



Residency Program Accreditation Standards

Principles, Processes & Requirements
for Accreditation

September 1, 2023 Proposed Revisions
to the Residency Program Accreditation Standards
(Track Changes Version)

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The Council on Chiropractic Education®

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Foreword

This document presents the process and requirements for The Council on Chiropractic Education (CCE) accreditation of chiropractic residency programs (“residency”). CCE accreditation relies on a peer-review process that is mission driven, evidence informed and outcome based. The attainment of CCE accreditation provides a residency with expert evaluation and recommendations for improvement. Accreditation provides assurances of educational quality and institutional integrity to governments, jurisdictional licensing and regulatory bodies, institutions, professional organizations, residents, other accrediting agencies and the public at large.

The purpose of the accreditation of residencies is to improve health care by assessing and advancing the quality of chiropractic residency education and to accredit those residencies which meet the minimum requirements as outlined in the Residency Program Accreditation Standards and provide for training programs of good educational quality in each specialty.

Accreditation of residency programs is a voluntary process of evaluation and review performed by a non-governmental agency of peers. The goals of the process are to evaluate, improve and publicly recognize programs that are in compliance with standards of educational quality established by CCE. Accreditation of residencies was developed to benefit the public, protect the interests of residents, and improve the quality of teaching, learning, research and professional practice.

CCE publishes a list of accredited residencies and informs its stakeholders and the public regarding the accreditation requirements and process. Communications with the public regarding specific accreditation actions are appropriately transparent, taking into consideration applicable laws and practices (including rights to privacy) and the integrity of the accreditation process.

CCE policy references in these Standards are not all inclusive and may be delineated in other CCE publications. They are intended only to assist the reader for quick reference.

Terminology and Definitions:

Affiliated Organization: an institution or organization that operates independently of the residency but is directly or indirectly involved with the residency. The affiliated institution or organization may provide guidance to the residency and/or formal services such as instruction, resident support services, library, information technology, etc. Formal services provided by the affiliated institution or organization are outlined in a contractual agreement.

Governing or Administrative Authority: a body or an administrative unit of the sponsoring organization that has ultimate responsibility for resources, policies, and quality of education provided by the residency.

Governing Official: the representative for the *governing or administrative authority* over the residency. For example, this could be a senior administrator of the sponsoring organization that oversees the residency Director and/or has ultimate responsibility for resources, policies, and quality of education provided by the residency.

Program Director: The program director is the person responsible for the direction, conduct and oversight of the residency.

Residency: A chiropractic residency is a post-doctoral education program centered on clinical training that results in the residents' attainment of advance competencies. A residency must be a minimum of twelve months, full-time, and must be composed of appropriately supervised in-person clinical care. A residency should also include a well-designed mix of self-directed learning, seminar participation, instructional experiences, and scholarship. -Specific to the area of training, the residency expands and builds on the competencies attained through completion of the doctor of chiropractic degree program.

Sponsoring Organization: An organization, institution or facility dedicated to health care or education that assumes ultimate responsibility for the residency. If more than one organization sponsors the residency, there must be a contractual agreement between the organizations that outlines specific responsibilities and ownership for the residency.

Section 1 – CCE Principles and Processes of Accreditation

I. Residency Accreditation by CCE

CCE accreditation of residencies is designed to promote the highest standards of educational program quality in preparing candidates for an advanced level of training, advocating best practices and excellence in patient care, while advancing and improving the profession and its practitioners. The Council takes steps to ensure that accreditation requirements are consistent with the realities of sound practices in residencies and currently accepted standards of good practice for chiropractic care. This reflects a recognition that residencies exist in different environments. These environments are distinguished by such differing factors as purpose of the program, jurisdictional regulations, demands placed on the profession in the areas served by the residencies, and the diversity of resident populations. CCE accreditation is granted to residencies deemed by the Council to comply with the eligibility requirements and requirements for accreditation.

1. The Council specifically reviews compliance with all accreditation requirements.
 - It is dedicated to consistency while recognizing residency differences.
 - It bases its decisions on a careful and objective analysis of all available evidence.
 - It follows a process that is as transparent as possible, honoring the need for confidentiality when appropriate.
 - It discloses its final decisions to the public, as well as to other appropriate authorities, in accordance with CCE Policy 111.
2. The Council provides information and assistance to any residency seeking accreditation, in accordance with CCE policies and procedures.

II. Process of Accreditation for a Residency

Any residency seeking to achieve or maintain CCE accredited status must apply for such status, and provide evidence that the residency meets the eligibility requirements and complies with the requirements for accreditation.

A. Application for Initial Accreditation

1. Letter of Intent

A residency seeking initial accreditation must send a letter of intent to the CCE Administrative Office stating its intention to pursue accredited status, and provide written evidence that it meets the eligibility requirements.

Since residencies may operate under different settings and systems, provide a description and organizational chart of the residency's responsibilities and authority within the context of its sponsoring organization. Also include the name and title of the governing official. (The definitions for *governing official*, *sponsoring organization*, and *governing or administrative authority* are provided in the Terminology and Definitions section.)

