

The International Chiropractic Education Collaboration



CMCC signs ICEC Position Statement

The Canadian Memorial Chiropractic College has officially endorsed the International Chiropractic Education Collaboration's (ICEC) Position Statement on Clinical and Professional Chiropractic Education, joining many other institutions around the world with a similar approach to evidence-based, patient-centred contemporary chiropractic education. On October 19, 2018, the CMCC Board of Governors concluded an almost three-year study and deliberation of the Position Statement, considered the results of a faculty survey demonstrating overwhelming support of the Position Statement, and voted unanimously to become a signatory to the Statement. On March 27, 2019, CMCC's Board of Governors announced that CMCC has become a signatory to the International Chiropractic Education Collaboration Clinical and Professional Chiropractic Education Position Statement, joining 12 institutions around the world.

Primary Reason for Signing:

A major impetus to sign this Position Statement is to make clear to prospective students what to expect from CMCC's educational program. As an educational institution, CMCC has an obligation to accurately portray and promote its educational programs to prospective students and interested future faculty members. Additionally, student protective standards for the Ontario Ministry of Training, Colleges and Universities and the Council on Chiropractic Education (Canada; CCEC) mandate that CMCC's student recruitment materials and practices properly depict the nature of education provided at CMCC. CMCC has for several decades promoted itself as being an evidence-based program, with a model of care focusing on chiropractic as a primary contact health care profession with expert knowledge in spinal and musculoskeletal health, emphasizing differential diagnosis, patient centred care and research.

Alignment of the Position Statement with CMCC's Strategic Plan

CMCC has been steadily moving forward on evidence-informed, scientific practices over the past several decades guided and supported by our Board of Governors, by our faculty and by our strategic planning process, as well as our national and international collaborative partners in research and education. The CMCC Strategic Plan framework, developed in consultation with the Board of Governors, staff, faculty, administration, students and stakeholders, establishes a roadmap to guide CMCC through its next phase of growth and development for the period of 2017 to 2021. It identifies six strategic themes/areas of excellence which shape the future of the institution.

- I. Excellence in teaching and learning
- II. Excellence in support and service for students and employees
- III. Excellence in clinical care
- IV. Excellence in collaboration and communication
- V. Excellence in institutional leadership and management
- VI. Excellence in research, scholarship and innovation

Emphasis of the Position Statement:

The Position Statement reinforces the educational concepts of evidence-based and patient-centred care and stresses the avoidance of certain clinical practices that are not sufficiently supported by scientific rationale or best practices, or which subject the patient to unnecessary procedures. The primary purpose of the Position Statement is to clarify CMCC's educational practices and not address wider professional or regulatory matters. The Position Statement commits to a modern, continually evolving curriculum founded on the principles of evidence-based care and acknowledging the biopsychosocial model of care underpinned by peer-reviewed research. The Position Statement emphasizes the value of providing a DC degree program education that is rich in evidence-based practice concepts and principles, embraces innovative teaching methods, and promotes widely accepted preventative and public health measures (including vaccination).

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Questions and Answers regarding International Education Position Statement

Q. How will this affect the curriculum and my education at CMCC?

- This will have no impact on the curriculum or clinical experience at CMCC. Everything mentioned in the Position Statement conforms to what is currently taught and practiced at CMCC. The primary intended audience of the Position Statement includes prospective students and other persons who may not be familiar with our curriculum or model of care.

Q. Do CMCC's faculty members support the Position Statement?

- The faculty was polled in October 2018 prior to the Board of Governors taking a vote on the issue. There was overwhelming support (98%) by the faculty of the content of the Position Statement.

Q. Will this affect my ability to get external clinical placements?

- There will probably be little impact on placements. All of our formal clinic training sites currently affiliated with CMCC provide a clinical experience in conformance with CMCC's model of care and the Position Statement. There may be some field practitioners who may opt not to apply to be a preceptorship/observation site because their practice model is not in conformance. We attempt to recruit clinics to participate as external training sites that are aligned with our model of care and which do not engage in practices that are discouraged by the Position Statement.

