ECU 90 Years

Acknowledgments

'Knowing and understanding the history of an organisation is key to shaping its future. Not because history repeats itself, but because institutional memory matters and it is in that spirit that I have written this text. My thanks go to Francis Wilson, the first historian of chiropractic in Europe, for his generous advice and encouragement; to Vasileios Gkolfinopoulos who conceived the idea of celebrating 90 years of the ECU in this way, to Øystein Ogre, Hans Otto Engvold, and Stathis Papadopoulos who offered helpful comments on parts of the text, and to Halvor Sørbye (ECU Treasurer 1977-79) who helped fill some of the gaps in the ECU archive. Øistein Haagensen kindly provided access to his large collection of ECU photographs. My wife Edna worked wonders as my editor. No acknowledgment would be complete, however, without warm thanks to all who have sat around the table of the ECU General Council and who have championed the open debate so vital to an independent European voice in chiropractic.'

Ian Beesley, January 2022

90 YEARS AGO CHIROPRACTORS IN EUROPE CAME TOGETHER

1932-1940 A short-lived infancy

From very small beginnings, it was not until the 1920s that the number of chiropractors in Europe started to grow, partly as a result of United States participation in World War I. American troops were dispatched to Europe in the summer of 1918 and there is some evidence that chiropractors drafted into the American fighting forces provided chiropractic treatment to sufferers from shell shock.[1]

The first Europeans to be educated as chiropractors, had attended the Palmer School and Cure in 1906; Elizabeth Van Raders of France, Godfrey Heathcote of the United Kingdom, Marie Nesseth and C Rassmussen, both from Norway. By 1923 there were chiropractors in 10 European countries (Belgium, Denmark, France, Italy, the Netherlands, Norway, Spain, Sweden, Switzerland, the United Kingdom). Eight years later, at a British Chiropractors' Association (BCA) conference with twenty-one guests from outside the UK, a small committee was created to work up proposals for a European grouping of chiropractors. (The BCA and the Dansk Kiropraktor Forening (DKF) having been formed in 1925).

Charles Regli from Switzerland took the lead, together with Jules Gillet from Belgium, Einar Rames, an MD from Denmark, and Thomas Mapp from the United Kingdom. Their proposals were adopted on 8 July 1932 at a meeting of twenty-seven chiropractors from Belgium, Denmark, France, Germany, the Netherlands, Norway, Spain, Sweden, Switzerland and the UK. In effect the meeting formalised a loose network of chiropractic schools' alumni. Charles Bannister and Elsie Hancock of the UK were chosen as President and Vice President respectively with Charles Regli appointed Secretary.[2]

In 1926 a textbook, *Healing by Manipulation (Bone-setting)* by J Henry Jones, had been published. The new chiropractic associations began a process of widening access to

[1] A 1919 letter published in the *National Journal of Chiropractic* describing adjustment as a treatment for shell shock, is quoted in Francis Wilson, *Chiropractic in Europe* (2007) p 11

[2] ECU Archive, minutes of the European Chiropractic Union, 2 and 8 July 1932

chiropractic knowledge and practice in a break with the long oral and secretive tradition of bonesetters.

The rationale for the European Chiropractic Union was "the professional welfare and the promotion and expansion of chiropractic in Europe" through activities including "spreading of Chiropractic propaganda… the promotion of a chiropractic school in Europe… the promotion of legal recognition and the maintenance of the purity of chiropractic in Europe." The last of these, in effect, restricting membership to those who possessed a diploma from a school recognised in a US state and approved by the ECU Executive. It was a restriction codified in an early ECU statement: "The policy of the E.C.U. is for the Development and Advancement of Straight Chiropractic along Scientific and Practical lines."[3] Fees were 10 Swiss Francs p.a.

The timing was unfortunate. Not only had the Western world not yet recovered from the Wall Street crash of 1929 but tensions in Europe began to rise, leading to the outbreak of war at a time when the ECU had barely started walking. The membership was for individual chiropractors, the majority of whom were sole practitioners who had to be persuaded that professional solidarity was worth the cost and effort. Two years into its existence there were 194 practising chiropractors in Europe, dominated by the United Kingdom and Scandinavia, but only sixty members of the new organisation.