2. Requirements for Eligibility

- a. Sponsorship of a residency is under the administrative responsibility of a healthcare institution or doctor of chiropractic program, which develops, implements, and monitors the residency. The sponsoring organization also ensures the availability of appropriate facilities and resources for the residency.
- b. Formal authorization to operate the residency from the appropriate governmental agency of the jurisdiction in which the residency legally resides, if applicable (e.g. state-level commission or board of higher education).
- c. The residency and/or the sponsoring organization is legally incorporated as an educational corporation, if required by the state-level commission or board of higher education, in its jurisdictional residence.
- d. A program director of the residency qualified by education and/or experience, as demonstrated by their Curriculum Vitae and position descriptions and minimum requirements. The program director~~and~~ is provided authority from the sponsoring organization to manage the residency (e.g. contract or job description).
- e. Formal action from the governing or administrative authority that commits the residency to comply with the CCE requirements for accreditation.
- f. The residency's mission/purpose, and program goals, and objectives, which are consistent with the CCE Residency Program Accreditation Standards and required core competencies.
- g. A plan and process for the assessment of resident outcomes.
- h. Disclosure of accreditation status with any agency other than CCE, to include the most recent action letter.

3. CCE Response

Upon application by the residency for accreditation:

- a. The Council Chair, with assistance from the CCE Administrative Office staff, reviews the evidence of eligibility documents submitted by the residency. If further documentation is necessary, the Council Chair notifies the residency that such documentation must be submitted with the residency self-study report.
- b. The Council establishes timelines regarding the self-study, site visit and Status Review Meeting in coordination with the CCE Administrative Office and the residency, according to CCE policies and procedures. If the residency's sponsoring organization is a CCE accredited DC program, the CCE Administrative Office will make every effort to coordinate self-study, site visit and Status Review Meetings with the ongoing CCE accreditation cycle for the DC program. This effort is designed to maximize practical efficiencies and cost reduction efforts.

B. Application for Continued~~Reaffirmation of~~ Residency Accreditation

1. Letter of Intent

A residency seeking continued~~reaffirmation of~~ accreditation must send a letter of intent from the residency's designated officer to the CCE Administrative Office stating its intention to pursue continued~~reaffirmation of its~~ accredited status. If the residency's sponsoring organization is a CCE accredited DC program, this intent may be incorporated into the DC program application for continued accreditation~~reaffirmation~~ letter.

2. Requirements for Eligibility

The residency need not submit evidence of eligibility documents required for initial accreditation unless eligibility requirements have changed since from the last reaffirmation~~comprehensive~~ visit. However, the residency must maintain documentation that it complies with the eligibility requirements. This information must be available for review by appropriate representatives of CCE and/or the Council. Specifically related to the residency, the program must provide the following information to the Council:

- a. A program director of the residency is qualified by education and/or experience; and is provided authority from the sponsoring organization to oversee the residency (e.g. contract and/or job description).
- b. Formal action from the governing or administrative authority that commits the residency to comply with the CCE requirements for accreditation.
- c. The residency's mission/purpose and program; goals; and objectives, ~~which~~ are consistent with the CCE Residency Program Accreditation Standards.
- d. A plan and process for the assessment of resident outcomes.
- e. Disclosure of accreditation status for the residency with any agency other than CCE, to include the most recent action letter.

3. CCE Response

The Council establishes timelines regarding the residency's self-study, site visit and Status Review Meeting in coordination with the CCE Administrative Office and the residency, according to CCE policies and procedures.

C. Process of Residency Accreditation (Initial/Continued~~Reaffirmation~~)

1. Residency Self-Study

The residency must develop and implement a self-study process that involves all constituencies of the residency and demonstrates achievement of ~~relates to effectiveness regarding~~ its mission/purpose and; goals and objectives. The self-study report must:

- a. Provide clear evidence that the residency complies with the CCE requirements for residency program accreditation.
- b. Focus attention on the ongoing assessment of program outcomes, including those

developed to demonstrate resident achievement of the core competencies, for the continuing improvement of academic quality.

- c. Demonstrate that the residency has processes in place to ensure that it will continue to comply with the CCE requirements for accreditation.
- d. Be submitted to the CCE Administrative Office no later than nine months prior to the CCE meeting wherein a decision regarding accreditation will be considered.

2. Site Team Visit and Report to CCE

Following receipt of the residency self-study report, the Council appoints a site team to review evidence contained within the eligibility documentation and self-study report relative to compliance with the CCE Residency Program Accreditation Standards. The site visit and report to the CCE are an integral part of the peer review process that uses the residency's self-study as the basis for an analysis of the strengths, challenges, and distinctive features of the residency. This process is designed to ensure that, in the best judgment of a group of qualified professionals, the residency complies with the requirements for eligibility and accreditation and that the residency is fulfilling its mission/purpose and goals. An enduring purpose of CCE accreditation is to encourage ongoing improvement.

- a. The residency must provide the site team with full opportunity to inspect its facilities and rotation sites, where feasible, and to interview all persons at the site/facilities related to the residency, and to examine all records maintained by or for the residency of which it is a part (including but not limited to budget and personnel records, and records relating to resident credentials, resident assessment of learning, resident advancement in the program, and program completion (degree, certificate, etc.).
- b. A draft report is prepared by the site team and sent by the CCE Administrative Office to the residency Director and/or designated officer for correction of factual errors only.
- c. Following the response of the residency to correction of factual errors, a final report is sent by the CCE Administrative Office to the residency Director and/or designated officer, governing official and site team members.
- d. The residency may submit a written response to the site team report, and it must submit a written response if the report identifies areas of concern. The residency sends the response to the CCE Administrative Office which distributes it to the CCE President, Councilors and Site Team Chair. Any residency response to the site team report must be submitted to the CCE no less than 30 days prior to the Status Review Meeting.

