The Crisis in Chiropractic Education and Practice: A Review of History and Opportunities for Reform

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ABSTRACT

Objective: To review the tumultuous history of chiropractic educational accreditation and related scope of practice issues and provide suggestions for a dialogue as the profession deals with its current obstacles in these areas.

Methods: A review of the historical literature and current events was undertaken in the areas of chiropractic education, accreditation, legal issues and scope of practice.

Discussion: The chiropractic profession has been fractured since its inception on issues related to education, accreditation and scope of practice. The current crisis seems perched to forever change the nature of the profession no matter the outcome.

Conclusion: In the current crisis, the chiropractic profession is presented with the opportunity to come to grips with its internal differences and come to a resolution that benefits all parties including patients, practitioners and students. Whether the profession will accept the challenge remains to be seen.

Key Words: Chiropractic, education, accreditation, Council on Chiropractic Education, United States Department of Education, vertebral subluxation, primary care

Introduction

The chiropractic profession finds itself once again at a crossroads. In the swirl of a perfect storm brewing within and outside of the profession chiropractic is searching for ways to stop declining enrollment in its schools, increase shrinking market share, and stop an ever increasing decline in chiropractor’s incomes.

Despite chiropractic’s historical embrace of paradigmatic enquiry, the profession seems to be retreating to Einstein’s old saw about doing the same thing and expecting different results. The answer thus far to address declining enrollment is for field doctors to simply refer more of their patients to chiropractic colleges.¹

The solutions for decreased market share and shrinking incomes include a media campaign consisting of athletes, cheerleaders and other third party endorsements regarding how chiropractic helped them with their back pain.² Other efforts are geared toward getting chiropractors included in the Medical Home Model as first responders for musculoskeletal disorders.³

Those efforts however, seem relatively innocuous when compared to the organized efforts within the profession to dramatically alter the very nature of chiropractic by claiming to be primary care providers, gaining prescription drug privileges and systematically marginalizing the management of vertebral subluxation. The arguments for doing so are cloaked primarily in a veil of concern for patient needs but the real motivation exists just below the surface and consists of a vigorously held belief that the expansion of our scope will open up a revenue stream and pull the profession back from the brink.⁴,⁵

Just within the past two years the profession’s only educational accrediting agency has stripped the notion of “without drugs and surgery” from its accreditation criteria known as the Standards. It also removed any significant focus on vertebral subluxation from those same Standards.⁶

¹. Vice President – Foundation for Vertebral Subluxation
This paper attempts to provide a brief overview of the emergence of a Cartel within the chiropractic profession that has systematically worked over a period of decades to redefine what chiropractors are and what chiropractors do. Their efforts have in large part created a façade for third party payors that chiropractors are trained to provide the full spectrum of primary care. Focusing on the current crisis in chiropractic education and accreditation, the paper will offer an overview of the possible scenarios and related outcomes that present themselves to the profession.

The Chiropractic Cartel

Laying the Groundwork

In the Fall of 2002 the Journal of Chiropractic Medicine (JCM) published an issue devoted to the topics of prescriptive drug rights, primary care and the formal tiering of the chiropractic profession. That issue of JCM went largely unnoticed by those factions within the profession that adhere to a more conservative, traditional role for chiropractic based on the clinical management of vertebral subluxation. It wasn’t until more recently that leaders within this faction started to take notice of the articles and controversies contained within that issue of the journal.

This is important in that this journal issue laid out in clear terms the agenda of what has become known as the Chiropractic Cartel which was first described by Dr. Lawrence J. DeNardis - a Committee Member of the United States Department of Education’s Office of Postsecondary Education and the National Advisory Committee on Institutional Quality and Integrity (NACIQI). He made the following comments during the Hearing for consideration of Renewal of Recognition of the Council on Chiropractic Education in 2006:

Madam Chair, we’ve heard charges and countercharges from I trust a wide, fairly wide spectrum of the chiropractic profession. At least that's the way it seems to me. Battles over turf, battles over philosophy, maybe battles over personal ambition, but divisions of every kind. And some of this, maybe most of it, is a consequence of, at least as I see it, a monopoly control of a profession which has led to the establishment of a virtual cartel, not unusual. There are several other professions that we deal with that have a virtual cartel control of the profession.

We can't change that, but we can consider measures that will try to send a message to the prevailing control group that they should try to be more inclusive rather than less inclusive and I suggest that we try to figure out what is within our range of alternatives to do that. Because I believe if we simply hear it, discuss it, anguish over it, and then give them five years of recognition, that we haven't been the impetus for any corrective action for the profession and I worry about the profession.

The Chiropractic Cartel is believed to be made up of the following organizations:

- The Council on Chiropractic Education
- The National Board of Chiropractic Examiners
- The Federation of Chiropractic Licensing Boards
- The American Chiropractic Association
- The Congress of Chiropractic State Associations
- Chiropractic Colleges
- Various For Profit Business Entities

It is important to remember that these groups also function together in a multitude of ways and that there is a great deal of overlap between them and other groups and organizations that might not necessarily be considered willing participants in the Cartel itself. For example, a large umbrella group currently operating within chiropractic calling itself the Chiropractic Summit is run largely by Cartel interests and holds similar goals such as those related to primary care, physician status, and third party reimbursement. While prescriptive drug rights is not a specific goal stated by the Summit, the concept of physician status brings with it those practices that would confer such broad scope status including prescription drugs.

The Cartel Agenda – Accreditation History

The CCE was created in 1971 when the American Chiropractic Association (ACA) separated the ACA Council on Accreditation from the ACA itself and incorporated the Council on Chiropractic Education. The CCE quickly requested recognition from the United States Office of Education (USOE) but was denied because the USOE was not willing to recognize two chiropractic agencies. At this time there were two accrediting agencies – the CCE and the Association of Chiropractic Colleges (This is not the same ACC we have today). Neither could claim to represent the entire profession nationally and at the time this was a stipulation for any professional accrediting body to gain recognition by the USOE.