Q. Is CMCC denying the existence of the vertebral subluxation?

- The term "subluxation" is often very confusing to different audiences. It is important to distinguish between the concept of subluxation as being primarily a biomechanical dysfunction that may produce secondary local and remote signs and symptoms, and that of the vitalistic concept of subluxation as being a direct cause of neurologic dysfunction resulting in organ system dysfunction and which if not removed will result in a deterioration of health. Many chiropractors still use the term "subluxation" in the biomechanical sense (i.e., joint or segmental dysfunction), and there is nothing in the Position Statement that specifically discourages that use. CMCC does not support the use of the term "subluxation" in its vitalistic context as promoted by BJ Palmer or Stephenson.

Q. Is CMCC abandoning the "neuro" part of NMSK (neuromusculoskeletal)?

- No, it is not. CMCC recognizes that tissues and organ systems interact and communicate with each other, and that pain, inflammation and irritation can have impact upon both the central nervous system as well as peripheral tissues. We have conducted considerable research on these effects and will continue to do so. We just added another full-time researcher for our Life Sciences laboratory, under the guidance of Dr. Budgell, which explores the effects of the adjustment on the nervous and immune systems. The CMCC Institutional Strategic Plan includes many research strategies, including performing research in the core elements of chiropractic. CMCC spends a greater portion of its budget on research than any other institution in North America. Our research, along with our core education curriculum that

includes extensive training and assessment in the neurosciences, including neuroanatomy, neurophysiology, differential diagnosis, and case management, should reassure alumni that CMCC is paying attention to the nervous system.

Q. How many schools (programs) have signed the Position Statement

- As of March 2019, signatories of the agreement are: AECC (England), WIOC (Wales), IFEC-Paris and IFEC- Toulouse (France), SDU-Odense (Denmark), UZ-Zurich (Switzerland), UJ-Johannesburg (South Africa), Durbin University of Technology (South Africa), Macquarie University (Australia), Murdoch University (Australia), the International Medical University (Malaysia), the Madrid College of Chiropractic at the Real Centro Universitario Escorial-María Cristina (Spain), the University of Bridgeport School of Chiropractic (USA) AND CMCC (Canada).

Q. What is CMCC's position on vaccination?

- By signing the Position Statement, CMCC has publically emphasized its support for contemporary public health practices that include immunization. The Statement specifically states that CMCC supports the World Health Organization's "WHO's vision and mission in immunization and vaccines - 2015-2030". Although some individual practitioners within the different health professions may take personal exception to this, it is important that as an educational institution we provide our students with an evidence-based curriculum that incorporates public health best practices, including the overall value of vaccination. The chiropractic profession has frequently drawn criticism from scientists and healthcare providers because of the public anti- vaccination stances voiced by some practitioners, and CMCC wants to make clear that it does not condone such positions.

Q. Why is there inclusion of business practices ("practice styles") in an educational statement?

- It is only those business practices that have repeatedly been questioned by the chiropractic community or other healthcare professionals that are mentioned in the Position Statement. These include those practices that potentially expose patients to unnecessary x-rays, may jeopardize patient privacy, or which encourage patient dependency or unnecessary visits. CMCC's curriculum includes training in imaging guidelines, radiation safety, business, jurisprudence, ethics, entrepreneurship and professionalism. The practices mentioned in the Position Statement do not conform to what is taught at CMCC or what CMCC feels in the best interests of patients.

Q. Is CMCC fully supportive of the concept of interprofessional education, or would it be better to train chiropractic students solely within a chiropractic setting?

- CMCC is absolutely supportive of providing chiropractic students with opportunities to learn from and learn with other healthcare professionals. We strive to develop collaborative relationships with other care providers, researchers, and institutions. Examples of these include the UOIT-CMCC Centre for Disability Prevention and Rehabilitation, our inclusion within the Department of Family and Community Medicine and St. Michael's Academic Family Health Team, our clinic within St. John's Rehab, our involvement in the South Riverdale Community Health Centre and the Sherbourne Health Centre, and our agreements with several other academic institutions. The 2017-2021 CMCC Strategic Plan lists as one of its strategies, "Expand inter-professional and inter-organizational research collaborations." The trend in chiropractic practice is towards interdisciplinary settings, and a key part of preparing our students for this type of practice is to include multiple opportunities to learn in an interprofessional, multidisciplinary setting.

