INTERNATIONAL CHIROPRACTIC REGULATORY COLLABORATION

Draft Proposal – November 2014, updated January 2015

International Chiropractic Regulatory Collaboration Model

HISTORICAL BACKGROUND:

On March 10, 2009, the Federation of Chiropractic Licensing Boards (US) and the World Federation of Chiropractic issued a joint statement which included the following:

> "There is increasing worldwide mobility of doctors of chiropractic (DCs), many of whom now practice in more than one country during their careers. This gives rise to a number of regulatory issues of importance to the protection of the public and the standards and reputation of the profession."

On April 29, 2009, the WFC and FCLB hosted a consultation meeting in Montréal, Canada, with representatives from regulatory authorities from a range of countries and jurisdictions. This was the first official meeting of international chiropractic regulating authorities.

The initial focus was international mobility (and problems thereof) and at that meeting FCLB launched formal international participation in its CINBAD program.

Within the next two years, the Joint Committee had decided to be expanded and the International Chiropractic Regulatory Forum (ICRF) was formulated to take forward those initial concerns as a multi stakeholder task force. An organizational model was constructed with stakeholders including the WFC, CCEI, various national regulatory authorities, and testing agencies including NBCE / IBCE and CCEB.

CURRENT PURPOSES:

A list of purposes and other information exists on www.chiroregulation.org :

- To address current issues facing those organizations with chiropractic regulatory responsibilities in the fields of education and practice, whether such responsibilities arise under mandate from the government or the profession;
- To encourage nations without chiropractic regulation by government mandate to pursue and obtain such a mandate in the public interest;

- To develop a mutually beneficial collaboration of chiropractic regulatory matters and responsibilities worldwide; and
- To foster best practice in all aspects of chiropractic regulation.

ICRF BECOMES ICRC:

The ICRF engaged in project and other work groups, including developing its own website with vision and mission statements.

It became obvious early on that the future of regulation is outcomes/competency based. A decision was made to pursue an international competency document for all stakeholders to use as a framework. CCEI decided to develop and manage that project.

Other ICRF opportunities explored global trends in regulation, cultural variations, internships, 21st century requirements, etc.

It became clear that various stakeholder groups wanted ICRF to be more than a discussion and resource group, so the name was changed by consensus to the International Chiropractic Regulatory Collaboration (ICRC). In 2014, the Steering Group was asked to develop a structure that is not overly formal but allows the group to at least make some recommendations back to regulatory based groups.

OTHER REGULATORY MODELS:

While exploring this, we found that there were other international models from other professions. The most developed is the medical regulatory group (IAMRA) www.iamra.org, with the most recent group being (ISDR) the International Society of Dental Regulators http://isdronline.org. Also, a cross-professional organization is Healthcare Professionals Crossing Borders (HPCB), an informal partnership of healthcare professional regulators in Europe.

DRAFT MODEL RECOMMENDATION:

The suggested model is as follows:-

MISSION/PURPOSE -- in brief

1. To serve as a resource for matters involving chiropractic regulation;
2. To develop collaboration among regulatory stakeholders;

3. To identify and address issues facing regulatory authorities (RA) and or national / international associations of RAs;
4. To be responsive to future directions of regulatory matters;
5. To support regulatory authorities / national / international associations of RAs;
6. To develop core, model regulatory principles;
7. To foster best practices in chiropractic regulation;
8. To ensure public safety;
9. To develop regulatory consistencies (although understanding that there are variations in law and cultures, etc.); and
10. To serve as a resource for nations without chiropractic regulation.

MODELS – options

1. Multistakeholder mobility forum
2. Multistakeholder regulatory forum
3. International conference model
4. Regulatory organisations only
5. Collaboration model
6. Informal association model
7. Formal Association
8. Incorporated model

Initial suggestion: an informal association / collaboration

MEMBERSHIP

1. **Members** - national regulatory authorities or national associations of regulatory authorities – 2 delegates each
2. **Partners** - other affiliated organisations with a nexus to chiropractic regulation: accreditation, examining, education, global professional association - 2 delegates each
3. **Associates** - other groups with a nexus to health regulation

DECISIONS

Consensus driven.

PROPOSALS

Only from members and partners

WORKING GROUPS

Any membership category

MANAGEMENT GROUP

Either as stands or from member category only

Obviously, all of this needs to be fleshed out including terms of reference, how to elect officers, membership fees, meeting structure, etc.

Hopefully this will be a start for discussion. What is NOT yet discussed is what powers -- if any -- this group will have. A recommendation would be that it does not impose any action upon any group or entity but rather provides consensus based policies or works which can be used as references or guides.

MEMBERS	National regulatory authorities or national associations of regulatory authorities	2 delegates each
	Examples: CFCREAB, Chiropractic Board of Australia, New Zealand Chiropractic Board, FCLB, General Chiropractic Council, FCLB, Allied Health Professions Council of South Africa,	
PARTNERS	Other affiliated organisations with a nexus to chiropractic regulation: accreditation, examining, education, global professional association	2 delegates each
	Examples: CCEI, CCEA, ECCE, CCE-US, WFC, WCCS, CCEB, NBCE, IBCE, ACC,	
ASSOCIATES	Other groups with a nexus to health regulation	
	Examples:	