THE FEDERATION
CANADIAN FEDERATION OF CHIROPRACTIC REGULATORY AND EDUCATIONAL ACCREDITING BOARDS
LA FÉDÉRATION
LA FÉDÉRATION CHIROPRATIQUE CANADIENNE DES ORGANISMES DE RÉGLEMENTATION PROFESSIONNELLE ET D'AGRÉMENT DES PROGRAMMES D'ENSEIGNEMENT

STANDARDS

FOR ACCREDITATION OF

DOCTOR OF CHIROPRACTIC PROGRAMMES

APPROVED BY THE BOARD OF DIRECTORS
November 26, 2011
of the
CANADIAN FEDERATION OF CHIROPRACTIC REGULATORY AND EDUCATIONAL ACCREDITING BOARDS (FEDERATION)

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FOREWORD

A Doctor of Chiropractic is a primary contact health care professional whose purpose, as a member of the health care team, is to help meet the health needs of the public, giving particular attention to the structural and neurological aspects of the body.

As a gatekeeper at the portal of entry to the health delivery system, the Doctor of Chiropractic's responsibilities include health assessment, diagnosis, management of the patient's health care needs and health promotion. When indicated, the Doctor of Chiropractic consults with, co-manages, or refers to other health care professionals.

In chiropractic, the application and development of scientific knowledge focuses on the relationship between structure (primarily the spine) and function (primarily coordinated by the nervous system) as this relationship may affect the restoration and preservation of health. Further, chiropractic focuses on the inherent ability of the body to heal itself.

The purpose of chiropractic professional education is to provide the candidate with a core of knowledge in the basic and clinical sciences and related health subjects sufficient for the Doctor of Chiropractic to perform the professional obligations of a primary contact health care professional.

The Doctor of Chiropractic Programmes (DCPs) approved by the Council on Chiropractic Education Canada (CCEC) of the Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards (the Federation) are dedicated to educating a competent chiropractor who will provide high quality patient care.

The qualities of a DCP are vested in the:

1. commitment to excellence by the administration and governing board,
2. quality of the institutional programmes,
3. ability of its faculty and staff,
4. calibre of its students,
5. adequacy of its facilities and finances.

The *Standards* document contains the following sections:

1. Foreword.
2. Organizational Overview of Chiropractic Education Accreditation in Canada – This section defines the purpose and goals of accreditation.
3. The Accreditation Process – This section outlines the accreditation process for review and evaluation of DCPs emphasizing the use of outcomes assessment measures.
4. The Criteria for Accreditation - The accreditation criteria indicate the minimum education expected to be delivered in the accredited DCPs that train students as primary contact health care clinicians.
5. Appendices

The Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards validates the *Standards for Doctor of Chiropractic Programmes*. In doing so, it demonstrates its awareness of the importance of these DCPs both to the profession and to the public that the profession serves.

These *Standards* do not seek to define any philosophy of chiropractic; this is the responsibility of the profession and each educational DCP, giving consideration to the requirements of the jurisdiction within which the professional may practice, professional associations, and in the final analysis, the practitioner's own philosophy of chiropractic.

This document sets forth the current educational *Standards* of the Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards.

The Federation's CCEC shall strive to ensure that its *Standards*, Policies and Forms shall be made available in the official languages of Canada. The English version of the documents is the definitive version.

La Conseil d'agrément de la Fédération doit s'efforcer d'offrir ses *Normes*, politiques et formulaires dans les deux langues officielles du Canada. La version anglaise de tous les documents de la Fédération est la version qui fait autorité.

SECTION I. PURPOSE AND GOALS OF CHIROPRACTIC ACCREDITATION IN CANADA

A. PURPOSE OF ACCREDITATION

According to the Association of Accrediting Agencies of Canada, accreditation is the process to determine and to certify the achievement and maintenance of reasonable and appropriate national standards of education for professionals.

B. ACCREDITATION OF DOCTOR OF CHIROPRACTIC PROGRAMMES IN CANADA

The Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards (the Federation) is the representative body of chiropractic regulatory authorities in Canada and has, as part of its mandate, the responsibility to: accredit, recognize, and certify the quality and integrity of chiropractic programmes; encourage excellence in education within chiropractic programmes; and inform the public, the chiropractic profession, and the educational community regarding the nature, quality, and integrity of chiropractic education.

C. GOALS

To fulfill its mandate, the Federation seeks to accomplish the following goals.

1. **Accreditation.**

    a. Through accreditation, the Federation performs a number of important functions including:

        i. the development of accreditation criteria for the purpose of assessing the effectiveness of Doctor of Chiropractic Programmes (DCPs) including planning, implementing, and evaluating their mission and goals, objectives, inputs, resources, and outcomes; and

        ii. the creation and maintenance of the Council on Chiropractic Education Canada (CCEC). The CCEC will interpret the *Federation's Standards for Doctor of Chiropractic Programmes (Standards)*, implement the process of accreditation, and certify the quality and integrity of DCPs through evaluation of their compliance with the Criteria for Accreditation (as set out in Section III of these *Standards*). The CCEC will also provide recommendations to DCPs on issues of effectiveness and programme quality.

    b. The purpose of the accreditation process is to determine that

chiropractic programmes:

i. have clearly defined mission and goals consistent with the Foreword of the *Standards,* with educationally-appropriate objectives;

ii. maintain conditions under which the achievement of these objectives can reasonably be expected;

iii. are in fact substantially achieving these objectives; and

iv. can be expected to continue to achieve these objectives in the future.

2. **Excellence in Education.**

In order to enhance DCP effectiveness, the CCEC will:

a. encourage improvement through continuous self study and review; and

b. provide counsel and assistance to established and developing DCPs.

3. **Public Information.**

In order to ensure transparency with regard to the accreditation process, the CCEC will:

a. publish annually a list of accredited DCPs including the year of next scheduled accreditation review,

b. assure the educational community, the general public, and other agencies or organizations that accredited DCPs are in compliance with the *Standards*; and

c. develop and maintain a programme of awareness of the mission and functions of CCEC, for the public, the profession, and DCPs by disseminating information on chiropractic education and accreditation.

SECTION II. THE ACCREDITATION PROCESS

Accreditation is granted to those DCPs that, upon completion of the full accrediting procedure, are deemed by the CCEC to comply with the *Standards*.

A. INITIAL ACCREDITATION

The process of attaining initial accreditation with the CCEC has four phases:

Phase 1: Letter of Intent

At least one year prior to the admission of the first class, a DCP seeking initial eligibility for accreditation must send a letter of intent to the Executive Director stating its desire to achieve accredited status. The letter of intent does not imply there is conformity with the educational standards or any level of accreditation.

Phase 2: Establishment of Eligibility to Apply for Accreditation

The DCP must establish that it is, or has, an organizational unit which administers one or more programmes of chiropractic education, and that the DCP has progressed to a level suitable for consideration for accreditation by the CCEC.

Step 1. Doctor of Chiropractic Programme Submission of Evidence of Eligibility

A DCP is to provide a written report and supporting documents that give clear evidence that it is eligible to apply for accreditation under the *Standards*. The required fee must be paid at this time.

To be eligible to apply for accreditation, the DCP must have:

1. Formal authority from the appropriate governmental agency of its province of domicile to award the Doctor of Chiropractic degree.

2. A charter which indicates that it is incorporated under the laws of the province of its residence as a non-profit, non-proprietary institution exempt from taxation due to its devotion to educational purposes.

3. A governing board of not less than nine members which includes representation reflecting the public interest.

4. Employed an executive administrator for the chiropractic programme who is qualified for the position by education and/or experience.

5. The facilities, equipment, faculty, internal organization and financial

base for funding commitments to conduct current operations for the programme.

6. In place for at least the most recent two-year period, the following items as described in detail in the *Standards*:

   a. Formal action taken by its governing board at a legally constituted meeting which commits the DCP to follow the criteria, policies and procedures for accreditation, as set forth in these *Standards*.
   b. DCP mission and goals that embrace those stated in Criteria for Accreditation (as set out in Section III of the *Standards)*.
   c. Offer programmes, the content, scope and organization of which follow the *Standards*.
   d. Published statements which are available to all interested publics showing commitment to follow accepted standards of professional ethics, especially with respect to student recruitment and public information.
   e. Published statements which are available to all interested publics regarding admission requirements in compliance with the *Standards*.

7. An appropriate DCP plan, as well as a functioning process of planning and evaluation, which identifies and integrates future educational, physical, and financial development and incorporates procedures for DCP review and improvement.

Step 2. CCEC Decision Regarding Sufficient Evidence of Eligibility in the Documents

The Chairperson of the CCEC shall first review and then determine if the DCP's eligibility documents provide sufficient evidence to support a decision regarding eligibility to apply. If the documents do not contain sufficient evidence, the Chairperson of the CCEC shall advise the DCP of what is required. If the evidence is sufficient, the DCP is notified that they are eligible to apply.

Phase 3: Application

The DCP will evaluate itself and provide evidence to the CCEC that its operation is consistent with the *Standards*.

Step 1 DCP Development and Implementation of a Comprehensive Self-Study

The development and implementation of a comprehensive self-study process that involves all constituents of the DCP and relates to effectiveness regarding its mission, goals and objectives. The resultant self-study report must provide clear evidence that the DCP is in compliance with the *Standards*. The self-study report must give attention to the ongoing assessment of outcomes for the continuing improvement of academic quality. The self-study report must demonstrate that the DCP has processes in place to ensure that it continues to meet the *Standards* on an ongoing basis.

Step 2. DCP Submission of a Self-Study Report

The object of this step is to officially apply to the CCEC for accreditation by submitting a self-study report to the Chairperson.

Due to the length of the time required to process an application, the self-study report must be submitted to the Chairperson of the CCEC no later than April 1 in contemplation of final action no sooner than the fall meeting of the CCEC.

Step 3. CCEC Review of Self-Study Report

The objective of this step is to give the Chairperson of the CCEC an opportunity to examine the self-study documentation to ensure that it is complete, that it addresses all of the *Standards*, and that it can serve as the basis for an effective evaluation by the site team.

The Chairperson of the CCEC will examine the DCP's self-study report in terms of form and content. If the self-study report is unsatisfactory in terms of form, the DCP will be asked to re-submit using the specified format. If the self-study report does not contain sufficient evidence as a basis for the CCEC to determine if the Criteria for Accreditation (as set out in Section III of the *Standards)* are being met, a report will be submitted to the DCP with identification of the deficiencies, together with appropriate recommendations. If the self-study report is satisfactory as to form and content, the Chairperson of the CCEC will confirm the site team visit with the DCP, and request that copies of the self-study report be forwarded to CCEC members. The Chairperson of the CCEC reserves the right to postpone a site team visit if a DCP's self-study report is unsatisfactory in terms of form and/or content.

Phase 4: CCEC Evaluation, Review, and Determination of Status

The purpose of this phase is for the CCEC to evaluate and validate the evidence in order to determine if the DCP merits accreditation.

Step 1. CCEC Examination of Self-Study Report and Eligibility

Documentation

The objective of this step is to give CCEC members an opportunity to examine the DCP's documentation and make suggestions of areas to which the site team should give special attention.

After the Chairperson of the CCEC finds the DCP's self-study report to be satisfactory regarding form and content, the self-study report and eligibility documents are made available to the members of the CCEC for examination. Each CCEC member may submit to the chairperson questions or suggestions to be transmitted to the site team for its consideration.

Step 2. Site Team Visit and Report to CCEC

The objective of this step is to have a site team, appointed by the CCEC Chairperson on behalf of the CCEC, verify the claims contained within the eligibility document and self-study report regarding the DCP's implementation of the *Standards*. The site team shall give particular attention to the DCP's ongoing assessment of outcomes for the continuing improvement of educational quality. The site team must give more focussed attention to specific areas as requested by the CCEC. The site team will make recommendations and/or suggestions to assist the DCP by identifying possible means of improvement.

The DCP will provide the site team with a 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 the institution of which it is a part (including but not limited to financial and corporate records, and records relating to student credentials, grading, promotion, and graduation). An exit interview will be conducted by the team with the DCP Administrator and with other institutional personnel as deemed appropriate by the DCP Administrator.

A first draft of the site team's report is sent by the Team Chair to the DCP Administrator, team members, and Chairperson of the CCEC. This is for the correction of factual errors only.

The final team report is distributed by the Chairperson of the CCEC to its members. It is also sent to the DCP Administrator and the DCP Executive with an invitation to review and make a written response. This is done prior to the CCEC's status review meeting on the DCP's application.

Step 3. Doctor of Chiropractic Programme Response

The objective of this step is to provide the DCP with an opportunity to clarify

previous documentation and to submit additional evidence, having had the benefit of the site team visit and report.

The DCP may submit a written response to the CCEC.

Step 4. CCEC Evaluation of Submitted Documentation

The objective of this step is for the CCEC to evaluate the DCP self-study report, the site team report, the DCP response, and all other appropriate documentation relevant to the potential accreditation of the DCP.

The CCEC will review all documentation in preparation for the status review meeting with representatives of the DCP.

Step 5. CCEC Status Review Meeting

The objective of this step is to provide an opportunity for the CCEC and DCP representatives to interact on a direct basis.

The CCEC will hold a status review meeting with representatives of the DCP. The Team Chair and or other members of the site team may also be present at the request of the CCEC Chairperson.

Step 6. CCEC Decision

The objective of this step is for the CCEC to make a decision regarding initial accreditation and to continue the accreditation process.

