

Current Continuing Education Regulations are Hurting Chiropractic

**A current survey revealed that 96.01% of chiropractors nationally
want better graduate level education**

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During my 35 years in the chiropractic profession, I have been forced to attend available continuing education programs that were occasionally incredibly beneficial, but frequently were not. I have sat through philosophy sessions that spent most of the time bashing medicine, and others was taught that I needed a syringe in my office or I was going to fail. At both ends of the spectrum I got my CE credits **although my time could have been better by acquiring a higher level of clinical excellence through better choices.**

Currently, the system fosters and perpetuates a very limited and antiquated paradigm in learning and there are simple, cost-free solutions. I recently petitioned the New York State Education Department, Chiropractic Unit (my licensure board) to make changes in our system and these are the same changes that should be reflected nationally. I urge every doctor of chiropractic to petition his/her state board demanding the same changes if applicable.

I am petitioning the Chiropractic Board to create changes at the regulatory level regarding how graduate chiropractic education (post-doctoral education) is structured in the State of New York. Currently, the system is functioning under restrictive constructs that have created a potential public health risk. **These risks are compounded every day as new scientific findings are released across professions. Chiropractors are primary health care providers, portals of entry into the healthcare system in the State of New York,** yet the sponsoring entities currently in place cannot keep up with the graduate level academic demands to keep primary spine care providers current on these issues, let alone primary care providers in general.

There are 3 levels of regulatory changes needed in continuing education for chiropractors in every state:

- 1. Instructors of courses need to be given an incentive to create new content.** For example, the legal profession in New York offers 3 credits for every (1) hour of instruction to incentivize both future and quality content.

Every creator or presenter of a continuing education course should be given at least one credit for courses taught if not 3 as prescribed by the legal profession in New York according to the New York State Unified Court System (2014). Beyond the incentive, as an example, it takes creators of courses often countless hours to create courses, yet get no CE credits and are mandated to take other courses, limiting their time from finding cutting edge research to learn and then teach to the chiropractic profession.

2. Accept the national umbrella of the Federation of Chiropractic Licensure Board's PACE courses to be considered towards licensure credits in all 50 states. In medicine, the ACCME (Accreditation Council for Continued Medical Education) is a national medical umbrella that is recognized by all 50 states and US territories for AMA graduate medicine credits. This allows a medical doctor in any state to benefit from courses created without state restrictions, but instead to learn all that is available in our nation.

As a provider of continuing education, it is a daunting and expensive task to apply for continuing education approval in all 50 states and territories individually for each course created. As a result, those providers limit the states applied to due to a lack of resources. This is not a function of an application fee, it is a function of mandating multiple full-time staff members to manage the application process and then interface with the sponsors and state regulatory agencies. This is a "verified common theme" among many continuing education providers nationally. Therefore, most providers limit the states they apply to and every state not approving credits issued by the PACE program prevents the many quality courses offered to doctors of chiropractic in other states. The lack of available courses in other states is a direct risk to the people of those states.

I am not suggesting the removal of any current regulatory ability of political or educational institutions to sponsor continuing education, although politics should have no place in academia. I am, however, strongly suggesting the addition of courses approved by the Federation of Chiropractic Licensure Board's PACE program, as the only national umbrella available, to the pool of graduate level chiropractic education available to doctors of chiropractic for their continuing education credit requirements. This would instantly, at no cost to the state, increase the availability of knowledge available to chiropractors to the immediate and perpetual benefit of its citizens, those who the chiropractic boards are ultimately held responsible to.

I also realize the political and financial issues this would create for the organizations that historically have monopolized continuing education. However, the safety of the people of our country has to take precedence over their fiscal or political issues. This will again cost the people of our country nothing.

There are currently 28 states and territories accepting PACE credits.

Reference: <http://pacex.fclb.org/RegulatoryBoards.aspx>

3. Accept AMA credits approved by the ACCME (Accreditation Council for Continued Medical Education) towards chiropractic continuing education requirements where the topics fall within the scope of practice for doctors of chiropractic. Medicine has infinitely more resources in research and teaching than chiropractic has or will have in the near future based upon medicine's infrastructure and funding at the private and governmental levels. Therefore, the chiropractic profession is severely limited to learn new technology and the Chiropractic Board is not "nudging" doctors of chiropractic to be current in healthcare by not allowing medical continuing education credits to be considered towards re-licensure.

As an example, concussion is common clinical presentation in a chiropractor's office and it is a finding that has been limited by a diagnosis of exclusion with ruling out bleeding in the brain and a history of cognitive and or motor functional losses. Recently there has been a diagnostic breakthrough in the early detection rendering a conclusive diagnosis for concussion with a blood test. Although this is applicable in our offices, we have no formal access to learn this and other cutting edge technology until someone like

me who is comparatively poorly qualified in comparison to the originator of the research or a specialist in their respective field spends the time to teach what I have learned out of my specialty to our profession (at no continuing education benefit to myself).

Medicine offers a rich source of graduate medical programs that are directly applicable to the practice of chiropractic and although we are not seeking medicine to justify chiropractic, it would be "Pollyannaish" to think that we cannot learn MRI interpretation, differential diagnosis, tumor detection, stroke screening, etc. from medical academia. States such as Virginia and Maryland already accept ACCME credits for chiropractic continuing education to the perpetual benefit of the people living in those states and all states need to remove their restrictive regulations, understanding that we would not be breaking any new ground, only helping to protect our citizens by giving doctors of chiropractic an opportunity to practice at a higher level of clinical excellence.

On a national note, I conducted a survey on 6/27/2016 for all 50 states and asked a single question "Do you with the chiropractic profession had more access to better continuing education courses?" 96.12% of the 696 respondents (doctors of chiropractic) reported that they wanted more access to better quality continuing education. This result validates my observations and market research over the last decade on this topic. These are common sense suggestions that reasonable people should consider when charged with protecting the people of their states.

References

1. New York State Unified Court System. (February 5, 2013). The Legal Profession – Continuing Legal Education. Retrieved from: https://www.nycourts.gov/attorneys/cle/attorney_faqs.shtml#s2_q6
2. Medscape. (year). Title of article. Retrieved from <http://www.medscape.org/viewarticle/863670>

CONTINUING EDUCATION

- ALL C.C.E. APPROVED CHIROPRACTIC COLLEGE COURSES ARE ELIGIBLE
- 45 DAY WINDOW
- C.M.E. COURSES WILL BE CONSIDERED BASED ON CONTENT/TOPIC
- IF A COURSE IS DENIED, THE ENTIRE BOARD WILL REVIEW IMMEDIATELY
- 6 HOURS/YEAR WILL BE ELIGIBLE ON-LINE
- FAVORITISM TOWARDS A TRADE ASSOCIATION IS TO BE AVOIDED
- COMMUNICATION TOWARDS A SPONSORING ORGANIZATION WILL BE PROMPT AND EXPLICIT
- PERSONAL BIAS BY B.O.E. MEMBERS WILL BE UNACCEPTABLE
- CONTINUING EDUCATION, IS JUST THAT. A MEANS TO REFRESH AND EXPAND THE KNOWLEDGE BASE OF THE DOCTORS