The ECU's future was uncertain for at least 20 years. Plans for a scientific convention in Berlin in 1937 were cancelled after a ballot of members yet, surprisingly, it went ahead one year later with a paltry attendance of 19 delegates.[4] With the outbreak of war there were hopes that members could keep in touch through *The European Chiropractic Bulletin*, started by the ECU in November 1932 as a house journal. However, it proved impossible to keep the bulletin alive under wartime conditions and shortly after the fall of France and Belgium the last issue (volume 8 number five) was sent out on 15 June 1940.[5]

Nevertheless, there were three significant achievements during this early period:

- During the second ECU Convention, in Paris in the summer of 1933, a common code of ethics was agreed.
- Later in 1933 an emergency fund was set up to help chiropractors in trouble, whether because of economic difficulties or from accusations of practising medicine illegally, which were particularly prevalent in Belgium, France, the Netherlands, and Switzerland.
- In 1939 the ECU was registered as a British trade union under the title European Chiropractors' Union.

1950-1960 Resurrection

For chiropractic, as with many civilian activities, the restrictions of wartime did not end with the end of hostilities in Europe. During the war it had been almost impossible to travel to the United States for chiropractic education and even in neutral Switzerland plans to establish a chiropractic school had come to nothing. As a result, European chiropractic was depleted, ageing, and lacked new blood. Exchange control restrictions continued and hindered both the resumption of transatlantic travel and the transfer of funds between countries within Europe. The ECU President, Charles Bannister resigned, disheartened by the lack of appetite to restart the ECU, writing: "And above all the chiropractors on the European Continent do not seem to

[3] ECU Constitution 1932, articles 2 and 3

[4] Wilson, opus cit p 21

[5] Ibid p 23

be a bit anxious or interested in re-establishing the ECU… It would therefore seem that the ECU is dead, and as such will remain dead." [6]

Elsewhere, however, world cooperation in medicine was boosted by the inclusion of health in the United Nations framework. The World Health Organisation was created in 1948 as a UN special agency. Naturally enough the new organisation was dominated by the medical profession. However, to a significant extent chiropractors defined themselves in opposition to doctors and at a 1950 meeting in Paris moves were set in train to revive the ECU as a bulwark defending chiropractors against allegations that they were "quacks" and, thence, to marginalise them. The resulting proposals were adopted the following year by representatives from eight countries Austria, Belgium, Denmark, France, Norway, Sweden Switzerland, the United Kingdom. Frederik Illi of Switzerland, who had led the preparation of a new constitution, became the interim President. [7]

Illi's proposal to the meeting argued that the doctors had failed to recognise the importance of corrective manipulation because of the response that might incur from pharmaceutical big business. "There is not such a chiropractor or a group of chiro's (sic) who might not need [a

European grouping of chiropractors] at sometime or another and there is nothing better than unity to withstand an attack. On the other hand, there is hardly another profession that so much needs to unify views, to get out of belief in order to enter [the] field of science." Chiropractors needed "to stop making fantastical, unsupported theories, as some do, advancing unfounded extraordinary techniques. Either chiropractors must clean their ranks of such undesirable elements, and advance scientific chiropractic, or they will lose their identity and eventually become absorbed by orthodox medicine."[8]

A grouping of chiropractic associations

The new aim was "uniting all local chiropractic associations in Europe for their professional welfare and for the promotion and expansion of chiropractic in Europe." The membership was no longer individual chiropractors, but their local associations. No limit was set on the number of associations that could be members from any one country. Article 3 included as one of its activities, "Preparing for the world Chiropractic Association in order to combat and to withhold the tax of the worldly organised medical trust (W.H.O etc)".Other activities included dissemination of chiropractic propaganda, drawing up an ethical code, a European Board of Education, a Research Committee and Research Fund, yearly postgraduate courses at a Convention to bring all chiropractors to the same scientific standard and to work out a uniform chiropractic terminology. However, it was not until 1954 that the British Chiropractors' Association (BCA), representing approximately 50% of the chiropractors in Europe, applied to join.

By the end of the decade the association had survived financially despite the difficulties of collecting dues, partly because of exchange control restrictions but also because associations could be reluctant to translate intentions into financial contributions. This would become particularly clear when the General Council voted for associations to provide subscriptions to establish funds for a first European school.[9] Before the advent of the Euro the currency used by the ECU (particularly in its accounts) followed the nationality of the Treasurer; dues moved from Swiss Francs to US Dollars to Danish Kroner.