Following the status review meeting, the CCEC will meet to consider all the documentation and oral presentations, and make a decision regarding accreditation.

The CCEC's decision on applications for initial accreditation will be one of the following:

1. To award initial accreditation, with or without recommendations, for a period of up to three years.
2. To defer the decision for up to one year, pending the review of specific evidence which may include one or all of the following: information in a special report indicating compliance with the recommendations; a supplementary visit by CCEC representatives, additional consultant's report(s) and/or CCEC visit(s) with the consultant; a meeting with representatives of the programme or institution; or other specified conditions.

3. To deny initial accreditation, clearly identifying the specific criteria for accreditation not being met, and making recommendations, with or without a timetable, that will assist the DCP in meeting the criteria and/or recommending one or more mutually agreed upon consultants.

Step 7. CCEC Identification of Interim Activities

The objective of this step is for the CCEC to identify interim activities that are to be undertaken. The DCP will submit annual progress reports, accompanied by its most recent financial audit report, and a current academic calendar/catalogue. Each progress report should include any current or proposed major changes and/or any CCEC issues of concern regarding the DCP. The CCEC will determine after each review of progress whether the appearance of DCP representatives will be necessary at the next time the CCEC reviews the DCP's progress.

If the CCEC has any special concerns about the DCP, it may require that one or more of the following interim activities be undertaken:

1. Special Progress Report. The DCP should submit a special progress report addressing one or more of the following:
   a. Special issues of concern identified by the CCEC,
   b. A major change to the DCP, e.g., instructional programme, location, facility, level of operation, instructional delivery system,
   c. Current or potential issues of major concern.

2. Special Site Visit. The DCP may be required to host a special visit to its campus by a representative(s) of the CCEC regarding one of the following:

   a. A special issue of concern to the CCEC,
   b. A major change to the DCP, e.g., instructional programme, location, facility, level of operation, instructional delivery system.

Step 8. Notification of Decision

The CCEC will notify the DCP within 90 days of receipt of the final Site Team Report of the decision on the application for initial accreditation. If the decision is to deny initial accreditation, the statement to the DCP shall identify the *Standards* with which there is non-compliance. In the case of a decision to deny initial accreditation, the notification will not be made public until after any potential appeal of the decision is decided. The CCEC will notify Canadian chiropractic regulatory boards, CCEI Member accrediting agencies

and the general public within 30 days of any CCEC decision to award initial accreditation to a DCP.

The CCEC will publish a list of accredited DCPs each year, including those awarded status by the CCEC during the past year**.**

B. INTERIM ACTIVITIES

The purpose of interim activities is to monitor the DCP's implementation of its goals and programme objectives.

Step 1. DCP Engagement in Interim Activities

The objective of this step is for the DCP to evaluate, on an ongoing basis, the progress it is making on implementing its plans, and to engage in any activities assigned to it by the CCEC.

During the interim between status review meetings with the CCEC, the DCP will implement its strategic plan, address any concerns of the CCEC, consider any current or potential major changes in light of the *Standards*, and maintain a comprehensive and accurate data collection system that will enable it to supply the information required in the annual progress report. The DCP must notify the CCEC of the addition of any new programme or a substantive change in an existing programme.

If required to submit a special progress report, the DCP will critically evaluate its efforts in the special areas of concern and initiate measures that will address those concerns. In doing so, the DCP should bear in mind the necessity of providing evidence regarding the degree to which it has been successful in rectifying the issues at hand. It will also consider any current or potential major changes in light of the *Standards*.

If required to host a special site visit, the DCP will prepare for and host this special visit by a representative(s) of the CCEC.

Step 2. DCP Reporting on Interim Activities

The DCP is required to submit a progress report annually. This report must be submitted to the Chairperson of the CCEC no later than 30 days prior to the CCEC meeting at which it is to be discussed.

Besides providing annual enrolment, financial, and other information, the annual progress report requires a DCP to indicate the degree to which it has been successful in implementing its strategic plan. It is to be accompanied by the financial audit report on the DCP's recently completed fiscal year, a current

academic calendar/catalogue, and supporting documentation.

The CCEC must be officially notified of the addition of any new programme or a substantive change in an existing programme.

Failure on the part of a DCP to furnish a progress report within the time frame specified by the CCEC shall constitute cause for disciplinary action, probation, or revocation of accreditation. These actions shall be at the discretion of the CCEC, following appropriate notification to the DCP.

Step 3. CCEC Evaluation of Submitted Documentation

The objective of this step is for the CCEC to evaluate the DCP's progress report, special report, or the CCEC representative's report of a special campus visit.

Step 4. CCEC Progress Review Meeting

The objective of this step is for the CCEC to discuss a DCP's ongoing progress, any issues of concern, its financial status, any major changes that have taken place during the interim, any current or potential issues relating to the DCP, and the general status of the DCP as revealed in its annual progress report. The DCP will notify the CCEC of who will represent it at the progress review meeting at least 30 days in advance of the meeting. The CCEC will interact directly with DCP representatives relative to progress made and the adequacy of documentation provided. If a special visit was made by a CCEC representative, the report of this visit would be discussed at this meeting.

Step 5. CCEC Decision and Identification of Interim Activities

The objective of this step is for the CCEC to make a decision regarding the adequacy of a DCP's ongoing progress, the evidence provided regarding a DCP's progress on issues of concern, whether any other concerns regarding the DCP have emerged, and what interim reporting activities will be required of the DCP.

Following the progress review meeting, the CCEC will meet in executive session to consider the written and/or verbal information presented to it, and make a decision regarding subsequent interim activities that will be required of the DCP. If a special progress report is to be required of the DCP, the CCEC will determine whether the appearance of DCP representatives will be necessary at the time when it reviews the special progress report.

Following the progress review meeting of the CCEC and DCP representatives, the CCEC will send a letter to the DCP, normally within 30 days of the meeting, confirming the accreditation status of the DCP and identifying the status of previous concerns, if any.

A DCP may be required to host a special visit to its campus by a representative(s) of the CCEC regarding: (1) a special issue of concern to the CCEC; (2) a major change, e.g., location of instructional programme, level of operation, instructional delivery system; or (3) a post-relocation observation.

A DCP's accredited status is a privilege, not a right. A DCP may be placed on probation at any time if conditions exist which warrant a revision of its accredited status. In the event a DCP is placed on probation, public notification of the final decision shall be made in accordance with the *Standards*.

C. REAFFIRMATION OF ACCREDITATION

The process of gaining reaffirmation of accreditation with the CCEC has two phases:

Phase 1: Application

The purpose of this phase is to have the DCP evaluate itself and provide evidence to the CCEC that its operation is consistent with the *Standards*.

Step 1. Continuous DCP Evaluation and Planning

The objective of this step is for the DCP to continually evaluate its effectiveness in relation to its mission, goals, and objectives, thus providing a solid basis for future programming. Since continuous DCP planning is also to address the *Standards*, the DCP should be prepared near the end of its accreditation cycle to produce a self-study report, with supporting documentation that provides clear evidence of its compliance with the *Standards*. The self-study report shall give particular attention to the ongoing assessment of outcomes for the continuing improvement of educational quality.

The CCEC may agree to delay the submission of a DCP's application for reaffirmation of accreditation status, without affecting the DCP's status, if special circumstances warrant.

Step 2. DCP Submission of a Self-Study Report

The objective of this step is the development and implementation of a comprehensive self-study process that involves all constituents of the DCP and relates to effectiveness regarding its mission, goals and objectives. The resultant self-study report must provide clear evidence that the DCP is in compliance with the *Standards*. The self-study report must give attention to the ongoing assessment of outcomes for the continuing improvement of academic quality. The self-study report must demonstrate that the DCP has

processes in place to ensure that it continues to meet the *Standards* on an ongoing basis.

The DCP must officially apply for reaffirmation of accreditation by submitting a self-study report to the Chairperson of the CCEC.

Due to the length of time required to process an application for reaffirmation of accreditation, the self-study report must be submitted to the Chairperson of the CCEC no later than May 1 in contemplation of a decision of status no sooner than the subsequent fall meeting of the CCEC.

Step 3. CCEC Review of Self-Study Report

The objective of this step is to give the Chairperson of the CCEC an opportunity to examine the self-study documentation to ensure that it is complete, that it addresses all of the *Standards*, and that it can serve as the basis for an effective evaluation by the site team.

The Chairperson of the CCEC examines the DCP's self-study report in terms of form and content. If the self-study report is unsatisfactory in terms of form, the DCP will be asked to re-submit using the specified format. If the self-study report does not contain sufficient evidence as a basis to determine if the *Standards* are being met, a report will be submitted to the DCP with identification of the deficiencies, together with appropriate recommendations. If the self-study report is satisfactory as to form and content, the Chairperson of the CCEC will confirm the site team visit with the DCP and request that it forward copies of the self-study report to CCEC members. The Chairperson of the CCEC reserves the right to postpone a site team visit if a DCP's self-study report is unsatisfactory in terms of form and/or content.

Phase 2: CCEC Evaluation, Review, and Determination of Status

The purpose of this phase is for the CCEC to evaluate and validate the evidence in order to determine if the DCP merits reaffirmation of accreditation.

Step 1. CCEC Examination of Self-Study Report

The objective of this step is to give the CCEC an opportunity to examine the DCP's documentation and make suggestions of areas to which the site team should give special attention.

After the Chairperson of the CCEC finds the DCP's self-study report to be satisfactory regarding form and content, the self-study report is made available to the members of the CCEC for examination. Each CCEC member may submit to the Chairperson questions or suggestions to be

transmitted to the site team for its consideration.

Step 2. Site Team Visit and Report to CCEC

The objective of this step is to have a site team, on behalf of the CCEC, verify the claims contained within the self-study report regarding the DCP's implementation of the *Standards*. The CCEC shall contact potential members of a site team to inquire as to their availability and if they are available, inform them that they may be on a potential list that is submitted to the DCP. The CCEC shall give the DCP not less than fifteen working days' notice of the planned visit of a site team and the proposed composition of the team. If the DCP has any objection to any member of the proposed site team, it must make the objection in writing that identifies the team member(s) objected to and sets out in detail the nature and basis of the objection as to each member. This objection must be received by the CCEC Chairperson within seven working days of the date upon which the DCP receives written notice of the proposed site team members, or the objections will be waived. Once the CCEC decides on the final composition of the site team, formal invitations will be issued to the proposed team members. The site team shall give particular attention to the DCP's ongoing assessment of outcomes for the continuing improvement of educational quality. The site team may give more focussed attention to specific areas as requested by the CCEC. The site team will make either recommendations or suggestions to assist the DCP by identifying possible means of improvement.

The DCP will provide the site team with full opportunity to inspect its facilities, to interview any persons within the campus community, and to examine any records maintained by or for the DCP (including but not limited to financial and corporate records, and records relating to student credentials, grading, promotion, and graduation). An exit interview will be conducted by the site team with the DCP Administrator and with other institutional personnel as deemed appropriate by the DCP Administrator.

The Team Chair shall provide the first draft of the site team's report to the Executive Director who will forward it to the DCP Administrator, team members, and Chairperson of the CCEC. This is for the correction of factual errors only.

The Executive Director will send the final team report to the CCEC. It is also sent to the DCP Administrator and the DCP Executive, with an invitation to review and make a written response. This is done prior to the CCEC's status review meeting on the DCP's application.

Step 3. DCP Response

The objective of this step is to provide the DCP with an opportunity to clarify previous documentation and to submit additional evidence, having had the benefit of the site team visit and report.

The DCP may submit a written response to the CCEC, members and must submit a response if the site team report contains concerns accompanied by recommendations. Any response must be submitted to the CCEC members no later than 30 days prior to the scheduled CCEC status review meeting.

Step 4. CCEC Evaluation of Submitted Documentation

The objective of this step is for the CCEC to evaluate the DCP's self-study report, site team report, the DCP's response, and all other appropriate documentation relevant to the reaffirmation of the DCP's accreditation.

Step 5. CCEC Status Review Meeting

The objective of this step is to provide an opportunity for the CCEC and the DCP representatives to interact directly.

The Team Chair and/or other members of the site team may also be present at the request of the CCEC Chairperson.

Step 6. CCEC Decision

The objective of this step is for the CCEC to make a decision regarding the reaffirmation of accreditation and to complete the accreditation process.

Following the status review meeting, the CCEC will meet to consider all the documentation and oral presentations, and make a decision regarding the reaffirmation of accreditation.

The CCEC's decision on applications for reaffirmation of accreditation will be one of the following:

1. <u>To reaffirm accredited status for up to seven years</u>, with or without recommendations or sanctions.

2. i. To recognize a DCP's decision to withdraw from accredited status, or
   ii. To recognize the DCP's accredited status has lapsed.

3. <u>To deny reaffirmation of accredited status</u>. This decision constitutes revocation of accreditation. Except under extraordinary circumstances, a DCP's accreditation will not be revoked without the

DCP first having an assigned probationary period as outlined above that offers it the opportunity to correct areas of non-compliance.

Step 7. CCEC Identification of Interim Activities

The objective of this step is for the CCEC to identify interim activities that are to be undertaken. The DCP will submit annual progress reports, accompanied by its most recent financial audit report, and a current academic calendar/catalogue. Each progress report should include any current or proposed major changes and/or any CCEC issues of concern regarding the DCP. The CCEC will determine after each review of progress whether the appearance of DCP representatives will be necessary at the next time when the CCEC reviews the DCP's progress.

