

To: FCLB Member Chiropractic Regulatory
Board Offices and Chairs/Presidents
1998 Annual Conference Delegates

From: LeRoy F. Otto, D.C., Committee Member
Interjurisdictional Mobility - Task Force

Date: August 24, 1998

**Re: FCLB Efforts to Develop
Interjurisdictional Mobility**

As you recall, one of the hot topics at our meeting in San Diego was mobility for the seasoned practitioner.

At our special session I either spoke with you personally or someone from your board was in attendance and the panel urged you to put this issue on your individual board's agenda. What we need from your board is a letter affirming your board's desire to explore this issue with the rest of us, leading to some form of agreed-upon solution. Once we have a letter from your board, we can take the next step of exploring the obstacles as well as the possible solutions by organizing a meeting of those boards that are interested. If you recall, Dr. Jerry Grod, of Ontario, asked for a show of hands supporting the ideas discussed; only one board in attendance objected. We are all hoping this kind of support continues.

To recap the session's highlights:

- Utah's nursing board has approved an "interstate compact" in conjunction with their federation of nursing boards (National Council of State Boards of Nursing)
- Minnesota is developing some form of process for endorsement or compact
- All Canadian provinces are abolishing trade barriers among the provinces and are accepting one uniform examination for licensure

Reasons discussed for some form of endorsement, reciprocity or compact:

1. Almost all chiropractic colleges and universities in the U.S. and Canada have had CCE status or accreditation for over 20 years

2. Almost all US states have required some form of continuing education for 20 years
3. The majority of US regulatory boards have required NBCE Parts I and II for over 20 years and Part III, plus Physiotherapy, for at least 10 years

NOTE: NBCE - Parts I and II were offered beginning in 1963, Part III in 1987)

Part IV is rapidly standardizing the practical assessment of new graduates as candidates for licensure.

4. National Association of Nursing is now implementing compacts for RNs and LPNs to do away with redundant licensing and to facilitate mobility

NOTE: this model works well for nursing with its huge population base - a modest fee will be added to each license, generating enough money to handle issues like prosecuting a nurse who is not physically in your jurisdiction - it probably does not work well for the smaller professions.

5. The PEW Commission has also called for more mobility of health care professionals, which is beginning to affect both state and federal legislative efforts
6. The federal government has already made overtures requiring states to implement uniform licensing - Clinton administration health care reform attempt
7. Our profession in its 100+ years has never had a more equitable group of DCs - what constitutes practice is more common than it is different, clearly demonstrated by the NBCE Job Analyses
8. Practicing across jurisdictional borders via electronic means and temporary practice in neighboring states or provinces is becoming increasingly common. As regulatory boards, we have the responsibility to ensure that 1) an appropriately licensed chiropractor is caring for the public and 2) the public has some right of recourse if care goes awry.

9. **One possible model for licensing seasoned practitioners: Fast track endorsement**

- Doctors with no past or present violations
- who have been in practice for a minimum of (X amount of years to be determined by each board), and
- have had no successful malpractice litigation judgments,
- should be eligible to sit the jurisprudence exam, pay the licensure fees and be licensed. This exam should be able to be given frequently.

Those with violations or less-than-sterling histories (to be determined by each board) would be subject to taking the Special Purposes Exam for Chiropractors (SPEC) and a personal interview prior to being allowed to sit for the jurisprudence exam to be licensed.

In this case each board would reserve the right to develop whatever criteria necessary to insure a competent practitioner before that person is licensed.

Each board would have the right to require special monitoring or continuing education requirements as it deems necessary following licensing; as well as setting fees to administrate the process.

This system generates revenues for any necessary prosecution and also establishes legal jurisdiction over the practitioner.

Through CIN-BAD's planned development of the ALLDoCS system, it would be possible to maintain an on-line registry of all the licenses held by each chiropractor for easy reference by the boards.

The only possible obstacle focuses on whether we can trust each other's original licensing decisions. I think we can.

I am enclosing a draft sample of a FAST TRACK ENDORSEMENT APPLICATION which has been developed by a couple members of the task force. This is a first draft of this idea, and I would welcome your insights and suggestions for improvement. I think it helps to have a place to start with this idea.

Please contact me at 612-345-3361 if you have questions prior to your board's meeting. I look forward to your reply as soon as possible.

Enclosure: DRAFT - Fast Track Endorsement Application

cc: FCLB Interjurisdictional Mobility - Task Force Committee Members
FCLB Board of Directors

- YES**, our board wants to work with other jurisdictions in the FCLB toward interjurisdictional mobility for the seasoned chiropractic practitioner, possibly under the FAST TRACK ENDORSEMENT MODEL.

We realize this is not binding on our board, but doggone it, we'd like to try to figure this out together.

Person to work with from our board:

Name _____

Title _____

Address _____

Phone DAY _____ EVE _____

FAX _____ E-mail _____

Comments: _____

- NO THANKS, not at this time**

Comments: _____

Signature - Board Chair or Exec

Printed Name

State or Province

Date

Please return ASAP via fax to FCLB - (970) 356-3599