

PROCEEDINGS – 10th Annual Forum

Wednesday, May 23, 2018

Mozart Room – Budapest Congress Center

Meeting in conjunction with the ECU Convention

In attendance:

Name	Attending on behalf of the following:
Lisa Richard, ICRS Chair	Federation of Canadian Chiropractic
Kristin Grace, ICRS Vice Chair	New Zealand Chiropractic Board, Council on Chiropractic Education Australasia
Penny Bance, ICRS Secy-Treas Elect	General Chiropractic Council (UK)
Charlotte Cailliau	World Congress of Chiropractic Students
Donna (Liewer) Cohen ICRS Executive Director	International Chiropractic Regulatory Society
Maggie Colucci	FCLB President (not officially representing FCLB)
Zsolt Kálbori	Hungarian Chiropractic Association
Wayne Minter	Chiropractic Board of Australia
Jean Moss	Councils on Chiropractic Education International
Øystein Ogre	European Chiropractors' Union
Michael Shobbrook	Councils on Chiropractic Education International Council on Chiropractic Education Australasia
Laurie Tassell	World Federation of Chiropractic

Afternoon Invitational Open Discussion: Exploring Chiropractic Regulation in Europe - How can ICRS best be of service?

Hans Otto Engvold	Norwegian Chiropractors' Association
Stathis Papadopoulos	Cyprus Chiropractors Association Eastern Mediterranean & Middle East Chiropractic Federation
Jeff Taylor	Chiropractic Association of Ireland
Jaakko Valli	Finnish Chiropractors Union

Dr Lisa Richard, ICRS Chair, welcomed the attendees to the 10th Annual Forum of the International Chiropractic Regulatory Society, to include the first annual general meeting of the ICRS. She provided a brief overview of the history and mission of the ICRS. Attendees introduced themselves.

Welcome

Dr Zsolt Kálbori, president of the six-member Hungarian Chiropractic Association, welcomed the ICRS to Budapest. He gave a brief overview of the ongoing efforts to secure chiropractic legislation in Hungary.

Opening Remarks

Dr Øystein Ogre, president of the European Chiropractors' Union presented the Forum's Opening Remarks. He discussed the various programs of the ECU, describing how the 23-member country association promotes the chiropractic profession in Europe through support and facilitation of research, education and political representation. He noted the growth in chiropractic education, including anticipated programs in Istanbul, Turkey; Oslo, Norway; Solna, Sweden; Rome, Italy; and possible future programs in the Netherlands and Belgium. Efforts are focused on designing education that integrates chiropractic with other professions, in a patient-centered curriculum.

He also described the European Centre for Chiropractic Research Excellence (ECCRE), founded in 2016 and located in Odense, Denmark. To date, ECCRE has awarded grants to a total of eight research projects covering a wide range of subjects. The funds available for research has quadrupled in the last eight years. ECCRE is a European research center established through a co-operation between the European Chiropractors' Union (ECU), the Danish Chiropractic Association (DKF) and the Nordic Institute of Chiropractic and Clinical Biomechanics (NIKKB).

Some of the primary ECU goals focus on the following: chiropractic legislation and title protection, referral rights, ability to utilize diagnostic imaging, chiropractors being accorded the status of medical specialists among other professions, chiropractic presence in rehabilitation institutions, professional indemnity insurance, facility in local language, and the right to document sick leave for patients.

European Academy of Chiropractic

Dr Ogre then reported on behalf of Dr Tom Michielson for the European Academy of Chiropractic. The EAC is a sub-committee of the ECU, concerned with the promotion and facilitation of graduate educational program (GEP) and continuing professional development (CPD) for chiropractors. He noted that the average annual requirement for CPD to maintain registration in Europe is 25 hours, with Switzerland requiring 80 hours. Hungary, Estonia and Spain are among nations presently without registration requirements.

He described the *Chiropractic and Manual Therapies Journal*, an open access, online academic journal co-owned by the EAC, the Chiropractic and Osteopathic College of Australia (COCA), the Royal College of Chiropractors (RCoC), and the Nordic Institute of Chiropractic and Clinical Biomechanics (NIKKB).

Finally, Dr Ogre closed by opining that education and research are critical components of securing legislation. Ultimately, when numbers in a country are high enough, the legislators realize the public protection aspect of regulation.

Noting that this is Dr Ogre's final meeting as ECU president, the ICRS attendees expressed their deepest appreciation to him for eight years of valiant service, always from a perspective of patient centered care.

World Federation of Chiropractic

Dr Laurie Tassell, president of the WFC, provided an overview of the organization. The WFC Council includes nine world regions. Within the Council, the Executive Committee is comprised of the president, first vice president, second vice president, secretary-treasurer, immediate past president, and the secretary-general. Also working within the Council are three subcommittees: research, public health and safety, and disability/rehabilitation.

