

Chiropractic Advocate Int'l

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Chiropractic College Regional Strategies

In meeting the challenges of globalizing our profession it must be recognized that without new schools the long-term growth of chiropractic is impaired. So far, things are the way they are without the benefit of an extensive worldwide strategy. By continuing to expose the profession to some of the ideas that emerge from the brainstorming processes on this topic, it is hoped that greater acceptance and awareness to plan in a much larger and more comprehensive way, will occur. "Things are the way things are because of the way things are." Good constructive and critical thinking is definitely an asset right now.

I Africa

This region poses the world's greatest challenge for the chiropractic profession. When colonial forces pulled out of Africa to allow self-sufficiency, self-governance and self-determination in these countries the result was less than ideal, from events arising out of the tribalistic schism - compounded by the oppression of Communism for some countries. South Africa, Morocco and Egypt are the only countries that now offer good prospects for a chiropractic school in Africa. Egypt will be discussed in context of a Middle-East strategy but it has been undergoing slow progress with a longstanding relationship with Life University. South Africa has already established its quota of schools and only needs to build a larger student body. Morocco can benefit from similar efforts seen in Egypt but alas there are only 2 DCs there to date!

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Why an International Educational Corps?

Consider the opportunities that come from creating a facilitating organization that can eliminate the hesitation to proceed forward and how it can urge action at several levels to attract the development of more new schools that can meet the International standards.

Considering the obvious:

National Association leaders are less inclined to push for a DC educational program when there is no structure for accreditation, no reliable reference sources to recruit support and faculty, and limited structure toward legitimizing the profession in their country - basically left to their own devices for the most part.

It is a huge leap to put together all the components to successfully start a DC school, including the limited financial resources stemming from a fragmented, non-strategized effort.

Here are two additional questions to ask:

1. "Where are the partnering schools needed who can export their internationally approved programs?"
2. "What impact will the aftermath of the CCE / Life controversy in 2002 affect CCE International?"

Putting DC Education Development on Fast-track

1) Current method of establishing a new DC school in a new country under existing available resources:

- a) National Association or Individual DC creates interest in local university
- b) A foreign institution is brought in as consulting/ twinning party (or not)
- c) Both institutions undergo a process to accommodate new program
- d) Custom approach
- e) Neither have a long-term plan & DC consulting school has its own agenda with lack of strategy or funding to see 10 years ahead
- f) Faculty recruitment is traditionally an underestimated component (improves some when graduations begin)
- g) Business plan not deeply designed

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II Asia

Several indicators favor new schools in the Philippines, Malaysia, Thailand, Hong Kong and Taiwan. As the chiropractic presence in India and China begins to develop the world's most massive growth in chiropractic education will take place in perhaps as little as 5-10 years. What may be needed is much forward thinking and planning and in recognizing the potential problem that China's TCM may prove to be as equally obstructionist or divisive for the chiropractic profession as the AMA has been in Western countries. Japan and Korea have started a DC school, yet the numbers remain small so far.

III Europe

Now here we have much to be concerned over! Longstanding anti-American sentiments have prejudiced school development by NOT seeking affiliation with the well-established DC schools in the USA. In fact it is in vogue to simply take an adversarial position, especially on the core philosophical values that have promoted so much success for chiropractic in America. The most serious sign of this pervasive attitude can be seen in the structural formation of the school in Denmark that grants a degree in "clinical biomechanics" and not in chiropractic. Sweden has a hybrid school that does not meet internationally equivalent standards. Even less substantial is the quasi-school in Bologna, Italy that teaches an "MD to DC" conversion course one weekend per month for three years. In the absence of an organized effort we will continue to see these self-serving programs.

England is another matter all together. Here the traditional dualistic culture so prevalent in our profession can be seen by the different natures of the AECC and the McTimoney School. Population studies of the UK indicate they will eventually require a minimum of 6 and upward to a possible 9 DC schools. Questionable interests of incorporating acupuncture in as much as two-thirds of the DC practices raises serious questions about lost core values. This may fairly be attributed to their educational foundation lacking the adequate core values to inspire confidence in the distinction chiropractic holds in health care.

Eastern Europe will only come into play later, once their economies recover from the aftermath of years of communism. Italy, Spain, Portugal, Finland, Norway, Netherlands, Belgium, Germany, Austria, Switzerland and Greece could each support a chiropractic school in the near future. Without consensus core on values much is feared. It is suggested that there will be notable differences between the Northern and the Southern (or Latin) European countries in regard to their educational outcomes and designs.

Here, the benefit of a role played by an International Chiropractic Educational Corps can offer for future stability will rely to some degree on its composition as a broad-based (less American input perceived) organization. Perhaps partnering a group with input from Macquarie, NZCA School and Palmer or Cleveland could offer the balance needed. A Canadian contingency would make good sense but CMCC is limited in its outreach capabilities.

IV Latin America

Now that Mexico has broken the Spanish language access barrier in chiropractic education this past year, it is only a matter of a few years before there are several DC schools in Latin America, perhaps starting with Costa Rica. Chiropractic in Brazil has begun an autonomous development through the benefit of 2 new schools that started with consultations from US schools. Since there are no distracting anti-American sentiments as in Europe the results are already beginning to show.

