

September 15, 2011

Accreditation Group Records Manager  
National Advisory Committee on Institutional Quality and Integrity  
Office of Postsecondary Education  
U.S. Department of Education  
1990 K Street , NW., Room 8060  
Washington , DC 20006

**Re: Petition for Renewal of Recognition: Council on Chiropractic Education**

To Whom It May Concern:

On behalf of what quite probably is the majority of the letters of complaint and petitions by both students and the public received by your committee regarding the renewal of recognition submitted by the Council on Chiropractic Education (CCE), we make the recommendation that the CCE renewal be granted on a conditional basis or the dismantling of the CCE and formation of a new accrediting agency representative of the profession. This recommendation comes directly from violations by the CCE of the Criteria for Recognition of the the U.S. Department of Education (USDE). <sup>1</sup>

This complaint is coming from members of the profession, students of chiropractic and the public receiving chiropractic care. The overwhelming response that you have received regarding the CCE's petition for renewal is indicative of the profession's and public's lack of confidence in the CCE to perform their duties as set forth by the Criteria for Recognition and their own Standards, Manual and Manual of Policies.

The letter below, received multiple times in part and full by your office, outlines the various violations and was drafted by the undersigned, who alerted the profession and public of this comment period and provided them with the necessary forms to exercise their right and duty to voice their concern.

1. 1. 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*. <sup>2-6</sup> 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. <sup>7</sup> 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.
1. 2. Failure to adequately assess the competency of chiropractic colleges in producing graduates who will succeed in clinical practice. With chiropractic student loans at 53.8% of all the Health Education Assistance Loan (HEAL) loans that are in default according to [Health Resources and Services Administration \(HRSA\)](#), it is clear that the CCE is not ensuring that the colleges are producing a curriculum that gives students a realistic chance at success post graduation. <sup>8</sup> According to a study conducted in the state of California, attrition rates for chiropractors are as high as 25%. <sup>9</sup> Others remark on the same theme. <sup>10, 11, 12</sup> The failure of the CCE to accredit institutions and mold their curriculums that produce graduates that will succeed in practice is a direct violation of section **602.16 Accreditation and preaccreditation standards**.
1. 3. While the CCE has developed a "Guideline for DCP Assessment of Learning of Meta-Competencies," <sup>13</sup> those guidelines are predominantly based on passing of exams by the National Board of Chiropractic Examiners (NBCE). This is a cyclical problem as the CCE dictates the curriculum, the NBCE writes the test and the colleges must then teach to the test. In this way, chiropractic curriculums and as a result, the profession, are being diverted towards a particular political and philosophical agenda. As cited above, the CCE is not "promoting academic excellence and not ensuring the quality of chiropractic education" in a meaningful way as per the CCE's purpose stated in section 2 of the CCE *Standards*. Dr. Bruce Lipton, Ph.D., has referred to the increasing medical curriculum in chiropractic education which is being mandated by the CCE as "an academic impediment that unknowingly destabilizes their students and hobbles their graduates"

effectiveness.”<sup>14</sup> As a former students and representing those students which signed the petitions, we can attest to that curriculum being insufficient in teaching the core principles and practice of chiropractic, as can the many graduates referenced above who were unable to succeed in practice. This is another example of a violation of **602.16 Accreditation and preaccreditation standards**.

1. 4. CCE Policy 18 in the CCE *Manual* refers to Conflicts of Interest stating, “Councilors, Academy of Site Team Visitors, Member Representatives, CCE Administrative Office staff; other CCE representatives; and consultants retained by CCE; shall not engage in activities that would result in a conflict of interest, or the appearance of a conflict of interest that would affect their ability to be impartial and objective with their CCE-related duties or that would result in personal gain to themselves.” This has long been a complaint against the CCE for violating this standard. As was seen with the Life University situation in 2002, councilors were making decisions with direct financial conflicts of interest and most recently, changes to the *Standards* reflect a particular philosophical and political agenda. The rampant conflicts of interest in the CCE is a violation of sections **602.14 Purpose and organization** and **602.15 Administrative and fiscal responsibilities**.
1. 5. From the CCE *Manual of Policies*<sup>15</sup> comes the following statement: “If the Council determines that a CCE-accredited DCP is making incorrect, misleading or misrepresentation of public statements about its accreditation status, the contents of site visit reports, DCP effectiveness, success of graduates and/or Council accrediting actions, the Council will act to have the DCP publicly correct the statements within a specified time frame.” This is of particular concern as National University of Health Sciences has publicly advertised their program as a Doctor of Chiropractic Medicine Program and sought the approval of various state boards to allow this distinction. No such program has ever been accredited by the CCE, yet a CCE announcement dated March 3, 2010 reflects a “Reaffirmation of Accreditation” of National’s “Doctor of Chiropractic Medicine Program.”<sup>16</sup> This is a clear violation by of the CCE’s *Standards* by National University as well as by the CCE of section **602.18 Ensuring consistency in decision-making**.

