



January 2012


 Government of the District of Columbia  
 Vincent C. Gray, Mayor

## LETTER FROM THE INTERIM CHAIR



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As 2011 has ended, it is with great pleasure that the Board of Chiropractic (BOC) has met some of its goals for this past year regarding updating and enhancing our policy and regulation statutes. The Board has engaged in a strategic planning session to outline our short and long-term goals as it relates to moving forward and meeting those needs most important at this juncture.

Although it is a work in progress, we are pleased to announce the elimination of the DC Ancillary Procedures examination, and the acceptance of the National Board of Chiropractic Examiners Parts I-IV Physiotherapy and Acupuncture examinations, as its standard.

The District of Columbia Board of Chiropractic will continue to administer the Jurisprudence exam. A case study has been added which allows the Board to observe and dialogue with candidates regarding their position(s) on ethical practice values.

Other initiatives that are being undertaken entail reviewing the Chiropractic workforce by means of auditing 100% of all licensed Chiropractors within the District.

We are working diligently to meet the needs of the public, to ensure safety, and to provide greater access to those services not presently being offered. As stated previously, we are committed to presenting and informing city officials with documentation that will show causality and the importance of inclusion as it relates to health care reform, access to electronic medical records/electronic health records, reimbursement and the inclusion in federal programs such as the DC Health Professional Loan Repayment Program.

The Mission of the DC Board of Chiropractic is to serve and protect the public and ensure high standards of chiropractic care and conduct through education, outreach and regulation.

In an effort to ensure safe and ethical practices as well as regulatory assurance in the District of Columbia, the Board and staff members regularly attend the annual meetings of the Federation of Chiropractic Licensing Boards (FCLB) and collaborate with the National Board of Chiropractic Examiners. The FCLB met on September 8-11, 2011.

The purpose of these meetings is to brainstorm and discuss ideas and issues with other states, and present possible solutions as it relates to protecting the public.

In closing, we look forward to your comments and suggestions and welcome you to join us during Open Session of our Board meetings.

Thank you and make it a Fantastic Year!

Keita Vanterpool, DC  
 Interim Chairperson  
 DC Board of Chiropractic



Keita Vanterpool, DC

### FY2012 MEETING DATES

- November 8, 2011
- January 10, 2012
- March 13, 2012
- May 8, 2012
- July 10, 2012
- September 11, 2012

The Board of Chiropractic meets on the second Tuesday every other month.

Open Session is 2:30 pm.



**MISSION STATEMENT:** To serve and protect the public and ensure high standards of chiropractic care and professionalism through best-practices in regulation, education and outreach.

## FROM WHERE I SIT

by Jacqueline A. Watson, DO, MBA, Executive Director

**H**appy New Year! It's that time of year again when we celebrate the opportunity and promise of new beginnings and setting new goals. Since our last issue in July, 2011, the Board has been busy looking at ways to improve the services we provide and how best to protect the public.

At the end of our FY2011, the Board held its first strategic planning retreat. The board facilitator guided board members and staff through the process of developing a purpose driven plan—a blueprint for achieving short term and long term goals. We created a mission statement, completed a SWOT analysis (Strengths, Weaknesses, Opportunities, and Threats), and agreed to 5 realistic goals that are achievable and measurable and that will guide our work throughout the year and beyond.

### Mission

To serve and protect the public and ensure high standards of chiropractic care and professionalism through best-practices in regulation, education and outreach.

### 5 Goals

1. BOC will develop a policy manual
2. BOC will update regulations affecting the practice of chiropractic
3. BOC will develop and implement a long range strategic planning process
4. BOC will develop a plan to have a full complement of Board members appointed
5. BOC will expand and improve on outreach activities for the public and the professionals.

The Board and staff will work throughout the fiscal year to implement these goals.



*Dr. Jacqueline A. Watson*

**Eastern Regional Conference:** In September, Dr. Keita Vanterpool, interim chair, and I attended the BOC regional conference in Halifax, Nova Scotia. The conference gave me an opportunity to interact with fellow BOC Executive Directors and members of the chiropractic community from the U.S. and Canada. We participated in several roundtables and discussed issues of relevance to the profession (see page 7).

