



**BOARD OF CHIROPRACTIC EXAMINERS
LICENSING COMMITTEE
MEETING MINUTES
December 9, 2022**

In accordance with the statutory provisions of Government Code section 11133, the Licensing Committee (Committee) of the Board of Chiropractic Examiners (Board) met via teleconference/Webex Events with no physical public locations on December 9, 2022.

Committee Members Present

Pamela Daniels, D.C., Chair
Janette N.V. Cruz

Staff Present

Kristin Walker, Executive Officer
Dixie Van Allen, Licensing & Administration Manager
William Walker III, Enforcement Manager
Amanda (Campbell) Ah Po, Enforcement Analyst
Tammi Pitto, Enforcement Analyst
Sabina Knight, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)
Heather Hoganson, Regulatory Counsel, Attorney III, DCA

1. Call to Order / Roll Call / Establishment of a Quorum

Dr. Daniels called the meeting to order at 10:02 a.m. Ms. Cruz called the roll. All members were present, and a quorum was established.

2. Review and Possible Approval of October 3, 2022 Committee Meeting Minutes

Dr. Daniels requested that the text "Ms. Cruz" be replaced with "Ms. Walker" where it appeared in the final sentence of the first paragraph on page four of the draft Committee meeting minutes, as she recalled Ms. Walker making that comment during the meeting, not Ms. Cruz.

Motion: Dr. Daniels moved to approve the October 3, 2022 Licensing Committee meeting minutes with the requested edit to page four.

Second: Ms. Cruz seconded the motion.

Public Comment: None.

Vote: 2-0 (Dr. Daniels-AYE and Ms. Cruz-AYE).

Motion: Carried.

3. Update on Board's Licensing Program

Ms. Walker shared that staff participated in action planning sessions with DCA's SOLID Training and Planning Solutions to identify the specific tasks and actions that staff will be taking to implement each of the objectives from the Board's 2022–2026 Strategic Plan. She also explained that staff will present the final action plan to the Board, and future program updates at Committee meetings will include a status update on each of the assigned objectives, as well as a milestone tracker.

Dr. Daniels asked what the milestone tracker will look like and when the Board will see the action plan. Ms. Walker replied that SOLID will provide the action plan and milestone tracker to staff by the end of December 2022, and staff will present the action plan to the Board at its January 20, 2023 meeting.

Ms. Walker highlighted recent enhancements to the Connect system, including simplifying the renewal process for the doctor of chiropractic license, improving the user dashboard, and developing a new section for storing continuing education (CE) records. Dr. Daniels asked for additional information about storing CE in the Connect system. Ms. Walker explained there will be a separate tab in the system where licensees can enter their CE information and upload a copy of their CE certificates, and that functionality will be used as an initial building block to eventually allow for primary source verification of CE records directly from Board-approved CE providers to automatically appear on the licensee's dashboard. Ms. Cruz asked if the Connect system will help streamline the receipt of documentation by the Board and prevent unnecessary duplication. Ms. Walker responded affirmatively and indicated the functionality will ensure the accuracy of the Board's records, as the information will be received directly from CE providers, and reduce the burden of audits for licensees and staff, as the system will be able to ensure compliance at the time of renewal through automation.

Ms. Walker updated the Committee on the three pending regulatory proposals related to the Licensing Program:

- Approval of Chiropractic Schools and Educational Requirements (Amend California Code of Regulations [CCR], Title 16, Sections 330-331.16): The purpose of this proposal is to amend the requirements for chiropractic colleges to align with current Council on Chiropractic Education (CCE) accreditation standards and eliminate any duplicative or overly prescriptive requirements within the existing regulations.
- Basic Life Support Certification for Licensees (Amend CCR, Title 16, Section 371 and Add CCR, Title 16, Section 371.1): Staff is planning to present this proposal to the Continuing Education Committee at the January 4, 2023 meeting.