There were efforts to force the two agencies to merge including those by the Federation of Chiropractic Licensing Boards (FCLB) which issued a resolution to the effect. However, there were also state by state efforts at solidifying the CCE as the sole accrediting agency. For example, in June 1972, the Florida State Board of Chiropractic Examiners revised its regulations so as to accept applications for licensure only from graduates of schools accredited by the CCE. This action was repeated in several other states.

According to Kent:

Major changes in chiropractic education were initiated in the early to mid-1970s. At this time, chiropractic colleges were accredited by either the American Chiropractic Association (ACA) or the International Chiropractors Association (ICA). In an effort to "upgrade the image" of the profession, both the ACA and the ICA decided to pursue federal recognition for their respective accrediting bodies. The ACA had the Council on Chiropractic Education (CCE) and the ICA schools were represented by the Association of Chiropractic Colleges (ACC). (Note: That ACC is not related to the current ACC.)
Heated debate characterized the efforts of the two bodies to approach the federal government with one agency. An agreement was reached to defer the submission of formal applications for Department of Health, Education and Welfare (DHEW) recognition by both groups. It was hoped that the two associations would be able to resolve their differences and approach the federal government with one agency. Despite this agreement, the CCE submitted an application and obtained approval, while the ACC waited as promised.

In May 1974 the CCE’s application for recognition by the USOE was finally accepted putting an end to the ACC’s hopes for recognition. Immediately following, sensing the imminence of CCE’s triumph, the FCLB issued a Resolution that its state board members revise statutes and administrative codes to require that future applicants for licensure show evidence of having graduated from a college recognized by the CCE.

This action by the FCLB and the response by the states to enact such statutes and codes remains the single biggest locus of control that the CCE has over the educational and licensing functions of the entire chiropractic profession.

Conservative schools experienced obvious problems existing under the thumb of the CCE. Sherman College of Straight Chiropractic along with ADIO Institute of Chiropractic both embarked on a series of legal actions related to the CCE who had denied accreditation to their schools. Armstrong made a case that the CCE had conspired with the ACA and the FCLB to control the profession and eliminate straight chiropractic through control of the educational system for chiropractors.

In 1979 Sherman College challenged the U.S. Commissioner of Education's renewal of CCE’s status as a federally recognized accrediting agency for chiropractic colleges and lost. The United States District Court for the District of Columbia rejected Sherman College's claim, holding that the commissioner's judgment was correct, and that his confidence in CCE as a "reliable authority as to the quality of training" in chiropractic colleges, which is broadly representative of the profession and the public interest, was fully justified. The District of Columbia Court also found that CCE was "broadly representative of the chiropractic profession," and that the ideology of Sherman College was "the doctrine of a deviant splinter group."

In 1979, Sherman College and its allies also instigated an investigation of CCE by the antitrust division of the United States Department of Justice to no avail.

For more than two years, the Antitrust Division investigated Sherman College's claims that CCE was involved in an alleged conspiracy to restrain competition in chiropractic education and practice, and close the investigation in 1981. The division's exhaustive and wide-ranging investigation produced no evidence of illegal action warranting further government action.

Then in September 1981 Sherman College of Straight Chiropractic and the Straight Chiropractic Academic Standards Association (SCASA) filed an antitrust lawsuit in the United States District Court of the Northern District of Georgia against the American Chiropractic Association, Inc., the Council on Chiropractic Education Inc., the National Board of Chiropractic Examiners, and Dr. Sid Williams. Sherman and SCASA claimed that the defendants violated antitrust laws by conspiring to restrain their ability to compete in chiropractic education and the chiropractic profession by engaging in a boycott of the plaintiffs.

Sherman and SCASA alleged that the CCE had abused its responsibilities as an autonomous accrediting agency and had conspired with the other defendants as well as members of state chiropractic licensing boards and the Federation of Chiropractic Licensing Boards to exclude Sherman graduates from the profession:

The CCE argued that the plaintiffs were improperly using antitrust laws to prevent CCE and others from expressing the view that doctors of chiropractic should be adequately trained in clinical diagnosis before they are licensed to practice chiropractic. The CCE pointed to the fact that the vast majority of the states agreed with CCE by requiring diagnostic training, and rejected the extreme anti-diagnostic views. In fact they argued that these facts supported such training in diagnosis to protect public health and safety.

The court agreed and after a two week trial the court rejected Sherman's and SCASA's claims and ordered them to pay the court costs. The CCE used the court’s decision as another purported example of Sherman and SCASA's attempts to harass the CCE.

The acceptance of the Straight Chiropractic Academic Standards Association (SCASA) as an alternative to the CCE became an imperative if the conservative faction within the profession was to survive. SCASA pushed forward for recognition with the United States Department of Education (USDE) and in December 1988 SCASA was recognized by the USDE.

The CCE challenged SCASA’s authority as an accrediting body in California and this along with Sherman’s loss of accreditation by the Southern Association of Colleges and Schools (SACS), and concerns raised about SCASA’s accrediting activities by the USDE, eventually led to its removal of recognition by the USDE in June 1993. With nowhere else to go, its enrollment declining and its graduates unable to gain licensure, Sherman applied again to the CCE and was granted accreditation in January 1995. ADIO, which had changed its named to the Pennsylvania College of Straight Chiropractic, also applied to the CCE in 1994 but was denied and subsequently shut down.

Life Chiropractic College (Now Life University) received CCE accreditation for the first time in 1985 but remained perpetually locked in a philosophical battle with the CCE over the issue of diagnosis and management until June 10, 2002 when the CCE stripped Life of its chiropractic accreditation.
for alleged deficiencies in these areas. In the aftermath, Life’s enrollment plummeted, Life’s Founding President, Sid E. Williams DC, resigned and Michael Schmidt DC was named Interim President vowing to appeal the CCE’s decision. During the appeal, Life retained its accreditation, but on October 20, 2002, the appeal was rejected and the school’s accreditation was rescinded.