If the CCEC has any special concerns about the DCP, it may require that one or more of the following interim activities be undertaken:

1. Special Progress Report. The DCP must submit a special progress report addressing one or more of the following:

    a. Special issues of concern identified by the CCEC,
    b. Major DCP changes related to the *Standards*,
    c. Current or potential issues of major concern,
    d. Proposed campus relocation.

2. Special Site Visit. The DCP may be required to host a special visit to its campus by a representative of the CCEC regarding one of the following:
    a. A special issue of concern to the CCEC,
    b. A major DCP change, e.g., instructional programme, location, level of operation, instructional delivery system,
    c. A post-relocation observation.

Step 8. Notification of Decision

The CCEC will notify the DCP within 30 days of taking a decision on the application for re-affirmation of accreditation. If the decision is one which may be appealed, the statement to the DCP shall identify the *Standards* with which there is non-compliance. In such cases, the notification will not be made public until after any potential appeal of the decision is decided.

The CCEC will notify Canadian chiropractic regulatory boards, CCEI Member accrediting agencies, and the general public within 30 days of any final CCEC decision to:

a. Grant re-accreditation to a DCP,
b. Place a DCP on probation,
c. Deny reaffirmation of accreditation,
d. i. To recognize a DCP's decision to withdraw from accredited status, or
ii. To recognize the DCP's accredited status has lapsed.

The CCEC will publish a list of accredited DCPs each year, to include those awarded reaffirmation of accreditation by the CCEC during the past year.

D. RELATED PROCEDURES

1. Withdrawal.

a. Withdrawal of Application.

The application for accreditation may be withdrawn by the DCP at any time prior to the decision of the CCEC.

b. Direct Submission of Withdrawal Request.

An accredited DCP can withdraw from its accredited status which shall be effective on the date on which the CCEC receives a certified notice of such intent from the institution's governing board.

c. Withdrawal by DCP Default.

An accredited DCP that fails to submit a timely application for reaffirmation of accredited status will be considered to be seeking withdrawal from the accreditation and will lose its status at a time agreed upon by the DCP and the CCEC, but not longer than six months after the due date of its application.

d. Notification of Decision.

The CCEC will notify Canadian chiropractic regulatory boards, CCEI Member accrediting agencies and the public within 30 days following the withdrawal according to items a., b., and c. above.

2. Sanctions.

The CCEC requires that a DCP must be in compliance with the *Standards*, comply with CCEC policies and procedures, and provide information as requested by the CCEC in order to maintain accreditation. When a DCP fails to comply with these requirements, or there are indications that a DCP's future compliance with the

Standards may be problematic, the CCEC may impose sanctions. The sanctions of Notice or Probation may be imposed at any time according to the seriousness of the deficiencies or the length of time these deficiencies have existed without correction by the DCP after their initial identification by the CCEC. The DCP may have its accreditation removed without previous imposition of Notice or Probation under exceptional circumstances.

Sanctions which the CCEC is authorized to impose on accredited DCPs are described below in order of increasing seriousness.

a. **Notice**

Notice is a confidential sanction imposed by the CCEC for a maximum of one year if it determines that a DCP:

i. Could be in non-compliance with the *Standards* in the future if steps are not taken by the DCP to correct the situation.

ii. Is in non-compliance with the *Standards*, but the deficiencies are minor, and, in the judgment of the CCEC, can be corrected by the DCP in a short period of time.

iii. Has failed to comply with CCEC policies or procedures, or has failed to provide requested information.

b. **Probation**

Probation is a public sanction imposed for a maximum of eighteen months by the CCEC on DCPs for more serious deficiencies, e.g., for failure to comply with the *Standards*, for failure of a DCP to correct deficiencies after being given Notice, or for failure to conduct an acceptable self-study, which, in the judgment of the CCEC are not serious enough to remove the DCP's accreditation. If a DCP has not remedied deficiencies at the end of the maximum eighteen months on Probation, the CCEC will remove the accredited status of the DCP, except in rare instances when probation may be extended for a limited period of time. Since the placing of a DCP on probation is an adverse action, this action of the CCEC may be appealed.

c. **Notification of Decision**

The CCEC will notify all Canadian chiropractic regulatory boards, CCEI Member accrediting agencies, and the public within 30 days following the final decision to place a DCP on probation.

d. **Procedures for Applying Sanctions**

Following the decision of the CCEC to issue either a Sanction of Notice or Probation, the CCEC will inform in writing both the DCP's Administrator and DCP's Executive. The CCEC will state in that communication the reasons for any sanction. DCP's placed on Notice, or placed on or continued on Probation will be required to provide reports as requested by the CCEC.

Prior to a DCP being placed on Probation, or having its accreditation withdrawn, the DCP will be invited to appear before the CCEC to show cause why that action should not be taken. In the face of egregious non-compliance with the *Standards*, the CCEC may, however, take those actions without inviting the DCP for an interview.

3. **Appeal Procedures.**

***Step 1. DCP Submission of Notice of Intent to Appeal*.**

Any DCP receiving an adverse accrediting decision from the CCEC may appeal the decision to the Appeal Panel. The five adverse accrediting decisions from which appeal may be taken are:

(1) Denial of a request for initial accreditation.

(2) Imposition of a sanction of Probation.

(3) Denial of a proposed substantive change.

(4) Denial of a request for reaffirmation of accreditation.

(5) Revocation of accreditation.

Time of Filing Appeal

A DCP wishing to appeal a decision of the CCEC shall file a notice of intent to appeal with the Executive Director, either in person or by certified mail and not later than 30 days following the date of the CCEC's written decision. This notice shall be the official action taken by the governing body of the institution.

Step 2. CCEC Response to Notice of Appeal

Immediately upon receipt of the notice of intent to appeal, the Executive Director shall forward to the Chairperson of the CCEC a copy of the notice, and acknowledge in writing to the DCP Administrator receipt of the notice.

Step 3. DCP Submission of Appeal Document

The DCP shall file with the Executive Director either in person or by certified mail not later than 30 days following the date of its notice to appeal a document setting out evidence and arguments in support of its appeal. Failure of a DCP to file notice of intent to appeal or its appeal document within the prescribed time limits shall result in the dismissal of the appeal.

Step 4. CCEC Submission of Response to Appeal Document

The CCEC shall file its response stating its evidence and arguments in opposition to the appeal not later than 60 days after the filing of the DCP's written appeal document.

Step 5. The Appeal Panel

The Appeal Panel shall be selected by the Vice President [VP] of the Federation. The panel shall consist of five members, including:

- Federation's VP, who will act as Chair.
- one from CCEC
- one additional Federation Director
- two externals, not Directors of Federation, mutually agreed upon by both parties to the appeal.

The appeal is based on a review of the DCP's self-study documents, academic calendar/catalogue, site team report, response to site team report, the CCEC's pre-decision status review meeting and status decision, the DCP's written appeal document, and the CCEC's response. The Appeal Panel will not receive documents or testimony on events or progress made at a DCP after the CCEC's decision that is being appealed.

Alleged improvements effective subsequent to the evaluation visit which can be verified only through another on-site visit provide the basis for another evaluation, not for an appeal. The Appeal Panel shall sustain the findings of fact made by the CCEC unless the DCP shows that a finding is clearly erroneous in view of the reliable, probative and substantial evidence on the whole record before the CCEC.

Step 6. Appeal Panel Decision

The Appeal Panel shall make one of two decisions:

(1) To sustain the action of the CCEC; or

(2) To remand to the CCEC for reconsideration of their decision with recommendations for the appropriate action.

The written decision of the Appeal Panel, including a statement of specifics, shall be sent to the DCP Administrator and to the Chairperson of the CCEC.

Step 7. CCEC Decision

If the Appeal Panel remands the appeal to the CCEC, the CCEC must reconsider its action in light of the Panel's recommendations. The CCEC will either uphold its original decision or issue a new decision. This decision will then be sent to the DCP Administrator.

The CCEC will notify all Canadian chiropractic regulatory boards, CCEI Member accrediting agencies and the public within 30 days following a final decision to place a DCP on probation, or to deny or terminate accreditation.

4. Reinstatement of Accreditation.

In the event that an accredited DCP is denied re-accreditation or otherwise loses its accreditation, the DCP may reapply for accreditation and submit a request for a revisit. This request, accompanied by a description of positive changes that have been implemented, must be received by the CCEC within 6 months of the notification to the DCP of the accreditation action of the CCEC. If the CCEC is satisfied that the outstanding concerns have been positively addressed, a revisit will be scheduled within six months.

5. Special DCP Appearances Related to Status Decision.

Under extraordinary circumstances, which represent substantial violations of the *Standards* and where there appears a compelling need for prompt action in order to protect against likely substantial injury to the interests of the various publics that rely on the CCEC's accrediting decisions, the CCEC may direct a DCP in writing to appear at a special or regularly scheduled CCEC meeting. This meeting shall take place not less than thirty working days from the date of the DCP's receipt of the CCEC's written direction to appear. The purpose of this meeting is to establish whether or not the DCP is in compliance with particular provisions of the *Standards*. The CCEC's direction to appear may be preceded or followed by a direction requiring that the DCP submit a Special Report or by the visit of a Special Visiting

Team.

The CCEC's direction to appear shall identify the specific provisions of the *Standards* with which the DCP must demonstrate that it complies. The CCEC shall give the DCP a reasonable opportunity to demonstrate through oral and written information that it complies with the *Standards*. After considering all relevant information, the CCEC may (1) revoke the DCP's accreditation, (2) impose sanctions, (3) defer its decision pending its receipt of the report of a Special Visiting Team or the DCP's submission of further information in the form of Special Reports or otherwise, or (4) decide there is no evidence for a cause of action, and so notify the DCP.

6. **Special Reports and Site Visits.**

The CCEC may at any time in its discretion require any accredited DCP and any applicant for accreditation to submit a Special Report that addresses the DCP's (or applicant's) compliance with specific provisions of the *Standards*. The accredited or applicant DCP shall file its Special Report within the time specified by the CCEC (which shall be not less than fifteen working days after the DCP's receipt of the CCEC's written request for a Special Report). The Special Report shall fully and completely respond to the CCEC's request.

The CCEC may also at any time in its discretion appoint a Special Visit Site Team (which may be composed of CCEC members or staff, or such other persons as may be appointed) to conduct a special on-site visit to any accredited or applicant DCP. The CCEC shall contact potential members of a Special Visit Site Team to inquire as to their availability and if they are available, inform them that they may be on a potential list that is submitted to the DCP. The CCEC shall give the DCP not less than fifteen working days' notice of the planned visit of a Special Visit Site Team and the proposed composition of the Team. If the DCP has any objection to any member of the proposed Special Visit Site Team, it must make the objection in writing that identifies the Team member(s) objected to and sets out in detail the nature and basis of the objection as to each member. This objection must be received by the CCEC Chairperson within seven working days of the date upon which the DCP receives written notice of the proposed Team members, or the objections will be waived. Once the CCEC decides on the final composition of the Special Visit Site Team, formal invitations will be issued to the proposed Team members.

The DCP shall afford to the Special Visit Site Team a full opportunity to inspect the DCP's facilities, to interview members of its faculty, students, administration, management, and staff, and to inspect all records maintained by or for the DCP (including but not limited to financial and corporate records, and records relating to student credentials, grading, promotion, and graduation).

A first draft of the Special Visit Site Team's report is sent by the Team Chair to the DCP Administrator, team members, and Chairperson of the CCEC. This is for the correction of factual errors only.

The Executive Director will send the final team report to the CCEC. It is also sent to the DCP Administrator and the DCP Executive, with an invitation to review and make a written response.

7. Publication of the Names of DCPs Accredited by the CCEC.

The CCEC shall publish the names of accredited DCPs and the year of their next regularly scheduled accreditation review.

A DCP accredited by the CCEC must use the following statement when describing its status publicly:

> "The Doctor of Chiropractic degree programme of (name of institution) is accredited by the Council on Chiropractic Education Canada of the Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards."

8. Complaint Procedures involving DCPs Holding CCEC Accredited Status.

The purpose of these procedures is to provide a professional, fair, and expeditious method of processing individual complaints against the CCEC's accredited DCPs.

Complaints received by the CCEC concerning issues unrelated to the *Standards* will be acknowledged and referred to appropriate agencies. The CCEC will only review those written complaints having an affixed signature which specifically claim that the *Standards* have been violated, and which, in the CCEC's opinion, are directly and substantively related to the quality or conduct of the educational programme.

The CCEC does not intervene on behalf of individuals or act as a court of appeal in matters of admission, granting or transferability of credits, fees, disciplinary matters, collective bargaining, faculty appointments and dismissals, or other similar matters. The CCEC will not respond to concerns or allegations regarding the personal lives of individuals connected with its affiliated DCPs. The CCEC's investigation of complaints is based exclusively upon the *Standards*.

These procedures do not constitute quasi-judicial procedures.

9. Substantive Changes.

A DCP must immediately provide notification to the CCEC under the following

conditions:

1. Any change in the established mission.

2. Any change to the legal status, form of control, or ownership.

A DCP must provide notification to the CCEC, at the time of the next special or annual report or self-study of any significant change, such as, but not limited to, the following:

1. Any significant change to the curriculum in either content or method of delivery, from those offered when the CCEC last evaluated the DCP.

2. Addition of degree programmes other than the DCP in a solitary purpose chiropractic institution.

3. Changes to the method of awarding course or DCP credit (e.g. a change from use of clock hours to use of credit hours, etc.).

4. Any significant change to the number of clock or credit hours required or awarded for successful completion of a programme.

