:
  – State licensing laws and regulations
  – Professional trade organizations
  – Accredited educational programs
  – Practitioners
  – Professional testing organizations (NBCE)
  – Public
Primary Health Care

CCE 2012 Standards Glossary:

• **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.
The committee unanimously agreed to recommend the following draft language be incorporated into the Preface to the CCE Accreditation Standards:

- From: Practice primary health care as a portal-of-entry provider for patients of all ages and genders.
- 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.
- Addition of: Focus on neuromusculoskeletal integrity for the purpose of enhancing health and performance.
- From: Assess and document a patient's health status, needs, concerns and conditions.
- To: 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.