- Consumer Protection Enforcement Initiative (CPEI) – Filing of Addresses: Staff is preparing a proposal based on the Committee’s prior discussion on address filing requirements and defining a place of practice for presentation at a future meeting.

Dr. Daniels asked if additional discussion was necessary regarding the chiropractic college regulations. Ms. Walker replied that a portion of the proposed regulations may need to be returned to the Committee for further discussion based on the outcome of Agenda Item 5.

Ms. Walker highlighted the Licensing Program statistics and noted the Board is currently outpacing the number of satellite certificates issued compared to prior fiscal years. She stated staff will continue to monitor that number to determine if the trend will level off or continue through the rest of the fiscal year. She also shared the data on the doctor of chiropractic licensure population, which continues to steadily decline over time, broken down by active and inactive licenses, time of licensure, and by county.

Dr. Daniels noted the percentage of licensees who are likely nearing retirement exceeds the percentage of those who were recently licensed and asked if the Board has previously discussed that issue. Ms. Walker replied that the Board has not previously compiled detailed data such as this to be able to develop conclusions and recommended actions on the issue. She shared that staff would like to develop additional data to study trends in the movement of doctors of chiropractic within the state and to other states, as well as compare the licensure and regulatory standards of the other state chiropractic boards.

Ms. Cruz commented that it would be helpful to compare active and inactive licenses by years of licensure. Ms. Walker agreed and suggested using snapshots of the data at different intervals to analyze potential trends over time. Dr. Daniels asked if staff has any information on similar statistics from related healing arts professions, such as acupuncture and physical therapy. Ms. Walker replied that staff would work with other DCA boards to get a similar breakdown of their data for comparison.

Ms. Cruz asked if the Board has discussed this information with chiropractic colleges and associations to provide additional context to the data. Ms. Walker stated those discussions could be added to a future agenda. Dr. Daniels suggested a future agenda item of reaching out to the associations and colleges to gather more information from them regarding their observations on licensing patterns.

Public Comment: Victor Tong, D.C. requested a copy of the handout with the licensing program statistics.

Ms. Walker indicated she will send a copy of the handout to Dr. Tong and noted the document will be posted on the Board’s website under the meeting materials.

4. Review, Discussion, and Possible Recommendation Regarding the Application for New Chiropractic College Approval by Keiser University - College of Chiropractic Medicine

Ms. Walker introduced Dr. Jennifer Illes, D.C., MSACP, RN, MSN, Vice President of the Keiser University - College of Chiropractic Medicine (KUCCM), and Lisa Nucci, President of the Keiser University West Palm Beach Campus. Dr. Illes addressed the deficiencies that were found during the Committee's initial review of KUCCM's application for chiropractic college approval. In response to the lack of physiology labs, she explained the winter 2023 schedule includes Physiology 1 in semester one and Physiology 2 in semester two, which are three-credit courses that contain lab components. She indicated the proposal has been approved by the Campus President, Ms. Nucci.

Dr. Illes explained the program had some challenges with documenting 660 hours of electives because, as a new program that is only six years old, the focus was on the core curriculum, which includes approximately 4,675 hours. She noted the program already includes 275 hours more than the Board's requirement and indicated they would need to make a substantial change to their curriculum and student schedule to add 660 more hours to the program. She proposed that KUCCM can take some of the courses from the core curriculum, such as geriatrics, contemporary health practices, and pharmacology, and designate them as electives.

Ms. Cruz asked Dr. Daniels if those types of electives are similar to those she has seen in other chiropractic colleges. Dr. Daniels responded affirmatively and stated she would be interested in having the core curriculum provided for review.

Dr. Illes continued and clarified that she spoke with the imaging professor who confirmed KUCCM is meeting the requirement of 30 X-ray interpretations through their diagnostic imaging courses. She noted the winter 2023 syllabus has been updated to include written documentation of this. In response to the requirement for 518 practical clinical hours, Dr. Illes explained it was an oversight in their application, as the program includes over 900 clinical hours, including 180 hours in semester eight, 300 hours in semester nine, and 450 hours in semester 10. She stated semester 10 is also known as the externship where the student gains experience at the Veterans Administration or a community partner. She also noted the clinical hours have been clarified and documented in the clinical manual and syllabus for those classes.