5. Move of a campus from one location to another.

6. Establishment of an additional location geographically apart from the campus at which the institution offers at least 50 percent of an educational programme.

The DCP must make clear to current and prospective students that any prospective degree programme or substantively-changed degree programme will not be initiated until the CCEC has determined that the DCP's capacity to meet the *Standards* will not be adversely affected by the addition or change.

The DCP must submit to the CCEC a complete description of any proposed degree programmes or any proposed substantive changes to existing degree programmes. The description of the proposal must include the following:

1. A concise statement of the new or modified programme that is being proposed;

2. Evidence that the new or modified programme is appropriate to the institution's mission;

3. A statement of the reasons for initiating the new or modified programme;

4. A complete description of the proposal, including evidence of having thought through the implications of the proposal with respect to

human, financial, and physical resources, and its impact upon other parts of the DCP;

5. An analysis of the new or modified proposal with respect to the *Standards*.

The Chairperson of the CCEC will review materials submitted by the DCP in terms of form and content. If the materials are unsatisfactory, the CCEC will write to the DCP Administrator asking them to resubmit their proposal. If the materials are satisfactory, they will be forwarded to the CCEC for its consideration of whether initiation of the proposed new or modified programme will adversely affect the DCP's capacity to comply with the *Standards*. Upon its evaluation of the proposal, the CCEC will do one of the following:

1. Officially extend the DCP's accreditation to the new or modified programme;

2. Send a Special Visit Site Team to conduct a focussed visit at the DCP regarding the proposed new or modified programme. The Special Visit Site Team will prepare a draft report, submit it to the DCP for the correction of any errors of fact, and then submit a final report for distribution to the CCEC and the DCP. Any response from the DCP will then be submitted to the CCEC for consideration at its next meeting; or

3. Decline to extend the DCP's accreditation to the new or modified programme. This would be an adverse action that would be subject to appeal by the DCP.

SECTION III. CRITERIA FOR ACCREDITATION

INTRODUCTION TO THE CRITERIA FOR ACCREDITATION

Since a major goal of accreditation is DCP improvement, care has been taken to assure that accreditation requirements are consistent with the realities of sound planning practices in DCPs. This intent explicitly reflects a recognition that the DCPs exist in different environments. These environments are distinguished by such differing factors as provincial, territorial and local governmental regulations, demands placed on the profession in the areas served by the DCPs, and varying student bodies requiring varying DCP responses. Therefore, each DCP must adapt in ways that will make it distinctive. However, the second major purpose of accreditation -- the assurance of quality -- requires that all of these distinctive DCPs adhere to a set of minimum standards of quality chiropractic education that apply to all DCPs seeking accreditation from the CCEC.

The Criteria for Accreditation utilized by CCEC are derived from the above statement. The application of the criteria in the accreditation process is intended to preserve the autonomy and uniqueness of DCPs and encourage innovative and experimental programmes in a manner that insures quality and integrity of the DCP.

AREAS ADDRESSED IN THE CRITERIA FOR ACCREDITATION

The Criteria for Accreditation utilized by the CCEC cover the following institutional areas:

A. Organizational Structure

B. Vision, Mission and Goals

C. Policies and Procedures

D. Programme Objectives

E. Inputs/Resources

F. Doctor of Chiropractic Programme Outcomes

G. Clinical Competencies

H. Evaluation, Planning and Effectiveness

The Criteria for Accreditation in each of these areas are presented in the balance of this section. Throughout this section consistent language has been used: "must" indicates a condition mandatory for accreditation, "should" indicates a condition desirable but not mandatory for accreditation, and "may" indicates a condition that is allowable.

A. ORGANIZATIONAL STRUCTURE

1. **Incorporation.** An institution must be incorporated under the laws of its province or territory of domicile as a non-profit, non-proprietary institution, exempt from taxation due to its devotion to educational purposes.

   There must be no disbursing of income or assets that inure to the benefit of any private party.

2. **Governing Board.**

   a. If the chiropractic programme is offered by a solitary purpose chiropractic institution, legal control of the institution must be vested in one governing board of at least nine persons, elected in accordance with the laws of the province or territory of incorporation.

      The Board must adopt the following policies:

      i. A board member must not use the position for personal or private gain or other personal advantage, including advantage to members of the board member's family or to any business in which the board member has a substantial interest.

      ii. No member of the board may serve in any administrative or teaching capacity in the DCP.

      iii. The composition of the board must include both chiropractic practitioners and others who are not members of the chiropractic profession.

      iv. The responsibilities of the board must include adopting a statement of mission and goals, and formulating, monitoring and evaluating institutional policies consistent with the charter, bylaws and mission of the institution.

      v. The board must not engage in the administration of board policies, and must clearly distinguish administration of the institution from formulation, monitoring and evaluation of policies.

      vi. The board must allocate the resources of the institution in ways consistent with its adopted policies and directed at the achievement of the mission and purpose of the institution.

      vii. The governing board must designate a full time, compensated

chief executive officer to provide administrative leadership for the institution and to administer board policies.

b. If the chiropractic programme is a part of a larger institution:

i. there must be members of the governing board of the institution and/or members of the administration of the institution who are committed to maintaining the integrity of the chiropractic curriculum;

ii. the board must have adopted and must follow policies to minimize the possibility of a conflict of interest in the activities of the chiropractic programme;

iii. a full time employee of the institution must be designated as primarily responsible for the administration of the programme.

3. **Administrative Organization.** The institutional administrative organization must reflect the purpose and philosophy of the institution and enable each functional unit to perform its particular responsibilities as defined by the stated purpose of the institution.

Administrative responsibility and authority for all educational offerings and functions of the institution must be clearly defined. Each institution must develop, publish and make available to the community an organizational chart delineating clearly the lines of responsibility and authority in the institution.

The duties of the DCP Administrator and other administrative officials directly responsible to the DCP Executive must be clearly defined and made known to faculty and staff. Administrative officers must possess credentials, experience and/or demonstrated competence appropriate to their areas of responsibility. The effectiveness of all administrators must be evaluated periodically.

4. **Faculty Organization.** The faculty of the DCP must be organized in a manner that supports the Mission and Goals of the DCP.

5. **Instructional Programme Management**.

a. All courses for which credit or hours is given toward completion of the chiropractic degree must be solely managed, directed and/or taught by members of the institution.

b. Seminars and other non-credit instructional activities for which the

institution is identified as a sponsor or cosponsor must be directed by institutional employees or co-directed by institutional employees and the other sponsoring agency.

B. VISION, MISSION AND GOALS

The vision, mission and goals of each chiropractic programme or solitary purpose institution must include:

1. The preparation of the Doctor of Chiropractic graduate as a primary contact health care professional;

2. The conduct of research in the field of chiropractic; and

3. The provision of service related to chiropractic practice and its improvement.

C. POLICIES AND PROCEDURES

Each institution must have policies and procedures governing the following areas:

1. **Disclosure.** Each DCP must make public in paper copy and/or electronically, at least biannually, an academic calendar/catalogue, bulletin or similar document in which complete and accurate public disclosure is made of numerous items considered by CCEC to be relevant to current and potential students. If the DCP chooses to make these documents available electronically, it must provide a paper copy upon request. These disclosures must be consistent with actual performance and/or application. The current requirements for disclosure are:

    a. a description of the DCP's mission, goals and programme objectives;

    b. a list of the members of the institution's governing board, the chief executive officer or its equivalent, and other administrative officers;

    c. a list of the members of the faculty with their respective academic credentials;

    d. a list of courses offered, setting forth by organizational units, and indicating for each course its contents and value in terms of contact and/or credit hours;

    e. a description of entrance requirements;

    f. a description of graduation requirements with a disclosure of graduation rates, performance of graduates on CCEB examinations

and current employment prospects for graduates;

g. a list of policies and procedures regarding discipline, attendance, examinations, grades, satisfactory academic progress, and procedures for handling student complaints;

h. tuition, fees and other mandatory and elective student charges;

i. a description of the tuition refund policy;

j. financial resources available to students through the DCP;

k. brief descriptions of the library, laboratory, and clinic facilities;

l. a statement indicating that the DCP may not offer all courses required for licensure eligibility in all jurisdictions and that students must ensure that as graduates of the DCP they qualify to practise in the jurisdiction of their choice. The statement will refer the student to the appropriate chiropractic regulatory organization;

m. a list of financial resources available to students;

n. policies and procedures on non-discrimination and harassment;

o. the mailing address and telephone number of the CCEC as the agency to which concerns about compliance with the *Standards* should be addressed.

2. **Instructional Programme Management**. Each DCP must have and follow written policies that describe the management and control of all credit courses as well as seminars and other non-credit activities.

All courses for which credit is awarded toward completion of the Doctor of Chiropractic degree must be managed, directed, and taught by properly credentialed employees or others who are contracted by the DCP to provide instruction.

3. **Research**. Each DCP must have written policies regarding the conduct of its research. A DCP conducting, sponsoring, or participating in research involving human subjects must have and follow written policies that protect these human subjects and that are reviewed by the programme's Institutional Ethics Review Board.

All institutions using animal subjects must comply with all relevant Federal,

Provincial and Territorial standards.

4. **Service.** Each DCP must develop standards of service that support its institutional mission and goals and have and follow written policies regarding the provision of service.

5. **Faculty and Staff.** Each DCP must have and follow written policies addressing conditions of service in at least the following areas:

   a. academic freedom;
   b. assessment/evaluation of employee performance, and incentives and opportunities for individual growth and development;
   c. computation of faculty load;
   e. employee benefits;
   f. employee contractual agreements;
   g. full- and part-time faculty employment and instructional hours.
   h. Hiring;
   i. non-discrimination and equal opportunity in employment;
   j. patents and copyrights;
   k. professional development;
   l. promotion, tenure or its alternative;
   m. termination of employees.

6. **Students.** Each DCP must have and follow written policies addressing at least the following areas affecting students, and must provide assurance that these policies comply with all applicable legal requirements:

   a. attendance;
   b. degree requirements;
   c. drug-Free environment;
   d. equal opportunity;
   e. financial aid;
   f. student complaints;
   g. student discipline;
   h. student support services.

7. **Academic Resources**. Each DCP must have and follow clear and identifiable written policies regarding maintenance, use, and access to academic equipment, facilities, and supplies, in compliance with all applicable legal requirements. These policies must be appropriate to the DCP's mission and clientele.

8. **Clinical Resources.** Each DCP must have and follow clear and identifiable written policies regarding maintenance, use, and access to clinical equipment, facilities, and supplies, in compliance with all applicable legal

requirements. These policies should be appropriate to the DCP's mission and clientele. In addition, the clinical facilities must have clear and identifiable policies on access and use as centres for patient care.

9. **Learning Resources.** Each DCP must have and follow clear and identifiable written policies regarding access to and use of resources associated with the learning resource centre (i.e.: Library, Audio Visual, Computer lab, etc.). These policies must be appropriate to the institution's mission and goals.

10. **Financial Management.**

    a. Institutions must have a stated policy regarding their fiscal year;

    b. Appropriate Canadian accounting procedures must be established and the institution must consistently apply this accounting method;

    c. Institutions must have their annual financial statements audited by an independent external chartered accountant; and

    d. DCPs must have and follow a fair and equitable refund policy under which they refund unearned tuition, fees, room and board, and other charges to a student.

11. **Integrity.** Each DCP must:

    a. Adhere to the highest ethical standards in its representation to its constituencies and the public; in its teaching, scholarship, research, service and clinical practices; in its treatment of its students, faculty, and staff; and in its relationships with regulatory and accrediting agencies on a regional, national and international basis.

    b. Demonstrate and ensure, through establishment and enforcement of appropriate policy, that every constituent of the program, including governing board members, administrators, faculty, and staff consistently demonstrate and advocate sound ethical standards and respect for individuals, including the avoidance of conflict of interest or the appearance of conflict in all of its activities and among all its constituents, in the management and operations, and in all dealings with students, the public, organizations, regulatory and other external bodies, accrediting agencies and other educational institutions.

    c. Regularly evaluate and revise as necessary its policies, procedures and publications to ensure continuing integrity throughout the program.

d. Represent itself accurately and consistently to its constituencies, the public and prospective students through its print and electronic communications, promotional materials, web sites, catalogues, publications and official statements.

e. Demonstrate, through its policies and practices, the commitment to the free pursuit and dissemination of knowledge consistent with the program's mission and goals.

f. Establish and enforce policies which guarantee fair and equitable treatment of students, faculty, administration and staff.

D. PROGRAMME OBJECTIVES

The DCP must establish programme objectives governing the areas of instruction, quality patient care, continuing education, research, and service. The DCP must establish programme objectives for graduate education where it is provided.

1. **Instruction.** Each DCP must establish objectives that support its mission and goals. Instructional *Standards* govern all instruction, whether leading to graduation as a Doctor of Chiropractic or offered as continuing education or graduate education.

   a. **Doctor of Chiropractic.** Instruction leading to the Doctor of Chiropractic degree must meet the following requirements: The curriculum must be designed and implemented in a manner in which students are able to integrate relevant information presented in the basic, clinical and chiropractic sciences with the clinical, laboratory and patient care experiences in clinical decision making. The curriculum must also be supportive of the mission, goals and distinctiveness of the DCP and of the achievement of the programme's objectives.

      i. The total curriculum must comprise a minimum of 4,200 instructional hours. This may include inter alia, self-directed learning integral to problem-based educational methods, and utilization of electronic information technology.

      ii. DCPs are expected to maintain academic integrity by structuring the curriculum so that the average student load requirements are reasonable.

      iii. The curriculum must also be designed and implemented in a manner that will provide appropriate opportunities for the student to acquire the necessary cognitive, affective and

psychomotor proficiency skills.