3. CCE Status Review Meeting

- a. The objective of the status review meeting is to provide an opportunity for the Council to meet with the residency representatives (if applicable) to discuss the findings of the site team in accordance with CCE policies and procedures. The Site Team Chair or other members of the site team may also be present at the request of the Council Chair.

- b. Following the status review meeting, the Council reviews the self-study and supporting documentation furnished by the residency, the report of the on-site review, the residency's response to the report, and any other appropriate information, consistent with CCE policies and procedures, to determine whether the residency complies with the CCE Residency Program Accreditation Standards.
- c. The Council's action concludes with a written decision regarding accreditation status that is sent to the residency Director and/or designated officer, the governing official, and CCE Councilors.
- d. The next comprehensive evaluation site visit normally is three years following the award of initial accreditation, or six years following the award of ~~continued~~reaffirmation of accreditation. If the residency's sponsoring organization is an institution housing a CCE accredited DC program, every effort will be made to ensure the cycle of comprehensive visits coincides with the accreditation cycle of the DC program.

D. Additional Reports and Visits

In accordance with CCE policies and procedures the Council may require additional reports from, and/or visits to a residency, to confirm its continued compliance with the accreditation requirements. The residency must critically evaluate its efforts in the area(s) of concern, initiate measures that address those concerns, and provide evidence of the degree of its success in rectifying the area(s) of concern. Failure on the part of a residency to furnish a requested report or host a site visit on the date specified by the Council constitute cause for sanctions or revocation of accreditation. These actions are at the discretion of the Council, following appropriate notification.

1. Program Interim Report (PIR)

Periodic PIRs must be submitted to the Council in accordance with CCE policies and procedures at the mid-point of the ~~accreditation~~reaffirmation cycle, with first report due three years after ~~continued~~reaffirmation of accreditation has been granted. PIRs are required as one of the reporting requirements the Council utilizes to continue its monitoring and reevaluation of its accredited residencies, at regularly established intervals, to ensure the residencies remain in compliance with the CCE Residency Program Accreditation Standards.

2. Progress Reports

Progress Reports must be submitted to the Council, on a date established by the Council. Progress reports address previously identified areas of non-compliance with accreditation requirements or concerns arising from review of the residency PIR.

3. Substantive Change Reports

Substantive Change applications must be submitted to the Council to provide evidence that any substantive change to the educational mission or residency does not adversely affect the capacity of the residency to continually comply with the CCE Residency Standards. The residency must obtain Council approval of the substantive change request prior to implementing the change in accordance with CCE Policy 1.

4. Focused Site Visits

At the discretion of the Council, Focused Site Visits are conducted based upon previous concerns not yet satisfactorily addressed for the residency to be in compliance with accreditation requirements, substantive change requirements, or extraordinary circumstances in which violation of accreditation requirements may prompt action to protect the interests of the public.

A progress review meeting by the Council regarding any additional reports submitted is conducted to discuss and make a decision regarding the adequacy of ongoing progress, the sufficiency of evidence provided regarding progress on issues of concern, whether any other significant concerns have emerged, and what, if any, subsequent interim reporting activities are required. If a site visit was conducted, the site team report is also discussed.

The Council determines if an appearance, or if participation via conference call, is necessary by the residency representatives at the next Council meeting. The Council then sends a follow-up letter to the residency identifying the status of previous concerns (if any), and/or a substantive change application, and the requirements for any additional interim activities. The residency must continue to submit PIRs in accordance with CCE policies and procedures.

E. Withdrawal from Accreditation

1. Voluntary Withdrawal of Initial Application

A residency may withdraw its application for accreditation at any time prior to the Council decision regarding initial accreditation by notifying the CCE Council of its desire to do so.

2. Voluntary Withdrawal from Accredited Status

An accredited residency desiring to withdraw from CCE accreditation forfeits its accredited status when the Council receives a certified copy of the residency's governing official's resolution clearly stating its desire to withdraw.

3. Default Withdrawal from Accredited Status

When a residency fails to submit a timely application for ~~reaffirmation of~~ continued accreditation accredited status, the Council acts at its next meeting to remove the residency's accredited status. This meeting of the Council normally occurs within six months of the date when the residency application for ~~reaffirmation~~ continued accreditation was due.

4. Notification

In cases of voluntary withdrawal and default withdrawal CCE makes appropriate notification in accordance with CCE Policy 111.

F. Reapplication for Accreditation

A residency seeking CCE accreditation that has previously withdrawn its accreditation or application for accreditation, or had its accreditation revoked or terminated, or had its application for accreditation denied, follows the process for initial accreditation.

III. Accreditation Decisions and Actions

A. CCE Decisions

The Council makes a decision regarding the application for initial or ~~continued reaffirmation of~~ accreditation following the status review meeting. When considering the accreditation status of a residency, the Council may take any of the following actions at any time~~Council decisions may include:~~

- ~~1. To award or reaffirm~~ 1. Award initial accreditation
- ~~2. To~~ 2. Defer the decision
- ~~2.~~ 3. Continue accreditation
- ~~4. To~~ 4. Impose Warning sanction
- ~~3.~~ 5. Impose Probation
- ~~6. To~~ 6. Deny or revoke accreditation
- ~~4.~~ 7. Withdraw accreditation

B. CCE Notifications

The CCE makes notifications of Council accreditation decisions and actions in accordance with CCE Policy 111.