In addition to the above, CCE is in violation of the “Member Code of Good Practice” document found within the CCE *Council Manual*.<sup>17</sup> Specifically the CCE has:

1. 1. Failed to demonstrate “respect for the complex interrelationships involved in the pursuit of excellence by individual institutions or programs.” This is witnessed by the lack of proper representation of various segments of the profession as well as the requiring of a curriculum reflective of narrow interests and political action. Violation of sections **602.14 Purpose and organization** and **602.15 Administrative and fiscal responsibilities**.
1. 2. Violated, and not exhibited a “system of checks and balances in its standards development and accreditation procedures.” The recent disregard of the unprecedented feedback from the profession regarding the CCE proposed *Standards* clearly demonstrates that no checks and balances is in place. Violation of section **602.16 Accreditation and preaccreditation standards**.
1. 3. Failed to “serve as a unifying body for the chiropractic profession” as per CCE mission statement. There is as much, if not more division within our profession today as ever. This after 40 years of CCE operation, since its incorporation in 1971.

**The CCE is not representative of the profession.** It has a long history of conflicts of interest and advancement of philosophical and political agendas. A simple search of the names of the councilors of the CCE in the two national, and ideological opposed chiropractic associations (ACA and ICA) reveals that out of the 18 doctors of chiropractic that are councilors, 9 are members of the ACA while there are zero from the ICA. The election process of the CCE is riddled with conflicts of interest and outright attempts to keep the profession under the control of the reigning body and their political agenda. Gerry Clum, past-president of Life Chiropractic College West and former councilor of the CCE, recently had this to say regarding the election process, “Think about the appointment process to the Council – people get nominated, they are vetted by a committee of the Council on ambiguous criteria, they are put on a ballot that allows preferences to come into play, then a decision is made by the people who already sit on the Council. The opportunity for in-breeding, and election of people who represent a given orientation in the profession versus another, is obvious.”<sup>18</sup>

James Edwards, past ACA chairman, also commented in regards to this saying, “This incestuous selection process has failed to produce CCE board and council members who are willing and able to represent the mainstream positions of the majority of doctors of chiropractic, the majority of chiropractic colleges, and both national chiropractic membership organizations. And until CCE changes its electoral process, it will remain an organization without any moral authority to speak for the chiropractic profession.”<sup>19</sup>

Clearly, the CCE is operating as the “cartel” and “monopoly” as Dr. Denardis, one of the individuals hearing the case for the National Advisory Committee on Institutional Quality and Integrity at the last reaccreditation hearing stated, “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...”<sup>20</sup>

The CCE is advancing a curriculum that is not consistent or congruent with the practice of chiropractic and is actually antagonistic to chiropractic principles. It leads the public to believe that we are treating their “diagnosed condition” with chiropractic care. This becomes a liability and can become a danger to the public. This approach encroaches into other therapeutic fields that are outside the scope of practice of chiropractic and may likely have grave consequences for the safety of the public when considering the consequent addition of prescriptive rights the proposed changes would allow for. Christopher Kent has given an excellent example of a curriculum that reflects the practice of chiropractic and would help ensure the success of our graduates.<sup>21</sup>

We feel that as a doctors of chiropractic, we do not need and it does not serve us, or the public, to duplicate what already exists. The education and service the CCE is advancing through their mandatory curriculum is nearly identical to one received in physical therapy and physiatry.

The CCE has not given educational freedom and institutional autonomy to the chiropractic institutions and is supporting or accommodating a specific philosophical or political position by seeking to transform chiropractic into or towards a medical discipline.

We are requesting that the CCE cease and desist its “redefining of chiropractic” as recently proposed. It is beyond the CCE mandate to do so.

We are requesting a proper resolution to the above violations, as to date, no actions have been taken to ensure that these abuses do not continue. We are asking for a reformation of the CCE governing body or the dissolution of the CCE with the formation of a new accrediting body with a grace period to establish such a body. This reformed CCE or new accrediting body must display the following qualities/standards:

- Equal representation on the CCE Council by all factions of the profession.
- CCE being held to its mandate, by-laws, forewords and mission of freedom of education and philosophical orientation.
- Return of vertebral subluxation and “drugless and non-surgical” to the CCE Standards without the ability to remove these core chiropractic descriptors.
- Adoption of the Association of Chiropractic Colleges (ACC) Paradigm into the CCE Standards with adherence to this consensus statement of the colleges.
- Formation of an international task force to accept additional international accrediting agencies as CCE accepted affiliates, thereby allowing licensure of students from international schools that have met the CCE standards as determined by evaluation of each international accrediting agency.
- Creation of a ‘watch dog’ group to ensure total and complete separation between the CCE and the NBCE, FCLB and state boards.
- Creation of a vitalistic, contemporary sciences curriculum that is chiropractic specific and specifically removes the medical procedures and classes such as gynecology, prostrate exams, phlebotomy, etc.
- Reformation of the election process of new members to prevent the inbreeding and rotation of members promoting and/or representing a particular ideology.
- Removal of all CCE members involved in violation of mandate.

This is the only way to ensure proper representation of the profession, strengthen the success of our graduates and memorialize the core professional standards, as the CCE has clearly shown they are not capable of following the Criteria of Recognition that the USDE has establish. Thank you in advance for your consideration of our comments.

Arno Burnier, D.C.

Steve Tullius, D.C.

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