Dr. Illes explained the program does not currently quantify the 250 patient treatments; however, each student beginning in semester eight receives at least 93 assessments, including three different assessments on each of the 31 meta competency outcomes required for CCE accreditation. She stated if a student is not meeting those benchmarks, they will be given a remediation plan and if they fail to complete the plan within the appropriate timeframe, they will need to repeat the clinical section. Dr. Illes indicated the clinic sees approximately 150 patient treatments per week with about 34 to

40 interns, so every student is seeing at least one patient per day. She noted the students are close to 250 patient treatments but are more likely to reach the number of encounters than actual treatments. She also stated the program is willing to do what it takes to get approval from the Board and if the 250 patient treatments are required, they will add this as an action plan, bring it to the curriculum and clinical services committees, and place it into their manual.

Dr. Daniels asked how the program defines an assessment, how many adjustments the students are actually performing, and how the program measures and ensures the students are competent at adjusting. Dr. Illes replied that CCE meta competency seven is the manipulation portion, and it must be assessed at least three different times with three different assessment tools. She stated students are assessed on their manipulation at least 30 times and they use Cox flexion distraction, Thompson drop, diversified, and spring instrumentation.

Dr. Daniels shared that the Association of American Medical Colleges (AAMC) is moving away from numbers and focusing on entrustable professional activities (EPAs) because they were finding a gap between medical school and residency programs. She asked for additional clarification on what the program is finding in their cohorts and how they are measuring their competency with each type of manipulation. Dr. Illes replied there are five different meta competency outcomes related to the manipulation, including finding a palpable subluxation – or schematic dysfunction – and performing the manipulation and reassessment. She stated it is not just the delivery of a high volume, low amplitude move, or a low velocity, low amplitude move for a pediatric or aging patient, it also includes the setup and preassessment. Dr. Illes indicated these competencies are measured at least 15 times each but the program has not collected quantitative data in this area.

Dr. Daniels asked if the program was falling short of the number of treatments due to being a new and small program with students not having access to get those treatments. Dr. Illes replied it was previously a challenge in the clinic due to COVID-19 but they are now a Medicare provider and are looking to take insurance patients as well. She also stated the university has a five-year plan of opening a new science campus that would include a larger clinical space. She shared that the clinicians estimate that each student is graduating with over 300 manipulations and the 250 treatment requirement is doable but has not yet been placed in the clinic manual due to potential changes by CCE and the Board. She also noted the program focuses on a qualitative clinical experience and does not want students attempting to just treat anyone to meet quantitative numbers.

Dr. Daniels asked how the program is measuring competency in manipulation without any numbers. Dr. Illes replied that they created their own benchmarks through rubrics and a clinical assessment plan, and students must complete the assessments that are tied to the CCE meta competencies.

Dr. Illes continued addressing the deficiencies and indicated the university requires 80% attendance throughout the undergraduate and graduate catalogs at 20 different campuses. She noted the clinic requires 90% attendance. She also shared with respect to the clinical experience in psychological counseling, in the state of Florida, doctors of chiropractic do not diagnose DSM-5 psychological disorders; however, they are important in creating proper management and care and may refer patients to social workers, psychiatrists, or psychologists. She stated the program has multiple classes that include psychological education and contemporary health topics.

Dr. Daniels asked why the program picked 80% attendance versus 90%. Dr. Illes replied the program was trying to align with the policies and procedures of the institution. Dr. Daniels asked if there is anything in the core curriculum for dermatology. Dr. Illes replied that dermatology is not offered as a standalone course but some aspects of it are covered in other courses.