**New Rules:** In October 2011, the regulations governing the examination requirement for licensure in the District became effective. Chiropractors seeking ancillary privileges are no longer required to sit for a local DC exam. All applicants are now required to pass the NBCE, and the new District jurisprudence exam, to qualify for licensure. The new exam format includes 25 multiple choice questions and a case study discussion that covers our laws, ethics and professionalism. The frequency of

the exam has also changed. The District jurisprudence exam will now be administered three times per year, in November, March and July (see page 6).

**Tell Us:** We have introduced a new licensee customer satisfaction questionnaire. The goal is to get feedback on our licensing process and make the necessary changes to improve our services where appropriate. Please take the time to let us know what your experience was like (see page 4).

**CE Audit:** The Board requested a mandatory audit of all licensees that renewed during the 2010 renewal cycle. There was an 86% compliance rate. Licensees who did not provide the required documentation will be disciplined according to District laws.

**FY2012 Renewals:** The 2012 renewal cycle will begin in October of this year. As a requirement for renewal, all licensees will be required to undergo a criminal background check (CBC). Please keep abreast of information on the CBC process by visiting our website [www.hpla.doh.dc.gov/boc](http://www.hpla.doh.dc.gov/boc).

**Board Vacancies:** We are still in need of members to fill vacancies on our Board (1 chiropractor and 1 consumer). If you have an interest, or know a qualified person you would like to recommend, please direct them to the Mayor's Office of Boards and Commissions to file an application, [www.obc.dc.gov](http://www.obc.dc.gov).

Lastly, I would like to take the opportunity to introduce you to a new member of our team, Benjamin Foster, MPA. Ben comes to us with a past history of working in regulatory boards in Arizona and Virginia (see page 5).

Our next issue will be in July 2012. Until then, Be Well and Live Well!

## LICENSURE RENEWAL & CRIMINAL BACKGROUND CHECK

Your license will expire on December 31, 2012. The renewal period will begin on October 1, 2012, and all applicants for renewal will be required to undergo a Criminal Background Check. To learn more about the CBC process, visit our website at [www.hpla.doh.dc.gov/boc](http://www.hpla.doh.dc.gov/boc).

## COUNSEL'S COLUMN

## STANDARDS OF CONDUCT – PART 2

By Eugene E. Irvin, Esq., Assistant Attorney General &amp; Board Advisor

Every chiropractor is expected to dedicate their best efforts toward ensuring that their patients receive not only topnotch care, but also that the care be delivered with sensitivity, honesty and respect for the human being that is the object of the care. The Standards of Conduct were crafted to embody those ideals in a regulatory scheme. Apprising yourself of these customer service related standards and keeping them in mind in every patient interaction will help in achieving the desired result.

The source for guidance on all Standards of Conduct matters can be found in **17 DCMR 4809** (District of Columbia Municipal Regulations). The provisions should be viewed as situational guidance that maps out in advance an appropriate course of conduct in specified situations. The obligation to comply with these standards, as in most cases, is triggered by the establishment of a patient-chiropractor relationship and essentially that arises at the initiation of treatment services. Once the patient-chiropractor relationship is established the obligation to place the patient's health care needs at the forefront of every decision takes hold. Under 17 DCMR 4809.9 that obligation includes exercising "independent professional judgment" in assessing or treating a patient, even if the patient has been referred by another health professional. Recently the Board confronted this issue when a chiropractor failed to perform a medical examination on a patient because another chiropractor in the office had evaluated the patient the day before. That chiropractor was determined to have been deficient in the performance of his/her responsibilities, even though the prior evaluator was senior in experience and knowledge. The Board felt the duty to exercise independent professional judgment should never be neglected or carelessly addressed.

The regulations (17 DCMR 4809.13) require a chiropractor who provides emergency service to a patient to continue the provision of services "for a reasonable period of time," such that the patient may arrange to receive assistance from another health professional. Doing what is necessary to avoid a break in care may mean going the extra mile for the patient, but it is a responsibility that the chiropractor should freely and unhesitatingly assume in emergency matters. Somewhat in a similar vein, 17 DCMR 4809.14 obligates a chiropractor to arrange for "adequate coverage" of his or her patients during times of the chiropractor's inaccessibility. Again, to reiterate, a chiropractor's duty is to ensure that a break in the patient's treatment does not occur. A temporary referral to another chiropractor during short spans of absence will serve to keep a

chiropractor in compliance with this regulation. More importantly, this will ensure that the patient gets the care and assistance he or she might need during the absence.