C. Enforcement of Standards

The U.S. Department of Education requires the enforcement of standards for all recognized accrediting agencies. If the Council's review of a residency regarding any standard indicates that the residency is not in compliance with that standard (area of concern), the Council must:

1. Immediately initiate adverse action against the residency; or
2. Notify the residency of the finding(s) of noncompliance and ~~R~~require the residency to take appropriate action to bring itself into compliance with the standards within a time period that must not exceed 18 months. NOTE: If the residency is at least one year but less than two years in length.

If the residency does not bring itself into compliance within the 18-month time limit, the Council must take immediate adverse action unless the Council extends the period for achieving compliance for "good cause". Such extensions are only granted in unusual circumstances and for limited periods of time not to exceed 18 months in length. The residency must address the three (3) conditions for "good cause" listed below.

Definition and Conditions for Good Cause

The Council will review the information/rationale provided and grant an extension for "good cause" if;

1. The residency has demonstrated significant recent accomplishments in addressing non-compliance, and
2. The residency provides evidence that makes it reasonable for the Council to assume it will remedy all non-compliance items within the extended time defined by the Council, and
3. The residency provides assurance to the Council that it is not aware of any other reasons, other than those identified by the Council, why the residency should not be continued for "good cause."

The Council may extend accreditation for "good cause" for a maximum of one year at a time (not to exceed 18 months in total). If accreditation is extended for "good cause," the residency must be placed or continued on sanction (Probation) and may be required to host an on-site evaluation visit. At the conclusion of the extension period, the residency must appear before the Council at a meeting to provide further evidence if its period for remedying non-compliance items should be extended again for good cause.

In all cases, the residency bears the burden of proof to provide evidence why the Council should not remove its accreditation. The Council reserves the right to either grant or deny an extension when addressing good cause.

Adverse accrediting action or adverse action means the denial, withdrawal, ~~suspension, or~~ revocation, ~~or termination~~ of accreditation, ~~or any comparable accrediting action the Council may take against the residency.~~

IV. Non-Compliance Decisions and Actions/Appeals

When the Council determines that a residency is not in compliance with CCE Residency Program Accreditation Standards, including eligibility and accreditation requirements, and policies and related procedures, the Council may apply any of the following actions.

A. Required Follow-up

In addition to regular reporting requirements and scheduled evaluations, the Council may require a residency to provide additional follow-up information, reports, host focused site visits, and/or make an appearance before the Council to provide evidence of compliance. Required follow-up is a procedural action which is not subject to appeal.

B. Deferral

In cases where additional information is needed in order to make a ~~final~~ decision regarding the accreditation of a residency seeking initial or continued accreditation, the Council may choose to defer a final decision regarding accreditation status. The additional information requested through the deferral process may relate to information submitted by the residency following an on-site evaluation which raises additional questions, requires clarification or additional evidence from the residency.

The Council may require the residency to submit a report, host a site visit and/or make an appearance before the Council to provide such information. When a decision is deferred, the residency retains its current accreditation status until a final decision is made~~A notice of deferral is confidential.~~ Deferral ~~may be continued up to~~ shall not exceed twelve (12) months. Deferral is not a final action decision and is not subject to appeal.

C. Warning

The intent of issuing a ~~confidential~~ Warning is to alert the residency of the ~~need~~ requirement to address specific Council concerns regarding its accreditation. The Council may decide to issue a ~~confidential~~ Warning if the Council concludes that a residency:

1. is in non-compliance with the accreditation standards and the Council determines that the deficiency(ies) do not compromise the overall integrity of the residency and can be corrected by the residency within the permissible timeframe ~~in a short period of time~~; or
2. has failed to comply with reporting or other requirements and/or provide requested information.

Following a notice of Warning, the Council may require additional reporting ~~the residency to submit a report, host a site visit and/or make an appearance before the Council~~ to permit the residency to provide additional information and/or evidence of compliance. Warning is a sanction, that is not subject to appeal, and shall not exceed twelve (12) months. ~~A notice of Warning is a confidential action. Warning may be continued for up to twelve (12) months. Warning is a procedural action which is not subject to appeal.~~

The Council will make notification of a final decision to impose Warning by notifying the residency Director and/or designated officer, and the governing official that the residency has been placed on Warning in accordance with CCE policy and procedures.

D. Probation

Probation is an action reflecting the conclusion of the Council ~~may be imposed at any time when the Council concludes~~ that the residency is in significant non-compliance with ~~one or more eligibility requirements, accreditation standards requirements, or CCE policy requirements.~~ Such a determination may be based on the Council's conclusion that:

1. The noncompliance compromises the integrity of the residency; for example, the number of areas of noncompliance, or other circumstances cause reasonable doubt that compliance can be achieved in the permissible timeframe; or
2. The noncompliance reflects recurrent noncompliance with one or more particular standard(s); or
3. The noncompliance reflects an area for which notice to the public is required in order to serve the best interests of residents and prospective residents.

The Council may require the residency to submit a report, host a site visit and/or make an appearance before the Council to provide evidence of compliance. Probation is a sanction, subject to appeal (see CCE Policy 8), and ~~may be continued for up to~~ shall not exceed eighteen (18) months. The Council will make a public notice of a final decision to impose Probation by notifying the appropriate agencies that the residency has been placed on Probation in accordance with CCE policy and procedures.

E. Show Cause Order

A Show Cause Order constitutes a demand that the residency provide evidence to inform the Council and demonstrate why the program's accreditation should not be revoked. The Council may require the residency to submit a report, host a site visit and/or make an appearance before the Council to provide such evidence. If the residency does not provide evidence sufficient to demonstrate resolution of the Council's concerns within the time frame established by the Council, the residency's accreditation is revoked. A Show Cause Order is a sanction, subject to appeal (see CCE Policy 8), and may be continued

for up to twelve (12) months. The Council makes public notice of a final decision to impose a Show Cause Order in accordance with CCE policy and procedures.