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[6] Ibid p 26

[7] Ibid p 27

[8] ECU archive, Illi's invitation to a chiropractic convention in Copenhagen, 19 April 1951

[9] ECU Archive, Treasurer's reports to the General Council, 1958 and later years

Illi made no recommendation on how votes should be allocated to member associations but did recommend that postal votes would be valid. However, the 1985 ECU Constitution and Bylaws show that the number of votes commanded by an association depended on the size of its membership (5-15 members: 2 votes; 16-30 members 3 votes; 31-60 members 4 votes; 61 – 100 members 5 votes; more than 100 members 6 votes).[10]

Emergence of a distinctive European voice

Hopes for a rapid move to a world grouping of chiropractors foundered on the indifference of American chiropractors (notably the ICA) and, whereas Bannister had been a staunch supporter of BJ Palmer, Illi (the founder of the Geneva-based Institute for the study of Static and Dynamics of the Human Body) sought to move the ECU to a scientific rather than a metaphysical or philosophical basis. From the start the new ECU adopted scientific research as the basis for understanding and legitimisation of chiropractic, rejecting the idea that it was a universal panacea in favour of concentrating on musculoskeletal conditions.[11]

Gradually, and against the attempts of BJ Palmer to retain a monopoly of chiropractic thought and the right to lecture on chiropractic to doctors and a wide range of potential candidate

students from Europe, the profession began to develop a distinctive European voice. With reactions familiar to many parents, BJ was unhappy when the children sought to leave the nest – in 1948 opposing an initiative to create a Belgian school; in 1950 preventing a Palmer affiliate opening in the Federal Republic of Germany; and in 1955 exchanging intemperate letters with William Cleave (ECU Secretary) and Henri Gillet (ECU President) over his plans to lecture to German MDs. On 13 February 1955 he wrote to Cleave:

> "Will you please enlighten me as to WHY (sic), when you and others ARE AGAINST SOMETHING everybody rises in their wrath and become profuse with their letters of protest; but, when we do something worthwhile, FOR chiropractic and other things, CONstructive, we have been consistently ignored, forgotten and NEVER get a letter from ANYbody of thanks or appreciation?" continuing "If we have a reputation, be it good or bad, we have EARNED the right to it and no amount of innuendos, inferences, threats or hi-pressure methods in publications or letters can change our activities one way or the other… We shall base our action and conclusions ENTIRELY on evidence and facts as we secure them and receive same." [12]

Gillet replied in forthright terms on 1 March:

> "You will know by now that we learnt the efforts you made personally with the Germans, and that we have decided that we could not trust you… Why this negotiating behind our backs since the beginning? … Can it be true, the stories we have been hearing for years concerning your underhand tactics? … Not only are you being a traitor to your profession, but also to that portion of your profession that has been true to you! … Once you wrote to me "I did not know you were big enough to admit your mistake…" I hope I may be able to pay you the same compliment soon."

Gillet was especially concerned that the US chiropractic schools were taking students who were already MDs, and that the chiropractors would lose the profession to the doctors. In France, a decree in 1953 allowed medical schools to teach chiropractic. In a postal ballot of the 120 members of the 9 ECU associations held in February 1954 there had been a 60% response rate and a 61:12 result in favour of offering chiropractic as an option in German

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[10] ECU archive, *Constitution and Bylaws of the European Chiropractors' Union,* Revised May 1958

[11] Wilson, opus cit pp 28-30

[11] Wilson, opus cit pp 28-30

[12] ECU Archive, correspondence Palmer to Illi 1955

medical schools, together with a 41:26 result (with six abstentions) in favour of establishing a European school should the German initiative fail. Swedish and Danish chiropractors were strongly of the view that chiropractic should be taught alongside medicine and voted heavily in favour of the German initiative (33:4) and less so (20:13). against creating a European school (which by implication would not necessarily be linked to a university).

Fear of the medical profession drove the impetus for a European school, to be located in Britain or Switzerland. The General Council favoured Britain and asked for subscriptions to fund the setting up of a school. France offered £2,000, Belgium £1,500 and the UK £1,000.[13] The Council also advocated caution when the DKF sanctioned collaboration with MDs in private clinics.[14]

1960 - 1980 Turbulence

Confrontation with US schools continued. The ECU stance was that all chiropractic schools should require potential students to have a letter of recommendation from a member of the profession. The justification for this was that the profession should not lay itself open to criticism from the medics on the grounds that its standards of entry were inferior to those of

medical schools. On similar grounds earlier initiatives to have part-time courses and to create chiropractic apprenticeships in the UK had been strenuously opposed by the BCA and were the origins of hostility to the McTimoney school and its graduates.[15]

The newly created ECU Professional Council (appointed to advise the Administrative and General Councils on all questions concerned with professional standards, education, legislation, and public relations) recommended in 1964:

- Standardisation of pre-college requirements
- A one-year internship after qualification as a chiropractor
- Compulsory state board examinations and continuing professional development (CPD)
- A list of those US colleges approved by the ECU[16]

Nevertheless, US schools continued to impose their own (lower) entry requirements and Palmer, in particular, refused to accept that entry qualifications for Europeans should be equivalent to European university entry standards. Meanwhile, despite opinion being divided, the GC agreed to support the foundation of what was initially called the Anglo-European College of Chiropractice (AECC) with a 4-year full-time course based on the syllabus of the Canadian Memorial Chiropractic College and with links to Bournemouth Technical College for chemistry and physics. It opened in September 1965 with eighteen entrants (10 from the UK; 3 each from France and Denmark, and one each from Belgium and New Zealand).[17] It was the start of an intimate association with the ECU that absorbed a great deal of the energy of ECU officers.

