

Who Should Be in Charge of Chiropractic College Curricula?

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If you've been following the reports in this and other chiropractic publications, you know that the issue of physical therapy education in California seems to be a hot issue. There is a bigger issue, however, that needs to be examined in this dispute.

To recap for those of you who haven't been following this story, the California Board of Chiropractic Examiners (CBCE) took action in October 2000 to give Palmer College of Chiropractic (Davenport, Iowa) Life University (Georgia) and Sherman College of Straight Chiropractic (South Carolina) 60 days to comply with a reinterpretation of Section 331 of Title 16 of the California Chiropractic Act. The act requires each chiropractic institution to teach physical therapy as part of the core curriculum for its graduates to be eligible for licensure in California. The CBCE recently decided to grant a one-year extension to the colleges involved and not require them to comply with their curriculum stipulations.

I can't speak for Life or Sherman, but I can tell you this issue is not about the quality of physical therapy education. At Palmer College in Davenport, the full physical therapy course is offered as an elective, and is taken by 90 percent or more of the students on this campus. We have a high-quality program, an excellent faculty - even a world-class athlete - teaching physical therapy. Our students have access to physical therapy equipment and faculty through our clinic program. Physical therapy will continue to be taught here at Palmer. At Palmer College of Chiropractic West in San Jose, California, physical therapy is already part of the core curriculum, based on California law, which is true of all chiropractic colleges in California.

What this issue is really about is manipulation by individual states of educational curricula and standards. It is further evidence of the need for national organizations and chiropractic colleges to work together to advance standards of chiropractic education and practice. Palmer calls on the appropriate national associations to begin meeting to develop high-quality standards for chiropractic competency and licensure that can be applied nationwide. This would eliminate the current situation where a state without any professional background in accreditation (and without ever stepping foot on our campus with a legitimate accreditation team, as in California), is accrediting schools.

National licensing standards have been developed before, but the individual political agendas of some state and national organizations have caused a fragmentation in the adoption and creation of standards. What the profession needs is for a chiropractic organization, be it the Association of Chiropractic Colleges (ACC); the Federation of Chiropractic Licensing Boards (FCLB); the Council on Chiropractic Education (CCE); or another group to make a commitment to this endeavor, and make standardized licensure regulations a reality. What good is having standards if individual states don't acknowledge them, or if they don't fit their political agenda? It is an arduous task, and will take a significant commitment from a group or individuals willing to build consensus with each state licensing board. Our students deserve it, however, and the advancement of chiropractic education and

practice demands it.

It has always been the dream of this profession that chiropractic education could be the domain of educators, not politicians; that licensure be based on national standardized tests designed by experts, not state-appointed or elected local practicing chiropractors. This was the dream of the CCE and national board organizations.

Unfortunately, some states still exhibit personal quirks that make designing a curriculum a nightmare. One state requires gynecology; another eight hours of chemistry, versus six; five states require a pre-enrollment bachelor's degree, and you can't practice there even if you get a PhD after graduation. It goes on and on. The impact all of this on chiropractic students includes additional costs; unwanted courses; undue stress; confusion over requirements; and restriction of postgraduate mobility. The impact on chiropractic colleges can result in restricted, noncreative curricula.

Most of these state laws only require applicants to their states to meet their specific requirements. California's recent requirement is more serious. They are saying that they have the right to certify an entire school based on California's twists and turns, and if a particular college doesn't teach to their specifications, none of their graduates, regardless of competency, can sit for licensure. In essence, they are not measuring a doctor's competency, but rather, accrediting a school's curriculum. I thought the profession asked the CCE to do this.

Palmer and the other two colleges involved in this dispute have reached a compromise with the California Board of Chiropractic Examiners. In the long term, I would hope, as I've lectured at the FCLB conference, that if our profession wants new and innovative curricula, advances in education and higher standards, then these state-by-state quirks eventually will be taken out of the equation. The CCE, the national boards, and the colleges, with input from the field, will then be allowed to do their jobs.

Palmer will do everything it can to ensure its graduates access to California licensure. Based upon its recent actions, we assume the California board is equally committed to assessing competency versus political agendas.

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