F. Denial or Revocation

An application for initial accreditation or ~~continued reaffirmation of~~ accreditation may be denied if the Council concludes that the residency has significantly failed to comply and is not expected to achieve compliance within a reasonable time period. Denial of an application for ~~initial Accreditation or a Reaffirmation of continued~~ Accreditation constitutes ~~initial Accreditation not being awarded or~~ ~~Revocation of Accreditation~~, respectively.

Denial or ~~Revocation~~ of accreditation is an Adverse Action and subject to appeal (see CCE Policy 8). A residency seeking CCE accreditation that has previously withdrawn its accreditation or its application for accreditation, or had its accreditation revoked or terminated, or had its application for accreditation denied, follows the process for initial accreditation. The Council makes public notice of a final decision to deny or revoke accreditation by notifying the appropriate agencies in accordance with CCE policy and procedures.

G. Accreditation is a privilege, not a right. Any of the above actions may be applied in any order, at any time, if the Council determines that residency conditions warrant them. If the Council imposes any of the following actions: Deferral; Warning; Probation; a Show Cause Order; or Revocation of Accreditation, the Council provides a letter to the residency stating the reason(s) for the action taken.

~~Any sanction or adverse action, as defined in this section, is subject to appeal in accordance with CCE Policy 8.~~

V. Status Description

A residency or an institution accredited by the Council must describe its accreditation status in accordance with CCE Policy 22.

The Council updates the accredited status of the programs/institutions it currently accredits on its official website following each Council Meeting, to include:

- a. Month/Year of initial accreditation status awarded by CCE.
- b. The year the Council is scheduled to conduct its next comprehensive site visit review for ~~continued reaffirmation of~~ accreditation and the next scheduled Council Status Review Meeting regarding that comprehensive site visit review.

VI. Complaint and Contact Information

Complaint procedures are established to protect the integrity of the CCE and to ensure the avoidance of improper behavior on the part of those individuals acting on behalf of the CCE, the Council and the CCE-accredited residencies. By establishing formal complaint procedures, the CCE provides responsible complainants the opportunity to submit specific grievances and deal with them through a clearly defined process. CCE Policy 64 outlines the complaint procedures and may be obtained from the CCE Administrative Office and/or is available on the CCE website.

Information describing the organization and operation of the CCE and its Council may be obtained from the CCE Administrative Office, 10105 E Via Linda, Ste 103 PMB 3642, Scottsdale, AZ 85258, Telephone: 480-443-8877, E-Mail: cce@cce-usa.org, or Website: www.cce-usa.org.

Preface

An accredited chiropractic residency program (residency) is a post-doctoral education program centered on clinical training that results in the residents' attainment of advanced competencies. A residency must be a minimum of twelve months, full-time, and must be composed of appropriately supervised in-person clinical care. ~~is a full time program that provides its graduate doctors of chiropractic an advanced level of clinical training.~~ The CCE applies the understanding that in order for a residency to be recognized as an accredited program, the residency itself must prepare the graduate for advanced or focused practice and where applicable, be recognized by a national or international chiropractic specialty group with an independent examining board.

Section 2 – CCE Requirements for Accreditation of Residency Programs

A. Mission/Purpose and Program Effectiveness

The residency has a statement of mission/purpose, approved by the sponsoring organization, which describes the program's specific advanced clinical training focus. The residency must develop learning goals with measurable objectives and demonstrate program outcomes congruent with its the mission/purpose and the required CCE core competencies. Each residency effectively measures its performance through regularly performed program evaluation and uses these results to improve the program quality.

Context

Mission/Purpose Statement(s):

Residencies ~~iesy's~~ provide graduate professional health care education. By articulating a purpose, each residency clarifies its outcomes, which will vary from residency to residency, based on the residency's focus and learning objectives ~~goals~~. Each residency has its mission/purpose statement approved by the sponsoring organization and is made available to all stakeholders. The mission/purpose is periodically evaluated, with any revisions supported by evidence for needed change.

Program Effectiveness:

The residency evaluates program performance against stated outcomes through formal program effectiveness processes. The residency develops performance metrics and the results obtained are tracked, analyzed, disseminated, regularly reviewed, and incorporated in decision-making processes to revise and improve the program, as needed. The program evaluation process includes an analysis of resident competency assessment data. The residency establishes thresholds for competency assessments and program outcomes to inform curricular improvements. Periodic reviews are conducted to ensure the effectiveness of performance measures.

Residency Program Outcomes – CCE Policy 56 Thresholds and Public Disclosure Requirements: Program outcomes must include, but need not be limited to: (1) program completion rate, and (2) resident employment rate. The residency demonstrates its program completion and resident employment rates are at or above established thresholds in compliance with CCE Policy 56. The residency publishes its current program completion and resident employment rates on its website in compliance with the CCE Policy 56 public disclosure requirements.