A high price

Of the eighteen students enrolled in the first year of the AECC only one graduated. The main reason was because of a student strike in January/February 1967 after which several left the College. The dispute was triggered by the sacking of Dr Cook, a Senior Lecturer popular with

[13] ECU Archive, correspondence Cleave to Gillet, Illi and Destrée, 17 February 1954

[14] ECU Archive, minutes of annual GC meeting 1957

[15] Wilson, opus cit p 34

[16] ECU Archive, proceedings of the Professional Council, 1964

[17] Wilson, opus cit pp 32-33

[18] Wilson, opus cit p 30

the initial intake, now in its second year. Their academic progress had been criticised by Bournemouth College.

In February, the General Council of the ECU adopted a resolution urging the students to end the strike and established a two-man independent commission (Henrich Buchbinder, the ECU legal adviser, and Flavio Grillo, the ECU President – both Swiss nationals) to conduct an enquiry into the circumstances of the strike. At this time Switzerland was by far the most advanced chiropractic nation in Europe whose federal law had recognised chiropractic in 1964 with privileges to order laboratory analysis, diagnostic imaging and prescribe medication.[18]

The commission found, "the total wreckage of the relationship between the Administration [of the College] and the student body to a point far beyond redemption."[19] Their report was damning of the College Administration, of the students who had panicked when Doctor Cook was sacked, and of the ECU national associations for not providing sufficient material support to the College to enable it to be adequately staffed and equipped:

- The Administration lacked experience of running a school
- There were extreme financial limitations which affected the quantity and quality of the faculty
- Although the striking students were in their second year the Faculty and Administration had not worked out a definite curriculum for their studies
- Relations between the Administration and the students were too intimate, undermining the authority of the Administration and giving students the impression of having the right to intervene in all decisions about the school
- There had been ill-advised intervention into the dispute by chiropractors not connected with the College, which had had a weakening effect on the authority of the Administration.

However, the commission reported that, "the remarkable intellectual wealth we encountered in the student body stimulated our efforts to save the college." They proposed that in the short-term a team of six Swiss lecturers should be formed to overcome the lack of instructors at the college pending reform and separation of the Faculty and the Administrative Council.

There should be immediate action to:

- Appoint a professional administrator
- Provide regular contact between the Student Council and the Senate
- Improve the basic science department by the appointment of a teacher of pathology
- Compile a definite curriculum
- Recruit a European team of external lectures for clinical subjects
- Appoint a head of the Department of chiropractic
- Create laboratories for bacteriology, physiology, pathology anatomy and obtain permission for the dissection of human cadavers
- Upgrade the clinic's facilities.

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[18] Wilson, opus cit p 30

[19] ECU Archive, *Report by the Surveying Commission on the situation at the Anglo European Chiropractic College following the students' strike,* issued to the General Council on 18 May 1967

The necessary reforms could only be realised if the members of the ECU were seriously willing to contribute their share in material support of the College.

Reluctantly the GC accepted the report in principle but emphasised that the College could not become integrated into the ECU itself. Rather, the ECU would form an advisory board (the Board of Governors) one of whose first actions was to propose a fund for making education at the AECC truly European. In 1968 it decided to put the contribution to the College on a firm footing at US$144 p.a. per national association member. This at a time that ECU dues were US$ 24 per member.

By 1970 the Board of Governors was being described as "the supreme governing body of the chiropractic institutions in Europe, under the direct jurisdiction of the ECU, appointed by the

GC of the ECU, applying its policies and reporting to it."[20] But financial troubles at the AECC continued and the GC agreed national donations from its seven member associations to rescue it. In addition to the BCA contribution, which was not channelled through the ECU, Belgium gave £1,000, Denmark £800, France £800, and Switzerland £1,500).

