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President

Christopher Kent, D.C., J.D.                      September 5, 2013

Vice President

Matthew McCoy, D.C., MPH                      National Advisory Committee on Institutional Quality and Integrity  
Office of Postsecondary Education  
Board Member                      U.S. Department of Education  
Veronica Gutierrez, D.C.                      1990 K Street NW., Room 8072  
Washington, DC 20006.

Board Member

Curtis Fedorchuk, D.C.

**RE: Council on Chiropractic Education**

Dear Committee Members,

Executive Director

Christie Kwon, MS, DC

These comments concern United States Department of Education (USDE) recognition of the Council on Chiropractic Education (CCE) as a programmatic and institutional accrediting agency for institutions conferring the Doctor of Chiropractic degree.

The following apparent violations of the Criteria for Recognition found in 34 CFR Part 602 are noted:

**1. §602.13 - Acceptance of the agency by others. The agency must demonstrate that its standards, policies, procedures, and decisions to grant or deny accreditation are widely accepted in the United States by:**

**(a) Educators and educational institutions; and**

**(b) Licensing bodies, practitioners, and employers in the professional or vocational fields for which the educational institutions or programs within the agency's jurisdiction prepare their students.**

At the end of the December 2011 Hearing held by the National Advisory Committee on Institutional Quality and Integrity (NACIQI) to consider the Council on Chiropractic's petition for continued recognition by the Federal Government, NACIQI added one final recommendation that created serious concerns at the CCE. That recommendation was that the CCE demonstrate compliance with section 602.13 dealing with the wide acceptance of its standards, policies, procedures and decisions.

Just eight days after the hearing, David Wickes MA, DC, then Chair of the CCE, sent a letter to the Assistant Secretary of Education, Eduardo M. Ochoa, asking him to remove this language. In a move that shocked the chiropractic profession, the Assistant Secretary ignored NACIQI's

recommendation, honored the CCE's request and removed the requirement that they demonstrate compliance with section 602.13.

The removal of this requirement has allowed the CCE to continue its campaign to systematically alter the very nature of chiropractic education, and by extension the practice of chiropractic, thus rebranding it as the practice of primary care medicine.

**2. §602.15(a)(6) Conflicts of interest of board members, commissioners, and evaluation team members.**

Nominees for these positions are vetted by a committee of the Council using ambiguous criteria, and a decision is made by the people who already sit on the Council. The opportunity for in-breeding, and election of people who represent one orientation in the profession versus another, is obvious. This leads to a self-perpetuating leadership of individuals committed to a specific philosophical stand and agenda. CCE should provide for an open, democratic, transparent selection process which involves all stakeholders, including educational institutions, faculty, students, and consumers.

**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.**

CCE mandates that institutions prepare each graduate to practice as a “primary care chiropractic physician.” The terms “primary care physician” and “chiropractic primary care physician” are not defined in the CCE *Standards*, and as such are vague and ambiguous. Furthermore, many, if not most procedures provided by a “primary care physician” are not within the scope of chiropractic practice in any jurisdiction. These include, by example, family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs.

**4. §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.”**

The CCE *Standards* do not reflect the central nature of vertebral subluxation to chiropractic care, or state and federal laws. Furthermore, there is no requirement for institutions to determine or disclose to interested parties data such as job placement rates, success rates in obtaining state

licensure, or attrition rates over time. CCE's standards do not adequately prepare students so that when they graduate, they possess the core competencies they need to be licensed to practice chiropractic as defined by the various states.

Beyond the clear focus within the *Standards* on training students to serve as primary care physicians, the *Standards* also signal a shift away from what has historically been the core focus of the profession and the chiropractic educational process.

Under the federal Medicare program, correction of spinal subluxation is the only service provided by chiropractors which is reimbursed when medically necessary. Chiropractors cannot opt out of the Medicare program. Therefore, chiropractors receiving reimbursement under the Medicare program must be competent in the assessment and correction of subluxations of the spine.

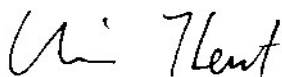
**5. §602.21(b)(4). Review of standards. The agency must ensure that its program of review involves all of the agency's relevant constituencies in the review and affords them a meaningful opportunity to provide input into the review.**

CCE failed to meet this criteria by not taking into account the comments received by the profession at large when adopting the 2012 *Standards*.

### **Recommendation**

The Foundation for Vertebral Subluxation respectfully requests that the Committee recommend deferral of a decision on the continuation of recognition of CCE as an accreditor for 12 months and reinstate the requirement regarding **602.13 - Acceptance of the agency by others**, as it is not meeting the needs of the chiropractic profession. The Foundation seeks the application of the principles of good governance including transparency, accountability, and meaningful participation for all factions within chiropractic.

Sincerely,



Christopher Kent DC, JD  
President – Foundation for Vertebral Subluxation