The offerings must include at least the following content: anatomy; biochemistry; neurology; physiology; microbiology; pathology; public health; physical, clinical and laboratory diagnosis; gynaecology; obstetrics; pediatrics; geriatrics; dermatology; otolaryngology; diagnostic imaging procedures; psychology; nutrition/dietetics; biomechanics; orthopaedics; first aid and emergency procedures; spinal analysis; principles and practice of chiropractic; adjustive techniques; research methods and procedures; professional practice ethics and interprofessional collaboration.

Courses offered in the curriculum must be taught in sufficient depth to fulfil the concept of the Doctor of Chiropractic as set forth in the first two paragraphs of the Foreword of these *Standards*.

2. **Quality Patient Care.** The DCP must ensure that all relevant provincial, territorial and community standards for chiropractic assessment and care, billing, and financial transactions, are followed. The DCP must have systems to assure that professional and legal requirements, inherent in the responsibilities of a licensed Doctor of Chiropractic, are constantly monitored and enforced. The DCP must:

   a. Conduct a formal system of quality assurance for the patient care delivery that demonstrates evidence of:

      i. standards of care with measurable outcomes criteria and ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided;

      ii. patient advocate and grievance policies, procedures, outcomes and corrective measures.

   b. Ensure that the following characteristics are included in the quality assurance system:

      i. a clear organizational structure for quality assurance;

      ii. listing and description of each area and item (indicator) of quality assurance that is measured including:
         i. how the item is measured;

ii. how frequently the item will be measured;

iii. how data will be assessed to identify need for improvement;

iv. how improvement efforts will be determined;

v. how improvement efforts will be followed to ensure implementation and improvement;

vi. how the effectiveness of implemented changes/improvements will be assessed on an ongoing basis;

vii. methods for communicating quality assurance results to the clinic and larger DCP community.

iii. provide a written statement of patients' rights to all students, faculty, staff and each patient.

iv. ensure that all faculty involved in the direct supervision of patient care have ongoing training of basic life support (B.L.S.), and are able to manage common medical emergencies and document that all students are trained in B.L.S. and able to manage common medical emergencies.

v. maintain written policies and procedures to ensure the safe use of ionizing radiation.

vi. establish and enforce a mechanism to ensure adequate clinical/laboratory asepsis, infection and biohazard control and disposal of hazardous waste in accordance with federal and regional standards.

vii. maintain policies that ensure the confidentiality of information pertaining to the health status of each individual patient.

viii. provide ongoing training in the areas of ethics and professional boundaries for all faculty, staff and students involved in the DCP.

c. Establish a mechanism to assure quality patient care for all clinics of the DCP.

d. Ensure that the practical application of learning opportunities necessary to achieve competence in the practice of chiropractic at the

levels expected of the primary contact, Doctor of Chiropractic, include requirements in the cognitive (knowledge and understanding), affective (attitudes and habits) and/or psychomotor (skills) domains. Upon completing his or her course of study, each student will demonstrate the following competencies consistent with the mission and goals of the DCP and the Foreword of the *Standards*:

i. Develop a patient's comprehensive case history to include all elements appropriate to the patient's entering complaint and health status.

ii. Develop objective data through the conduct of a physical examination appropriate to the health status and chiropractic analysis of the patient.

iii. Perform and interpret, order and interpret, or interpret appropriate imaging examinations.

iv. Perform and interpret, order and interpret, or interpret appropriate clinical laboratory examinations.

v. Perform and interpret, order and interpret, or interpret other relevant procedures indicated by the clinical status of the patient.

vi. Integrate data in a manner that facilitates the formulation of a diagnosis.

vii. Work collaboratively on an inter or intra professional basis for patient referral and /or management as clinically indicated.

viii. Identify and initiate appropriate health care regimen.

ix. Provide patient education on health care needs.

x. Perform appropriate chiropractic adjustments and/or manipulations.

xi. Monitor patient's clinical status during and after completion of the health care regimen through follow-up and review appropriate to the patient's health status.

xii. Keep appropriate records of patient's evaluation and case management.

e. Students requesting and qualifying for a preceptorship programme

must have completed at least 75% of the clinical requirements and any additional pre-preceptorship standards required by the DCP. All graduation requirements must be completed in the clinical training facilities of an accredited DCP.

3. **Continuing Education.** The DCP must demonstrate that the objectives of its continuing education programme are supportive of its mission and goals.

4. **Research.** The DCP must establish objectives for conducting research and scholarly activities that support its mission and goals.

5. **Service.** In addition to the chiropractic services to patients required by all interns, the DCP must establish objectives for providing service activities that support its mission and goals.

6. **Graduate Education.** When offered, the DCP must demonstrate that the objectives of its graduate education programme are supportive of its mission and goals.

E. INPUTS/RESOURCES

Standards regarding the variety of resources necessary to the successful pursuit of the institution's vision, mission, goals and programme objectives include the following resources:

1. Faculty and Staff
2. Students
3. Patients
4. General Programme Facilities
5. Clinical Facilities
6. Learning Resources
7. Finances
8. Student Support Services

1. **Faculty and Staff.** Institutions must demonstrate adequacy and stability of basic and clinical science faculty and staff. The faculty and staff volume, variety, and qualifications must be appropriate to the institutional mission, goals and programme objectives of the DCP.

    a. **Basic Science Faculty Requirements**

    Faculty teaching basic science subjects must possess a master's or doctoral degree in their field from a college or university recognized by a provincial or territorial Ministry of Education or its equivalent.

At least one of the members of each basic science discipline, as defined by the institution, must be employed full-time at the institution and must possess a Ph.D. degree in their respective basic science discipline. The CCEC may waive this requirement under special circumstances.

b. **Clinical Science Faculty Requirements**

All faculty in the clinical sciences must possess an earned Doctor of Chiropractic degree/diploma, or a related first professional degree, from a college or university recognized by the relevant provincial or territorial Ministry or recognized as providing an equivalent credential by a provincially or territorially mandated or recognized agency that is a member of the Alliance of Credential Evaluation Services of Canada. Such persons must either possess a chiropractic license/registration or be in the process of becoming licensed/registered in the relevant province or territory. Each person supervising clinical experiences that include chiropractic analysis, diagnosis, adjustments or manipulations must be appropriately licensed to practice chiropractic in the jurisdiction in which the educational activity and/or clinical experience is offered. Each person supervising other clinical experiences must be appropriately credentialed as a health-care provider and licensed/registered to practice in the jurisdiction in which the educational activity and/or clinical experience is offered. In addition, such persons must have one of the following:

i. baccalaureate degree.

ii. postgraduate certification status or eligibility.

iii. postgraduate resident status at the institution in a formal residency programme.

iv. three years' full-time practice experience. Said person must be supervised by an experienced faculty member for at least two academic terms.

v. two years' teaching experience at a first professional degree granting institution as a faculty member in one or more of their degree programmes.

All faculty teaching clinical psychology or nutrition must hold a graduate degree in the discipline or a first professional degree in the health sciences from a college or university recognized by the relevant

provincial or territorial Ministry or recognized as providing an equivalent credential by a provincially or territorially mandated or recognized agency that is a member of the Alliance of Credential Evaluation Services of Canada. .

2. **Students.** The DCP must demonstrate that qualifications for student acceptance and resultant enrolment are appropriate to the programme objectives, goals, and educational mission of the DCP.

a. **Applicants:**

The minimum academic requirement for admission to a programme outside Quebec is three full years of study (minimum of fifteen full courses) in a university programme or at an institution or institutions recognized at the university level by a provincial or territorial ministry of education. The minimum academic requirement for admission to a programme in Quebec is a Diplome d'etudes collegiates in Natural Sciences.

Postsecondary pre-professional education that has been acquired must have a minimum cumulative grade point average of 2.50 on a 4.00 scale. In situations where one or more courses have been repeated with equivalent courses, the failed grades must be included in the grade point average computation.

Persons with disabilities should not be summarily denied admission, nor should higher scholastic requirements be demanded of them. They, like all other students, must be able to carry out classroom, laboratory, and clinical assignments, including microscopic work, imaging, interpretation, chiropractic techniques, or the equivalent; pass written, oral and practical examinations, and meet all the other requirements of the DCP.

The DCP must document and retain evidence in the student's file regarding the student's qualification for admission.

b. **Transfer Students:**

An applicant's credits may be considered for transfer only under the following conditions:

i. The applicant must meet the current prerequisites in force at the admitting institution or have met the requirements in force at the time the student originally enrolled at the health profession institution from which the transfer is being made.

ii. The institution from which the student is transferring must be accredited by the CCEC or by a CCEI member agency.

iii. The credit hours being transferred must be for course work that is equivalent in credit hours, content and quality to that of the admitting DCP.

iv. Only credits with a grade of "C" (or its equivalent on a grade point scale) or better are considered for transfer.

v. Transfer credits must be earned within 5 years of the date of admission to the admitting institution. The institution may elect to waive this requirement for persons holding a first professional degree in the health care sciences (e.g., M.D., D.O., D.D.S., D.P.M.) or an academic degree (M.A., M.S., Ph.D.) in a related discipline (e.g., Biology, Zoology, Physiology, from an accredited institution).

vi. Credits used to satisfy the minimum prerequisites for admission must not be used for advanced placement credit.

Transfer of Credit from International Health Profession Institutions:
To be eligible for transfer of credits, applicants from international chiropractic, medical, osteopathic or dental institutions located in countries that do not have an accreditation system equivalent to that of Canada or the United States, must submit evidence of proficiency in all work submitted for advanced standing credit.

vii. All students must spend the last academic year enrolled full-time in the DCP which confers the Doctor of Chiropractic degree.

c. **Foreign Students:**

To be considered for admission to a Canadian DCP a foreign student must:

i. Submit proof of proficiency in the language in which the programme is offered.

ii. Submit evidence of having the financial resources, or funding commitment, to complete a minimum of one year of education.

iii. Meet equivalent educational requirements as a student matriculating in Canada.

3. **Patient Types.** The patient volume and variety must be appropriate to the programme objectives of each DCP.

   The clinical training curriculum must establish a range of case types representing a cross-section of the general population normally encountered by a Doctor of Chiropractic to which each individual student will be exposed in the course of the programme. In addition to direct delivery of patient care, methods of exposure may include assisting in patient management, observing care, and participating in patient simulations (live, paper based, computer based, or distance learning model based) or other reasonable alternatives.

4. **General Programme Facilities.** Each DCP must own or have adequate use of buildings, equipment and supplies to support the programme objectives of its mission and goals. The DCP must ensure that its academic facilities comply with all applicable legal requirements.

5. **Clinical Resources.** Each DCP must own or have adequate use of clinical facilities, equipment and supplies adequate to support the programme objectives of its mission and goals. The DCP must ensure that these facilities comply with all applicable legal requirements.

   Clinical training that utilizes multiple sites must describe and adhere to the core curriculum in which all students participate. If portions of the core curriculum are offered at distant sites, they must be equivalent in terms of their content, duration, and intensity to non-distant sites. Core clinical training can be provided at sites approved by the DCP.

6. **Learning Resources.** Each DCP must have a Learning Resource Centre/Library with staff, facilities, and collections and services adequate to the programme objectives of the mission and goals of the institution.

7. **Finances.** DCPs must demonstrate adequacy and stability of financial resources to support the programme objectives of its mission and goals. In demonstrating adequacy and stability of resources, a DCP must show that it has adequate budgetary controls and the ability to graduate its most recent entering class.

8. **Student Support Services.** Each DCP must maintain student support services adequate to support the objectives of its mission and goals.

F. DOCTOR OF CHIROPRACTIC PROGRAMME OUTCOMES

As a condition of accreditation, each DCP must provide evidence that it is achieving the mission, goals and objectives it has established for itself.

Each DCP must embrace the following objectives:

1. **Instruction.**

The DCP must provide evidence of the effectiveness of its instructional programmes and the teaching provided by its faculty.

The DCP must have a mechanism for continually evaluating and improving the effectiveness of instructional programmes, with particular emphasis upon student achievement. The achievement of students must be documented in verifiable and consistent ways, such as grade point averages, degree completion rates, licensure success rates, and the results of validated alumni surveys.

The DCP must provide evidence that demonstrates that the degree candidates, as a condition of graduation, have:

a. Examined for the purpose of developing a diagnosis, formulated a treatment regimen and managed under faculty supervision at least thirty-five (35) different patients.

b. Performed and interpreted, ordered and interpreted, or interpreted at least thirty-five (35) radiographic [diagnostic imaging] examinations with written reports of findings.

c. Performed and interpreted, ordered and interpreted, or interpreted clinical laboratory tests to include at least twenty-five (25) urinalyses, twenty (20) haematology procedures such as complete blood counts, and ten (10) clinical chemistry, microbiology or immunology procedures or profiles on human blood and/or other body fluids.

d. Performed chiropractic adjustments and/or manipulations, primarily spinal, during at least two hundred fifty (250) separate patient care visits.

e. Integrated the didactic elements of the basic chiropractic, clinical sciences and clinical education into clinical decision making.

f. Engaged in collaborative activity with other health care and social care providers regarding the care of at least five (5) different patients.

No more than twenty (20) percent of the minimum required adjustments and/or manipulations and other appropriate services may be administered to, or performed on, students in the programme, and/or other students' families. Interns may not provide services to the intern's immediate family.