It proved difficult to collect the agreed contributions. The general feeling at the GC was that the AECC was taking too much of its emotional energy. By 1971 the BCA was complaining that others were not pulling their weight in supporting the AECC. Paul Jay (the British ECU Vice President) reported to the GC in 1972 that, "We are a disgraceful set of mean and selfseeking individuals, thinking only of ourselves and unwilling to put out a hand to save the profession from suicide." Although the GC had again agreed in 1971 that the AECC was

essential and that national associations would guarantee the pro rata contributions expected from their members, by the 1972 Spring GC meeting no money had been received by the AECC and Donald Bennett, the College Treasurer, resigned "in no small part [due] to my disgust and frustration at the way you [the GC members] behave."[21]

Bennett was making a stark point about money promised directly by the national associations.

The ECU itself made education grants worth just over €100,000 in the period 1960 – 1979.[22] Encouraged by the grant of funds by the ECU and considerable investment of time in direct involvement in dealing with the management challenges, the College began to find its feet academically with 93 graduates during its first decade, followed by 384 graduates in its second decade.

Multiple battles

At the same time as dealing with the teething troubles at the AECC, the officers looked ahead to the promise of European integration seen in the Treaty of Rome establishing the European Economic Community and EURATOM. The treaty had been signed on 25 March 1957 by six countries (Belgium, France, Italy, Luxembourg, the Netherlands, and the Federal Republic of Germany). Charles de Gaulle and Konrad Adenauer were the dominant political leaders in Europe – the French seeking political leadership, the Germans riding high on Ludwig Erhard's *Wirtschaftswunder* assumed economic leadership.

The ECU Professional Council was of the view that the status of chiropractic under likely future

European integration would depend on what had already been settled nationally. However, a French decree of 1962 had defined chiropractic as a medical act, so it was not surprising that

[20] ECU Archive, GC meeting April 1970

[21] ECU Archive, GC minutes and papers 1967-1972

[22] Before 2000 ECU accounts were compiled using the currency of the Treasurer of the time. These sums have been converted to Euros at the prevailing exchange rate when the Euro was introduced

the Council identified France as the main political battlefield for the profession, proposing a three-pronged approach:[23]

- Galvanise chiropractors and patient organisations for confident action
- Stand firm on the right to diagnose – and show how chiropractic diagnosis differed from that of MDs – otherwise the profession would become just a technique amongst many
- Invite the ECU to be represented at all national association meetings

which the GC subsumed in five priorities for gaining legal recognition:[24]

- A requirement to change the mentality of the bulk of chiropractors
- To create a sense of urgency
- To have national strategies sit within an ECU strategic framework
- To mobilise patients and create a European patients' organisation like that in Denmark which had 30,000 members
- To raise clinical standards, particularly of diagnosis

Advancement of these priorities proved to be an uphill struggle. Flavio Grillo characterised the situation in 1968 as, "Everybody is waiting for a chiropractic Messiah." A year later he could still argue that too few national associations had teams driving for legislation and that the majority of chiropractors were too apathetic. The European pro-chiropractic Association ambition of 80,000 members agreed at a 1965 meeting involving all seven ECU member states, had not been achieved, only Denmark and Switzerland had mobilised successfully.[25]

Opposition to chiropractic could appear convincing and was often vociferous. In February 1966, a medical professor in Paris published *Les Dangers de la Chiropractie*[26] against which the ECU Professional Council had no readily available rebuttal material to provide to the French association. A draft law in Belgium defined diagnosis and treatment as medical activities reserved to MDs unless they had delegated that authority to other practitioners. Also in 1966, the French Association was declared illegal and dissolved by the courts, losing a later appeal. In 1971, when the ECU representatives attended a meeting with French members of the National Assembly the doctors brought out a large Red Book opposing recognition of chiropractic despite 200,000 signatures of a French in its favour.

Buchbinder argued that attacks on chiropractic tended to follow a common pattern and that common rebuttal material would be practicable – laypeople needed to be given authoritative material based on outcomes and reassurance about patient safety, professionals were looking for the scientific basis of chiropractic.

On the one hand the GC hoped for the best - that legislation in France would set the framework for all EEC members through the mobility of labour and ultimately solve the political problem. On the other hand, it sought to plan for the worst - recognising that France and Belgium were the countries most dominated by MDs. Fears increased that far from solving the problem, the free movement of labour could allow MDs to practice chiropractic across national frontiers with a broader list of diagnostic and therapeutic offerings and, crucially, better health insurance arrangements. It seemed that these fears were being realised when the European Commission responded to a question in the European Parliament about the Belgian

[23] ECU Archive, Professional Council report to the GC, 1964

[24] ECU Archive, GC minutes, 1965

[25] ECU Archive, President's report, 1969

[26] *Médecine et Hygiene*, 2 February 1966

Government closing the practices of 28 chiropractors, by saying that there were no plans to restrict the freedom of the public to select the therapy of its choice.[27]