The WFC was admitted into official relations with the World Health Organization as a non-governmental organization or NGO in January 1997 and has represented the chiropractic profession at WHO since that time. One product of that relationship is WHO's first policy document on chiropractic, *Guidelines on Basic Training and Safety in Chiropractic*, published in 2005 and now available in many languages.

WFC has adopted a collaborative approach, providing information and materials to associations as requested. Over 90 countries are presently members of the WFC.

In closing, Dr Tassell urged ICRS to "Be fearless!" He noted that it is not the role of regulators and their partners to define chiropractic, but rather to deal with the myriad of conduct, performance and ethical issues that arise in the profession.

Discussion then ensued among the attendees regarding creating change. Some of the key points:

- (Richard) It takes time – many years to translate guidelines into regulations.
- (Minter) There will always be defiant practitioners – prepare for the high costs of investigations, tribunals.
- (Ogre, Moss) Knowledge has to be transferred – start with students.
- (Ogre) Regulatory boards have to be tough – take a stand that certain practices are not simply "not good" but are actually harmful.
- (Moss) Research must be translated, widely distributed, and made applicable to daily practice.
- (Grace) Assistance needs to be continuously available to help countries develop new educational programs – question whether this is the role of WFC or accreditors or both?
- (Moss) Communication among major international organizations must be improved.
- (Moss) Accreditation in South America is a critical current issue and needs to be addressed globally.
- (Richard) Labor mobility is driving a lot of regulatory discussions – sometimes placing public protection standards in jeopardy.
- (Cailliau) Worldwide student survey – at least 60% did not know the difference between accreditation and regulation. 86% envision themselves as practising in a country other than the one in which they were educated. Regulators must revise current systems to address the new paradigm.

Accreditation

Dr Jean Moss, president of the Councils on Chiropractic Education International, updated the Forum attendees on current international accreditation issues. Current CCEI members in good standing are the Council on Chiropractic Education Australasia (CCEA), the European Council on Chiropractic Education (ECCE), and the Council on Chiropractic Education Canada (CCEC).

Dr Moss discussed the key role that accreditation plays in practitioner mobility. The withdrawal of CCE-USA from CCEI has created concerns about mobility, particularly relating to Canada and the USA, but also affecting other countries.

She described the process for the development and finalization of the CCEI's *International Framework for Chiropractic Education and Accreditation*. In order to qualify for CCEI membership, agencies must employ all components of this international framework as the minimum basis for accreditation of chiropractic education programs but are welcome to adopt more stringent standards. The process of developing the *Framework* involved a line-by-line mapping of each of the four (CCEI) member agencies' [included CCE-USA] program standards, competencies, and accreditation policies and procedures. Ultimately, the comparison indicated that there is remarkable consistency in the accreditation standards and practices across the four accrediting agencies.

Current international accreditation discussion issues include Latin American accreditation; the proposed Rome program of Life University; mutual recognition of chiropractic education in the USA, Europe, Australasia, and Canada; and recognition of European chiropractic programs by the General Chiropractic Council vs. accreditation by the ECCE.

Australian Regulatory Environment

Dr Wayne Minter, president of the Chiropractic Board of Australia, presented an overview of the Australian national scheme, registration standards, codes and guidelines.

He reported that Australia has more than 700,000 registrants, including over 5,000 chiropractors. The chairs of the fifteen regulated professions meet every three months on an interprofessional basis to consider new strategies and to ensure a greater degree of harmony in the overall regulatory and public protection process.

Established under the 2009 national law, the functions of the Chiropractic Board of Australia under the Australian Health Practitioner Regulation Agency include:

- registering chiropractors and students
- developing standards, codes and guidelines for the chiropractic profession
- handling notifications, complaints, investigations and disciplinary hearings
- assessing overseas trained practitioners who wish to practise in Australia; and
- approving accreditation standards and accredited programs of study.

It is essentially a national system where individual states also retain regulatory authority.

Dr Minter described the increasing importance of data driven regulation. Agency accountability as well as planning and growth depend on good data acquisition practices. He noted that of the 5,284 registered chiropractors in Australia, 60.9% are male. The board also registers chiropractic students, presently 1,614 individuals. Complaints involve male practitioners 65% of the time – can risk factors be identified? Many more areas of research are unfolding, with the concomitant requirements for data collection, storage, and access policies.

The complaint process is dedicated to the humane and timely handling of complaints, with a focus on complainant involvement in accordance with established protocols. Monitoring of compliance with assigned disciplinary conditions is also key.

The CBA Code of Conduct is presently under review. [This generated some discussion among Forum attendees as to the enforcement status of Codes of Conduct – are they guidelines or law?]

Other topics currently being discussed by the CBA include future arrangements with accrediting agencies, notifying the board of practice location, registration standards for continuing professional development, random practitioner audits in accordance with pre-established criteria, testimonials in health care advertising, telehealth (practice without physical presence), and guidelines relating to mandatory notifications.