Examples of Evidence Related to Mission/Purpose and Program Effectiveness

1. The mission/purpose for the residency and examples of where it is published.
2. A record of approval of the mission/purpose statement by the sponsoring organization.
3. Statement of the program's goals, objectives and outcomes that support successful achievement of the residency's mission/purpose.
4. Evidence of connectivity between the residency's mission/purpose, program outcomes, and competencies.
5. Evidence of the overall effectiveness of the program including, but not limited to, clinical performance evaluations, graduation rates, applicable specialty board exam scores, and job placement.
6. Description (i.e. measures, thresholds, data and analysis) and evidence of use of the residency program effectiveness process and cycle (e.g. quarterly and annual review meetings).
7. Evidence of use of program effectiveness outcomes and analysis to make program improvements.

B. Ethics and Integrity

The residency demonstrates integrity, adherence to, and promotion of ethical standards as they relate to all aspects of policies, functions, and interactions.

Context

The residency or sponsoring organization have and adhere to ethics and integrity policies and procedures.

Examples of Evidence Related to Ethics and Integrity

1. Program and/or institutional policies and procedures that document commitment to ethics and integrity. Commitment to exemplary ethics and integrity that is present in policies as well as materials used by administration, faculty and residents in the program. (e.g. reference to program and/or institutional policies in this area or commitment to the policies of a professional organization associated with the residency mission/purpose) This commitment should be inclusive of the following ethical/integrity areas:
 - Management and avoidance of conflict of interest with patients, colleagues, vendors and third party payers
 - Commitment to ethical and professional care of patients
 - Commitment to fairness, objectivity and accountability in selection of residents
 - Commitment to Academic Freedom and faculty centrality in programmatic educational content selection; and
 - Documented processes and policies to adjudicate violations of ethical standards, including academic, clinical regulatory and behavioral concerns
2. Evidence of investigation and disciplinary actions for violations of ethics or integrity, if present

C. Governance and Administration

The sponsoring organization must include the residency within its governance structures to ensure its authority, representation, and appropriate transparency and accountability, within the organization's

milieu. The residency’s administrative structure and personnel facilitate the achievement of the mission/purpose and goals of the program.

Context

The administration and administrative structure of the residency must be sufficient (in qualified personnel, and authority) to achieve its mission/purpose and goals. There must be a periodic assessment of administrative performance. Clear lines of authority, responsibility, and communication among faculty and program administration staff must exist concurrently with systems for decision-making that support the work of the program.

Examples of Evidence Related to Governance and Administration

- ~~1. Evidence of sufficiently qualified residency administrator(s) as demonstrated by Curriculum Vitae and position descriptions.~~
- ~~2. Descriptions of residency governance and administrative structures~~
- ~~3. Evidence of administrative decision-making and associated processes that are supportive of the goals and objectives of the program.~~
- ~~4. Documentation of evaluations or other forms of assessments of the performance and effectiveness of residency administrative personnel.~~
- ~~5. Organizational charts sufficiently detailed to clearly depict the reporting structure of all residency components.~~

D. Facilities and Resources

The sponsoring organization ensures the availability of appropriate facilities and resources to achieve the mission/purpose of the residency.

Context

The sponsoring organization demonstrates appropriate facilities and equipment, and adequate access to learning resources (e.g. library and information technology systems, either internally operated or externally provided) sufficient to support the goals and objectives of the residency. Additionally, the sponsoring organization offers reasonable accommodations to address the needs of residents, in particular the needs of residents with disabilities.

Examples of Evidence Related to Facilities and Resources

- ~~1. Descriptions and copies of affiliation agreements with the residency where residents obtain clinical or other types of experiences with external practitioners and facilities, as applicable.~~
- ~~2. Reasonable accommodation plans and resource allocation for residents with disabilities.~~
- ~~3. A compilation of residency learning resources to include personnel responsible for administration and staffing, and/or an academic affiliate agreement, contract, or policies that govern the operations of these resources.~~

E. Faculty

The residency has appropriately credentialed faculty mentors who are qualified by virtue of their academic and professional training and experience to instruct and supervise residents. The faculty

oversee all clinical services, develop, deliver and monitor the curricula of the residency, and assess resident learning and participate in assessment of the effectiveness of the program. ~~With the support of the~~ sponsoring organization provides opportunities for, the faculty ~~to is~~ engaged in research and scholarship and professional development.

Context

At each participating site, there must be an appropriate number of faculty with documented qualifications to ~~instruct and~~ supervise and instruct, if applicable, all residents at that location. The determination of the number of full-time and part-time faculty members is based on sound pedagogical rationales in both physical and virtual classroom, and patient care settings. The faculty enable the residency to meet its mission/purpose, goals, and objectives. Faculty members must devote sufficient time to the residency to fulfill their supervisory and mentoring teaching responsibilities. Faculty members must have appropriate credentials, including licensure where required in clinical ~~and didactic instructional~~ settings, and academic ~~expertise, and~~ experience to fulfill their assigned responsibilities as instructors, mentors, subject matter/content experts, and clinical educators. Faculty members are provided with opportunities for professional development ~~to improve content expertise in their areas of interest and competence, their instructional skills, and their capabilities in research and scholarship~~. Faculty members' performance is evaluated on a regular basis.

Faculty members are involved in the development, assessment, and refinement of the curriculum, as well as decisions regarding resident admission and advancement.