Shortly after, Life brought in a new President, Ben DeSpain, and on January 2, 2003 he filed a lawsuit against the CCE seeking declaratory and injunctive relief. The suit alleged that the CCE had amended its bylaws in such a manner that they conflicted with the articles of incorporation, violated Life’s common law due process rights by conducting a flawed and biased process for reaffirmation, refused to reconsider Life’s application for re-accreditation in a timely manner and the most significant allegation – that the CCE adopted Standards for Doctor of Chiropractic Programs and Institutions that strongly favored the liberal branch of chiropractic philosophy at the expense of the conservative branch.

The Life lawsuit stated in part:

Within the chiropractic community, there have long been two primary philosophies on the scope of chiropractic. Adherents to the conservative philosophy believe the scope of chiropractic care should be limited to the traditional diagnosis and adjustment of displacements of spinal segments or other musculoskeletal structures. According to their view point, any form of allopathic or homeopathic pharmaceutical prescription or other ancillary treatment is the practice of medicine and, therefore, outside the scope of chiropractic. This philosophy is promoted by the international Chiropractors Association (ICA) and the National Association of Chiropractic Medicine (NACM). Life’s curriculum has traditionally been based on this conservative philosophy. Proponents of the competing liberal philosophy based on a medical model, believe the doctor of chiropractic should go beyond the diagnosis and treatment of displacements of spinal segments or other skeletal structures and utilize ancillary treatment methods consistent with the role of a primary care physician (i.e., acting as a primary care physician but without any medical school training or residency). In this capacity, the doctor of chiropractic makes the preliminary diagnosis for all patient complaints and either treats the patient directly, or refers the patient to the proper branch of medicine for treatment. This latter philosophy is promoted by the American Chiropractic Association (ACA).

Note that we see a common thread in the legal arguments from Sherman, SCASA and Life of the existence of two schools of thought or split within the chiropractic profession. This thread runs through the entire history of accreditation just reviewed and in fact runs through the entire history of the chiropractic profession itself. Perhaps one of the earliest signs of this split was when Howard, who was an instructor at Palmer College of Chiropractic, left to start his own school:

This particular “Event” was precipitated by Howard when he began to dissent from the chiropractic fundamentalists in 1906 by creating a curriculum to “teach chiropractic as it should be taught” (a broad scope, science based chiropractic, that is). Dr. Howard referred to his Howard System as the “rational alternative” – an alternative to both chiropractic’s zealotry and to allopathy’s injudicious pharmacology and unnecessary surgery all of which were abundant in the 1906-1910 era.

Unlike the previous attempts by Sherman and SCASA that failed to stop the CCE’s alleged discriminatory activity, Life was successful with Judge Moye granting Life’s request for an injunction. Moye ruled in part:

Third, as to Plaintiff’s likelihood of success, the Court finds that Plaintiff has demonstrated that it is substantially likely to succeed on the merits for the following reasons: Although decisions of accrediting agencies have historically been given deference, where, as here, accreditation decisions are made by actors with a financial interest in the outcome, little deference should be given. Here, there were admitted conflicting economic financial interests in the decisions that were made. That fact is shown by the recruitment of Life students, after the June 2002 decision, by competitors whose representatives were involved in the decision making on accreditation; an attempt by a competitor whose representative was one of the decision makers to buy life University after its accreditation was withdrawn, at a time when the monetary value of Life University had been reduced by the accreditation decision; the fact that persons with competing financial interests to those of Life University made the accreditation decisions on Life University; the fact that the elimination of Life University as a chiropractic college would increase the number of students and money available to those competitors; that an aggressive group of leaders of the eight liberal chiropractic schools, who had only one-third of the chiropractic students, had undertaken a series of corporate manipulations in order to reduce the representation and dominance of the eight conservative chiropractic schools (of which Life University was one), who had approximately two-thirds of all chiropractic students; that these corporate manipulations, which may very well have violated CCE’s corporate charter, were calculated to give dominance to the liberal minority group over the conservative majority group; that the end result has been the disaccreditation of the largest of all the colleges of chiropractic and the turning loose of hundreds, perhaps thousands, of students to be attracted to the other schools. Actions which would violate the antitrust laws if incorporated in an accreditation procedure, per se, indicate a lack of due process.

Life University and the CCE ended up settling their disputes, a special accreditation process was instituted for Life and as a result Life University College of Chiropractic has continuously held its CCE accreditation since 1985.
Concurrent with Life’s lawsuit, Palmer College of Chiropractic had also filed a lawsuit against the CCE for changes it had made in its corporate status. Palmer alleged that the CCE deprived Palmer of its rights of representation in the CCE corporate organization following CCE’s attempt to dissolve itself as a Wisconsin corporation and begin operations as an Arizona corporation. The Palmer lawsuit claimed these actions were taken in violation of the CCE’s own bylaws and articles of incorporation. Related issues regarding the corporate status of CCE were raised in the Life lawsuit as well.

The Cartel Agenda – Primary Care, Drugs & Tiering

In large part the Cartel has effectively carried out the agenda described in the 2002 issue of JCM one line item at a time. One of the events that caught the attention of the subluxation centered community was the announcement in 2009 by National University of Health Sciences (NUHS) that they had graduated their first class of practitioners with a Master of Science in Advanced Clinical Practice (ACP). While the notion of a “split” and two factions (classes) existing within the profession has been around since the early days of the profession, National’s ACP Degree formalized the distinction of two classes of chiropractors and created the formal split.

In an article contained in the 2002 JCM issue, Kremer lays out his proposal for formalizing these two classes of chiropractors. One with Advanced Practice Certification who could practice primary care including the prescription of drugs. The other type of chiropractor was described as a “basic” DC who would see patients primarily related to neuromusculoskeletal conditions but would not practice primary care or prescribe drugs. Clearly those aligned with the primary care, drug and tiering agenda had been working their plan since the time Kremer wrote his prescient article.

