What a thrill and honor it is for me to be here today in front of this unique group of leaders of the chiropractic profession. When Donna contacted me in mid-March asking if I would deliver the Joseph Janse lecture, I didn’t know how to answer. I could have answered, “No,” because of course, this is the easy answer. But I never took the easy road in my life, so I knew the answer would be “Yes!” This would be a great challenge.

So let me first thank the Board for giving me this opportunity to share my chiropractic experience with you and also my vision. Don’t worry - I will not be talking only about me because then I might stray into some Hockey stories… but I would like to share some of the experiences I had over the years and how they relate to some of Dr Janse’s experiences.

As you could imagine it took me quite a few drafts before arriving here at conference and quite a few sleepless nights because I couldn’t stop the hamster in my brain from rolling and rolling. First it was like this...[picture of hamster on running wheel]. Then suddenly I think I became the hamster. This is very tiring!

I will tell you, thinking in French and writing in English is enough to give anyone a headache. Or maybe subluxate your brain. But I got my thoughts together, and I’m happy to be here with you this morning.

I have named this lecture the Torch of Leadership.

I believe each of us is a leader. And we carry the torch to light the way to see where we are, and for the ones who will follow us as leaders.
In 1986 I had the great honor to be one of the athletes to carry the Olympic torch as it made its way across Canada to Calgary.

My son Olivier was just three years old. He held his own little torch as I prepared to run with the big one.

And here I am today – this is my same suit from 1986. It fits me like a glove. I mean, maybe a latex glove. It might be a little tight because Diane sent it to the cleaners......

Now a little more seriously -

I would like to dedicate this lecture to one of my mentors in chiropractic who also is no longer with us but had a great influence on me and that would be Dr. Normand Danis.

We served together on the Quebec licensing board. He taught me that you should never stop fighting, never give up. That is the type of person I am – a warrior.

Keep going, all the way to the end. And then hand the torch of leadership to the next person. He lit the way for me.

Another one of my mentors was Dr. André Audette, also a great leader from Montréal. He encouraged me to attend my very first FCLB meeting in 1993, where he gave the 3rd Annual Janse Lecture that year.

He had a good way of keeping everyone together. If it wasn’t for him I would never have gotten involved in regulation in both Canada and here with FCLB. It is an honor to follow him and Dr. Danis this year, to deliver the 24th Annual Janse Lecture.
So who was Dr. Joseph Janse? I wanted to learn a little more about him. So I used our in-house biographer, Dr. Reed Phillips, to help me to learn more about him.

Looking back on the career of Dr. Janse, there are some events that I can relate to in my 40 years of practice. Yes I know, despite how young I look, I just started my 40th year of practice after graduating from CMCC in May 1975. Dr. Janse registered at National in 1935, so between the two of us we cover over 80 years of chiropractic experience which represents two thirds of chiropractic history.

Then I looked at accreditation - Dr Janse helped found CCE USA and I was Vice President of CCE Canada in the 80’s .. and I invented the Internet…Oh sorry that was US Vice President Gore.

Anyway, Dr. Janse was a driving force in 1962-1963 to the formation of the National Board of Chiropractic Examiners. This was through the Council of Chiropractic State Examining Boards, known as the FCLB today. I had the honor of serving as the President of the FCLB and am currently a director on the National Board of Chiropractic Examiners for the last 7 years.

From a historical perspective I was the first non-American citizen to serve on either Board for which I am honored … this is not bad for an old hockey player from a small town south of Montréal.

Dr. Janse was a member of the International College of Chiropractors, where he held the rank of Dean. I was honored to be named a Fellow of the same organization in 1995.

During his 46 years of service to the Chiropractic profession, he devoted his life to education at National College of Chiropractic, with 38 of them as president. So far I have devoted 35 years of my career to regulation and the protection of the public and just got re-elected by my peers for another five year term.

As a leader, he was a man of action, but action with direction. Status quo was not an option for him and I also share that same attitude.

Here’s what Dr. William Harper, president of Texas Chiropractic College and a good friend of Dr. Janse, said in 1966 about status quo:

"We have accepted the status quo as being all there is to chiropractic. The status quo is just a habit pattern – a rut – and a rut is a grave that hasn’t been filled in."

During his 40 years of involvement in chiropractic Dr. Janse made major strides in making this profession part of main stream health care. He moved chiropractic from a profession where patients used the backdoor entrance to one where they now use front door main street entrance. What made that leap possible?
It was by chiropractic gaining the respect we have today. This was not easy. It took leadership, lighting the way for others.

• It meant developing a high standard of education through the CCE.
• It meant offering state-of-the-art educational institutions with quality teachers
• It meant reliable and legally defensible National Board exams.
• And – last, but not the least – it meant high standards of clinical practice and regulation so the public receives the care they deserve.

How did Dr. Janse do this? He set high goals for himself, and for the profession. He did not take “no” or “can’t” for an answer.

He also grew leaders. He carried the torch, lit the way through the darkness, and then he passed it on to the next generation.

