Announcement
CCE Accreditation Standards
January 2025 editions

The Council on Chiropractic Education (CCE) has completed its five-year process to review and revise its Accreditation Standards. The process of revision is consistent with United States Department of Education (USDE) criteria 602.21 and CCE Policy 23, Authority, Responsibility and Action Regarding CCE Standards. At its January 2024 annual meeting, the Council reviewed the Final Draft DCP Accreditation Standards and Residency Program Accreditation Standards based upon its review of public comments and recommendations forwarded by the Standards Review Task Force (SRTF), and approved the Standards by unanimous vote. The new Standards will become effective in January 2025.

Periodic review of accreditation standards is not only necessary to satisfy USDE requirements, but it is also an essential responsibility of an accrediting agency to continually monitor and improve its effectiveness, and thereby provide a means to ensure continuous quality improvement in its accredited programs.

The standards revision process consists of a series of activities to ensure that the CCE Accreditation Standards are revised in a consensus-driven and transparent process, involving all relevant stakeholders. The revision process began with the first meeting of the SRTF in October 2020. The process continued over the next 3+ years with the following activities highlighting the process of review:

- July 2020 – Standards Review Survey sent to programs and site team members from past two (2) years of site visits; results forwarded to SRTF for review
- July 2020 – Diversity, Equity & Inclusion Workgroup (DEIW) formed with final reporting to SRTF by March 2022
- October 2020 – SRTF Meeting
- November 2020 – Site Team Academy Training attended by SRTF Chair/Members
- January 2021 – Council reviews SRTF Chair Update/Report; makes recommendations to SRTF based on program/site team feedback and forms Student Outcomes Workgroup (SOW) with final reporting to SRTF by March 2022
- February 2021 – SOW & DEIW Initial Meetings
- March, April, May, July, August, September, October, December 2021 – SOW Meetings
- April, September, October, December 2021 – DEIW Meetings
- July 2021 – Council reviews SRTF Chair Update/Report and makes recommendations
- July 2021 – SRTF Chair assigns three (3) SRTF subcommittees
- October 2021 – SRTF Meeting
- November & December 2021 – Group 3 SRTF Subcommittee Meetings
- November & December 2021 – Group 2 SRTF Subcommittee Meetings
- November 2021 – Site Team Academy Training attended by SRTF Chair/Members
- November 2021 – Group 1 SRTF Subcommittee Meeting
- December 2021 – SOW Final Report submitted to SRTF for review
- January 2022 – Council reviews SRTF Chair Update/Report and makes recommendations to SRTF based on SOW Final Report
- January 2022 – Group 1 SRTF Subcommittee Meeting
Along with the two (2) separate public comment periods in 2022 & 2023, the SRTF, Council and CCE staff representatives met with program representatives, site team evaluators, professional organizations and other stakeholder groups toward the development of the Standards. The CCE is grateful for the high volume of input received from educational programs, students, field practitioners and many other stakeholders in the profession.

The following information summarizes noteworthy changes that occurred during the revision process.

Doctor of Chiropractic Program Accreditation Standards:
• Section 1 revisions to align with USDE requirements.
• Terminology revision: from ‘reaffirmation’ to ‘continued accreditation’.
• Terminology revision: from ‘concern(s)’ to ‘deficiency(es)’.
• Moved and updated the Examples of Evidence from Section 2 Accreditation Standards to the Guidance document.
• For each Standard, improved the Context statement by revising the requirements language and removing “non-requirement” statements.
• Aligned requirements with programmatic accreditation and reduced duplication with institutional accreditation, including:
  o Replaced strategic planning with program planning requirements.
  o Removed Governance requirements.
  o Revised Resource requirements.
• Revised student success measures to include retention or attrition rates, along with program completion, licensure exam performance, and licensure rates.
• Incorporated diversity, equity, and inclusion (DEI) elements in Faculty, Student Support Services, and Curriculum, Competencies, and Outcomes Assessment requirements.
• Eliminated CCE Policy 7 and separate alternative admission track plan (AATP) requirements.
• Developed a pathway for Competency-Based Education (CBE).
• Outlined the requirements for best practices in the assessment of the meta-competency outcomes (MCO).
• Outlined and clarified the requirements for Quality Patient Care.
• Developed a new Meta-Competency for Cultural Competency.
• Moved and incorporated meta-competency curricular objectives and outcomes for Information and Technology Literacy into existing Meta-Competencies.
• Clarified Meta-Competency nomenclature to promote accountability, measurability and eliminate redundancies.
• Expanded Research and Scholarship requirements, including requirements for the DCP to establish goals, objectives, and outcomes for research and scholarship.
• Removed Service Standard due to overlap with institutional accreditation requirements.