Examples of Evidence Related to Faculty

- ~~1. A faculty handbook or equivalent document(s), written policies and other documents that address: workload; clinical services responsibilities, instruction, research and scholarship, service, resident assessment, and professional development; faculty selection and hiring procedures; advancement in rank, terms and conditions of employment; academic freedom; integrity; conflicts of interest; non-discrimination; and grievances and dismissal.~~
- ~~2. Evidence that policies are implemented, assessed for effectiveness, and revised as necessary to improve their effectiveness.~~
- ~~3. Committee minutes and/or other documents related to faculty participation in residency evaluation and assessment, and academic/clinical policy development and implementation.~~
- ~~4. Documentation of faculty evaluation processes, to include:
 - ~~a) Review of the faculty's clinical and/or teaching performance with respect to resident activities.~~
 - ~~b) Professional development activities to improve faculty performance.~~~~
- ~~5. Documentation of faculty scholarship.~~
- ~~6. Documentation of concerns for performance with appropriate avenues for performance correction.~~

F. Resident Support Services

The residency, in a manner consistent with its mission/purpose, provides support services to enable resident's opportunities to achieve their academic/clinical goal(s).

Context

These services promote the comprehensive development of residents and ensure compliance with grievance and due process procedures as set forth by the governing or administrative authority and communicated to all residents.

Resident support services may include the following areas: formal matriculation, orientation, advising and mentoring, and processes for handling clinical or academic performance reviews and appeals matters, resident grievances and disciplinary issues.

Examples of Evidence Related to Resident Support Services

- ~~1. An orientation program to introduce entering residents to the residency.~~
- ~~2. Resident advisement of applicable processes and procedures.~~
- ~~3. Policies governing any services that maximize resident performance.~~
- ~~4. Policies and procedures that equitably address resident complaints and grievances, resident conduct issues and performance reviews, and tracking and analysis of resident complaints and grievances.~~
- ~~5. Documentation of implementation and assessment of the effectiveness of the policies and procedures noted above, along with periodic revisions to increase their effectiveness.~~

G. Resident Selection

The residency selects individuals who have graduated from a CCE accredited program or its equivalent, and are eligible to hold a DC license or currently are licensed to practice chiropractic.

Context

The efficacy of the selection process is demonstrated by the ability of admitted residents to demonstrate success in key educational outcomes areas directed by the residency's mission/purpose, goals and objectives. The residency's selection practices are designed to ensure that admitted residents' possess the academic, clinical and personal attributes for success in developing the skills, knowledge, attitudes and behavior that are necessary to succeed in the rigors of the academic/clinical program.

Examples of Evidence Related to Resident Selection

- ~~1. Published resident selection policies and procedures that facilitate the enrollment of residents qualified to achieve the educational outcomes consistent with the residency's purpose.
 - ~~a. Policies including, but not limited to minimum academic, experience, technical standards and licensing requirements applicable to the residency.~~~~
- ~~2. Evidence that each applicant who received higher education and training in an international institution has:
 - ~~a. competence in the language of residency instruction;~~
 - ~~b. documented legal entry into the host country for purpose of academic study for residency's offered in the host country, and;~~
 - ~~c. demonstrated academic preparation substantially equivalent to that possessed by newly admitted residents from institutions in the host country.~~~~
- ~~3. Documentation of compliance with policies and procedures and assessment of the effectiveness of resident selection process along with evidence of implementation of changes, as appropriate, that improve their effectiveness.~~

H. Curriculum, Clinical Training and Competencies

A residency is a post-doctoral, educational program centered on clinical training and development of advanced clinical skill sets that results in the resident's attainment of an advanced level of clinical knowledge. Specific to the area of training, the residency expands and builds on the entry-level competencies attained through completion of the Doctor of Chiropractic degree through a comprehensive clinical education program.

Context

The program must develop outcomes for each of the required CCE core competencies that are tailored to the program's specific advanced clinical training focus. Competencies and outcomes must be identified by the residency, so that graduates will be prepared to serve in the area of their specialty or in an educational practice specialty setting. The competency outcomes result in the attainment of advanced proficiency in areas of clinical knowledge and patient care specific to the mission/purpose of the residency.

The competency requirements are designed so that each residency can develop its own parameters regarding the requirements of its program and the evidence of achievement by which it wishes to be evaluated for compliance. In addition, the residency may opt to allow for clinical competency requirements to be met through a combination of supervised resident experiences at institutionally managed clinic sites and external sites. In the case of external sites, policies and procedures for the activities and evaluation of resident competence are comparable or equivalent to those that exist in the residency's own settings. The residency documents the progress of each resident in meeting the stated program objectives.

Program Duration:

A residency is a program with a minimum duration of 12 months. The duration of the residency must be appropriate for the intended outcome as postgraduate training leading to specialty certification or qualification. The residency must demonstrate that the residency ensures a coherent, integrated and progressive educational program with evidence of increasing professional responsibility. The resident must be considered full time by the terms of the sponsoring organization.

Scope of Training:

The goal of chiropractic residency programs is to produce fully competent chiropractors with advanced or focused clinical training capable of providing high quality care. Accordingly, the programs must be specifically designed to meet the educational needs of Doctors of Chiropractic intending to become providers of clinical care. The programs must be full-time and physically located in an educational and/or healthcare environment, and they must include clinical care of actual patients, providing experiential opportunities for progressively increasing professional responsibility. The residency must provide experiential opportunities and responsibilities for the residents that are appropriate to their practices.

Program Design and Curriculum:

The curriculum and design of a residency must be developed by faculty members with expertise and qualifications in the specific field of study. The residency should contain structured educational experiences with written learning goals and objectives/outcomes, instructional strategies and methods of evaluation appropriate to the field of study. A residency curriculum committee must develop, approve and review the program and any major changes to an existing curriculum, format or design.

