



WORLD FEDERATION | FÉDÉRATION MONDIALE | FEDERACIÓN MUNDIAL
OF CHIROPRACTIC | DE CHIROPRACTIQUE | DE LA QUIROPRÁCTICA

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Final Report

of the

Identity Consultation

Task Force

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"Disclaimer: Please note that the public identity here recommended represents a core identity developed and recommended by the World Federation of Chiropractic for use by its members in general positioning of the chiropractic profession with the public and within health care. It does not represent the full scope of chiropractic practice and should not be taken as a scope of practice statement, whether for educational, legal, practice, reimbursement or any other purposes. It is intended to be read and taken as a whole, rather than in part or parts only."

*A non-governmental organisation in official relations with the World Health Organization
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Executive Summary

A. Introduction

1. The terms of reference of the World Federation of Chiropractic's Identity Consultation Task Force were "to direct and facilitate an inclusive and comprehensive international consultation with members of the profession and other relevant parties on the public identity of the chiropractic profession, and to then report back to the World Federation of Chiropractic with findings and recommendations."
2. We have completed such a consultation, important aspects of which were empanelling a diverse and representative task force with 40 members of the profession (35) and public (5); collating and reviewing past surveys of the public and the profession and other relevant research; conducting an international opinion survey of chiropractors; consulting marketing experts and representatives of other professions and the public; and reaching consensus on the principal matters arising from our terms of reference.
3. At a second meeting of the Task Force held at Life Chiropractic College West, Hayward, California in January 2005, our truly representative Task Force reached agreement on:
 - The fact that the chiropractic profession does not have, but urgently needs, a clear and effective public identity.
 - What that identity should be, having regard to all the evidence including in particular the clear, consistent and persuasive results of the October 2004 electronic survey of individual chiropractors in 54 countries throughout the world.

B. Recommendations

1. *International Identity.* The public identity of the chiropractic profession, if it is to be effective and successful, should be similar in all countries.
2. *Three Concepts.* This identity should be established and maintained through the use of the following three linked concepts:
 - a) A leading statement on identity, which must be clear, concise and immediately relevant to both the public and the profession - the 'pole' (brand platform).

- b) Several important qualifying statements, which provide the necessary context and foundation for the pole – the ‘ground’ (brand pillars).
- c) A description of the qualities or essential personality of chiropractors – the ‘personality’ (tone).
3. *The Pole.* The pole should be:
- The spinal health care experts in the health care system.**
4. *The Ground.* The ground should be:
- a) **Ability to improve function in the neuromusculoskeletal system, and overall health and quality of life**
- b) **Specialized approach to examination, diagnosis and treatment, based on best available research and clinical evidence, and with particular emphasis on the relationship between the spine and the nervous system**
- c) **Tradition of effectiveness and patient satisfaction**
- d) **Without use of drugs and surgery, enabling patients to avoid these where possible**
- e) **Expertly qualified providers of spinal adjustment, manipulation and other manual treatments, exercise instruction and patient education.***
- f) **Collaboration with other health professionals**
- g) **A patient-centered and biopsychosocial approach, emphasizing the mind/body relationship in health, the self-healing powers of the individual, individual responsibility for health, and encouraging patient independence.**
5. *The Personality.* The personality should be a combination of:
- **Expert, professional, ethical, knowledgeable***
 - **Accessible, caring, human, positive***
6. *WFC’s Role.* The primary role of the WFC should be to communicate and promote this identity, not implementation within individual countries.

* As amended by the WFC Council

7. ***Communication Program.*** Acceptance and establishment of the identity will not be possible without a planned and ongoing WFC program of communication, including the use of websites, electronic and print articles and multi-media presentations at meetings.

To fund this communications program there should be a surcharge or assessment of approximately 10% on member association dues in each of the 2006 and 2007 years, yielding revenue of approximately \$20,000 per annum.

8. ***Member Associations' Role.*** The role of national associations of chiropractors within their respective countries should be to implement the identity. This should be accomplished through a branding exercise, development of a communications program within the profession and with the public, and through alignment of all association activities and programs with the public identity.
9. ***WFC's Secondary Role.*** A secondary role for the WFC, if requested by smaller national associations, may be development of a template program for implementation for use in countries where the profession has few representatives and resources.

A. BACKGROUND

During the past generation doctors of chiropractic have seen major changes in the healthcare environments in which they practise in many countries. These include, for example, the increased acceptance of chiropractic and other forms of complementary and alternative healthcare, increased competition, and increased third party intervention, reimbursement and control with respect to the delivery of healthcare services.

Within chiropractic there has been continuing controversy concerning the identity of the profession, widespread international growth of chiropractic education and practice, and more diversity of practice settings and services offered.