Dr. Daniels asked if the CCE best practices are referring to the triangulation of assessments like multiple tools and multiple assessors, rather than the patient encounter or manipulation. Dr. Illes replied that based on their understanding from the CCE site visit, CCE is more concerned about how the program is meeting the 31 meta competency outcomes and assessing them at least three times every semester using at least three different tools.

Ms. Cruz asked if the program has a faculty code of conduct similar to the one that was provided for students. Dr. Illes responded affirmatively and offered to provide an employee handbook which contains a similar code of conduct. She also noted there are additional expectations for graduate level faculty, including scholarly research.

Ms. Cruz asked if the lack of cadaver labs impacts the students' hands on experience. Dr. Illes replied it may be a subjective question and shared that as an evidence-based institution, they thought that using technology in the classroom, rather than cadavers, would best fit their needs.

Dr. Daniels noted the student-faculty ratio is one full-time professor for every 15 students but in the lab and technique courses, there are a maximum of 24 students, and asked for an explanation of that ratio. Dr. Illes replied that the program has 24 students in a lab but the instructor will teach a group of 12 students at a time while the other 12 students practice what they have learned.

Motion: Dr. Daniels moved to recommend to the Board that Keiser University - College of Chiropractic Medicine be granted provisional approval by the Board contingent upon the receipt of additional information from the program representatives to address the identified issues within the initial application package.

Second: Ms. Cruz seconded the motion.

Public Comment: None.

Vote: 2-0 (Dr. Daniels-AYE and Ms. Cruz-AYE).

Motion: Carried.

5. Review, Discussion, and Possible Recommendation Regarding Chiropractic College Curriculum Requirements (California Code of Regulations [CCR], Title 16, section 331.12.2)

Ms. Walker explained the purpose of the agenda item is to discuss the concerns that were raised by a chiropractic college student at the October 3, 2022 Committee meeting and October 7 and 27, 2022 Board meetings regarding the clinical experience requirements found within CCR, title 16, section 331.12.2, subdivision (e), which requires each student to perform a minimum of 250 patient treatments (visits), including diagnostic procedures, chiropractic adjustive technique, and patient evaluation, to graduate. She indicated the issue the student brought before the Board is that this requirement does not allow for any partial credit to be granted in circumstances where, after performing the evaluation and diagnostic procedures, the student determines that chiropractic adjustment is not necessary for the patient.

Ms. Walker also noted that at the July 16, 2020 Board meeting, the Board approved proposed regulatory text that would eliminate the prescriptive curriculum requirements for applicants who matriculated prior to 2020, and instead, would mandate that colleges ensure all graduates have completed the minimum educational requirements identified in Section 5 of the Chiropractic Initiative Act. She asked the Committee to discuss the public comments that were received from the student regarding CCR, title 16, section 331.12.2, subdivision (e), and consider whether any changes may be necessary to the proposed curriculum requirements within the pending regulatory proposal.

Dr. Daniels shared that while she is sympathetic to the student's case brought before the Board through the written comment submissions about not receiving any partial credit, she did some research and found the AAMC study which focuses on EPAs due to the observed gap between graduating medical students and their residency programs. She noted within those programs, you may need to perform 4,000 examinations before you are able to complete the 1,000 required procedures, and she drew a parallel to the three components of evaluation, diagnosis, and execution of treatment required for the 250 chiropractic treatments within the Board's regulations, which may require 500 patient visits to reach the required number of treatments. Dr. Daniels explained the problem is there is no standard for the number of treatments that creates a competent doctor of chiropractic who can adjust patients with various conditions such as degenerative joint disease or hypermobility; however, it takes time and the process of evaluating and treating many different bodies. She questioned how to ensure a student is a competent adjuster if they potentially earn all of their clinical credit through partial points. She also noted the additional experience gained through diagnosing subluxation – or joint position error – by finding it, palpating it, diagnosing it,

evaluating it, treating it, and then performing a post-evaluation compared to a situation where the student performs an evaluation with no diagnosis.