The ECU supported Belgium, France, Italy, and Switzerland over legal problems and agreed to setup a fund for the political defence of chiropractic in Europe. At the GC Norway Sweden and Belgium argued the case for protection of title through regulation. The Professional Council was also trying to prevent Europe from becoming what it described as a free hunting ground for "fame hungry American system sellers." But attempts to formulate a European scope of practice struggled because of a lack of unity around the table. A first draft was rejected as either too vague:

> "Chiropractic is the discipline which has for its aim – to preserve, or re-establish, the physiological equilibrium of the human body by the prevention and elimination of structural deficiencies which affect, or can affect, its static and dynamic integrity.."

or over-elaborate:

> "Chiropractic is a discipline of the scientific healing arts concerned with the pathogenetic disturbances, pain syndromes and other neuro-physiological effects related to static and dynamic disorders, particularly of the spine and pelvis. Its therapy consists mainly of specific manual treatment and supportive measures."[28]

Stresses and strains on the ECU leadership

The number of chiropractors represented by the ECU rose from 213 in 1960 to 704 in 1980. The number of ECU nations went from five to nine. Whilst this brought a significant increase in income it also brought growing pains including a large administrative burden, not the least because the ECU issued a list of chiropractors who were members of its associations.

All this pressure took its toll on the ECU leadership. They operated in a world where communication was predominantly postal. The burdens on the President and Secretary, in particular, were heavy both from trying to keep the Administrative Council and GC together politically and in dealing with logistical challenges, such as organising meetings and obtaining reports from the officers and country reports from GC members for discussion at GC meetings, which had been increased to twice a year in 1967.

Questions were raised about the arenas which were appropriate for ECU activity and about the circumstances in which it was appropriate for the ECU to act within national boundaries. For its part, the Administrative Council thought that many of the GC members were against ECU views to the extent that though they talked big they did nothing afterwards.[29]

Some of this tension can be seen in the amount of time spent on internal matters, including three significant revisions to the ECU Constitution between 1958 and 1978; when the Scandinavian countries started to meet in caucus before GC meetings to co-ordinate their positions and when it became difficult to secure nominations for office.[30]

The GC sought to prevent conflict between the executive and the associations by agreeing that national problems should be managed with a European perspective in collaboration with the ECU and not in isolation.[31] However, the Administrative Council also complained that the national associations were not telling their members enough about ECU activity. Gilbert Juan (then the French ECU Secretary, later the President) reported that the ECU was losing ground

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[27] European Parliament Written answer 59/73 to Lord O'Hagan, on 26 June 1973

[28] ECU Archive, GC minutes 1971 and 1972

[29] ECU Archive, Administrative Council, 1974

[30] Ibid

[31] ECU Archive, GC minutes 1966

with practising clinicians and needed to speak to them more directly about its ambitions and achievements.[32]

Describing the benefit to individual chiropractors would remain challenging. In 1981 Arne Christensen (concurrently the ECU President and the Dean of the AECC) identified the value of the ECU as its scientific publication *Bulletin of the European Chiropractors' Union* (retitled the *European Journal of Chiropractic* shortly afterwards), its support for education and its solidarity fund to help national associations. Getting the message of ECU benefits across to practising clinicians not personally involved with the future direction of the profession has remained challenging.

1980-2000 External successes and strong centrifugal forces

Pressure on Fees[33]

Under the original structure of the ECU where individuals were the members it was difficult to collect the membership dues. At the time of reconstruction of the ECU in 1951 restrictions on the conversion of currency further hampered international NGOs and the re-organising committee successfully argued that membership should be indirect through the participation of national chiropractic associations. Some associations bundled the ECU subscription into their own fees for members, others identified it separately in their invoices to members. In either case, especially for the larger associations, the handing over of significant sums of money twice a year to the ECU invited criticism and scepticism about prominent costs, especially lobbying activity in the European Commission and the European Parliament.

On the one hand associations tended to feel that the ECU should operate at a pan- European level; on the other hand, the complexity of the EEC made it difficult for part-time lobbyists to have much of an impact and professional lobbyists were expensive. Further, the most successful chiropractic nations were at that time outside the EEC and in the case of Norway and Switzerland remained non-members, with damaging results and the steadfast refusal of the chiropractors to link up with other health groups blocked off another avenue of approach.

