

## **CCE Accreditation for Postgraduate/Paraprofessional Programs?**

PLUS: INTERVIEW WITH DR. WINTERSTEIN -- OVERVIEW OF THE CCE

Editorial Staff

The Task Force on Technical and Postgraduate Education of the Council on Chiropractic Education (CCE) met June 11, 1992 in Chicago, Illinois with leading educators to discuss accreditation of postgraduate and specialty education. CCE President Dr. James Winterstein and CCE Executive Vice President Dr. Ralph Miller were also in attendance.

The task force, comprised of Chairman Carl S. Cleveland III; Dr. Randolph Harding (FCLB); Dr. Vincent Lucido (ACA); Dr. Ron Hash (ICA); Dr. Reed Phillips (ACC); and Dr. Edward Maurer (member at large), met with Dr. John Fauser, director of the committee on Allied Health Education and Accreditation (CAHEA), and Dr. John Gienapp, executive secretary of the Accreditation Council for Graduate Medical Education (ACGME).

The CAHEA accredits medical programs in 28 allied health professions. The ACGME establishes the standards for the existing 81 medical residency programs.

Dr. Cleveland explained the purpose of the meeting: "Presently, no nationally recognized accreditation standards exist to provide direction and guidance for chiropractic certification of technical and specialty education. The task force seeks to determine by what structure or process we may encourage implementation of a profession-wide accrediting effort, one that best serves the continued growth of quality chiropractic education."

The programs that may fall within the accrediting process are specialty education leading to diplomate certification, and programs for radiology assistants and CAs.

The task force is currently seeking input from individuals and organizations within chiropractic who have governing responsibilities in specific areas of education covered by the project.

A report from the task force is expected during the CCE's Board of Directors annual meeting in January 1993.

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Interview with Dr. James F. Winterstein

Editor's Note: Postsecondary education in the U.S comes under the review of over 57 accrediting bodies, a unique activity not carried out by any other country. Review of foreign postsecondary education programs is controlled by ministries of education which also administer the licensing programs. In the U.S., accreditation is given over to non-governmental authorities such as the chiropractic profession's accrediting organization, the Council on Chiropractic Education (CCE).

We have asked the current president of the CCE, Dr. James F. Winterstein, president of National College of Chiropractic in Lombard, Illinois to provide us with an overview of the CCE and the

process of chiropractic accreditation.

"DC": What is the Council on Chiropractic Education (CCE), and how does it operate? What gives it credibility?

Dr. Winterstein: The CCE is an autonomous national professional accrediting organization for 14 chiropractic institutions. The institutions that seek CCE membership must participate in a rigorous evaluation process. The Commission on Accreditation (COA) is the body delegated the responsibility for carrying out the process of accreditation, institutional evaluation, and also makes the status decision.

The mission of the CCE is to provide leadership for development, promotion, and improvement of the accreditation process, related educational functions, and information services.

The CCE has six functions:

1. To establish and maintain the COA.

The COA provides recommendations to chiropractic institutions on issues of institutional effectiveness and program quality. The COA assesses institutional mission and goals, programs, inputs, resources, outcomes, and planning. Accreditation is granted through a review process and by a decision of the COA based upon an evaluation of the institution's compliance with the CCE Standards for Chiropractic Institutions (Standards).

2. To assist the schools in improving their programs.

3. To determine the chiropractic institution's effectiveness for purposes of accreditation.

4. To assure that an institution has clearly defined educationally appropriate objectives, which they can reasonably be expected to achieve.

5. To disseminate information on chiropractic education and accreditation, and publish a list of accredited institutions.

6. To maintain the CCE as an effective educationally-oriented organization.

"DC": What is the historical basis of CCE?

Dr. Winterstein: The CCE is rooted in the work of predecessor groups dating back to 1935. Those groups worked towards the development of professional educational standards through 1947. At that time, a Council on Education was formed which eventually led to the incorporation of a private, non-profit CCE in August 1971. CCE has been recognized on a continuing basis since 1974 by the U.S. Department of Education; the institutions holding status with the CCA are eligible for certain federal student financial aid programs because of the CCE's recognition by the Secretary of Education. The CCE has also been recognized on a continuing basis since 1976 by the Council on Postsecondary Accreditation (COPA), a non-governmental organization which, based upon strict criteria, recognizes accrediting agencies.

The CCE independently develops its own bylaws, the Standards, and policies.

"DC": What is the organizational structure of the CCE?

Dr. Winterstein: The council's board of directors is composed of two separate sections:

Institutional Members: One official representative from the administration of each of the 14 member institutions.

The COA nine members are appointed as follows:

1. Two members elected by the CCE institutions.
2. Two non-chiropractic members representing the general public.
3. Two members appointed by the Federation of Chiropractic Licensing Boards.
4. Three members appointed by the sponsoring national associations: two coming from the ACA and one from the ICA.

These members are appointed for three year terms and positions are filled on a staggered basis to insure the stability of the commission.

"DC": Who develops the Standards and policies that govern CCE and member status-holding chiropractic institutions?

Dr. Winterstein: The CCE owes its existence and legal status basically to the common law of "voluntary associations," or "private associations," and to state corporation law.

As a consequence of its autonomous status, the CCE develops the Standards and policies that govern it and guide its status-holding institutions. The CCE Standards are under continuous review by the CCE. Thus, it is possible that the Standards required or applied in one year might be changed or upgraded in some respects in the next. The Standards and the accreditation process includes a system of review which are driven by quantitative (data) assessment as well as a qualitative assessment through the review of site teams which review the institutions on site and commission members who decide upon institutional status.