Ms. Walker shared that the pending regulatory text has not yet been filed with the Office of Administrative Law, so if the Committee would like to discuss the curriculum requirements further before proceeding with the regulatory process, staff can gather additional research and bring the matter back to the Committee for discussion. She proposed through that additional discussion, the Committee could consider whether it is appropriate to strike that text entirely, as currently proposed, or potentially defer some of the curricular requirements while retaining authority over the clinical component. She suggested that staff begin by reporting back to the Committee with additional information on the clinical components of chiropractic programs and other health professions.

Dr. Daniels noted the closest profession would be physical therapy and emphasized the importance of protecting the public by ensuring chiropractic graduates have the proper motor skills to safely perform adjustments. Ms. Cruz agreed with Dr. Daniels and stated it would be helpful to gather information on the different professions for comparison, including if any of those professions grant partial credit, and find out if CCE or any other organizations are looking at this issue as well.

Dr. Daniels asked if the National Upper Cervical Chiropractic Association (NUCCA) protocol is taught in the core curriculum. Ms. Walker replied she would need to report back with an answer.

Dr. Daniels concluded the core curriculum needs to be investigated a bit more by the Committee and noted the EPA study performed by AAMC was a four-year study. She also suggested reviewing acupuncture standards.

Motion: Dr. Daniels moved to recommend to the Board that the proposed revisions to California Code of Regulations, title 16, sections 331.12.2 and 331.12.3 (Curriculum Requirements) be returned to the Licensing Committee for further study and discussion prior to proceeding with that portion of the regulatory proposal.

Second: Ms. Cruz seconded the motion.

Public Comment: Falkyn Luouxmont, a chiropractic college student, opined it would not be advisable to combine the issue he raised through his public comment with the existing curriculum regulatory proposal because students like him are subject to the current regulations and the proposed changes would apply to a new generation of students. He also indicated that he practices NUCCA at the health clinic and it is currently an elective at Life Chiropractic College West but will be introduced as core curriculum next quarter. He shared that he has been checking his patient since June 2022 through reevaluations and weekly check-ins but each time, no subluxation is detected and no adjustment is needed; as a result, he is being investigated for possible

expulsion because he is not meeting the treatment numbers dictated in the Board's regulations.

Vote: 2-0 (Dr. Daniels-AYE and Ms. Cruz-AYE).

Motion: Carried.

6. Review, Discussion, and Possible Recommendation Regarding the Process for Licensure Through Reciprocity (Section 9 of the Chiropractic Initiative Act and CCR, Title 16, section 323)

This agenda item was tabled to the next Committee meeting due to time constraints.

7. Review, Discussion, and Possible Recommendations Regarding the Renewal Requirements and Fees for Inactive Licenses (CCR, Title 16, sections 370 and 371)

This agenda item was tabled to the next Committee meeting due to time constraints.

8. Public Comment for Items Not on the Agenda

Public Comment: None.

9. Future Agenda Items

Ms. Cruz requested the Committee discuss insights from the chiropractic associations and colleges related to trends in licensing and observations regarding active and inactive licenses.

Dr. Daniels requested the following items for discussion: 1) a draft survey to licensees regarding a potential reduction in renewal fees for inactive licenses; 2) CE requirements for restoration of a license in forfeiture or canceled status; and 3) informed consent requirements for routine care. Ms. Walker suggested raising the informed consent item with the Enforcement Committee. Dr. Daniels concurred.

Public Comment: None.

10. Schedule 2023 Committee Meetings

The Committee scheduled the following meetings:

Meeting Date	Time	Location
Friday, February 24, 2023	10:30 a.m. to 12:30 p.m.	Teleconference (Webex)
Friday, May 12, 2023	10:30 a.m. to 12:30 p.m.	Teleconference (Webex)
Friday, August 18, 2023	10:30 a.m. to 12:30 p.m.	Teleconference (Webex)

11. Adjournment

Dr. Daniels adjourned the meeting at 12:07 p.m.