At the same time that NUHS was training its first class of “advanced” chiropractors in primary care and the basics of drug use, the state of New Mexico’s chiropractic board was working on developing a safe haven for those chiropractors who had these advanced credentials and wanted a place to practice. While there is a great deal of contention surrounding the actions of the Board in New Mexico including the halting of the implementation of certain aspects of the law, they did manage to develop and implement a formulary. According to the Chairman of the New Mexico Board of Chiropractic, William Doggett, there are 19 states that have contacted him for advice on how to do what New Mexico has done.

Just how far do they intend to go with this?

The New Mexico Board of Chiropractic Examiners and the Board of Pharmacy are also negotiating a list of intravenous drugs to add to the proposal. Members of both boards had no estimate on when the list would be ready and did not discuss what it might include. ‘Eventually, we hope to expand into a larger array of prescription drugs,’ said Dr. Leslie Schmidt, an Albuquerque chiropractor and chairman of the Board of Chiropractic Examiners. ‘We’re going to have needle injectables and IV drugs.’

The facts are that despite all the uproar regarding what many believe to be the inclusion of drugs into chiropractic, some level of prescriptive authority already exists. As Kent points out:

Over 20 years ago, Oklahoma authorized intramuscular and intravenous injection of ‘nutritional agents.’ What training was required? "The first injectable nutrient course consisted of approximately four hours of instruction, going through a 'hands-on' portion in which the chiropractic physician-in-attendance would take a syringe and needle, draw up a cc of B12, and inject it into an orange." Today, the training required is a mere 24 hours for a vastly expanded scope of practice, which includes treatment for shock (emergency procedures); PICC catheter lines; intramuscular and intravenous protocols; and oral protocols. The protocols taught include: trigger point injections; neural therapy; intravenous protocols for adult-onset asthma (a sulfur detox pathway problem usually secondary to a molybdenum deficiency); adjuvant nutritional IVs for the cancer patient; and treating persistent, nonresponsive subluxation complex, a result of axonal transport defect, due to heavy metal and/or volatile organic compound poisoning of the nerve.

While this activity in New Mexico and at NUHS was taking place the Council on Chiropractic Education (CCE) was in the process of revising its Standards for accreditation of chiropractic educational programs leading to the Doctor of Chiropractic Degree. Ultimately, the revised Standards, even in draft form, met with widespread resistance from the profession specifically surrounding its removal of any meaningful reference to the clinical management of vertebral subluxation and its removal of descriptors for chiropractic as being without drugs and surgery.

In place of these foundational tenets of chiropractic the CCE reinforced the notion of chiropractors practicing as primary care physicians. Despite protestations from some within the medically oriented faction of the profession that notions of primary care have been included in the Standards for some time, this latest iteration was the boldest move yet on the part of the CCE.

Also occurring during this same time frame was an announcement by the CCE that they had recently reaffirmed NUHS Doctor of Chiropractic Medicine Program (DCM). This action brought up questions considering that the United States Department of Education does not recognize the CCE for accreditation of anything other than the Doctor of Chiropractic Degree. The response from NUHS President, James Winterstein DC, was based on semantics in that he maintains NUHS DCM is a Program, not a Degree and that NUHS issues only a DC degree at this time. NUHS maintains they can call the Program anything they want since CCE accredits the Degree but not the program.

Despite Winterstein’s assertions that NUHS DCM is a Program and not a Degree, concurrent with the above actions NUHS approached the chiropractic state boards throughout the United States asking whether or not the state would recognize...
a DCM degree. According to a nationwide Freedom of Information Act and Open Records Request, the Foundation for Vertebral Subluxation (FVS) has acquired documents sent between NUHS and the states regarding whether or not the particular state would recognize the DCM degree. According to one document sent to Oklahoma, NUHS contends that they have received responses from 82 percent of the boards at the present time and have found that the majority of those responding would not have a problem with the DCM degree.

Winterstein and NUHS are leaving no stone unturned in the efforts to advance a Doctor of Chiropractic Medicine Degree. According to a State of the University Address by Winterstein in June 2011, NUHS has embarked on a plan to offer the Doctor of Chiropractic Medicine Degree. The plan involves offering the designation following the completion of additional training (residencies, pharmacology training etc) after a student completes the regular program and is issued a DC degree. NUHS plans on sidestepping the CCE on the accreditation issues that would invariably arise by seeking regional accreditation for the DCM degree.

This will effectively make any issue of drugs, surgery and subluxation in the Standards a moot point for the DCM contingent since NUHS has cleared a path for credentialing chiropractors to prescribe drugs through a program that is regionally accredited and which brings with it student loan eligibility. Other chiropractic institutions will, if they have not already, begin looking into offering similar DCM programs as more states change their scope and add prescriptive rights. The only other option for them would be to let NUHS be the only game in town and let the additional money flow there. Given that nearly half of the profession wants at least limited prescriptive rights there is a great deal of money at stake for the schools.

Suffice it to say that the above describes a chiropractic profession that is already officially, effectively and functionally tiered with two classifications of chiropractors. Further, the profession can no longer be defined as drugless and the vertebral subluxation has been marginalized to the benefit of those not wishing to focus scant resources on teaching doctrine related to it.

Conservative Chiropractic Responds to the Cartel

In December 2011 the United States Department of Education’s National Committee on Educational Quality and Integrity (NACIQI) held a hearing to consider the renewal of recognition of the CCE. Prior to that meeting there was a massive effort from organizations that support the conservative, traditional faction of chiropractic centered on the vertebral subluxation to mobilize the profession and voice their concerns to the NACIQI.

This included the International Federation of Chiropractors and Organizations (IFCO), The Foundation for Vertebral Subluxation (FVS), The Movement for Chiropractic Quality and Integrity (MCQI) and the International Chiropractors Association (ICA). These groups, especially MCQI exploited Facebook and other social media outlets to organize the public and professional concerns about the direction and leadership of the CCE and the Chiropractic Cartel. A petition was started by MCQI and a massive educational and letter writing campaign was undertaken. Numerous violations of Federal recognition criteria by the CCE were documented and cited in those letters including but not limited to those addressed by the Foundation for Vertebral Subluxation. See Table 1.