Some years back, the FCLB asked if some key chiropractic organizations could sit down at while we were all at the annual FCLB conference to discuss several issues of concern. This meeting preceded what is known as the Summit today. The organizations attending that meeting were the ACC, CCE, NBCE and the FCLB served as the host. After talking for a few hours everybody was giving their opinions and vision of the future for their own organizations and chiropractic. Everybody wanted to share their opinion and tried not to step on each other’s toes.

I remember very well at one point toward the end of the meeting I was having a fairly frank discussion with Paul Walker who at the time was the executive director of CCE USA. And then it came to me… and I am proud to say that great leaders of this profession, Dr. Rick Cole who is past president of the FCLB and Dr. Reed Philips researcher and former President of Los Angeles Chiropractic College, have used my analogy in some of their speeches.

But what I told Paul Walker that day was this:

“CCE sets the standards of education. ACC, you implement those standards in your programs and institutions. NBCE tests the candidates to see if they got the message and the knowledge after their education to work with the patient. Then at the end of it all, you have the regulatory bodies and the FCLB who get stuck with the end product.”

So I said to Paul, “While we may all have separate missions, maybe we should be talking more often to each other. This is what I describe as ‘teamwork among leaders.’”

Ladies and gentlemen, this is the main message of my speech today. Leaders must work together as a team. Teamwork means respecting each other’s missions while aiming at the same target – not at each other, as I have seen that in chiropractic.
Good teams need good leaders -- and we have today in this room the future leaders of this profession and of regulation.

A leader does not represent his or her own opinion. They do not represent themselves but the whole of the community. They have an open mind, listen, and are more inclusive. Sometimes we have issues with this in chiropractic. Traditional practitioners, if I may use that term, often represent their views and say that the way nontraditional or mixers practice is not consistent with real chiropractic and vice versa with the mixers condemning the vision of the traditional. Subluxation and evidence based spend a lot of energy disagreeing. When main stream health care is looking at what is happening in chiropractic, they say, “Let them continue to fight each other so we don’t have to worry about them.”

May I ask you to raise your hand if you have been in practice more the 25 years in practice……..Thank you

Now how many here have been in practice less than 25 years........ May I ask those individuals to please stand up for me? Now sit down. Thank you.

What I have just done is to identify the future leaders of the profession. We all know from our past experiences in 25 years from now, they are going to be here just like we were here 25 years ago

Do you know the difference between a leader and a manager? The leader is the person who envisioned building a road in the jungle to unite two villages. The leader found the best manager, to gather the best team to get that road done. The manager got the best equipment and workers to make sure the job was done right. They worked hard day after day, and week after week, to build the best access between the 2 villages. The manager was proud of the work done by his team. Now the leader came to the site look at the work and was impressed by the way the manager did his job. To get a better view of the progress, the leader climbed up to get a good view. Then he came back down and called the manager. He explained to him that he was doing a great job… but he was going the wrong way…. the village is not north but south.

All this is to say you may have a good team and a good manager but you have to make sure that the leaders set the right direction.

Good leaders do not represent their own goals but rather the goals that are best for regulation and the public. They go first, set the right pace, give their team the resources they need, and inspire and coach them to success. They are curious, lifelong learners. They mentor the next generation of leaders. They light the way.

Dwight Eisenhower said, “You don’t lead by hitting people over the head—that's assault, not leadership.” General Colin Powell said, “Great leaders are almost always great simplifiers, who can cut through argument, debate, and doubt to offer a solution everybody can understand.”
So what is our direction? Where are we going?

We start with …what we as regulators believe: The public deserves safe and effective chiropractic care, delivered in an ethical manner by licensed doctors.

When I started my practice in 1975 statistically the chiropractic profession was treating about 10% to 12% of the population but also showed that 80% of the population would have back pain sometime in their lifetime. My question is, where are the 70% who are not seeking chiropractic help for their back problems?

Licensing and regulation has given cultural authority to the chiropractic profession. The last few US states to get regulation did so 40 years ago, just about when I graduated from chiropractic college.

The public has had time to see us as experts in chiropractic manipulation, professionals who use natural therapies, without drugs or surgery, and who see the patient as a whole person, not just a bunch of symptoms.

So does the problem lie with us? Do we lack confidence in our ability to take care of the overwhelming majority of back problems? Did we rely on the subluxation theory and the history of chiropractic to keep the patients coming in? Should regulators have done more, or less?

In years past, we were the only profession actually interested in manipulation. Natural therapy and healthy lifestyles was our way of life. Despite our battles with the medical profession, we literally owned this type of health care. Gradually over time the population has begun to question the authority of the medical profession and seek out a healthier and natural approach.

Unfortunately those statistics that I talked about at the beginning are still in place 40 years later. Just 10 to 14% of the population see a chiropractor for their health issues. I have to admit that we failed. We are bragging that we are seeing more patients but in fact it is not because we are doing a great job… it is because of the population growth.

The questions we as leaders have to ask ourselves are –

- How long is it going to stay the same?
- Why it hasn’t changed?
- What should we do to improve this?

When I am asking these questions, remember I am a regulator. I am not asking how we can keep our patients under treatment longer, how can we convince them to come more frequently, or what kind of gimmicks should I learn so I will be more successful in practice.
So how should we measure success in chiropractic? By the number of patients per hour the doctor sees, or how many the doctor sees in a week? Remember, I’m a regulator. I don’t think so.