Core Competencies:

The residency program evidences that each resident has attained each of the competency outcomes identified by the program, at the performance threshold(s) established by the program. All residencies must meet at least the following seven core competencies and show evidence of attainment of these competencies in the context of the area of training of the residency. All residencies must demonstrate through its established outcomes it meets at least the following seven core competencies:

1. Patient Care and Procedural Skills:~~Clinical Service:~~ Residents must be able to effectively diagnose and manage complex, subtle or infrequently encountered clinical presentations by using patient-centered, compassionate, equitable and appropriate diagnostic and treatment approaches.~~diagnostic and treatment modalities;~~

2. Advanced or Focused Healthcare Knowledge: Residents must identify and synthesize~~residents must research and analyze~~ current scientific information and integrate this knowledge into patient care through evidence-based clinical decision making.; The resident must promote and disseminate knowledge through scholarly activities, such as lectures, presentations, publications, posters or research.

3. Practice-Based Learning and Improvement: Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve patient care through self-assessment and lifelong learning~~documented quality assurance activities;~~

4. Interpersonal and Communication Skills: Residents must be able to demonstrate interpersonal and communication skills appropriate and effective for the exchange of information with patients, their families, and health professionals.~~through culturally competent patient education, communication and shared decision making;~~

5. Professionalism: residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population;

6. Systems-Based Practice:~~Collaborative Practice:~~ Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and collaborate with other professionals and community entities to assure that appropriate resources are utilized for well-coordinated patient care;

~~7. Evidence-informed Advanced or Focused Practice: residents must demonstrate competency in the application of knowledge of accepted standards in clinical practice appropriate to their specialty training. The resident must promote and disseminate knowledge through scholarly activities, such as lectures, presentations, publications, posters or research.~~

Quality Patient Care:

The residency ~~and/or the sponsoring organization employs~~ ~~must utilize~~ a ~~formal system of~~ quality assurance ~~system to evaluate and utilize data to improve the structure, process, and outcomes of~~ ~~for~~ patient care ~~provided by the resident and/or patient care that is overseen by the residency faculty/mentors involving the resident.~~ This system ~~must demonstrate evidence of:~~ ~~includes a systematic patient chart audit process with measurable chart audit criteria/elements, outcomes and thresholds for performance, set, and tracked, and reviewed by the residency or sponsoring organization to inform improvements to patient care and the residency program, as needed.~~ The delivery of patient care will comply with state and federal laws and regulations and applicable/acceptable industry standards.

- ~~a. standards of care that are patient-centered, evidence-informed, consistent with accepted industry standards, compliant with applicable jurisdictional laws and regulations, and are provided in a format that facilitates assessment with measurable criteria;~~
- ~~b. an ongoing review of a representative sample of patient records to assess the appropriateness, necessity, and quality of the care;~~
- ~~c. thresholds for performance that are set, tracked, and reviewed by the residency to inform improvements to patient care and the residency program;~~
- ~~d. mechanisms to address patient response to care and evolve treatment plans as appropriate; and,~~
- ~~e. regular review of the assessment methods and training of assessors to improve the validity and reliability of processes to assess the residents' documentation quality in patient records.~~

Examples of Evidence Related to Curriculum, Clinical Training and Competencies

- ~~1. A curriculum map or similar representation demonstrating a curriculum that provides a coherent, integrated and progressive educational program with appropriate experiences and progressive responsibility for the residents, aligned with the competencies and outcomes, as identified by the program.~~
- ~~2. Published syllabi, documentation showing program goals and objectives, instructional strategies and methods of assessment of residents' progress and achievement.~~
- ~~3. Evidence that faculty have a central role in curriculum development, management and approval, and that they participate in program assessment and are included in efforts to affect changes based on that assessment.~~
- ~~4. Examples of assessment tools and methods that measure competency development and learning.~~
- ~~5. Resident portfolios and/or reports, which tracks and demonstrates each resident's achievement of the competencies.~~

I. Duty Hours

~~The residency must be committed to and be responsible for promoting patient safety and resident well-being throughout the educational environment. The residency must ensure sufficient staff of qualified faculty for appropriate resident supervision, recognizing that faculty and residents collectively have responsibility for providing appropriate patient care.~~ The residency must specify reasonable resident duty hours required for all clinical and academic activities spent in-house at any of the residency's locations.

Context

Duty hours include administrative responsibilities related to patient care, but do not include reading and preparation time spent away from the duty site. The residency must have policy addressing moonlighting, call, and avoidance of resident fatigue and sleep deprivation.

Examples of Evidence Related to Duty Hours

- ~~1. Resident handbook or, equivalent that outlines schedules, including call schedules and total workload expectations per week, particularly as it relates to clinical responsibilities.~~
- ~~2. Copies of resident schedules.~~

J. Completion Designation

The successful completion of the residency program culminates in a formally recognized certificate or degree. The residency, governing or administrative authority, or sponsoring organization must provide **and maintains** formal documentation of the educational record of residents, ~~a registry of those who successfully complete the residency,~~ and recognition of completion of their residency by awarding a certificate or degree.

Context

~~The residency process should culminate in a formally recognized certificate or degree.~~ **The residency, governing or administrative authority, or sponsoring organization has a policy and/or procedures to maintain the educational records of residents, including a registry of** ~~This codifies for the resident, the governing or administrative authority and/or the sponsoring organization who has, and who has not successfully completed the residency. The credibility gained through recognition of this achievement is an important factor for future practice.~~

Examples of Evidence Related to Completion Designation

- ~~1. Example of Certificate or Degree conferred to graduates of the residency.~~