On the other end of the spectrum, the American Chiropractic Association and the Association of Chiropractic Colleges endorsed and praised the CCE in their reports to the NACIQI. The ACA noted a consistent improvement in the quality of chiropractic education and that the vast majority of state boards agree with this, as evidenced by their requirement that their licensees must graduate from chiropractic colleges that are CCE accredited in order to get licensed.

As a result of these actions the NACIQI staff reported 42 violations of recognition criteria in their preliminary report. So significant were the sheer number of violations that the Vice Chairman of the Committee remarked during the hearing that the CCE had “hit the jackpot on deficiencies” and that the number and nature of the problems indicated “sloppiness” on the part of the CCE. But more importantly is what has become known as the 43rd violation wherein NACIQI directed the CCE to demonstrate compliance with Section 602.13 of the Recognition Criteria dealing with the wide acceptance of its standards, policies, procedures, and decisions; and to address how its standards advance quality in chiropractic education.

The issue of the CCE being in violation of 602.13 was expressed by the International Federation of Chiropractors and Organizations (IFCO) in their written complaint to the USDE prior to the NACIQI Hearing in December 2011. In their submission, the IFCO stated that the 2012 Standards and Policies of the CCE were crafted to change the mission of chiropractic from that of a limited, portal of entry profession that contributes to patient health through the correction of vertebral subluxation to a primary care, plenary profession similar to allopathic and homeopathic medicine. The IFCO asserted that this approach by the CCE is in direct conflict with state chiropractic practice acts as they define chiropractic as a profession that is limited to a class of conditions that affect a limited portion of anatomy.

The IFCO further asserted that the CCE inappropriately classifies doctors of chiropractic as primary care physicians contrary to the licensing statutes of at least 41 states and that their removal of the requirement to train a candidate to detect and correct vertebral subluxation is contrary to the widely accepted standard of what chiropractic is on the federal, state and collegiate level.

This issue was also addressed in a written submission by the MCQI to the NACIQI prior to the 2011 hearing:

Most notable of the violations is the failure of the CCE to recognize and respond appropriately to the wishes of the institutions, faculty, practitioners and students. This is a direct violation of section 602.13 Acceptance of the agency by others. Lack of consideration of the opinions of the profession at large and students in particular was witnessed with the recent adoption of the new CCE Standards. This
is particularly disconcerting as the new Standards have essential language such as “subluxation”, nearly removed, as well as any reference to chiropractic being “drugless and non-surgical.” The Association of Chiropractic Colleges considers both to be essential elements of their paradigm statement. How can a graduate expect to succeed in clinical practice when the detection and correction of subluxation is not considered a meta-competency yet considered essential to the colleges and profession at large? Removing the language “without drugs or surgery” serves to move the profession closer to the inclusion of drugs, which has become an increasing political and philosophical battle this past year. As doctors of chiropractic, students, and the public receiving their care, we wish for chiropractic to remain drugless and non-surgical.

So unique and unprecedented was the response by the USDE towards the CCE that the Chronicle of Higher Education reported:

After four hours of public comments and deliberations, the federal panel that advises the education secretary on accreditation issues approved a standard motion recommending to continue a chiropractic-program accreditor's authority if it can clean up its act within a year.

The CCE was given one year to address all of the violations of the recognition criteria as well as to demonstrate to the NACIQI that there is widespread support for its Standards, policies and procedures and that their Standards actually improve chiropractic education. Other than the 43rd violation the remaining are in effect bookkeeping and administrative types of issues and should not be too difficult to remedy.

However, the CCE may have a great deal of difficulty demonstrating widespread support and buy-in from the profession unless the disparate factions that make up the subluxation centered aspect of the profession work together, make demands and get those demands met.

Coalitions Form

Following the December 2011 NACIQI Hearing there were immediate efforts on the part of the conservative faction of the profession to reach out to the CCE and offer assistance in meeting the government’s concern regarding support of the profession. The IFCO, FVS and MCQI formed a Coalition and sent a formal letter to the CCE Council Chair David Wickes offering to lend support to these efforts. The ICA made similar extensions of the olive branch. However, the CCE responded to the Coalition demanding that before consulting with them each group needed to provide the CCE with the numbers of members or constituents that they represent and went so far as to ask the groups to produce membership rosters or lists as proof. It is not known whether or not the CCE made similar demands to members of the Cartel such as the American Chiropractic Association.

In the case of the ICA the CCE invited the organization to send one representative to participate on a Presidential Search Committee being organized to find a replacement for the previous CCE President who had resigned immediately following the NACIQI Hearing. However, the CCE placed conditions on the inclusion of the ICA including the requirement that the ICA: “Understand and support the vision and mission of the CCE” which could not reasonably be expected given the openly confrontational statements the ICA had made regarding the actions of the CCE and concerns about its actions.

The Congress of Chiropractic State Associations (COCSA) also contacted the CCE in a January 23, 2012 letter stating in part issues directly related to the infamous 43rd Violation:

It is our understanding that the Council devoted considerable time addressing the 41 concerns identified by the USDE staff and in fact has already voted and approved changes to by-laws and policies that will resolve many of those outstanding issues. The concern of the COCSA Board of Directors is in regard to some additional admonitions with regard to acceptance of CCE and how CCE standards advance the quality of chiropractic education, as referenced above. This is of particular interest to our membership as those added charges speak specifically to the concerns of many in the profession. On behalf of the Congress of Chiropractic State Associations and our membership, we wish to inquire of the Council on Chiropractic Education as to what specific steps the CCE intends to take to address the two significant issues added to the findings of noncompliance identified by the USDE staff at the conclusion of the December 14th hearing. Thank you for your attention to these concerns and requests.

No public information is available regarding the CCE’s response to COCSA’s letter at the time of this writing.