These major changes have led to calls in many countries for the profession to better define its identity for the benefit of the profession and the public it serves. Because identity is ultimately an international issue in today's world, these concerns were referred by member national associations of chiropractors to the World Federation of Chiropractic (WFC).

At the WFC's 7th Biennial Assembly, held in Orlando, Florida, USA, April 29-30, 2003, after presentations from four panellists from Australia, Europe and North America and discussion, the WFC Assembly agreed that the profession did suffer from an unclear identity and position within healthcare, that this was a major problem for the profession which needed to be corrected, and that it was now appropriate for the WFC to address this problem by means of a comprehensive international consultation.

It was understood, however, that this was a sensitive and potentially divisive issue, and that there needed to be a transparent, inclusive and fair process throughout. The consultation should be led by a representative task force, and include the broadest possible participation of with individual chiropractors.

B. TERMS OF REFERENCE

The Terms of Reference given to the Identity Consultation Task Force by the World Federation of Chiropractic were "to direct and facilitate an inclusive and comprehensive international consultation with members of the profession and other relevant parties on the public identity of the chiropractic profession, and to then report back to the World Federation of Chiropractic with findings and recommendations."

C. THE TASK FORCE

The WFC appointed three persons seen as experienced and representative leaders in the profession as co-chairs of the Task Force. They were Dr. Paul Carey from Canada, a Past-President of the Canadian Chiropractic Association and then WFC President, Dr. Gerard Clum of the USA, President of Life Chiropractic College West, a past officer of the International Chiropractors' Association and then WFC 2nd Vice-President, and Dr. Peter Dixon from the UK, a Past-President of the British Chiropractic Association and then President of the European Chiropractors' Union. They were given authority to construct a diverse and representative task force to lead the consultation.

Details of the names, backgrounds and countries of the 40 member persons chosen for the Task Force appear in Appendix 1. Photographs and further details may be found at the WFC's website (www.wfc.org, under Identity Consultation). They were chosen in accordance with the following principles:

- a) 3 co-chairs.
- b) 9 doctors of chiropractic representing the WFC World Regions of Africa (1), Eastern Mediterranean (1) Europe (1), Latin America (1), North America (3), and the Pacific (1), nominated by the WFC Council Members elected to represent those regions.
- c) 3 doctors of chiropractic representing US Congress of Chiropractic State Associations (1), the European Chiropractors' Union (1), and the World Chiropractic Alliance (1).
- d) 8 doctors of chiropractic representing the international academic and research communities, and nominated by the Association of Chiropractic Colleges (2), the Council on Chiropractic Education International (1), and the Co-chairs (5).
- e) Up to 12 others chosen by the Co-chairs from those in the profession or chiropractic students who, individually, or on behalf of an organisation, answered a call for applications to service on the Task Force.
- f) A representative of major vendors to the chiropractic profession.
- g) 5 lay persons nominated by the Co-chairs, each bringing appropriate expertise to the Task Force (e.g. health economist, health services researcher, lawyer, media representative, sociologist, etc).

D. MARKETING AND SURVEY CONSULTANTS

The Task Force understood that it required the advice of experts in the field of social marketing. An important part of the consultation would be an independent survey of chiropractors and, if possible, of the public in various countries. The ultimate goal of the project was to develop an identity that was effective with the public, a matter that required objective, expert assistance and advice.

The firm chosen from two finalists was Manifest Communications Inc. of Toronto. This was because of its overall marketing expertise in the health professions sector, its particular experience as consultant for the Canadian Chiropractic Association, and its convenient location in Toronto, the home of the WFC Secretariat.

E. TIMELINE AND SUMMARY OF ACTIVITIES

The work of the Task Force, consultants and WFC staff may be summarized as follows:

September-November 2003	Task Force and consultants appointed, relevant surveys/research found and abstracted.
December 2003-February 2004	Task Force reviews research and draft survey of profession in preparation for its first meeting.
February 26-28, 2004	A three-day Task Force meeting at Life Chiropractic College West, Hayward, CA, USA – see below.
March-October 2004	Pilot testing of the draft survey of the profession, gathering of database of 30,000 emails, promotion of awareness of proposed survey, continued gathering of past surveys/research.
October 4-24, 2004	Performance of electronic survey of chiropractors worldwide by Manifest Communications and Northstar – survey live for 3 weeks.
November 2004-January 2005	Collation and report of survey results by Manifest. Ongoing gathering of other surveys/research.