Between 1972 and 1980 ECU per capita fees rose 50%. Already in 1981, Belgium was threatening to leave the ECU because of the amounts being required from associations to support the AECC at a time when it was having to defend four court cases. The following year France and the United Kingdom complained about the level of ECU dues and in December a vote to reduce fees by 25% was carried by one vote. Issues about the level of fees rumbled on. In November 1991 fee increases of 12½% was rejected after opposition from Denmark, Greece, the Netherlands, Norway, Sweden, and the UK, only to be reinstated six months later. At the end of 1993 Denmark announced it could not pay more than 10% of its own fee income to the ECU. In May 1996 Italy had its voting rights withdrawn for the GC meeting as it had only paid 25% of the dues expected. Sweden and Norway reported that they were authorised to withdraw from the ECU unless fees were reduced.

ECU fees per head of association membership

Year	Fees	Year	Fees
1932	10 Swiss Francs	1985	720 Danish Kroner
1955	8 US Dollars	1986	800 Danish Kroner
1960	12 US Dollars	1991	900 Danish Kroner
1964	16 US Dollars	1994	175 Euros
1967	24 US Dollars	1996	140 Euros

[32] ECU Archive, Report of the Secretary 1971

[33] ECU Archive, GC minutes, 1972-2020

1969	30 US Dollars	1997	137 Euros
1970	32 US Dollars	1998	102 Euros
1971	34 US Dollars	1999	109 Euros
1972	140 Swiss Francs	2000	97 Euros
1975	160 Swiss Francs	2001	145 Euros
1980	210 Swiss Francs	2006	175 Euros
1982	720 Danish Kroner	2008 and later	190 Euros
1983	540 Danish Kroner		

In 1997 the ECU refunded over 300,000 Swiss Francs from the reserves to the associations. Later, fees were reduced by 25% and did not return to higher levels until 2001 when they were set at €145 with future levels to be fixed for a three-year period to give stability to national associations. In 2006 they were raised to €175 and in 2008, after an increase to €210 (20%) was rejected, a compromise of €190 was accepted, despite the United Kingdom strenuously opposing it and challenging the justification in writing.

Nor was that the end of the argument. The UK challenge led to an inconclusive discussion at the November 2009 GC meeting over two possible restrictions: (1) that no one country should pay more than one-third of the total ECU income from national associations; (2) that there should be a 50% reduction of fee for every association member over 1000. Although there were bilateral discussions between the Executive Council (the Administrative Council, renamed in 2004) and the BCA, by 2011 the BCA's position remained that they were paying 34% of national association dues and that this should be capped at 25%, close to their weighted voting rights for financial matters. A truce was negotiated by the GC agreeing that the ECU should make a substantial contribution to the BCA national chiropractic Research Council, that it should sponsor a one-day free business seminar for UK chiropractors and that it should co-fund with the production of generic marketing and public relations materials by the BCA that could be used throughout Europe.

As by far the largest contributor to ECU income the BCA remained unhappy about the ECU financial arrangements, feeling that for initiatives jointly funded by the ECU and the Royal College of Chiropractors their members were, in effect, making a double contribution. Matters finally came to a head in 2020 after the ECU had granted a 50% financial amnesty to all associations because of the Covid-19 pandemic and subsequently voted exceptionally to agree to a BCA request to extend the moratorium in its case. Shortly after the favourable vote the BCA leadership announced that it had decided to leave the ECU, citing dissatisfaction with ECU governance and the level of fees.

Growing disparities in size and frustration with the Executive

Between 1980 and 2000 there was growing disparity in the size and success of national associations, and this began to show in GC meetings. At the start of the period, four of the ten ECU members accounted for 69% of the 770 chiropractors it represented, (Denmark, France, the United Kingdom and Switzerland).[34] Over the next 40 years numbers increased dramatically. They reached a peak of 4,798 in 2019. Now the three largest members (UK, Denmark, Norway) still accounted for 61% of the total, despite the number of associations having more than doubled. But the UK share had doubled to 30%. This disparity between associations was further accentuated by the achievement of regulation in the countries with the largest memberships and by the distribution of chiropractic schools.

[34] ECU Archive, ECU accounts presented to the GC meeting, 1982

The need for a step change in the professionalism of the Union's administration began to show. The larger members felt that the ECU needed a professional executive secretary to give the officers more time to develop policy. (Even as late as the turn of the 21st Century it could be difficult to identify decisions in the minutes of GC meetings.) Scandinavian delegates walked out of a GC meeting in December 1990 because of lack of progress with professionalisation of meetings. They and the Netherlands, Ireland and the United Kingdom argued that the ECU should become an umbrella organisation leaving all other activities in the hands of 3-4 regional groupings and with the vast majority of funds left in the hands of individual countries.[35] This did not happen, though two years later Eastern European countries were allowed to form an umbrella ECU membership organisation (with no voting rights) until such time as individual associations met the threshold for ECU membership (recently reduced from five members to three). The French association lamented a lack of ECU leadership when a petition to the European Commission's Directorate for Science soliciting action for pan European recognition of chiropractic failed.