A major concern of the Standards of Conduct is that a chiropractor not be deceptive or misleading in his or her dealings with a patient. This is the focus of 17 DCMR 4809.15. A chiropractor is prohibited under this rule from inducing a patient to accept or continue treatment when treatment is unnecessary. The chiropractor is expected to provide services only where the practitioner reasonably expects the patient to benefit physically and/or emotionally from the treatment. Under this rule a chiropractor should always ensure that he or she is not overpromising or misrepresenting their ability to treat the patient. The chiropractor should be aware of the scope of his or her expertise and remain true to those limits in all interactions with their patients. Further, the chiropractor is required to be honest and forthright with his or her patients. If the chiropractor intends to refer the patient to a diagnostic or treatment facility or order goods or services from a source where the chiropractor has a financial stake in the enterprise, the chiropractor must disclose that connection in writing to the patient or their insurer before making the referral.

Each chiropractor is expected to discern correctly when the patient-chiropractor relationship has ended and how to effectuate it properly. Chiropractors must avoid abandoning a patient, for that may not only bring their actions to the attention of the Board, but also present serious health risks to the patient. The general rule is laid out in 17 DCMR 4809.12 which states "A licensee shall terminate a professional relationship with a patient in an appropriate and timely manner so as not to adversely impact the health of the patient." Certainly the primary focus for the practicing chiropractor looking to properly end a chiropractor-patient relationship must be based on securing the health of the patient against negative consequences. To remove some of the guesswork from this endeavor, the regulations at 17 DCMR 4809 maps out some clear guidance for terminating the relationship. Under the guidance the relationship will continue to exist until the chiropractor refers the patient to another health professional. The referral must be in writing and the burden is on the referring chiropractor to confirm that the administrative and logistical aspects of the transfer are fully addressed. Note that the referral need not be to another

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## CRIMINAL BACKGROUND CHECK

As of January, 2011, all licensees in the District of Columbia are required to undergo a Criminal Background Check (CBC) during the licensure process. During the renewal period, October 1, 2012 - December 31, 2012, Chiropractic licensees will be required to complete a CBC before their license can be renewed.

Please visit our website to learn more about the CBC process: [www.hpla.doh.dc.gov/boc](http://www.hpla.doh.dc.gov/boc)

## HOW ARE WE DOING?

**NEW LICENSEES:** The Board of Chiropractic has developed a customer satisfaction form for new licensees, so that they have the opportunity to provide feedback on their experience with our licensure process. **Candid feedback is appreciated.** All information obtained will be used to help us improve the services the Board provides. A sample of the on-line questionnaire is provided below, and is available through the Board's website, [www.hpla.doh.dc.gov/boc](http://www.hpla.doh.dc.gov/boc).

### New Licensee Customer Satisfaction Evaluation Form

Name: \_\_\_\_\_ (Optional)

PLEASE RATE THE QUESTIONS BELOW USING THE SCALE.						
	Excellent	Very Good	Good	Fair	Poor	N/A
1) The application and instructions were clear and easy to understand.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
2) The information requested on the application was done in a logical manner.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
3) The checklist was a beneficial tool in assisting me through the application process.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
4) Any concerns were addressed to my satisfaction by the DC Board of Chiropractic.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
5) The multiple choice jurisprudence examination is an effective test of my knowledge of DC laws and regulations.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
6) The case study discussion portion of the jurisprudence examination is an effective way of teaching real practice situations facing Chiropractic practitioners and how to avoid pitfalls.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
7) If you have a license to practice chiropractic in another state, how did the DC licensure process compare with your previous experience?	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
8) I would rate my overall experience with the DC licensing process as.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

## A CALL TO SERVE

by Vance K. Farrow, Statutory Member  
DC Board of Chiropractic

When I was first asked by the Director of the Department of Health if I would serve on the Board of Chiropractic (BOC) on his behalf, I did what most of us do. I took a look at my schedule of meetings and obligations and wondered just how would I be able to fit it all in. As Chief of the Bureau of Cancer and Chronic Disease for the Community Health Administration, I oversee all local and federal programs, grants and grantees that address many of the District's leading causes of death and disability. With increasing budget cuts and healthcare reform looming, it is a job that commands a lot of time and responsibility.

After considerable thought, which lasted about thirty minutes, I happily accepted the challenge. Nearly three years have elapsed and I must say that my service to the BOC has been nothing short of rewarding. Our

The BOC is seeking to add another Chiropractor as well as a consumer member.