January 21-22, 2005	Second Task Force meeting at Life Chiropractic College West – see below.
February to April 2005	Preparation of consultants’ report to Task Force, and the Task Force’s final report to WFC.
May - June 2005	Review of final report by WFC members in preparation for Assembly
June 15, 2005	Report of the Task Force to the WFC’s 8 th Biennial Assembly, Sydney, Australia

First Task Force meeting - February 26-28, 2004. The program for the meeting is attached as Appendix 2. The first day focused on the public’s perspective and it can be seen that there were presentations from marketing experts, the 5 lay persons on the Task Force and representatives of the medical profession and third party payors. The second day focused on the chiropractic profession’s perspective. Opening presentations by Dr. Carl Cleveland, III, Dr. Cheryl Hawk, Dr. Scott Haldeman and Dr. Donald Epstein were followed by small group then plenary discussions. On the third day there was detailed review of the draft proposed survey of the profession – both its content and method of administration.

Survey of the profession. The final survey form is attached as Appendix 3. Apart from its technical accuracy it was important that the survey was seen by chiropractors throughout the world as readily understood, fair and appropriate. For this reason it was pilot-tested for face and content validity in North America and Europe.

Then, between October 4-24, 2004, the amended and final survey, the first ever global survey of the profession, was completed by 29,094 chiropractors in 54 countries. Notably, this was without any complaint concerning its content or appropriateness. Key points are:

1. The results appear in the report from Manifest Communications/North Star, attached as Appendix 4 and found at www.wfc.org under Identity Consultation.
2. There were 3,689 complete responses from the electronic survey population of 29,094, a response rate of 12.7%. Anything over 10% is regarded as strong for an unsolicited survey without reward. There was a good response rate from all countries where the profession is established, as shown in Appendix 5.

The results reported in Appendix 4 provide data that is weighted to reflect the true distribution of the profession over all participating countries. Our

consultants and other experts confirm that this survey has produced accurate, valid and strong data on the opinions of grassroots chiropractors worldwide.

3. The survey results were further analyzed according to various demographic sub-groups - for example age, gender, years since graduation, country or region, chiropractic college attended, practitioner vs educator/researcher. There were statistically significant differences between some of these sub-groups on various items, but overall results were remarkably consistent. Anyone interested in conducting further sub-group analysis of the data should contact the WFC.
4. **For specific findings it is important to read the complete report from Manifest Communications (Appendix 4). However key opinions expressed by chiropractors include the following:**
 - a) The chiropractic profession does suffer from an unclear identity and position within health care, and it is important that a clear identity be established.
 - b) Chiropractic is generally viewed by others as complementary and alternative but should be viewed as mainstream.
 - c) Both the general public and the medical profession have no clear perception of the chiropractic profession, or view it as specialty care, whereas the chiropractic profession should be viewed as providing focused scope primary health care as defined in the survey.
 - d) While the nervous system is of more central importance to the practice of chiropractic than the spine, the spine is of more central importance to the public identity of the profession.
 - e) The most saleable identity to the public, amongst the 11 options offered in the survey, is the management of back and neck pain. This, however, is the least preferred by the profession.

The most preferred options offered in the survey are wellness care, and the management of spinal problems and their impact on general health. However the public has little recognition or understanding of these wider health goals of chiropractic.

 - f) 'Non-drug, non-surgical' is a strong brand advantage for the profession, and a large majority of chiropractors agree with the WFC's policy against the use of prescription drugs in chiropractic practice.

For many other important findings of the survey see Manifest's report.

Other Surveys/Research. The Task Force did not have the resources to conduct surveys of the public in various countries, but there are many other such surveys and some focus group research in Australasia, Europe and North America, the most recent surveys being in Canada (February 2005) and the USA (Fall 2004). These broadly confirm the public perception of chiropractic reported by chiropractors in the survey performed. To review abstracts of public surveys and focus groups see www.wfc.org under Identity Consultation. We deal with this research very briefly in this report, but it is extensive and was important to the Task Force's deliberations and recommendations.

Second Task Force Meeting - January 21-22, 2005. The second Task Force meeting had two purposes. The first was a detailed report from Manifest Communications on the results and meaning of all relevant research. The second, comprising most of the meeting, was debate and agreement by the Task Force on what public identity should be recommended to the WFC and the profession.

At the first Task Force meeting Dr. Scott Haldeman, an internationally respected leader in the disciplines of chiropractic and neurology, asked to present his personal view, had said that "the identity of the chiropractic profession is irretrievably linked to the spine." The WFC survey demonstrates that the profession agrees. Other surveys demonstrate that the public agrees. At this second Task Force meeting Bram Briggance, PhD a lay member of the Task Force who is program director for a health workforce policy unit at the University of California at San Francisco, presented a well-received lunchtime address titled *Embrace the Centrality of the Spine* in which he noted "the evidence of the connection in the public eye between the back and spine and the profession is so ubiquitous that it almost goes without saying."