The candidate must evaluate and manage a minimum of 35 cases which, due to their complexity, require a high order of clinical thinking and integration of data. This would include cases which demand the application of imaging, lab procedures or other ancillary studies in determining a course of care, or cases in which multiple conditions, risk factors, or psychosocial factors have to be considered.

The above quantitative requirements will not be the sole criteria used to assess the DCP's success in educating a student to practice the art and science of chiropractic.

2. **Continuing Education.**

The DCP must compile evidence regarding the responsiveness of its continuing education programme to needs of the profession and its practitioners.

3. **Research.**

Each DCP must compile evidence regarding the institution's contributions to the body of research and scholarship for the profession.

4. **Service.**

Each DCP must compile evidence regarding the nature and extent of service programmes that it provides.

5. Graduate Education.

Where a DCP has a graduate education programme, it must compile evidence regarding the quality of the programme.

G. CLINICAL COMPETENCIES

The DCP must provide students with the necessary instruction and opportunities to observe, acquire and practice under supervision, the attitudes, knowledge and skills listed in this section.

Each programme must evaluate a student's proficiency in the competencies outlined in the *Standards*.

A DCP must have in place a process including reliable and valid assessment of outcomes that ensures that a student has attained the knowledge, skills and

attitudes, set out in the Clinical Competencies identified in the *Standards*, prior to graduation.

A DCP must provide evidence that its instructional programme include a statement which incorporates the intent of the clinical competencies identified in the *Standards*.

1. History Taking

The history is that element of patient evaluation in which information regarding the individual's clinical status is obtained and an initial clinical impression is developed. It is generally the first contact the patient has with the doctor and, consequently, initiates the doctor-patient relationship.

The process employed in history-taking and the depth to which the Doctor of Chiropractic elicits a health history, is a critical factor in building the patient's confidence in the doctor's ability to professionally and effectively provide health care. Eliciting a competent history requires that the clinician have an understanding of pathophysiology and adequate knowledge of the basic and clinical sciences.

a Attitudes

The student must demonstrate the ability to:

i. attend to patient comfort and the environment in which the history is elicited;

ii. identify the need for empathy, respect and an awareness of the patient's right for privacy, confidentiality, values and beliefs;

iii. recognize patient apprehension, and avoid exclamatory, misleading or inappropriate verbal or physical responses;

iv. recognize the professional and ethical boundaries expected of the doctor/patient relationship.

b. Knowledge

The student must demonstrate the ability to:

i. recognize the importance of obtaining: patient demographic data, chief complaint, history of present illness, family history, past health history, current health status, psychosocial history, and review of systems;

ii. recognize changes in patient presentations or health status during the course of care and apply the appropriate depth and breadth of questioning;

iii. formulate and employ an organized and effective methodology of inquiry when taking the history;

iv. understand and recognize non-verbal diagnostic clues observed during the history;

v. select and organize pertinent information leading to the development of a problem and differential diagnosis list.

c. Skills

The student must demonstrate the ability to:

i. develop a patient's comprehensive case history to include all elements appropriate to the patient's entering complaint and health status;

ii. conduct the history in a clear, concise and organized manner, actively listening and communicating with the patient at an understandable level;

iii. modify and apply history taking skills appropriate to challenging situations and difficult patient interactions;

iv. question the patient with appropriate depth and pursue all relevant health concerns and symptoms;

v. accurately record elicited information in an organized fashion and develop an initial problem list.

2. **Physical Examination**

The physical examination is an element of the evaluation in which information regarding the clinical status is elicited by selecting and applying appropriate examination procedures, including essential instruments and equipment.

a. Attitudes

The student must demonstrate the ability to:

i. recognize patient apprehension, and avoid exclamatory statements and physical responses that may exacerbate patient concern;

ii. understand the importance of maintaining a clean and safe environment, and follow accepted hygienic procedures;

iii. recognize the professional and ethical boundaries expected of the doctor/patient relationship;

iv. be sensitive in thought and action to the patient's values and dignity.

b. Knowledge

The student must demonstrate the ability to:

i. understand and conduct the appropriate examination distinguishing between comprehensive, focused, or screening procedures;

ii. select appropriate procedures, instruments and equipment for use in the examination;

iii. correlate information obtained in the examination with the history;

iv. recognize normal, variant and abnormal findings;

v. interpret and assess the clinical importance of significant physical examination findings.

c. Skills

The student must demonstrate the ability to:

i. develop objective data from the physical examination appropriate to the health status and the chiropractic care of the patient;

ii. obtain and record vital signs and examination findings in an organized manner;

iii. conduct an examination using inspection, palpation, percussion and auscultation in a correct, safe and hygienic manner;

iv. use examination instruments, equipment and procedures in an accurate, safe, appropriate and hygienic manner;

v. recognize and record significant non-verbal signs and behaviours exhibited by the patient;

vi. conduct an examination which provides for efficient patient

positioning and comfort;

vii. provide appropriate and understandable explanations and instructions to the patient relative to the use of procedures and instruments.

3. **Neuromusculoskeletal Examination**

The neuromusculoskeletal examination is the foundation of the chiropractic approach toward evaluating the patient. Doctors of chiropractic commonly provide care to patients with complaints or health problems associated with the spine and extremities. The spine and its relationship to nervous system function is also viewed as an important factor in the patient's general health.

Because the traditional model of chiropractic care involves spinal adjustment or manipulation, evaluating the spine and nervous system is a crucial component of the patient examination.

a. Attitudes

The student must demonstrate the ability to:

i. identify the effect that a patient's pain and discomfort may have on the doctor's ability to conduct a neuromusculoskeletal examination;

ii. identify and adapt to patient apprehension in the performance of neuromusculoskeletal examination procedures;

iii. consider the possibility that the origin of the patient's symptoms may be from a source other than the neuromusculoskeletal system.

b. Knowledge

The student must demonstrate the ability to:

i. identify and select appropriate neuromusculoskeletal examination tests and procedures consistent with the patient's complaint or presentation;

ii. understand and select methods for evaluating posture, biomechanical function, and the presence of spinal or other articular subluxation or dysfunction;

iii. correlate information obtained in the neuromusculoskeletal examination with the information obtained from patient's history

and physical examination;

iv. understand the mechanisms of neuromusculoskeletal tests and demonstrate an ability to recognize normal, variant and abnormal findings;

v. interpret and assess the clinical importance of significant normal and abnormal neuromusculoskeletal examination findings;

vi. assess the reliability of data elicited in the neuromusculoskeletal examination through repetition and/or selection of confirmatory procedures.

c. Skills

The student must demonstrate the ability to:

i. conduct a neuromusculoskeletal examination using inspection, palpation, percussion, range of motion, and appropriate orthopedic and neurologic procedures in a correct, orderly, safe and hygienic manner;

ii. use instruments and equipment during the neuromusculoskeletal examination in an appropriate, safe and hygienic manner;

iii. observe and record verbal and non-verbal diagnostic clues elicited and observed during the neuromusculoskeletal examination;

iv. conduct a neuromusculoskeletal examination in a manner that provides for efficient patient positioning and comfort;

v. provide appropriate and understandable explanations and instructions to the patient prior to the use of procedures and instruments.

4. **The Psychosocial Assessment**

It is important to develop the knowledge and skills necessary to evaluate the psychosocial status of patients. As a component of the patient evaluation, Doctors of Chiropractic must be able to recognize the interrelationships among the biological, psychological and social factors in patients. Psychosocial factors may influence the health of patients or explain the nature of their complaint. This aspect of evaluation is also important in the context of establishing the doctor-patient relationship. For these reasons, Doctors of Chiropractic must have a basic understanding of common

health behaviours and mental health disorders, and be prepared to conduct general patient assessments.

a. Attitudes

The student must demonstrate the ability to:

i. recognize and be willing to explore the patient's psychosocial environment;

ii. understand and identify the role and influence of psychosocial factors in the overall health of the patient.

b. Knowledge

The student must demonstrate the ability to:

i. explain how lifestyle, health status, behaviour and psychological factors contribute to, or affect, patient presentations;

ii. understand how pain and disability can affect patient behaviour and well-being;

iii. recognize psychological and social factors that may affect or distort the patient's ability to report symptoms, comply with, or respond to chiropractic care;

iv. recognize verbal and non-verbal clues indicating the need for further psychological and psychosocial assessment;

v. recognize the clinical indications for referral to or collaborative care with appropriate mental health professionals, agencies or programmes;

vi. identify appropriate services, agencies and programmes available to assist the patient with psychosocial problems;

vii. recognize circumstances that legally require doctors to report patient information to appropriate authorities.

c. Skills

The student must demonstrate the ability to:

i. identify and administer screening tools for evaluating the patient's psychological and psychosocial status;

ii. modify history taking, examination, and management procedures when caring for patients demonstrating and affected by psychosocial factors;

iii. obtain psychosocial information effectively and legally from family members, or others, when clinically indicated and appropriate;

iv. record psychosocial information in a manner that is accurate, complete and complies with legal standards;

v. discuss sensitive psychosocial and health behaviour issues with the patient;

vi. deal effectively with aberrant behaviour from a patient in an office setting;

vii. assess attitudes that negatively impact health and intervene appropriately to educate and motivate the patient to modify behaviours.

5. Diagnostic Studies

Diagnostic studies are those elements of patient evaluation in which objective data regarding the patient's clinical status are elicited, and which include the use of diagnostic imaging, clinical laboratory, and specialized testing procedures.

Doctors of Chiropractic must be knowledgeable and skilled in the use of those specialized testing procedures commonly employed in the evaluation of patients with neuromusculoskeletal presentations. They must also have an understanding of diagnostic studies used in the screening of patients with other complaints or health problems in the primary care setting.

a. Attitudes

The student must demonstrate the ability to:

i. recognize the importance and necessity of diagnostic studies as they relate to the development of an accurate patient profile;

ii. recognize the importance of considering benefits, costs and risks in assessing the need for conducting or ordering diagnostic studies.

b. Knowledge

The student must demonstrate the ability to:

i. understand the clinical indications for and the relative value of diagnostic studies;

ii. understand the principles, applications, technical and procedural elements of equipment employed in diagnostic imaging, clinical laboratory and other diagnostic studies;

iii. understand the significance of findings, values, and ranges of values adequate to differentiate normal from abnormal findings obtained from laboratory and other diagnostic studies;

iv. integrate findings obtained from diagnostic studies with information obtained from other components of the examination in forming or assessing the diagnosis;

v. understand federal, provincial and territorial regulatory guidelines governing procedures and the use of equipment employed in diagnostic studies.

vi. understand the use and purpose of tests utilized beyond the scope of chiropractic practice for the purpose of appropriate referral.

c. Skills

The student must demonstrate the ability to:

i. perform and interpret, order and interpret, or interpret appropriate imaging examinations;

ii. take, process and interpret plain film radiographs with appropriate attention given to quality and safety;

iii. perform and interpret, order and interpret, or interpret appropriate clinical laboratory examinations;

iv. obtain and process laboratory samples with appropriate attention given to patient comfort, hygiene, safety and specimen integrity;

v. perform and interpret, order and interpret, or interpret other relevant procedures indicated by the clinical status of the patient;

vi. order, or conduct, diagnostic studies with attention to following professional protocol, and providing appropriate patient instructions and follow-up;

vii. record accurately data obtained from diagnostic studies, whether personally conducted or ordered.

6. **Diagnosis**

Diagnosis is the process which attempts to identify the nature and cause of a patient's complaint and/or abnormal finding, and is essential to the ongoing process of reasoning used by the Doctor of Chiropractic to direct patient management. The diagnosis may be modified during the course of care as the result of further testing, patient care and changes in the patient's signs and symptoms.

a. Attitudes

The student must demonstrate the ability to:

i. understand the importance of collecting sufficient clinical information in order to avoid reaching a premature diagnosis;

ii. recognize the importance of generating a diagnosis consistent with history and examination findings, prior to initiating care or ordering special studies.

b. Knowledge

The student must demonstrate the ability to:

i. exhibit reasoning and understanding in using sources (such as the available literature and clinical experience) to support the diagnosis;

ii. develop the diagnosis by recognizing and correlating significant information;

iii. identify the pathophysiologic process responsible for the patient's clinical presentation, and understand the natural history of the disorder.

c. Skills

The student must demonstrate the ability to:

i. integrate data in a manner that facilitates the formulation of a diagnosis;

ii. develop and prioritize a problem list;

iii. record and convey a diagnosis consistent with history and examination findings;

iv. recognize when routine diagnostic procedures are insufficient and obtain appropriate advanced studies when indicated.