Any proposed changes in the Standards are placed before the CCE membership with the full knowledge of the status-holding institutions, which have representatives at CCE meetings. There are no surprises. If a proposed change would have a diverse effect on a specific institution, its representative has an opportunity to address the group, and the matter is considered. Often, action is delayed for further study.

Each of the 14 current chiropractic institutions holding status with the CCE has one vote on any matter coming before the CCE board. The nine members of the COA are also voting members of the CCE. In the final analysis, changes in the Standards and policies are accomplished through broad participation and by final vote of the full council.

"DC": What are the functions of the CCE Executive Committee?

Dr. Winterstein: The CCE Executive Committee is a standing committee with its membership derived from the voting directors of the council. It consists of the officers of the council: president, vice president, secretary/treasurer, the immediate past president of the council, and the chairperson of the COA. The executive vice president is a non-voting ex-officio member of this group. The president, in concert with the Executive Committee, carries out the policies and

business affairs of the council. The Executive Committee may exercise all the powers of the board but only during the interim period between the meetings of the board. The Executive Committee does not have the power to amend the bylaws, the Standards, or to determine membership in the council. This restriction is due to the fact that membership consists of persons appointed by sponsors from across the breadth of the profession of chiropractic and the board of directors.

The Executive Committee approves agendas for each of the board meetings and makes recommendations to the board on such items as the annual budget, finances, dues, assessments, and outside funding. The committee is responsible for overseeing and monitoring the council's progress in each of a number of identified strategic areas.

In order to act for the board which meets once a year, or on extraordinary occasions as called by the CCE president, the Executive Committee must meet at least semi-annually and during times when the president and the committee feel that it is necessary to deal with special issues or topics of a policy and/or operational nature.

The Executive Committee must report to the board at each of the board's regular or special meetings and review its activities, and the progress it has made during the year.

"DC": What about the activities of the CCE executive office and its responsibilities.

Dr. Winterstein: The CCE executive office staff, which is supervised by Executive Vice President Dr. Ralph G. Miller, coordinates and maintains all operational activities of both the council and the commission and implements all policies and procedures as approved by the board and/or the CCE Executive Committee. The staff is responsible for the day-to-day details of planning, monitoring, executing, and making recommendations about all aspects of all council and commission affairs.

The staff processes institutional self-studies and progress reports, and implements and coordinates site-team visits to institutions during periods of review.

The staff is responsible for operational and technical needs in establishing workshops for institutions, site team visitors, and the commission members, and to bring all participants up to date regarding any changes in the accreditation system.

All financial affairs of the council and the commission are handled and monitored by staff responsible for assisting the executive committee, the board, and the commission in establishing budgets, monitoring income and expenditures, and preparing budgets for forthcoming years.

The CCE executive office staff facilitates all ad hoc panels and task force activities in maintaining records, keeping minutes, and implementing continuity among the activities until the charges are met and discharged. They are responsible for the same activities for standing committees, panels or task forces.

"DC": What is the purpose of CCE committees, panels, and task forces?

Dr. Winterstein: Ad hoc committees, panels, and task forces are charged with reviewing and considering problems and providing advice and recommendations to the council.

Appointments to these bodies are made by the CCE president with a specific charge. The panels present their recommendations to the council and its executive committee. In many ways, panels and task forces are responsible for some of the significant progress CCE has made in moving forward as an accrediting organization.

"DC": We understand that CCE has a Model of Institutional Effectiveness. What is that model?

Dr. Winterstein: The Model of Institutional Effectiveness was developed by the Panel on Educational Standards outcomes Assessment, and formed the basis for the restructuring of the Standards which occurred in 1990. This model recognizes that the institution must operate within an external environment which affects that institution (the CCE and other accrediting bodies, regulatory agencies, and the public served by the institution). In addition, the model describes the internal environment. Essentially, this is a model for planning which requires the institution to establish goals and objectives based upon its mission, to measure the outcomes of its programs (student achievement, research outcomes, and the outcomes of its service program), and to evaluate, using these outcomes, how well the institution has achieved the goals and objectives it established for itself. Following this evaluation, plans are modified to better achieve the goals, and new goals and objectives may be established.

"DC": Where do you see the CCE going in the future?

Dr. Winterstein: As you know, CCE is completing its 21st year as an accrediting organization for chiropractic colleges. We have made significant inroads to organize the profession under one accrediting organization, the CCE. Whether this will be a reality now and in the future depends on the universe of the 17 chiropractic colleges, 14 of which come under the CCE accreditation process. Right now, we have three institutions which are not a part of the CCE. The CCE has invited these three institutions to make application numerous times but to no avail.

On another front, the governance process of the CCE is being reviewed and, more specifically, the CCE bylaws are being re-evaluated for ways and means of developing clarification and restatement of the document.

With regard to personnel and budgets, the CCE is in a strong position. Nevertheless, all priorities, including increasing costs of maintaining the accreditation process and related activities are under review and may cause us to revisit and revise our structure and formula of CCE financial support and sponsor participation.

In order to maintain its role as a dominant force in chiropractic accreditation, the CCE will begin to consider ways and means to foster and strengthen the functions of the CCE as the accrediting body for the profession.

The body of knowledge upon which the profession bases its art and science is growing rapidly; professional recognition by governmental agencies will be affected regarding how chiropractic administers health care and health care delivery. The CCE must continue to work to maintain quality chiropractic education. It will look at prechiropractic educational requirements, technical education related to chiropractic, in addition to postgraduate education. The CCE is a dynamic organization which is prepared to change where and when such change will be beneficial to the chiropractic profession and to the population in general.

Thank you for giving me this opportunity to speak on behalf of the council.

An interview with Dr. Marino A. Passero, chairman of the CCE's Commission on Accreditation (COA) will appear in an upcoming issue.

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