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Board has experienced some significant changes throughout my period of service and we have grown considerably. As we look to further strengthen and expand our infrastructure and add diversity to the Board, I challenge us all to determine how we can serve to make this profession the best that it can be for the residents of the District of Columbia.

The District has a long and distinguished history of volunteers—everyday citizens who step forward to change lives and strengthen our city. We

do this in an effort to address critical community needs by harnessing the professional skills we possess for the greater good. By joining forces, we mobilize all sectors of society to provide necessary services that are not only needed, but are expected.

Currently, the BOC is seeking to add another Chiropractor as well as a consumer member in order to fill its suggested complement. Could you be the next person to serve on the BOC? The time commitment is not very demanding and the Board

members are a delight to be around, present company included. The work is shared and we move the agenda along at an acceptable pace, but there is always room for improvement. We just concluded a process by which we have developed our goals and objectives for the current fiscal year and there is a lot of work to do! We will approach this list of duties as we approach all things; with an open mind and a willingness to serve.

As you ask yourself whether or not you are willing to volunteer to **serve as a member of the Board of Chiropractic**, and if you are a resident of the District of Columbia, I invite you to please visit the website, [www.obc.dc.gov](http://www.obc.dc.gov), for information and to submit an application for consideration.

Be blessed and have a happy, safe and prosperous new year!

### APPLY TO SERVE ON THE BOARD

Chiropractors and Consumers wanted to fill vacancies on the DC Board of Chiropractic. Applicants must be DC residents, and Chiropractic Members must be practicing for a minimum of 3 years and be in good standing with the Board. To apply to serve on the Board, go online at [www.obc.dc.gov](http://www.obc.dc.gov) and download an application, or call the Office of Boards and Commissions at **(202) 727-1372**.

### WELCOME BEN FOSTER



The Board of Chiropractic welcomes Benjamin Foster, MPA, a new health licensing specialist, to our team.

## NEW DC CHIROPRACTIC EXAM

Applicants for licensure in the District are now required to pass the **National Board of Chiropractic Examiners (NBCE) Examination Parts I-IV**, and the District of Columbia **jurisprudence** examination only. In October, 2011, legislation was approved by the DC Council **eliminating the local DC examination for ancillary privileges** as a requirement for licensure. The regulations implementing the changed District examination requirements became effective October 14, 2011. Beginning with the examination given in November, 2011, the Board of Chiropractic began using the new examination format, 25 multiple choice questions and a case study. Applicants requesting licensure with ancillary privileges in Physiotherapy and/or Acupuncture, must also pass the **NBCE ancillary privileges** examination. The Board administers the District jurisprudence examination three times per year (March, July and November).



Candidates for Chiropractic Exam, discussing case study.

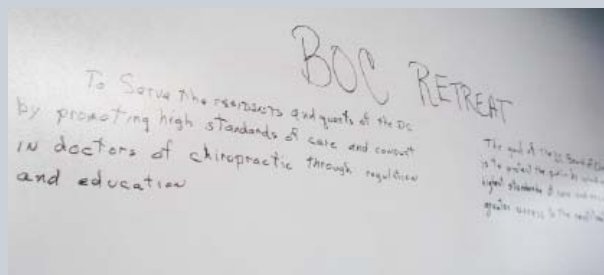
## CONGRATULATIONS

Congratulations to our new licensees who were approved with ancillary privileges in physiotherapy in November.

Carson R. Aune, DC  
 John R. Dandelski, DC  
 Schmekia M. Jackson, DC  
 George N. Kalonturos, DC  
 James N. Kalonturos, DC  
 Moses Ogbemudia, DC  
 Linda Solomon, DC\*

*\*excludes physiotherapy privileges*

## PLANNING FOR THE FUTURE



Board of Chiropractic held its first **Strategic Planning Retreat** in September 2011.

The retreat was facilitated by Gary Hayden, PhD, of Cain Consulting Group. The Board developed a mission statement and outlined five goals that will guide their strategic plan.

# REGIONAL CONFERENCE IN HALIFAX, NOVA SCOTIA



Three board of chiropractic Executive Directors, Dr. Jacqueline Watson, Patricia Oliver of Louisiana (center) and Rebecca Wright of Arkansas (right), share a moment together.



DC Board Interim Chairperson Dr. Keita Vanterpool (left), and Board Executive Director Dr. Jacqueline Watson (second from right) with colleagues at a conference breakout session.

