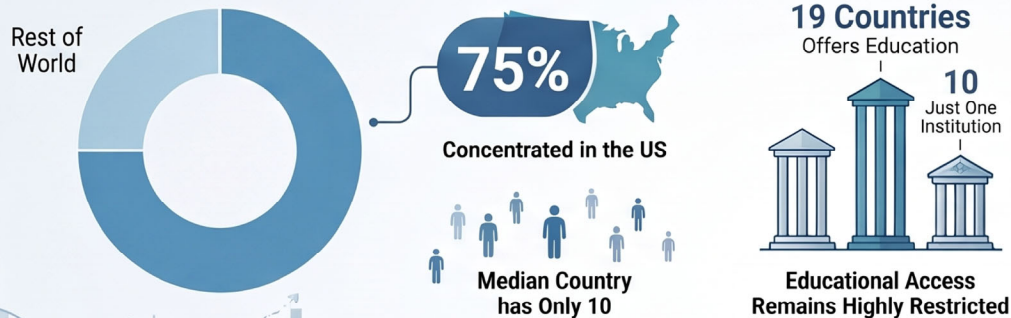


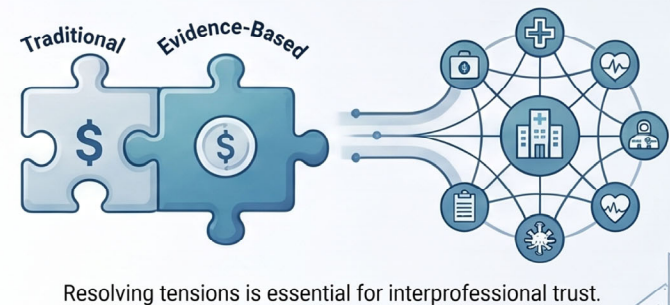
Global Chiropractic Education: Standards, Coherence, and Future Integration

Global Distribution & Coherence Challenges

103,000 Practitioners Across 90 Countries

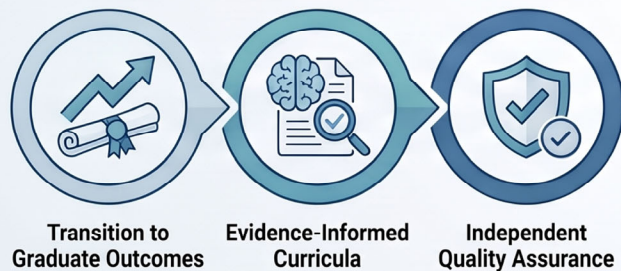


Inward Coherence Enables Outward Integration



Modern Educational Shifts & ECCE Accreditation

Three Core Educational Shifts



ECCE Standardizes European Accreditation



Accrediting nine institutions provides verified assurance for students, regulators, and university partners.

Preparing Graduates for Future Health Systems



Lead the Change You Want to See in Education

Vivian H.E. Kil, MChiro — President, European Chiropractors' Union

Panel: Chiropractic Advances as a Healthcare Profession in the Netherlands · Thu 15 Oct 2026, 13:00-14:00

THE QUESTION

What kind of professional does society need us to become?

MEET MR SMITH

45, bricklayer, acute low back pain, off sick - and NSAIDs from his GP barely helped. He doesn't need one professional who can do everything: pain relief, rehab, a safe route back to heavy work, advice on weight and nutrition, questions about medication. He needs the right team.

629 million

people living with low back pain worldwide (2021)

Global Burden of Disease Study, 2021 (low back pain) · World Federation of Chiropractic, 2023 (chiropractors worldwide)

And that's just low back pain - before neck pain, headaches, and everything else.

~120,000

chiropractors worldwide

"We have a problem - not because chiropractors aren't capable, but because the burden on society is bigger than any one profession."

THE HEALTH PROFESSIONAL SOCIETY NEEDS

Clinically
excellent

Evidence-
informed

Knows their
own scope

Communicates
across
professions

Works in a
team

Sees the person
in context

THE ANSWER

More interprofessional education — public, university-based.