Clinical and Professional Chiropractic Education: a Position Statement

Whereas, the welfare of the patient is paramount; and

Whereas, chiropractic education should be of the highest quality and be founded on the principles of evidence-based care¹; and

Whereas, curricula should be responsive to changing patient, societal and community needs and expectations within a modern health care system;

we, the undersigned chiropractic educational institutions, state as follows:

1. Chiropractic education and training must acknowledge the biopsychosocial model of health care and be underpinned by biologically plausible theories and peer-reviewed research. It should embrace the value of clinical experience, shared decision-making and a patient-centered approach to care.
2. Upon graduation, chiropractic students should be equipped to work effectively and collaboratively to deliver improved quality of life outcomes for patients with musculoskeletal disorders. This will, of necessity, incorporate:
 - a. An evidence-based approach to the case history, physical examination, diagnostic imaging, diagnosis, report of findings and management plan that may include a range of clinical interventions
 - b. Effective communication in a language that is clearly understood by all stakeholders in healthcare, thereby facilitating interprofessional practice and promoting effective collaboration between health care teams
 - c. Knowledge of preventative measures including but not limited to musculoskeletal care, encompassing wider public health and health promotion initiatives
3. Wherever possible, chiropractic educational programs should form or develop affiliations with established public and private universities preferably within a medical or health science faculty. Such links may develop opportunities for interprofessional education and collaborative practice.
4. Chiropractic educational institutions should support their faculties in the provision of innovative models for the development of knowledge, learning and skills. These should focus on facilitating scholarly activity including research, interprofessional education and teaching within the context of emerging health care models.
5. The teaching of vertebral subluxation complex as a vitalistic² construct that claims that it is the cause of disease is unsupported by evidence. Its inclusion in a modern chiropractic curriculum in anything other than an historical context is therefore inappropriate and unnecessary.
6. Chiropractic education should reflect ethical practice and professional standards throughout the curriculum. Upon graduation, students must understand their responsibilities to their patients, their communities and to the profession.

7. Practice styles³, which may contribute to inappropriate patient dependence, compromise patient confidentiality or require repeated exposure to ionising radiation are not part of an undergraduate chiropractic curriculum. Students should be taught to recognize that such approaches are not acceptable in terms of the best interests of patients or the chiropractic profession.
8. Immunization. The chiropractic programs below support the World Health Organization 'WHO's vision and mission in immunization and vaccines - 2015-2030⁴.

On behalf of the following chiropractic educational institutions:



AECC University College, Bournemouth



The Welsh Institute of Chiropractic, University of South Wales



The Education of Clinical Biomechanics, University of Southern Denmark



Chiropractic Medicine, University of Zürich



Institut Franco-Européen de Chiropraxie



Department of Chiropractic, University of Johannesburg



Department of Chiropractic and Somatology, Durban University of Technology



Department of Chiropractic, Macquarie University



Discipline of Chiropractic, Murdoch University



Chiropractic Division, School of Health Sciences



University of Bridgeport, College of Health Sciences



RCU Escorial Maria Cristina, Madrid College of Chiropractic



Canadian Memorial Chiropractic College

¹ Sackett DL, Rosenberg WM, Gray JA, Haynes RB, Richardson WS. Evidence based medicine: what it is and what it isn't. *BMJ*. 1996;312(7023):71-2.

² Specifically the form of vitalism as distinct from holism that proclaims 'If the specific vertebral subluxation is correctly adjusted, interference is released, pressure is eliminated, carrying capacity restored to normal, tissue cell is re-established, and life and health begin to regrow back to normal. All this is directed, controlled, and performed by INNATE INTELLIGENCE' (Ref: *BJP Fame and Fortune* Vol. XXXIII)

³ Practice styles refers to routine 'high volume' chiropractic care models, 'open plan' chiropractic care models and the delivery of unsubstantiated 'treatment packages' or clinical techniques.

⁴ WHO's vision and mission in immunization and vaccines - 2015-2030' http://www.who.int/immunization/documents/general/WHO_Mission_Vision_Immunization_Vaccines_2015_2030.pdf?ua=1 Accessed April 12, 2017.