I believe there are two ways to measure practice success:

1. Referrals - the number of patients that other patients and other health care providers send me because they have confidence in the quality of my chiropractic care, and

2. Dismissals - by how many patients I dismissed because I did what I had to do to get them to an acceptable level of health so they can continue their normal activities.

This means we regulators have to be clear about what we regard as proper care. We need to say what good recordkeeping looks like. We need to be fair and firm in our discipline. We need to teach the value of the license not as a right but as a privilege and responsibility, as Dr. Sportelli has stated in his past remarks.

There are a lot of immediate challenges for our profession - and these make up what I would call the shopping list for the next generation of leaders.

One challenge for leaders is the need to innovate.

Let’s talk about golf, for example. Over the last 10 years in North America, there are 17% fewer golfers. This translates to 5 million less players. In 2000..... 400 new golf clubs opened in America, but in 2012 only 12 new golf clubs opened. Why? It’s not the cost. It is less expensive to play golf today than it was in 2000.

The reason for this is that the young people have lost interest in the sport. There are more opportunities and different activities that take less time to do, and less practice to learn. So the industry is trying to find ways to attract the players back to the course and are trying to make innovations in the game.

Jack Nicklaus says that golf is at the crossroads between tradition and evolution. We give us examples of new ideas and new thinking for new times: Movie studios did not create Netflix, Telecommunication did not create Skype and the banks did not create PayPal. If we don’t innovate, someone else will do it for us.

The analogy with the game of golf could be very well applied to chiropractic: competition for numbers. There are more types of health providers now that proclaim they can do the same thing as a chiropractor, even better. They say they take more time with the patient, offer integrated care at the clinic, have better insurance coverage, or they have a new machine or new instrument that offers the same results. And the patient doesn’t know the difference.
The patient has choices. The question is, will they choose us?

We cannot survive only on our past reputation. As leaders, we have to think out of the box, and regulation has to keep up. We have to modify our statutes and regulations to reflect the reality of where we have evolved to 2014.

We live in a smaller world, where **innovative thinking is essential for chiropractic – and regulation - to survive and to thrive.**

Over time, chiropractic offices have slowly become like a 7/11 convenience store. It is not unusual to see doctors of chiropractic diversify. In some offices there is the chiropractor, an acupuncturist, trainer and nutritionist. We prescribe pillows, mattresses, vitamins, support belts and the like. Is this good? Is this bad? I won’t judge. But I do think we need to remember what our true focus is, what we’re good at: chiropractic.

And we need to continue to develop the high quality specialty training within our own field of chiropractic. We should be able to refer complex patients to chiropractors with diplomates and master’s degrees in neurology, orthopedics, radiology, nutrition, pediatrics, and others. This will only bring more credibility to the profession and the practitioner.

We also need to support research. The latest negative article in Forbes magazine is a good example of why we need strong research. We need to show that chiropractic makes financial and healing sense, using good science. We know chiropractic works, let’s not be afraid to point out why.

Let’s be sure we really listen to the patients, not just do what we think is best for them.

Finally, we should respect and encourage public members to serve on our licensing boards, CCE, the FCLB, NBCE, ACA, ICA, and COCSA. Their voices give credibility and balance to the profession in the eyes of government.

Let’s be proactive and reflect the spirit of Dr. Janse. Remember, status quo is not an option.

Please don’t wait until you face a crisis.

- In Quebec we had a million dollar word: “diagnosis” was in the regulations but not in the statute. It cost a million dollars to fix this in 2003. I’m sure Texas has spent over a million dollars on the same word.

- Virginia’s scope of practice language dates back to the 1940s and is costing some doctors their practices if they relied on motor carrier exams.
Have the courage now to update your laws.

Change will need the energy and hard work from the new leaders and the wisdom of the old leaders. If we look forward, building on the past but not chained to it, if we have a clear direction, we can carry the torch together. Tradition can work with evolution.

Probably I will not be here in 40 years to listen to the report of you next generation leaders I identified earlier. But if I were, I hope I would not hear that the chiropractic profession is still treating only a tenth of the population. I would be disappointed to hear those same arguments about the traditionalist and the mixers, arguing about the scope of practice, definition of subluxation, chiropractic or others.

As I helped my son in 1986 to hold the torch of leadership that he will one day carry alone, you, the next generation, will pass the torch in another 25 years to yet another generation. I would hope that you learn and build on our experiences.

I hope you will honor those who have fought for decades to protect the public, as I honor those who brought me to the FCLB 21 years ago.

I ask you to take up the torch of leadership. Light the way today, and for those who will follow you.

Dr. Harper also said this in 1966:

“[Dr Janse] and others will be waiting for you when your turn comes in the future because there is always room at the top for leaders in any profession - but it involves doing and not wishing.

“Each of us makes our own future under the guidance and wisdom of those who have been over the road ahead of us. Without them, we would be without direction.”

I leave you with one final thought, a quote that I translate from the French Canadian:

“An old man sitting down will see further down the road than a young man standing up.”

Thank you.