Denmark and Switzerland show the same pattern: strong, **public university-based** chiropractic education - not just legal permission - is what lifted the profession to full recognition and integration in healthcare (Switzerland: licence 1939 → university 2008; Denmark: authorised 1991 → university 1994). The Netherlands has neither yet: a blank page to build **interprofessional**, public, university-based education from day one - training alongside physiotherapy, medical and other health students - raising both the standards and the standing of the profession.

WHAT I WANT TO SEE

Integrated

Interprofessional

Evidence-
informed

Connected

**"Don't wait for the future of education to happen to us.
Lead the change you want to see in education."**

Vivian H.E. Kil, MChiro · President, European Chiropractors' Union

Using the European graduate competencies

Chiropractic Advances as a Healthcare Profession in the Netherlands: Current Place in Healthcare and Education
15 October 2026, 13:00–14:00 | Espen Ohren, DC., BSc (Chiro)
Espen Ohren's contribution to session T2A

The European Consensus Statement on Chiropractic Education, Skills and Competencies provides a shared reference for what newly qualified chiropractors should know, be able to do and bring to professional practice. This contribution introduces Version 1.0 and illustrates how one outcome can inform education.

The shared reference

The European Chiropractors' Union convened and coordinated the work. The European Consensus Group used written review and two meetings to examine and adapt the RCC/FCD graduate-outcomes framework with permission. Participating members approved the substantive text. The four domains are primary care responsibilities, clinical competencies, communication skills and professionalism.

One outcome in the document

Section 1.9.1 Older Adults, page 13:

“Newly qualified chiropractors must understand the physiological, functional and psychosocial changes associated with ageing and their implications for safe, effective and person-centred musculoskeletal care.”

The section includes mobility, balance, functional independence, frailty, falls risk and other factors affecting older people. Section 2.6.4, Delegating and Coordinating Care, asks graduates to recognise when another professional or interdisciplinary management would better support the patient, and to understand referral, collaboration and accountability.

A teaching and assessment example

Consider a hypothetical older patient with musculoskeletal symptoms, changes in function and additional healthcare needs. Ask the student to explain which features need further enquiry, how the patient's priorities affect the plan and when collaboration would help. The student then practises discussing that plan with a simulated patient and receives feedback.

Assessment can examine clinical reasoning, communication and recognition of personal limits. This is one possible educational application; each institution chooses methods appropriate to its programme and responsibilities.

“We need opportunities to practise the judgement we expect graduates to demonstrate.”

Mapping one competency

Take one outcome back to your institution and identify where students learn it, practise it and demonstrate it. Use any gap to define one feasible educational change.

Question	Example for sections 1.9.1 and 2.6.4	Your programme
Where is it taught?	Ageing, function, patient priorities and indications for collaborative care.	
Where is it practised?	A case discussion followed by a simulated patient conversation and feedback.	
How is it demonstrated?	A reasoned plan, a clear explanation and recognition of the student's own limits.	

Identify one gap: _____

Agree one change and its owner: _____

Set a date to review the change: _____

Using the Statement responsibly

The Statement describes expectations at graduation. It is not a prescribed curriculum, an accreditation decision or a legal scope-of-practice instrument. Institutions remain responsible for curriculum and assessment within their governance and national requirements. Formal institutional endorsement and practical implementation are distinct steps.

Sharing experience of implementation may inform future review. An institution can begin by examining one outcome without assuming that endorsement alone changes teaching or demonstrates educational effectiveness.

Sources and further reading

1. European Chiropractors' Union. European Consensus Statement on Chiropractic Education, Skills and Competencies. Version 1.0. Ohren E, editor. European Chiropractors' Union; 2026. Relevant sections: 1.9.1 (p. 13), 2.6.4 (p. 20), implementation and review (p. 32), and development process (Appendix B, pp. 36–37).

2. Stochkendahl MJ, Rezai M, Torres P, Sutton D, Tuchin P, Brown R, Côté P. The chiropractic workforce: a global review. Chiropractic & Manual Therapies. 2019;27:36. <https://doi.org/10.1186/s12998-019-0255-x>

Source acknowledgement: The Statement adapts Outcomes for Chiropractic Graduates 2026, developed by the Forum of Chiropractic Deans and published by the Royal College of Chiropractors, with permission. Institutional endorsement is not implied by participation in the Consensus Group.

Contact: eo@chiropractic-ecu.org

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