The Federation of Chiropractic Licensing Boards held its District III and V Regional Meeting in Halifax, Nova Scotia, in September 2011. Board Interim Chair Dr. Keita Vanterpool and Board Executive Director Dr. Jacqueline Watson represented the District of Columbia. Both participated in a series of roundtable discussions with colleagues from the US and Canada and, in breakout sessions, heard from experts on best-practices for regulating the chiropractic profession.



Executive Director during a breakout session.

## WHALE WATCHING



Conference attendees also factored in some time for sightseeing and whale watching.



Interim Chair Dr. Vanterpool leads her breakout session.

chiropractor, rather to a health care professional appropriate to the health needs of the patient.

Under the rules, when the patient has submitted to and received care from another health professional, the chiropractor may deem the relationship terminated. Notation of this fact should be entered into the patient's records. Another approach detailed in the rules is when the patient has not received any treatments for six consecutive months during which the patient has made no request for services, the chiropractor may safely presume that the chiropractor-patient relationship has come to an end. The chiropractor choosing this path should be careful to ascertain that the patient's treatment inactivity did not result from administrative errors emanating from the chiropractor's front office before moving to effectuate termination. No matter which approach is chosen, the onus falls on the chiropractor to notify the patient in writing of his or her decision to terminate the relationship.

The rules here are fairly simple and of the common sense variety, but adherence by chiropractors is very important to the recipients of care and treatment. As caring professionals, each and every chiropractor is expected to be daily practitioners of the principles expressed by the Standards of Conduct, thereby, treating their clientele in a manner that truly fosters respect and consideration. The Board encourages all to be well versed in the obligations and expectations embodied by these rules.

## KNOW YOUR REGS?

DISTRICT OF COLUMBIA MUNICIPAL REGULATIONS

### Standards of Conduct

4809.2 A patient-chiropractor relationship exists unless:

- (a) Professional services are terminated and the patient receives written notice of the termination, whether the termination was initiated by the patient or licensee;
- (b) The patient has been appropriately referred to another health professional in writing;
- (c) The patient has accepted treatment by another health professional and the licensee documents the patient's chart prior to closing the file; or
- (d) The patient has not received professional services for six (6) consecutive months and has not contacted the chiropractor for treatment.

### Health Professional Licensing Administration

#### Address

DC Board of Chiropractic  
899 North Capitol Street, NE  
First Floor  
Washington, DC 20002

#### Board phone number

(202) 724-8800

#### Fax number

(202) 724-8677

#### Health Professional Licensing Administration

[www.hpla.doh.dc.gov](http://www.hpla.doh.dc.gov)

#### BOARD OF CHIROPRACTIC WEB PAGE

[www.hpla.doh.dc.gov/boc](http://www.hpla.doh.dc.gov/boc)

### Current Members of The District of Columbia Board of Chiropractic

**Keita Vanterpool, DC**, Interim Chairperson

**Miya Bazley, DC**, Board Member

**Vance Farrow, MPH**, Statutory Member

#### Director, Department of Health **Mohammad N. Akhter, MD, MPH**

#### Board Staff

##### Executive Director

Jacqueline A. Watson, DO, MBA

##### Health Licensing Specialists

Ben Foster, MPA

Lisa Robinson

Antoinette Stokes

Aisha Williams

##### Assistant Attorney General

Eugene E. Irvin, Esq.

##### Newsletter Editor/Layout

Nancy Kofie

### FILING A COMPLAINT WITH THE BOARD

To file a complaint against a licensed DC Chiropractor, go to [www.hpla.doh.dc.gov/boc](http://www.hpla.doh.dc.gov/boc) to download and complete the complaint form and mail to:

DC Board of Chiropractic  
899 North Capitol Street NE  
First Floor  
Washington, DC 20002

You can also fax the complaint to the Board at (202) 724-8677.

**If your complaint alleges unlicensed activity, you should address your complaint to:** Timothy Handy, Esq., Supervisory Investigator, Health Regulation and Licensing Administration, 899 North Capitol Street NE, First Floor, Washington, DC 20002. You can also fax the complaint to (202) 724-8677.

**Please Note: Complaints may take up to 120 business days (5 months) to be resolved.**

*Please be advised that the health professional licensing boards do not have jurisdiction over fee disputes, except for billing for services that were not provided. If you have a fee dispute with a health professional, you can seek redress through the civil courts.*