Residency Program Accreditation Standards:
• Section 1 revisions to align with USDE requirements.
• Terminology revision: from ‘reaffirmation’ to ‘continued accreditation’.
• Terminology revision: from ‘concern(s)’ to ‘deficiency(es)’.
• Moved and updated the Example of Evidence from Section 2 Accreditation Standards to the Guidance document.
• For each Standard, improved the Example of Evidence from Section 2 Accreditation Standards to the Guidance document.
• For each Standard, improved the Context statement by revising the requirements language and removing “non-requirement” statements.
• Added numbered sub-section headers within the Context sections for each Standard.
• Developed program outcomes requirements for completion and employment rates, including the requirement to publish these rates on the residency program’s website.
• Outlined and clarified the requirements for Quality Patient Care.

The Task Force, subcommittees and workgroups utilized in the revision process were comprised of experienced educators and representatives of ten different chiropractic educational programs, active members of the CCE, representatives from professional organizations, field practitioners and public
members. The Council would like to thank the Standards Review Task Force Chair, Dr. David Odiorne, for his outstanding leadership and collaboration with various stakeholders throughout the process.

CCE is currently in the beginning stages of planning for a combined Council, Academy & program representatives training session regarding the new Standards in November 2024; specific dates and further information will be forwarded to all programs when they become available.

Please feel free to disseminate this announcement to your constituents, volunteer leadership, and/or staff. This announcement may also be viewed on the homepage of our website at www.cce-usa.org.

Endnotes:

\[i\] The Student Outcomes Workgroup compared various types of student/program outcome measures used by 21 programmatic accreditors and analyzed the results from the CCE Stakeholder Survey on Student Outcomes, which indicated the use of retention and/or attrition rates as a predictor of program completion. Programs may identify early issues leading to low completion by systematically measuring student retention and/or attrition. The recommendation to require programs to monitor retention or attrition rates does not come with a prescribed formula for calculating retention but allows programs the latitude to measure retention or attrition as appropriate to a higher education program.

\[ii\] The Diversity, Equity & Inclusion Workgroup evaluated the language and requirements regarding diversity, equity and inclusion used by other programmatic and institutional accreditors in their respective standards and reviewed literature regarding best practices in DEI. The review of relevant information led the workgroup to propose additional requirements in Standards E: Faculty, F: Student Support Services, and H: Curriculum, Competencies and Outcomes Assessment.

\[iii\] The Student Admissions Workgroup reviewed the cumulative student outcomes data for approximately 32,000 students from 2012 through 2022 and the changing trends in program admission requirements and policies for the same time period. The workgroup also compared and analyzed the admission requirements used by other programmatic accreditors. The review of relevant information led the workgroup to recommend the elimination of CCE Policy 7 and AATP as a separate admissions category while incorporating the majority of AATP categories in the general admissions parameters of the Standard.

\[iv\] The Section I: Research and Scholarship Workgroup evaluated research and scholarship requirements for ten programmatic - healthcare accreditors in their respective standards. The review of relevant information led the workgroup to recommend additional research and scholarship requirements.