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**- MEMORANDUM -**

**DATE:** October 22, 2012

**TO:** CCE Council  
DCP Presidents/CAOs

**CC:** Craig S. Little, D.C., Council Chair  
CCE Administrative Office

**FROM:** Tom Benberg, Ed.D., President

**SUBJECT:** CCE/ICA Joint Summary Report

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Dear Colleagues,

One of the items in the CCE President's annual work plan approved by the Council Executive Committee is to reach out to stakeholders and, to the extent possible, establish positive working relationships. To that end, I have sent emails reaching out to the following groups: CCE Councilors, Presidents/CAOs of CCE-accredited DCPs/institutions; American Chiropractic Association; and the International Chiropractic Association. Several thoughtful ideas and opportunities have emerged from this approach for which we are grateful.

Dr. Craig Little, Council Chair and I recently met with the ICA and a Joint CCE/ICA Summary Report of that meeting is attached (see also the CCE Website, News section). The report is provided as an example of our continued commitment to improving this organization's transparency; in addition, the report and this email are designed to provide you with an opportunity for feedback. We ask you to please keep in mind that suggestions for change must follow the CCE's policies/timelines for change and that no group will receive special procedural considerations for their ideas.

We will continue to contact and meet with groups as we try to facilitate a continued, positive dialogue about important issues facing accreditation and the chiropractic profession.

**CCE/ICA Meeting  
Memphis, TN  
October 13, 2012  
CCE/ICA Joint Summary Report**

On Saturday October 13, 2012 Dr. Gary Walsemann, President of the International Chiropractors Association ( ICA ) met with Dr. Tom Benberg, President of the Council on Chiropractic Education (CCE) in Memphis, TN. The historic meeting between the presidents of the two organizations was initiated by Dr. Benberg who invited Dr. Walsemann to a meeting to discuss both areas of common ground and areas of divergent thought. The goal of the meeting was to ensure that the leaders of both organizations had an accurate understanding of the issues which might serve as a foundation for proposing future solutions. Joining Dr. Benberg was Dr. Craig Little, Chair of the Council and joining Dr. Walsemann was Dr. Stephen Welsh, Secretary-Treasurer of the ICA.

The respective organizations had previously exchanged one page outlines which were used collectively as an agenda for discussions. (Attached)

As CCE was the host for the meeting, Dr. Benberg began by thanking Drs. Walsemann and Welsh for taking the time to travel to Memphis to facilitate an open and direct dialogue about the agenda issues. Dr. Walsemann responded by expressing appreciation for the invitation and expressed a desire to assist in clarifying the basis for the concerns of ICA. Dr. Benberg then invited Dr. Walsemann to choose an issue; thus, a discussion of substantive issues began.

After acknowledging the areas of common ground, Dr. Walsemann initiated dialogue related to the removal of the "identity" of chiropractic as a unique discipline of the healing arts with a focus on subluxation and the recognition of the body's ability to heal "without the use of drugs or surgery". Dr. Welsh emphasized the fact that subluxation was defined in federal law, that the scope of practice excluded drugs and surgery in almost all state statutes and that a significant segment of the profession has expressed concerns over the removal of these references from the 2012 standards.

The CCE emphasized that it (1) had already proposed moving its Policy 3, with its mention of subluxation, back into the standards (see CCE Website for the October 1, 2012 Proposed Revisions), and (2) it was not the role of the accreditor or of the accreditation standards to define the scope of practice and that these matters were addressed at the state level.

The ICA agreed with the CCE position, but suggested that it would be appropriate for the “Forward” to the accreditation standards to acknowledge the scope of practice and the identity of chiropractic as it is currently characterized in almost all state statutes.

Dr. Little proposed the formation of a consensus committee to address the issue of the appropriate language to be proposed for inclusion in the prefatory statement of the standards (the Forward) that would address the chiropractic identity issue. The ICA expressed strong support for the proposal and pledged to work with the CCE in developing a solution that would retain the unique identity of the chiropractic profession without compromising the academic freedom of the DCPs to design their respective programs in a manner consistent with their respective mission statements. It was agreed that a meeting in November, if possible, might facilitate the development of a proposal in adequate time to be considered by the Council at its next business meeting in January 2013, subject, of course, to the CCE’s existing policies/timelines governing such changes.

Dr. Little suggested that participants be encouraged to submit proposals prior to the meeting in order to facilitate the process. The ICA agreed and immediately offered three separate possibilities for consideration:

1. Restoration of the prefatory language related to identity previously included in the 2007 standards
2. Reconsideration of the “Riekeman” amendment that was withdrawn during the deliberations at the January 2011 meeting when the current standards were initially approved.
3. Consideration of the language defining a chiropractor currently on the CCE-USA website under the FAQ section.