Immediately following the NACIQI Hearing in December 2011 the CCE held their regular annual meeting in January 2012. In a highly contentious move the CCE refused to allow stakeholders attending the meeting to address the CCE which was especially surprising considering that the USDE had just told the CCE to engage their stakeholders. In an even more shocking move the CCE elected a new Chair of the Council, Craig Little DC, DABCO, a member of the affirmed anti-subluxation West Hartford Group. Little ran unopposed for the position of Council Chairman.

The history of chiropractic education in general, and its accreditation wars specifically, is long and detailed. The previous overview attempted to tie together a number of key events that have marked this tumultuous struggle between the various factions of the chiropractic profession. In the remaining section of this paper an attempt is made to summarize the various scenarios that present themselves over the next year or so as the profession addresses the concerns of the USDE.

The conservative faction of the profession is urged to keep foremost in their minds the control that the Cartel has historically exercised over the conservative faction of the
profession. Though battles have been fought there has never been a time where this control has not existed. There has also never been a time in the history of the profession when power has been so concentrated in the liberal faction of the profession and there is nothing to suggest that this is going to change unless dramatic action is taken. Drugs are already a part of the profession and tiering is already taking place. On its current path the situation will only get worse. It is in everyone’s best interest to take the boldest action available in order to end the war within chiropractic.

The Way Forward – Opportunities for Reform

The question on everyone’s mind is what do we do now? There is a unique opportunity provided by the 43rd Violation for the traditional, conservative faction of the profession to have a say in how we move forward and there is a year to make it happen. If the CCE shows up for the next hearing with the NACIQI and is not able to demonstrate the widespread acceptance of its Standards, policies and procedures then there is a real chance that the CCE’s recognition by the Federal government will be in jeopardy. The current discussions are taking place behind close doors, in organization board meetings and through social media outlets. It appears we are faced with a few options that are outlined below.

Scenario 1: Allow the Existing CCE Agenda to Continue

We have already discussed what has taken place to this point. The conservatives within the profession could simply allow the CCE and the Cartel to continue to control the profession and its direction.

Pros: No effort or human or financial resources would be needed by organized groups or individuals to effect any change.

Cons: Without opposition the CCE and the Cartel would more likely than not continue to define chiropractic as the practice of primary care. Additional changes in educational infrastructure and delivery would be needed in order to offer rotations and residencies. States would experience continued changes in scope to allow for drug rights. The profession would eventually be unrecognizable from allopathic medicine. We would likely as well see a dramatic decline in enrollment as potential students realized the lack of value in a chiropractic education compared to a traditional medical or allied health degree.

Scenario 2: Occupational Retraining

What some might call an extreme option for the traditional, conservative faction of the profession would be to force those who want to practice primary care and have drug rights to add the appropriate credentials. This could be done by creating fast track programs with various medical and allied health institutions whereby chiropractors could get those designations that allow them to practice in the style they wish.

For example, one option would be a fast track Doctor of Physical Therapy (DPT) program for those who want to practice manipulation and physical therapy in a 3rd party pay model. This would enable the chiropractor as a DPT to choose independent practice or hospital employment. The vast majority of practicing chiropractors treat primarily musculoskeletal pain using manipulation and physical therapy in an insurance-based fee system. This would put them into the health care system that so many want to be integrated into, open up career options for them, and give them the opportunity to open a private practice when/if they want. Similar potential exists for adding an MD, DO, nursing or PA degree.

Pros: This is perhaps the most desirable option for the traditional, conservative faction of the chiropractic profession. On the surface it appears to stop the tiering of the profession and eliminates the idea and burden of drug rights and primary care.

Cons: While emotionally satisfying, this option still leaves existing chiropractic institutions that are already focused on primary care intact. It also leaves programs such as the DCM at NUHS in play and these will be outside the control and authority of the CCE. It leaves the states free to do what they want unless the chiropractic boards are controlled by non-medically oriented DC’s. For this scenario to play out would require an extremely widespread commitment by the conservative faction of the profession. The CCE would have to be under the control of this faction, Standards would have to be changed and legal and regulatory actions would have to ensue in order to stop the medically oriented faction from using the title DC or any of its derivations including using chiropractic to describe a type of medicine. There is no convincing evidence that such dedication, determination and commitment exist within the conservative camp of the profession to carry this out.

Scenario 3: Rearrange the Deck Chairs

Since it does not appear the conservatives are going to simply do nothing but will also not muster the support needed to force the medical contingent from the profession, then there are additional options available. The least invasive is to work with the CCE to create some structural and personnel changes to the CCE corporate body, Council, Site Teams and other related aspects whereby the traditionalists would potentially have an equal vote in the functioning of the CCE. Depending on how strong the response is to such a proposal they might also demand that vertebral subluxation be placed back in the Standards in some meaningful way as to reassure the conservatives that those schools who wish to focus on it will not be penalized moving forward.

The notion of “without drugs and surgery” could also be put back into the Standards to assuage any fears within these factions that they will be forced to teach pharmacology and other related curricular content. Since the Cartel already has plans underway to offer a post DC DCM degree that will not be accredited by the CCE this should no longer be a sticking point for the CCE.

Pros: Other than potentially allowing the CCE to continue unabated this is the least aggressive change that could be put forward. It essentially continues and mirrors what has happened in any previous efforts to create unity within the profession by demonstrating that everyone has a seat at the
table. The ICA might garner the political heft needed to make it happen from the existing Summit group which is already working closely with Cartel members.

**Cons:** There is no way to ensure and no reason to expect that those schools wishing to be mission focused on managing vertebral subluxation via a non-therapeutic model would be able to do so. In this scenario, the DCM degree still moves forward, the profession becomes tiered and chiropractic is used to describe a type of medicine. Because of tiering there is the potential for DC's to be perceived as something less than a DCM. There will be ongoing internal professional fighting and legal maneuvering over this issue. Even with a marketing and public education campaign it is not felt this could be overcome.