7. **Case Management**

Case management includes developing and recording a patient care plan, case follow-up, and the referral and/or collaborative care as necessary in the management of a patient. Doctors of Chiropractic must be able to identify a care plan that is consistent with findings obtained from the history, examination and diagnostic studies, diagnosis and the needs of the patient and must also consider the cost implications of care and choose methods of care that are cost-effective.

a. Attitudes

The student must demonstrate the ability to:

i. recognize the need to develop, record, and communicate a plan for care, and to assess and modify elements of the plan as clinical circumstances dictate;

ii. explain the need to obtain the patient's informed consent, cooperation and compliance with care and/or referral recommendations;

iii. consider the patient's physical and psychosocial factors when developing and communicating a plan for care;

iv. identify personal and/or professional care limitations and recognize the need for patient referral and/or collaborative care;

v. be aware of the need to ensure that all records relevant to the patient's management contain adequate, accurate and current information;

vi. be aware of the confidential nature of the doctor-patient relationship, and ensure that appropriate information is properly released only to agencies or individuals authorized for its review;

vii. comply with requests for patient records and reports in an adequate, accurate and timely manner.

b. Knowledge

The student must demonstrate the ability to:

i. develop and record an appropriate care plan and prognosis consistent with the diagnosis, and the pathophysiology and/or natural history of the disorder;

ii. evaluate and integrate the patient's health and psychosocial needs in the development of the care plan;

iii. select and employ outcome measures that can aid the doctor in assessing the validity of the initial diagnosis and prognosis, and the effectiveness of the care plan;

iv. explain professionally and legally acceptable methods of recording and organizing patient records including information about the patient history and examination findings, diagnosis and patient care plan, progress notes, correspondence, services provided and care rendered, and financial transactions;

v. identify the risk/benefit ratio of the therapy and the benefit/risk of alternate therapeutic options.

vi. identify practices that foster collaboration with other health and social care providers.

c. Skills

The student must demonstrate the ability to:

i. communicate effectively to the patient the diagnosis, recommended chiropractic care, and alternatives to chiropractic care that may be indicated;

ii. provide patient education on health care needs;

iii. use appropriate forms of communication to ensure that the patient has an adequate understanding of their health status and health care needs;

iv. identify and initiate the appropriate drugless (with the exception of nutritional supplements or supplementation) health care regimen;

v. perform appropriate chiropractic adjustments and/or manipulations;

vi. work collaboratively on an inter or intra professional basis for patient referral and or management as clinically indicated;

vii. initiate referral or collaborative care when appropriate to the needs of the patient;

viii. keep appropriate records of the patient's evaluation and case management;

ix. appropriately respond to changes in patient status, or failure of the patient to respond to care;

x. construct reports and professional correspondence;

xi. establish clear outcomes for care that can be used to evaluate clinical progress, and recognize when the patient has achieved resolution or maximum therapeutic benefit;

xii. recognize when routine clinical procedures are insufficient and incorporate other procedures when indicated.

8. **Chiropractic Adjustment or Manipulation**

The chiropractic adjustment or manipulation is a precise procedure that uses controlled force, leverage, direction, amplitude, and velocity directed at specific articulations. Doctors of chiropractic employ adjustive and/or manipulative procedures to influence joint and neurophysiologic function. Other manual procedures may be used in the care of patients.

a. Attitudes

The student must demonstrate the ability to:

i. identify the need to explain what will be done when administering the chiropractic adjustment or manipulation, discuss risks, and recognize the potential for patient apprehension and concern;

ii. be aware of the need to accommodate patient privacy and modesty in the course of administering chiropractic adjustments or manipulations;

iii. be aware of the need to reassess and modify chiropractic adjustment or manipulation appropriate to the needs of the patient.

b. Knowledge

The student must demonstrate the ability to:

i. explain the normal and abnormal structural and functional articular relationships;

ii. be aware of the pathophysiology and methods of evaluating articular biomechanics;

iii. understand the principles and methods of various chiropractic adjustments and manipulations common to the practice of chiropractic;

iv. recognize the clinical indications and rationale for selecting a particular chiropractic adjustment or manipulation;

v. select and appropriately use equipment and instruments necessary to administer chiropractic adjustment or manipulation;

vi. recognize the indications and contraindications for, and potential complications of, chiropractic adjustment or manipulation.

c. Skills

The student must demonstrate the ability to:

i. palpate specific anatomical landmarks associated with spinal segments and other articulations;

ii. select and effectively utilize palpatory and other appropriate methods to identify subluxations/joint dysfunctions of the spine and/or other articulations;

iii. use effectively equipment and instruments which support chiropractic adjustment or manipulation;

iv. deliver effectively the correct chiropractic adjustments or manipulations which utilize appropriate positioning, alignment, contact and execution;

v. administer effectively a variety of chiropractic adjustments or manipulations in order to accommodate differences in patient body type and clinical status;

vi. record accurately the method of determining location, specific procedure followed and outcome of the chiropractic adjustment or manipulation;

vii. select and employ palpation and other methods for identifying the effects following chiropractic adjustment or manipulation;

viii. communicate the health benefits of chiropractic adjustment or manipulation to patients;

ix. perform chiropractic adjustment or manipulation in a confident and decisive manner;

x. discuss potential immediate or delayed reactions or responses to the chiropractic adjustment or manipulation;

xi. conduct the informed consent process with the patient, leading to the patient's understanding of signed willingness to accept treatment.

9. **Emergency Care**

Doctors of chiropractic may encounter clinical situations - within and outside the office setting - that require immediate attention, and must develop the ability to identify an emergency or life-threatening situation and apply the necessary care or procedures.

a. Attitudes

The student must demonstrate the ability to:

i. recognize the responsibility to provide emergency care procedures;

ii. recognize the need for a prompt critical appraisal and response to an emergency situation.

b. Knowledge

The student must demonstrate the ability to:

i. recognize an emergency or life-threatening situation;

ii. understand current emergency care and first aid procedures, equipment and instruments;

iii. monitor the effect of emergency care on the patient;

iv. understand the legal implications associated with providing emergency care;

v. determine the availability of local emergency care resources and select the appropriate services.

c. Skills

The student must demonstrate the ability to:

i. utilize emergency care procedures and equipment effectively in providing first aid and basic cardiac life support;

ii. remain calm, reassure and communicate with the patient, and elicit additional help, as needed;

iii. recognize the need for assistance in an emergency situation and effectively communicate and collaborate with other health care professionals;

iv. perform appropriate reporting, recording and follow-up procedures.

10. **Case Follow-Up and Review**

Case follow-up and review involves monitoring the clinical status of the patient and modifying the care plan as new clinical information becomes available. Doctors of chiropractic evaluate patient progress by conducting follow-up examinations, and seek help from clinical consultants when needed.

a. Attitudes

The student must demonstrate the ability to:

i. recognize the need to monitor the patient's response to care and modify the care plan, consult with, or refer to another health care provider when indicated;

ii. recognize and respond to patient concerns and apprehension that may result from proposed changes in a care plan or the need for referral or collaborative care;

iii. identify the benefits of appropriate consultation and/or referral in the management of the patient, and be considerate of patient questions regarding second opinions and alternative forms of care.

b. Knowledge

The student must demonstrate the ability to:

i. identify how and when to re-evaluate the patient's clinical status to obtain current information;

ii. recognize the need to modify the care plan consistent with current clinical information;

iii. identify referral needs, and how to communicate them to patients;

iv. evaluate the patient's response to care by identifying appropriate outcomes.

c. Skills

The student must demonstrate the ability to:

i. monitor patient's clinical status during and after completion of the health care regimen through follow-up and review appropriate to the patient's health status;

ii. record data relevant to case management decisions in an organized manner;

iii. communicate appropriately when referring to other health care providers;

iv. conduct a relevant and competent re-evaluation of the patient.

11. **Record-Keeping**

Record-keeping is that element of case management in which proper documentation of the patient's evaluation, diagnosis, clinical care and other transactions are recorded, accurately maintained and appropriately reported.

a. Attitudes

The student must demonstrate the ability to:

i. recognize the need to ensure that all records relevant to the patient's care and management contain legible, accurate, complete and current information;

ii. recognize the patient's right to privacy and ensure that information from the record is released only upon legal and/or written authorization;

iii. be willing to respond to requests for patient records, or information from patient records, in an adequate and timely manner;

iv. recognize the need to ensure patient record security and confidentiality;

v. be sensitive to the interests that patients may have in accessing their records, and follow accepted legal guidelines when it is deemed necessary to provide or withhold specific information regarding the patient;

vi. recognize the need to keep abreast of current trends and technologies for record-keeping, communications and data transfer.

b. Knowledge

The student must demonstrate the ability to:

i. be aware of and follow accepted procedures and protocols when requesting patient records or information from other health care providers or agencies;

ii. know what elements of the record must be released to the patient, or other health care providers or agencies, and those elements that can be legally withheld;

iii. identify those elements essential to the patient record including demographic data, clinical findings and patient care information, financial transactions, reports, correspondence and communications;

iv. be aware of accepted methods and legal requirements for record maintenance, storage and security;

v. be aware of the need to provide a key with records if abbreviations or symbols are used;

vi. use accepted coding systems for diagnosis and clinical procedures.

c. Skills

The student must demonstrate the ability to:

i. construct the patient record in a manner that is accurate, legible, complete and current, and is neither inflammatory, prejudicial nor degrading to the patient;

ii. enter clinical findings, diagnosis or initial clinical impressions, identity of the doctor and other care providers, care plans, progress notes, and follow-up evaluations in a manner that is legible, accurate, organized and reflects the clinical decision-making process;

iii. generate clear, concise, and professional narrative reports and correspondence in a timely manner.

12. **The Doctor-Patient Relationship**

The nature of the relationship between the doctor and the patient has an important influence on the process and outcome of chiropractic care. Doctors of chiropractic are expected to respond to their patients' needs and provide care in an atmosphere of trust and confidence. Accordingly, doctors of chiropractic must be compassionate, sensitive to biopsychosocial needs, recognize the importance of good communications skills, and consider the patient to be their partner in the care process.

a. Attitudes

The student must demonstrate the ability to:

i. recognize the importance of developing and maintaining professional attitudes and behaviour within and outside the office setting;

ii. identify the importance of developing a professional relationship with the patient based on trust, confidence, respect, and confidentiality;

iii. recognize and accept the importance and seriousness of the role that doctors of chiropractic have in the care of patients;

iv. be aware of and be willing to respond to the needs, concerns and fears that patients may have relative to their health complaints and problems;

v. explain the importance of compassion, empathy and touch as vital components of healing and factors that influence the outcome of care;

vi. recognize the importance of both the doctor and patient working together as partners in promoting optimum health;

vii. explain the importance of being a good role model for healthy behaviour.

b. Knowledge

The student must demonstrate the ability to:

i. explain the appropriateness and legal necessity of obtaining Informed consent from the patient prior to initiating clinical care;

ii. recognize the importance of open communication in all aspects of the doctor/ patient relationship;

iii. recognize the need to establish and maintain appropriate boundaries in doctor-patient interactions which ensure physical and emotional safety for both the doctor and his or her patients;

iv. recognize the need to appropriately manage patients who may develop unrealistic expectations of and a dependency on chiropractic care;

v. identify and be willing to adapt to the cultural, social, religious, gender and age differences that may exist between the doctor and his or her patients;

vi. know what patient care and office procedures can be employed that will reduce potential risk and professional liability.

vii. recognize and accept the inherent vulnerability of patients because of the perception of authority that patients attach to care-givers; and

viii. recognize the important role physical contact has within many chiropractic clinical services.

c. Skills

The student must demonstrate the ability to:

i. develop and exhibit behaviour and a communication style that project a professional image and enhance the doctor-patient relationship;

ii. use effective and appropriate methods of touch and other non-

verbal communication techniques;

iii. use appropriate techniques that may be employed when managing a patient who exhibits inappropriate behaviour.

13. **Professional Issues**

Health care providers have an obligation to the patients they serve, and to society, to provide competent and effective care, and to do so in a professional manner. Doctors of chiropractic must exhibit ethical values and behaviours, recognize their responsibility to first serve the patient, and to follow sound business practices. It is important that doctors of chiropractic maintain knowledge and clinical skills through continuing education, and be able to access, understand and critically evaluate the research literature.

a. Attitudes

The student must demonstrate the ability to:

i. explain the importance of supporting and participating in professional activities and organizations;

ii. recognize the need to support and participate in the activities and affairs of the community;

iii. acknowledge the societal obligation of the profession to produce research, and explain the importance of research in education, clinical practice and to the growth of the profession;

iv. have a desire and an ability to critically evaluate new and current knowledge;

v. exhibit ethical attitudes regarding the provision of patient care services, fees, financial arrangements, billing practices and collection procedures;

vi. identify and acknowledge an obligation to refrain from illegal and unethical patient care and practice management procedures.

b. Knowledge

The student must demonstrate the ability to:

i. be aware of and comply with, the professional reporting requirements and procedures of commercial, federal, provincial, territorial and local agencies;

ii. understand the need to maintain a breadth and depth of knowledge and skills necessary for the practice of chiropractic through continuing education;

iii. identify community health care and social service agencies that can assist in meeting patient needs;

iv. know patient care and office procedures which can be employed to reduce potential risk and professional liability;

v. be aware of the types, policy limits and coverage levels available for professional liability insurance;

vi. develop a knowledge of ethical practice development strategies including marketing, community demographics, and patient management techniques;

vii. understand the need to follow sound business practices Including those involving leases, loans, purchasing, selection of consultants and advisors, financial management, and personnel.

c. Skills

The student must demonstrate the ability to:

i. critically review clinical research literature;

ii. develop effective patient rapport by employing oral and written communication skills, and appropriate care procedures;

iii. use personal computers and other business and communication technologies.