The discussion evolved into a detailed review of the meta-competencies associated with the 2012 standards. The CCE expressed the view that it was the goal of the Council and the standards review committee to create a standard that was less prescriptive and gave all DCP’s greater autonomy and flexibility in defining competencies consistent with their respective mission statements.

The ICA expressed agreement with that objective, as well as the position articulated by Dr. Wickes before the NACIQI regarding the necessity for new graduates to demonstrate proficiency in both the assessment for the presence of subluxations and the deliverance of the chiropractic adjustment. The ICA acknowledged that it may have been the intent of the CCE to retain these objectives, but suggested that a literal interpretation of the references to these requirements in the meta-competencies did not support that stated objective.

The topic of governance structure was also reviewed in detail. The CCE outlined steps already initiated by the Council to increase the diversity of viewpoints represented on the Council. Reference was made to the suspension of number of candidates per open seat thus ensuring a direct election process by the members for the 4 institutional seats in the current election and that a task force had been established, chaired by Dr. Kathleen Galligan, to review the existing governance structure and election procedures.

The ICA expressed concern that the evolution of the governance structure over the past ten years has resulted in a council makeup that was skewed to one point of view. The CCE expressed concern that the ICA was not more proactive in submitting nominations for open council positions. The ICA explained that the ICA had encouraged 9 individuals to submit their applications for consideration, but these were submitted without the formal endorsement of the ICA. The ICA agreed to formally submit a list of candidates in the future.

The CCE reiterated that it was their goal to seat a council that did represent the diversity of viewpoints within the profession and indicated that with the high turnover and most recent election process that they were optimistic that the results would be well received within the profession.

The ICA expressed concern about Meta-Competency 2-E (Management Plan-Required Components) as found in CCE Policy 3, page 11 which states: "Determining the need for chiropractic adjustment, and/or manipulation procedures, or other forms of passive care." The ICA pointed out that the use of the word "or" following the requirement for proficiency in the chiropractic adjustment in the meta-competencies diminished the importance and necessity of that requirement in favor of substituting other forms of passive therapies. The ICA suggested that this potential misunderstanding might best be resolved by simply removing the "or" word from the sentence. Thus, the sentence would read: Determining the need for chiropractic adjustment and manipulation and other forms of passive care. CCE agreed to consider this change consistent with its relevant policies governing such change.

The ICA also expressed concern about Outcome 1 of Meta-Competency 2-E (Management Plan-Outcomes) as found in CCE Policy 3, page 11 which states: "Formulation and documentation of an evidence-informed management plan appropriate to the diagnosis, inclusive of measurable therapeutic goals and prognoses in consideration of bio-psychosocial factors, natural history and alternatives to care." The ICA pointed out that the requirement to demonstrate "therapeutic goals" in the meta-competencies appeared to negate the ability to develop care plans based upon the non-therapeutic adjustment of asymptomatic patients for the objective of improving functional performance. The ICA agreed that simply dropping the word "therapeutic" from the sentence would resolve the matter.

The CCE indicated that, although it did not interpret the existing language as having been intended to diminish the importance of demonstrating proficiency in the chiropractic adjustment to correct a subluxation, nor did they interpret the meta-competencies as potentially limiting the provision of chiropractic care to asymptomatic patients, they were willing to consider the suggested change, consistent with its relevant policies governing such change, for the purpose of clarifying the intended expectations.

The ICA also suggested that the intended objectives of the new standards as articulated and discussed needed to “trickle down” into the requirements expressed to the site teams. Dr. Benberg reinforced that this was a training issue of some importance and it would be given emphasis as CCE trained site teams.

The final area discussed was regarding the issue of communication. Dr. Benberg suggested that the importance of visible, positive communication in public forums was of the utmost importance in enhancing the outside perception of chiropractic and was an essential component in contributing to the potential future growth and health of our profession. Dr. Walsemann concurred with Dr. Benberg and expressed optimism regarding the potential to work through our differences in a constructive manner for the ultimate benefit of the profession.

After almost three hours of open, thoughtful, and constructive exchanges of viewpoints, the meeting adjourned with a sense of joint commitment and willingness to seek solutions to the issues that have been dividing the profession for the past two years.


Dr. Walsemann closed the meeting by recounting the positive feedback he had received from members of the CCE presidential selection committee regarding the one candidate that stood out among the rest. He expressed his gratitude to Dr. Benberg for accepting the challenging position and welcomed the opportunity to work with him in the future.



Gary L. Walsemann, DC, FICA  
President  
International Chiropractors Association



Stephen P. Welsh, DC, FICA  
Secretary-Treasurer  
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Tom E. Benberg, Ed.D.  
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