**Scenario 4: Curricular Freedom Model**

A more expansive version of the model described above is the Curricular Freedom Model wherein substantial structural and personnel changes would be made within the CCE in order to create two autonomous accreditation Councils. These Councils would enable curricular freedom for both the primary care and conservative factions. This would require substantial changes in the bylaws, operating structure and the function of the CCE. The key for this model to be successful is the ability for both Councils to work autonomously. Separate Councils would need to be created along with separate Site Team panels and there would need to be some type of coordination of each of them, perhaps through a committee.

This restructuring of the CCE would then offer accreditation of two programs leading to chiropractic degrees that would be offered by institutions. One program would lead to the already existing Doctor of Chiropractic and the other would lead to an as yet unnamed degree. Governance changes will need to be made to the overall structure of CCE to ensure a workable level of trust from stakeholders. Once established, these autonomous Councils would develop appropriate Standards and competencies including those for subluxation-centered chiropractors and programs. Institutions could offer the program they desired. This proposal would have to include the development of similar autonomous bodies and testing programs within the National Board of Chiropractic Examiners or establish an additional testing arm.

This proposal does not include the concept of tiering or a hierarchy in any way as it is detrimental to both factions. More so, it suggests that the subluxation centered chiropractor is inferior. Under no circumstances would this proposal move forward under such concepts.

**Pros:** This allows for the ongoing existence of the CCE as the sole accrediting body of the chiropractic profession but with two autonomous Councils under one main body. It also renders moot the issues that arise in states that mandate graduation from a CCE accredited institution for licensure. This scenario also does away with the need for establishing a second accrediting body in competition with the CCE.

**Cons:** Issues related to individual state scopes would have to be addressed on a state by state basis to be certain that any new DC programs or changes to existing DC programs meet the minimum threshold for licensure. Issues related to state boards that attempt to legislate out a conservative approach will need to be addressed. Related to this would be necessary efforts to educate naysayers that a subluxation centered program is no less rigorous than one focused on primary care as this will be a major talking point of those allied against such a scenario. This option still leaves the DCM faction free to pursue expanded scopes, drug rights and related matters. It also leaves the potential for tiering to occur, if not formally, then certainly as a practical matter since there will be two “types” of chiropractors licensed to practice. But the possibility of tiering and drug rights exists equally even with every other scenario. A great deal of intraprofessional trust would need to be summoned beyond whatever agreements could be codified.

**Scenario 5: Establish an Alternative Accrediting Agency**

Absent the will or the ability for the factions within the profession to work together in order to solve the accreditation crisis and keep everything under one roof the only remaining alternative is the establishment of a separate accrediting agency. While it has been tried before and failed the circumstances at this point may be more significant and due to social media more people are informed and able to participate in the decision making process.

During the time of SCASA a second accrediting agency was frowned upon by the USDE however, recent discussions with consultants reveal this is no longer the case and the NACIQI has actually advised the conservative faction during hearings that absent the ability to work things out one might consider the formation of another agency.

**Pros:** This represents the cleanest break from the CCE and its Cartel. It allows complete autonomy for the conservative faction of the profession. The new agency could also serve as a secondary accrediting body for those schools who wish to retain CCE accreditation but also want to demonstrate that they additionally offer a curriculum that includes subluxation and a non-therapeutic model of health care.

**Cons:** This is the most complicated scenario due to the multiple aspects involved. There currently exists no infrastructure within the conservative faction of the profession to support the development and implementation of a new agency. A great deal of human resources and funding would need to be secured. A new agency would need to actually be up and running with active accreditation activities for two years prior to applying to the NACIQI for recognition. In addition, language would need to be changed in those states that mandate graduation from a CCE accredited institution. Further, and perhaps most daunting, is that existing schools would need to voluntarily submit themselves to review by the new agency. It is not clear regarding what would motivate a school for doing so if they are already accredited by the CCE other than wanting to show they are also strong in other areas. Thus far the schools have been aligned with the CCE, at least in official pronouncements.

While none of the described scenarios offer an ideal answer to the obstacles facing the profession, one of them is going to come to fruition. Given the predilection within the
A New Educational Model

Beyond the need to address the immediate issues related to the accreditation crisis, there also exists an overall crisis within the profession as a whole and ignoring this would only be addressing symptoms of a bigger problem.

Enrollment in chiropractic schools is down 40% across the board,62 the market share for chiropractic services is decreasing not expanding,63-68 incomes for chiropractors are shrinking,69 license attrition rates, student loan burdens and loan defaults have become problematic70,71, competition relative to manipulative and wellness services is rapidly increasing72-74, and anecdotal reports suggest that those getting into chiropractic these days are doing so as a career decision as opposed to a life changing experience that propelled them to serve.

The value of a chiropractic degree is being questioned as the typical curriculum of our chiropractic programs is burdensome in terms of its length and its cost. Our students spend 4-6 years in school and accumulate as much as $200,000.00 in student loan debt. Data reveals that practicing chiropractors are unhappy with their educational experience.75 The bulk of the time in a chiropractic program is spent learning primary care diagnosis and management as well as teaching to the National Boards,76-78 Comparatively less is spent on chiropractic principles and practice.75,76 Further, the focus on diagnosis and management of disease is inconsistent with a vitalistic, non-therapeutic or meta-therapeutic model.80

The typical chiropractic educational program is based on a traditional brick and mortar model that requires tremendous resources to deliver. Physical classroom space, libraries, teaching clinics and the faculty to deliver the coursework and supervision are needed. At least $225,000,000.00 is spent yearly to administer these programs.81

A new delivery system is needed that combines the exploitation of the internet and asynchronous learning. It includes a new pedagogy based on case based methods, team based models and clinical clerkships in the field. The old model of pushing large classes through a lengthy, one size fits all curriculum needs to be replaced by a model that allows individual students to proceed through various modules at their own pace. Similar advancements are being advocated within medical education where residents will be able to progress at their own pace, move quickly through the skills that come easily to them and spend more time and remediation in areas they find challenging.82 The freedom to tailor training to the needs of their students and patients is a key feature of such reform82 and the use of technology, online delivery and asynchronous methods are being explored.83,84