14. **Other Therapeutic Procedures**

Chiropractic care may include the use of procedures and modalities other than the adjustment and manipulation, which may be employed for the purpose of case management, rehabilitation, or wellness care.

a. Attitudes

The student must demonstrate the ability to:

i. identify the need to explain what will be done when administering therapies, discuss risks, and recognize the

potential for patient apprehension and concern;

ii. be aware of the need to accommodate patient privacy and modesty in the course of administering therapies;

iv. be aware of the need to reassess and modify therapy procedures appropriate to the needs of the patient.

b. Knowledge

The student must demonstrate the ability to:

i. understand the principles, physiological effects, and application of various therapeutic procedures common to the practice of chiropractic;

ii. recognize the clinical indications and rationale for selecting a particular therapeutic procedure;

iii. understand the selection and use of equipment and instruments necessary to administer therapeutic procedures;

iv. recognize the contraindications, and potential complications, of therapeutic procedures.

c. Skills

The student must demonstrate the ability to:

i. select and apply appropriate therapeutic instruments or procedures;

ii. effectively explain the clinical benefits/risks and communicate necessary information to the patient concerning the application of therapeutic procedures;

iii. modify the application of therapeutic procedures consistent with the patient's physical and clinical status;

iv. record accurately appropriate information relative to the use of therapeutic procedures;

v. discuss potential immediate or delayed reactions or responses to therapeutic procedures;

vi. effectively conduct the informed consent process with the patient in a manner which leads to the patient's understanding

of the signed willingness to accept treatment.

H. EVALUATION, PLANNING, AND EFFECTIVENESS

Each DCP must maintain a comprehensive and ongoing system of evaluation and planning, and must demonstrate its effectiveness in achieving its mission, goals, and objectives.

1. **Outcomes.** In particular, accredited DCPs annually must assemble and report to the CCEC data demonstrating: student rates of completion of term courses and completion of the Doctor of Chiropractic programme; student and graduate performance on national board examinations; and success of programme graduates in obtaining jurisdictional licensure. DCPs must demonstrate their use of this data and may utilize other outcome measurements and assessments in planning for ongoing development and improvement of the effectiveness of the Doctor of Chiropractic programme.

2. **Evaluation.** Evaluation must encompass every aspect of the DCP, i.e., mission, goals, governance, administration, personnel, academic programmes, instruction, clinics, learning resources, enrolment, student services, research, public service, finances, fund-raising, and facilities development, maintenance, and renovation. Evaluation must be based upon an assessment of outcomes and must include input from the entire DCP constituency, i.e., students, faculty, administrators, staff, patients, donors, chiropractic practitioners, other members of the profession, and the public.

3. **Planning.** DCP planning must be comprehensive in nature, addressing each of the areas listed above. Planning must flow directly from DCP evaluation, must be based upon past trends of the DCP, must incorporate the future needs of the profession and its practitioners, and must project realistically into the future. The DCP must produce a planning document that is designed as a practical guide for implementation, is updated each year, and annually approved by the board. This document must set forth for the following fiscal year the specific steps that must be undertaken to accomplish the planning goals for that year. The document should also contain less specific projections for subsequent years. An annual analysis of the degree to which the DCP has been successful in achieving each element of its plan should be used as the basis for subsequent planning.

4. **Effectiveness.** The DCP should provide evidence that the outcome measures it uses are linked directly to the DCP's mission, goals, and objectives. It must be demonstrated that outcomes produced by the DCP confirm its effectiveness in achieving its mission, goals, and objectives.

5. **Student Assessment.** The DCP must ensure that systems exist to provide assessment of the developing professional competence of its students. Assessment systems must identify competencies; develop and employ

methods to assess competencies by applying both formative (instructional) and summative (grade and progression) feedback; ensure adequate opportunity to learn and demonstrate competence and direct remediation, where necessary; and provide feedback on the effectiveness of the clinical education programme to faculty and administration for use in planning and management.

a. The evaluation system must be based on the goals, objectives, and competencies of the DCP, as well as those defined by the *Standards*. The system must clearly identify the methods of summative and formative student evaluation, and the level of performance expected of students in the achievement of these objectives and competencies.

b. Feedback to the student must be useful and accurate. Informal or formal feedback sessions should occur regularly, as soon as possible after an assessment has been made.

c. Evaluation must include each of the following domains and be compatible with the characteristic being assessed:

    i. knowledge should be assessed using appropriate written and oral examinations as well as direct observation;

    ii. psychomotor skills must be assessed by direct observation;

    iii. communication skills should be assessed by direct observation of student interactions with faculty, colleagues, and patients and their families. Skills should also be assessed by review of any written communications to patients and colleagues including clinical reports, and referral or consultation letters;

    iv. interpersonal skills should be assessed by reviewing performance in collaboration with staff, members of the patient care team, and consultations with doctors of chiropractic and other health care providers as appropriate;

    v. attitudes should be assessed by interviews, observations, or evaluations with peers, supervisors, clinic faculty, and patients and their families;

    vi competence in utilizing the acquired clinical data to arrive at a diagnosis, and develop a case management plan, should be assessed using appropriate written and oral examinations as well as direct observation.

d. The DCP must identify deficiencies in student knowledge, attitude, or skills, conduct a formal system of remediation, and provide guidance

and clear expectations of expected outcomes. In addition, the DCP must provide an appropriate process for appeal and review of student performance, and the integration of clinical performance with the overall education. The DCP must provide students with opportunities to remediate deficiencies.

e. Characteristics of student assessment systems must include the following:
   i. a clear organizational structure for assessment;

   ii. a clear description of the role of faculty in assessment and how assessment information will be used in student evaluation;

   iii. methods to track and document student assessment and progress through the educational programme including the integration of classroom performance, clinical performance, and the overall attainment of clinical competencies;

   iv. methods to evaluate the effectiveness of assessment tools.

APPENDIX A

GLOSSARY

Case types = In this context, “case types” represents a list of diagnostic entities (e.g., lumbar disc herniation, hypertension), patient presentations (e.g., woman with fatigue, patient over 50 with insidious low back pain, patient with radiating arm pain and nerve root deficits), and/or subluxation or joint dysfunction patterns (e.g., T4 syndrome, Maigne’s syndrome, upper cervical joint dysfunction causing cervicogenic headache) which will represent the intended training domain of the clinical training phase of the DCP.

Competency evaluation = Any of a variety of methods used to assess students’ knowledge, skills and attitudes, with the goals of providing feedback to enhance the educational process, rating performance, and determining the appropriateness of progression in the clinical phase of the DCP.

Continuing Education = 1. Lifelong adult education: adult education, usually in the form of short or part-time courses, continuing throughout a person’s life. 2. Courses to update professionals: regular courses or training designed to bring professionals up to date with the latest developments in their particular field.

CCEI = Councils on Chiropractic Education International.

DCP Administrator = The highest ranking employee within the DCP. In a sole purpose institution this may be termed “the President” and in a university this may be termed “Department Director”.

DCP Executive = The individual to whom the DCP Administrator reports or who is ultimately responsible for the overall integrity of the DCP. In the case of sole purpose institutions, this would be the Chairperson of the Board of Governors of the institution.

Diagnosis = An expert opinion based upon the reasoned judgment of the Doctor of Chiropractic to identify the nature and cause of the patient’s subjective complaints and objective findings, which directs clinical care and case management decisions. The diagnostic process is an essential component of chiropractic care and includes the integration and synthesis of all available information obtained from appropriate history, examination findings, laboratory, imaging, and other evaluations, resulting in a recorded opinion of the patient’s health problem(s) and status.

At times, there may be insufficient or inconclusive information to render a final diagnosis; however, the initial diagnostic impression should guide the Doctor of Chiropractic in decisions about further diagnostic evaluation, referral, or initiation of patient care. The diagnosis may be modified during the course of case management as a result of further evaluation, acquisition of additional information, changes in subjective complaints and objective findings, or clinical responses to chiropractic care.

Final diagnostic conclusions may be contingent upon information that is not immediately

accessible to the Doctor of Chiropractic, including results obtained from specialized diagnostic procedures, reports from other health care providers or facilities, data derived from clinical observation, or other knowledge from third party sources.

Educational outcomes = Indicators of the quality of instructional effectiveness.

Executive Director = The Executive Director of the Federation.

Final Decision = As used in these *Standards*, the term "Final Decision" refers to a decision made by the CCEC with respect to a DCP. CCEC decisions which the DCP can appeal, do not become "final decision" until the time for launching an appeal has expired, or, if an appeal is launched, the appeal process has been completed.

Graduate Education = Formal education pursued after graduation from a DCP. Examples are: programmes leading to a Specialist Fellowship, Masters or PhD.

Health promotion = The process of enabling people to increase control over their health and its determinants and thereby improve their health. (World Health Organization's 2005 Bangkok Charter for Health Promotion in a Globalized World)

Immediate Family = Spouse/partner, children, siblings or parents.

Information technology = The means for the search for and retrieval of information from electronic sources such as CD ROM, WEB-based information services, and computerized information and patient information storage sites.

May = Indicates a condition allowable within the *Standards*.

Must = Indicates a condition mandatory for accreditation by the CCEC.

Patient review policies = A mechanism to systematically review and effectively deal with patient complaints and reported incidents.

Portal of entry = The opportunity for the Doctor of Chiropractic to be the first contact a patient may make with a provider to seek health care information and/or services.

Primary Care Chiropractic Clinician = An individual who serves as a point for direct access to health care delivery, the Doctor of Chiropractic's responsibilities include: (1) patient's history; (2) completion and/or interpretation of physical examination and specialized diagnostic procedures; (3) assessment of the patient's general health status and resulting diagnosis; (4) provision of chiropractic care and/or consultation with continuity in the co-management, or referral to other health care providers; and (5) development of sustained health care partnership with patients.

Service = Work done for the betterment of society and/or the profession in addition to the foundational education programme. Examples are: community outreach, government submissions, serving on professional organizations, etc.

Should = Indicates a condition that is desirable but not mandatory for accreditation by the CCEC.

Standards = The Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards Standards for Doctor of Chiropractic Programmes.

APPENDIX B

HISTORICAL DEVELOPMENT OF CHIROPRACTIC ACCREDITATION

Voluntary efforts to improve chiropractic education in the United States were undertaken as early as 1935 when the National Chiropractic Association (later known as the American Chiropractic Association) created a Committee on Educational Standards (CES).

In 1939 the CES sent the first self-study questionnaire to all 37 chiropractic programmes in the United States. It also undertook the development of educational criteria that were subsequently approved by the chiropractic programmes. An inspector visited the applicant programmes and evaluated them against their self-studies and the educational criteria. In 1941 the CES issued its first list of 12 provisionally approved programmes. By improving educational standards, which resulted in the mergers of some schools and the closure of others, the number of chiropractic schools in the U.S. was reduced to 10 by 1961.

In 1947, the National Chiropractic Association approved the newly formed Council on Education, made up of programme representatives and members of the CES. This body evolved into the Council on Chiropractic Education of the USA (CCE-US) which in 1974 gained recognition from the United States Office of Education as the official accrediting agency for chiropractic programmes. For much of its history, CCE-US received financial support and director nominations from the American Chiropractic Association and the Federation of Chiropractic Licensing Boards. In the 1990s, CCE-US moved away from this structure and now relies totally upon its member programmes for all funding. CCE-US's governing Council is composed largely of appointees from its member programmes.

In 1945 the Canadian Memorial Chiropractic College (CMCC) was established and became the first international programme to be added to the list of schools approved by the CES.

In 1977, CMCC recommended to CCE-US that a system of international recognition be established in the field of accreditation. CCE-US agreed with this proposal provided that an accrediting agency having similar educational standards was established in Canada. A steering committee, consisting of representatives from CCE-US, the Canadian Chiropractic Association, the Ontario Chiropractic Association, the Board of Directors of Chiropractic of Ontario (now known at the College of Chiropractors of Ontario) and CMCC, approved an international agreement and recommended that the CCA consider establishing a Council on Chiropractic Education (Canada) Inc. (CCEC). In 1978, the CCA voted to form and be a sponsor of the CCEC, and later that year the Department of Consumer and Corporate Affairs of the Government of Canada granted a charter to the CCEC.

When the CCEC was established, it was based on the premise that there would be a wide variety of organizations that would share the financial burden and control over the accreditation process. The CCA, Canadian Federation of Chiropractic Regulatory Boards (CFCRB), Canadian Chiropractic Examining Board and the accredited programmes all appointed representatives on the Board and shared the costs of accreditation.

CMCC achieved “Recognized Candidate for Accreditation” status with the Commission on Accreditation of the CCEC in 1982 and became fully accredited in 1986. It has held this status with the CCEC and its successor organization, the Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards (CFCREAB), ever since.

In 1982 the CCEC and CCE-US established a recognition agreement. Subsequent agreements were reached with the Australasian Council on Chiropractic Education (ACCE) in 1986 and with the European Council on Chiropractic Education (ECCE) in 1993.

In 1993 a chiropractic programme was established at the Université du Québec à Trois-Rivières (UQTR). In 1998 the programme became accredited and has held this status with the CCEC and its successor organization, the CFCREAB ever since.

In 2000 the CCEC became a founding member of the Councils on Chiropractic Education International (CCEI), whose members also include the CCE-US, ECCE and ACCE. The CCEI is an international agency whose primary purpose is to promote and oversee high quality standards for chiropractic education on a worldwide basis. Membership in CCEI and adherence to the CCEI Standards now form the basis for recognition of accredited programmes internationally.

In addition, CCEI makes available its services and expertise to leaders of chiropractic education programmes worldwide. CCEI develops opportunities for accreditation of chiropractic education programmes where, at present, no accrediting agency exists. CCEI aids and recognises new accreditation agencies that implement the CCEI Standards and meet other qualification requirements.

In 2007, the CCEC amalgamated with the CFCRB to form the CFCREAB. The CFCREAB has continued to represent Canada on the CCEI.

In 2010, CFCREAB changed the name of the Commission on Accreditation to the Council on Chiropractic Education Canada (CCEC).