Dr. Briggance illustrated this with an anecdote. When he told his wife he was preparing an address on the centrality of the spinal column to the chiropractic profession she refused to believe he was serious. Later his 14 year old asked what he was doing. When he explained, his son quipped "I hope you're not getting paid to prove that!"

At the conclusion of the meeting there was unanimous agreement that recommendations on identity should include the following elements:

1. The pole: (Conservative) spine care expert and specialist
2. The ground:

- a) A focus on neuromusculoskeletal disorders and their effect on general health and quality of life (wellness), with emphasis on the relationship between the spine and the nervous system.
- b) A specialized approach to examination and diagnosis.
- c) Patients managed principally by spinal adjustment, other manual treatments, exercise and patient education. Without the use of drugs and surgery, enabling patients to avoid these wherever possible. Collaborating with other members of the health care team.
- d) A patient-centered and biopsychosocial approach. An emphasis on personal responsibility for health, self-care, and the self-healing powers of the individual. A goal of encouraging patient independence.
- e) High educational standards, evidence-based practice, commitment to research

F. RECOMMENDATIONS

After final review and advice from our consultants, the Task Force respectfully makes the following recommendations:

- 1. The public identity of the chiropractic profession, if it is to be effective and successful, should be similar in all countries.
- 2. This identity should be established and maintained through the use of the following three linked concepts:
 - a) A leading statement on identity, which must be clear, concise and immediately relevant to both the public and the profession – the ‘pole’ (brand platform).
 - b) Several important qualifying statements, which provide the necessary context and foundation for the pole – the ‘ground’ (brand pillars).
 - c) A description of the qualities or essential personality of chiropractors – the ‘personality’ (tone).
- 3. **The pole** should be:

The spinal health care experts in the health care system.

4. **The ground should be:**
 - a) **Ability to improve function in the neuromusculoskeletal system, and overall health, wellbeing and quality of life**
 - b) **Specialized approach to examination, diagnosis and treatment, based on best available research and clinical evidence with particular emphasis on the relationship between the spine and the nervous system**
 - c) **Tradition of effectiveness and patient satisfaction**
 - d) **Without use of drugs and surgery, enabling patients to avoid these where possible**
 - e) **Expertly qualified providers of spinal adjustment, manipulation and other manual treatments, exercise instruction and patient education.***
 - f) **Collaboration with other health professionals**
 - g) **A patient-centered and biopsychosocial approach, emphasizing the mind/body relationship in health, the self-healing powers of the individual, and individual responsibility for health and encouraging patient independence.**
5. **The personality should be a combination of:**
 - **Expert, professional, ethical, knowledgeable***
 - **Accessible, caring, human, positive***
6. The role of the WFC should be to communicate and promote this identity.
7. Acceptance and establishment of the identity will not be possible without a planned and ongoing program of communication, including the use of websites, electronic and print articles and multi-media presentations at meetings.

To fund this communications program there should be a surcharge or assessment of approximately 10% on member association dues in each of the 2006 and 2007 years, yielding revenue of approximately \$20,000 per annum.
8. The role of national associations of chiropractors within their respective countries should be to implement the identity. This should be accomplished through a branding exercise, development of a communications program within the profession and with the public, and through alignment of all association activities and programs with the public identity.

9. A secondary role for the WFC, if requested by smaller national associations, may be development of a template program for implementation for use in countries where the profession has few representatives and resources.

*** As amended by the WFC Council**

G. CONCLUSION AND ACKNOWLEDGEMENTS

It has been a privilege to serve on this historic and exciting Task Force, which has brought together chiropractors from all national, cultural and philosophical backgrounds, and demonstrated how well they can work together under conditions of sound planning and mutual respect.

Our work has been made possible by broadly-based and generous financial support from WFC member national associations both small and large, other professional organizations, vendors, and even individual doctors of chiropractic. Those who have contributed funds to the date of this report are listed in Appendix 6. Particular thanks are due to the leading contributors, NCMIC Insurance, the Canadian Chiropractic Protective Association, the Association of Chiropractic Colleges and the European Chiropractors' Union, and to Life Chiropractic College West which generously and expertly hosted our two Task Force meetings.

In conclusion we note, however, that the profession's work on identity has just begun. Assuming decisions are made on an agreed identity at the WFC Assembly in June 2005 in Sydney, Australia, there must then be a well-planned and prolonged program of implementation. We have made recommendations with respect to that.

Finally, we adopt as part of this final report the powerpoint presentation by Manifest Communications which is to be presented by the Task Force at the WFC Assembly in June. This provides information essential to a complete understanding of our report and recommendations. It should be distributed to members with this report.

Identity/taskforcemembers/documents/final report 04-29-05