Medical schools are even taking it a step further and developing programs where medical students are not steeped in the biological and basic sciences but instead are focused in the humanities and social sciences.85 Beyond health care the legal profession is beginning to take a serious look at its educational system and legal education reformers share some of the same concerns as those within the conservative faction of the chiropractic profession.86-88 Tamanaha, a law professor, is calling for cheaper, practice-oriented law schools and states:

One set of standards or reforms does not fit all. There is and should be room for diversity in a variety of aspects of how law schools structure themselves, including tuition, curriculum, how many years the law degree takes… 86

Why is the chiropractic profession not leading in this area instead of being stuck in an outdated model even our supposed arch enemy and the legal profession is throwing aside?

This new model offers a shorter matriculation time because it is not focused on the diagnosis and management of disease but instead is focused on the management of vertebral subluxation in a vitalistic, non-therapeutic framework. Given the shorter matriculation time, the exploitation of asynchronous learning, distance learning, and the shedding of bricks and mortar, this educational model is also less expensive and frees our graduates from the ridiculous and unmanageable loan burden they are now saddled with.

Kent89 briefly outlines (See Table 2) an alternative curriculum for training a new generation of chiropractors that would include courses in:

- Philosophy
- Basic Science: The New Biology
- Physiological Models of Vertebral Subluxation
- Clinical Models of Vertebral Subluxation
- Biomechanical Assessment
- Neurophysiological Assessment
- Biochemical Assessment
- Clinical Paradigms

Whether or not such a model or its related curriculum catches on depends in whole on the conservative, traditional faction of the chiropractic profession and the degree of commitment they have to seeing the perpetuation of this type of chiropractic. History and current events as outlined in this paper clearly point to its eventual demise without focused intervention.

Conclusion - Beyond a Fork in the Road

One thing is for certain and that is over the next year the Cartel will be dealing with a spectrum of the profession that it has historically sought to marginalize and cast as a fringe element of the profession and they are likely to continue to cast it in this fashion. It is primarily a result of the advent of social media coupled with the recognition of a crisis by many within the profession that has put the Cartel back on its heels. One, or perhaps a combination of the scenarios, described in
this paper are going to come to fruition and none of them involve an easy, painless process. The Cartel structured the current system for education, testing and licensure within chiropractic the way it did for this very reason – to make it difficult if not impossible to undo. What remains to be seen is whether or not a sleeping giant has really awakened or if the increased involvement we are seeing is simply a product of the advent and ease of social media and despite conservative chiropractors’ willingness to “like” a Facebook post – this does not necessarily translate into action. The Cartel will be banking on this.

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1. §602.15(a)(6) Conflicts of interest of board members, commissioners, and evaluation team members.

2. §602.16(a)(1)(i) and §602.16(a)(1)(ii). Curriculum. “The agency’s accreditation standards effectively address the quality of the institution or program in the following areas: (i) Success with respect to student achievement in relation to the institution’s mission, which may include different standards for different institutions or programs, as established by the institution, including, as appropriate, consideration of course completion, State licensing examination, and job placement rates. (ii) Curriculum.

3. §602.16(a)(1)(i) and §602.16(a)(1)(ii). Curriculum. “The agency’s accreditation standards effectively address the quality of the institution or program in the following areas: (i) Success with respect to student achievement in relation to the institution’s mission, which may include different standards for different institutions or programs, as established by the institution, including, as appropriate, consideration of course completion, State licensing examination, and job placement rates. (ii) Curriculum; and §602.21(a) “An agency must maintain a systematic program of review that demonstrates that its standards are adequate to evaluate the quality of the education or training provided by the institutions and programs it accredits and relevant to the educational or training needs of students.”

4. §602.21(b)(4). Review of standards. The agency must ensure that its program of review involves all of the agency’s relevant constituencies in the review and affords them a meaningful opportunity to provide input into the review.

5. §602.23(c)(1) concerning the manner in which it must respond to complaints against itself.

6. §602.23(e)(3) The accrediting agency must provide for the public correction of incorrect or misleading information an accredited or preaccredited institution or program releases about the agency’s accrediting or preaccrediting actions with respect to the institution or program.

**Table 1 - Violations of Federal recognition criteria by the CCE documented and cited in a letter to the NACIQI by the Foundation for Vertebral Subluxation.**

Philosophy

- Metaphysics
- Epistemology
- Ethics
- Politics
- Esthetics
- Logic and logical fallacies
- Vitalism vs. mechanism

Basic Science: The New Biology

- The living matrix
- Tone and tensegrity
- Semiconductor theory
- Non-synaptic communications: Chemical and electronic coupling through gap junctions, ephaptic transmissions, field effect interactions, glial cell messaging, neural rhythmic pulsations
- Connectomes
- Neuroplasticity
- Holographic neural theory
- Biological oscillators
- Coherence
- Entrainment
- Learning / memory in the spinal cord

Physiological Models of Vertebral Subluxation

- Dysafferentation
- Nerve compression and stretch
- Axoplasmic flow
- Segmental facilitation
- Dysponesis
- Dyskinesia
- Autonomic dystonia

Clinical Models of Vertebral Subluxation

- Segmental
- Postural
- Tonal

Biomechanical Assessment

- X-ray spinography
- CT
- MRI, including weight-bearing and kinetic
- Postural measurements
- Dynamic ROM

Neurophysiological Assessment

- Thermography
- Surface electromyography
- Algometry
- Heart rate variability
- Functional MRI
- Evoked potentials
Biochemical Assessment

- Oxidative stress
- DNA repair capability
- Inflammation
- Metabolic syndrome
- Immune indices

Clinical Paradigms

- Salutogenesis
- Eu-stress vs. Dis-stress
- Ease vs. Dis-ease