These events also suggest of the possibility that Palmer may be a dominant International consulatory source if it continues in this direction; but, if Palmer does not act quickly there will likely be more contributory consultations coming from curriculum exports that fail to meet International standards. Since the majority of Latin American DCs graduated from Life they will likely migrate towards the Palmer or Life models, as we see in Peru and Costa Rica. Perhaps a partnering of the two flagships may offer an immediate and viable solution to the leadership needed in guiding the development of new DC schools. In their absence the argument again supports the value for an International Chiropractic Educational Corps to become that consulatory source.

V Middle East

In the Middle East there are other cultural factors that challenge the opportunities for these countries to experience the benefits of chiropractic. Poverty, political oppression, religiously spawned anti-west attitudes certainly will affect the otherwise natural affinity for the role chiropractic can plan in their lives. Iran and Egypt are the two countries that may be able to eventually develop chiropractic into a viable profession and are good prospects for a DC school in their borders, taught in Farsi and Arabic, respectively. Israel and Turkey are the other two countries in this region with potential for a DC school but Turkey needs a lot more DCs and Israel - well, it has to become much less volatile before this investment can occur.

<Read more on [Globalizing Chiropractic Schools](#)>

CUBA's Permanent Mission - a model program



Since 1995 there has been a permanent chiropractic mission in Cuba, located at Nueva Gerona, La Isla de La Juventud, within the local Hospital. Interested DCs can volunteer directly with Dr. Rupert Molloy, the coordinator of the program, through their web site at www.chiropracticoverseas.org.

CORE is strictly a volunteer organization run by chiropractors who donate 1-4 weeks of their time in a year, keeping the free clinic opened year round. Volunteers come from Great Britain, Canada, New Zealand, Netherlands, France and Australia. The usual dedicated period is 2-3 weeks of which 7-14 working days are spent at the clinic and the remainder spent traveling and exploring the delights of this subtropical island.

You will certainly discover a wealth of culture, music and hospitality to make this a most memorable trip and above all you will have brought chiropractic relief to many people. The Cuban people are friendly and open, despite being materially poor, they are most generous.

The year 2002 CORE has seen a total of 15 volunteers participate, 13 in 2001 and 11 in the year 2000. It is not essential to speak Spanish, because we have the use of Ada-Juana, a Spanish-English translator, which does help.

The air-conditioned chiropractic clinic is located in the outpatient's clinic, in which are provided all outpatient services in the principal town of Nueva Gerona which has a population of 30,000. Patients come to the clinic via physician referral and direct contact and normally operates Monday - Friday 8.30am 'til 12.30pm then continues after lunch until the last appointment.

The nurse, Lourdes Gay Perez, provides excellent assistance as the Project Nurse. The chiropractic clinic now has a static table with drops, an Atlas portable table and a pair of wedges, otherwise the clinic is sparsely equipped and the volunteers must bring their own equipment including clinic stationery, which will be forwarded to them for photocopying prior to their departure.

Accommodation, meals and transport within La Isla are now provided by the Public Health Authority in the Visitors' House which is spacious and comfortable.

Contact CORE at www.chiropracticoverseas.org

- h) Teaching clinic an after thought project
- i) Older models lack I.T. components beyond plug-in VS core designs

2) Syndicated approach: looking at the role that can be played by an International Chiropractic Educational Corps, once funding sources can be identified:

- a) Creates a suitably funded initiative with long-term designs required in its structure
- b) Clear, focused leadership directives that comes from a single organizational structure
- c) Consistency of curriculum design aided by I.T. core components in all sites (high standard)
- d) Greater flexibility since not Institution based or biased - a consensus of experts resulting from broad-based consultations
- e) All modular components identified in a broad strategy:
 - Due diligence in selection of partnering universities
 - Capital investments targeted in budget outline
 - Consultants not limited to resources of a single Chiropractic school
 - Cultural Anthropological input as part of base consultation in each country
 - Fully integrated I.T. design and structure (part of cost feasibility)
 - Reproducibility of core outcomes, yet remains culturally flexible
 - Total departmental designs, including clinic, considered with integrative training
 - Faculty pool maintained with ongoing active recruitment by Educational Corps
 - Contingency expenses factored in start-up budget, with reserves
 - Involvement of local association and CCE International at all levels

Just the idea of an International Chiropractic Educational Corps brings hope to an uncertain future.

The value of an organization of this nature is that it functions like a Multi-national corporation (because it is one); that can exercise greater control of contents and outcomes due to centralization of design and IT department; one that preserves the uniqueness of chiropractic regardless of cultural and political influences; that can simultaneously implement multiple sites; and has the power to better protect Proprietary and Intellectual products and rights Internationally.

NEWSLETTER POLICY:

This newsletter is intended to inform and encourage the International growth of Chiropractic. If you know someone who may be interested in receiving this newsletter, please have them go to www.ChiropracticDiplomatic.com/register and complete the Foreign Service Registry form, their address will then be added to future mailings. If you do not wish to receive this newsletter, simply notify us by replying to the delivery email.