RECESS FOR LUNCH, ICRS ANNUAL GENERAL MEETING

The Forum reconvened at approximately 2:40 PM following the ICRS' first AGM.

World Congress of Chiropractic Students

As Board Secretary for the World Congress of Chiropractic Students, Charlotte Cailliau reported on the status and challenges facing this organization. She commented that her experience has been that the WCCS leadership models demonstrate both integrity and inspiration. As finances are very limited, travel expenses are not covered for the board members. Funding comes primarily from membership and delegate fees and some occasional sponsorships including AGM sponsors.

Ms Cailliau gave a brief overview of the WCCS structure and its website. The 40th AGM of the WCCS is scheduled for July 6-13 this year in Johannesburg. Its governing board is comprised of the president, vice president, secretary, treasurer, and two at-large directors. There are also four regional coordinators. The stated purpose is “to advance and unite the global chiropractic profession through inspiration, integrity and leadership.” Active membership presently consists of students of 27 chiropractic colleges worldwide.

The WCCS is focused on overcoming some current challenges: participation in WCCS in the United States is sometimes limited by campus policies that recognize only SACA and SICA; the board has determined it needs to exercise greater organizational control over official WCCS events; turnover due to student graduation makes it difficult to maintain continuity in leadership.

The WCCS board has refocused its educational direction on conference programs that involve education, research, and support for initiating practice. Committees and working groups comprise the WCCS labor force. A new emphasis on interprofessional relations reflects the growing collaborative flavor of modern chiropractic practice. WCCS involvement with the World Health Student Symposium and the WHO’s World Health Assembly is putting chiropractic on the map for other professions. WCCS representatives have had the chance to discuss the benefits of chiropractic care with a multitude of healthcare students groups such as the International Veterinary Student Association and the International Pharmaceutical Students Association.

The WCCS expressed appreciation for the opportunity to bring the ECU, WFC, ICRS, and other international organizations up to date on recent changes in the student organization.

Afternoon Invitational Open Discussion:

Exploring Chiropractic Regulation in Europe - How can ICRS best be of service?

Following the midafternoon break, Forum attendees were joined by national chiropractic association leaders from Finland, Norway, Ireland, and Cyprus / Eastern Mediterranean and Middle East.

Dr Taylor reported that chiropractic is not regulated in the Republic of Ireland, resulting in problems referring patients for diagnostic imaging since only professionals who are registered can own or refer for X-rays. Attempts to demonstrate that registration is a public protection issue have thus far been unsuccessful. There are approximately 110 chiropractors who are members of the association, and another several dozen practice but are not members.

He noted that Irish chiropractors would like to be included in the National Health Service. Mrs Bance commented that in the United Kingdom, chiropractors do not routinely work as part of the NHS but are in private practice.

Dr Valli described similar concerns about X-rays in Finland, although chiropractors do enjoy a degree of title protection by way of 1994 legislation. Under certain highly structured supervision criteria, Social Insurance Institution will reimburse patients for chiropractic care.

In Cyprus, basic title protection through legislation was awarded via 1991 legislation. In 2012, additional regulatory authority was developed, although a current government effort to overhaul the health care system has set this on hold for now. Dr Papadopoulos explained that chiropractors can send patients for X-rays but cannot take them.

In Norway, Dr Engvold reported there are about 800 association members. Sixteen clinics have their own X-ray equipment, which must be inspected annually. In 1988, Norwegian chiropractors secured legislation that ensured patients would have direct access. About 20 years later, they were successful in gaining participation in the national health service. Chiropractors are much more thoroughly integrated in the system of those who deal with musculoskeletal burdens. He attributes some of the recent continued success to a decision by the profession to divert 1.5% of their government reimbursement to research. Presently, all chiropractors have been trained outside of Norway, but work is progressing to establish a chiropractic educational program through the University of Bergen, a highly rated and prestigious institution.

Dr Richard offered to provide some additional Canadian information to Dr Taylor to explain why the patient safety aspects of proper diagnosis through X-ray is critical.

Dr Minter added that the key perspective that ICRS can provide is a world view of public protection, that regulation is not focused on the benefit to the profession but rather to ensure the well-being of the public. As the ICRS gains more knowledge from the associations about the status of chiropractic in many countries, it will be better positioned to provide resources to those countries seeking to establish, or develop, a chiropractic regulatory framework.

Donna Cohen distributed some ICRS mementos as personal gifts from her to the leaders in attendance at the Forum.

Dr Richard thanked the presenters and participants, and reiterated Dr Tassell’s counsel to “Be fearless!” in the face of adversity, inspired by the public trust.

The Forum adjourned at 4:30 PM, with plans to meet again on Wednesday, March 20, 2019, in Berlin, Germany. Both the WFC and ECU have graciously offered to include ICRS in their overall combined convention arrangements.



*Best practices in international chiropractic
regulation to protect the public interest*