Yet, against the wishes of some of the larger members, a reform of voting rights to abandon weighted voting in favour of one member association one vote was agreed by a slim majority

(15:14 with 15 abstentions) at the December 1992 General Council. (The decision was subsequently confirmed at a 1993 ECU Extraordinary General Meeting, though weighted voting for financial matters was re-introduced in 1995.)

Unity was most evident when the GC was asserting chiropractic exclusivity, such as in a May 1989 revision of the constitution which required that the president must be a chiropractor, that ECU membership would be restricted to nationally authorised chiropractic associations or those with ECCE accredited alumni, and that financial support would be given only to authorised institutions from countries with an association member of the ECU.[36] A decision of May 1994 was that non-members of national associations would be banned from attendance at the ECU Convention.[37]

Norway thought that the ECU Executive was too autonomous; possibly they had wind that Christoph Diem, the ECU President, had agreed to become President of the World Federation of Chiropractic without prior consultation of the General Council about possible conflict of interest. At another Extraordinary General Meeting ten associations voted for his immediate resignation, four were against and one abstained. Tony Metcalfe from the UK (the Vice President) thus stepped up temporarily and was subsequently confirmed as President.[38]

Fifteen months later, in March 1994 the roles of President, Vice President and Treasurer were formalised. The President was made responsible for "controlling and directing the functioning of the Administration of the Union" and "ensuring that the objects and powers of the Constitution are followed." The absence of any mention of leadership is telling. The Vice President was made responsible for the Education Fund and for other projects on behalf of the Administrative Council, and the Treasurer for control of payments made by the ECU, for conserving the funds of the ECU and for giving a complete picture of the financial situation at the presentation of the ECU Budget for GC approval.

At about the same time, the Executive made a bold attempt to keep European chiropractors informed of ECU work and that of its national association members by launching a first issue

[35] ECU Archive, GC minutes, December 1992

[36] ECU Archive, GC minutes, May 1989

[37] ECU Archive, GC minutes, May 1994

[38] ECU Archive, GC minutes, December 1992

of BACKspace in February 1994. Publication lapsed two years later, and it was re-launched in 1998.

There were also worrying signs of fragmentation in the larger membership associations. France had four associations, the United Kingdom had three. The ECU issued a statement that, "it is counter-productive to have more than one association in any European country and that it is the responsibility of the Administrative Council to work towards unification in any of its constituent members." ECU officers helped mediate in discussions to merge the associations in France into one national organisation. The ECU also resolved that the General Council might expel a member which no longer fulfilled membership obligations to the ECU, or which acted contrary to the interest of chiropractic. In an attempt to prevent leaking of discussions it agreed that GC minutes should be confidential to the national association presidents and that a résumé of GC discussions would be sent out for wider circulation. [39]

A focus on professional independence and integrity

The General Council recognised that externally the political position of the profession was weak. At the beginning of the 1980s it summed up the situation as, "the ECU comprises national associations and leads a profession that sees itself as a value to humanity and is working towards extensive provision of care, strong ethics, more schools, agitation for

regulation and recognition as MSK experts. But it is outside the mainstream of healthcare and too small to have much influence. It must emphasise the quality of education and the scientific base of the profession."[40] There was good public support. In the Netherlands in 1982 20,000 people signed a petition of support for chiropractic in less than three months and in 1992 a Dutch television programme resulted in 35,000 letters to the Nederlandse Chiropractic Association asking for further information. In Belgium 213,000 people signed a 1994 petition for the regulation of chiropractic.

Whilst repeated attempts honed the definition of chiropractic it was less clear where the profession stood in the healthcare system. The ECU protested to the American magazine *Dynamic Chiropractic* over promoting commercialisation of healthcare,[41] and in 1996 the GC passed a resolution that, "The member countries of the ECU are against any form of product endorsement." But the ECU also recognised that chiropractic was being outflanked by physiotherapy, which was growing rapidly in Europe. It called for a higher public profile for the profession. Yet there were different opinions on whether it should be positioned as first contact practitioners or as specialists. Behind the debate lay concern about the small size of the profession and the associated worry that it could be swallowed up or lost in the pseudoscientific forest of complementary and alternative medicine (CAM).

In 1994 the ECU decided that it would not use other professions in lobbying for EEC recognition and regulation. Nevertheless, it provided a definition for the 1997 Lannoye report to the European Parliament on the status of non-conventional medicine: "Chiropractic is the health profession concerned with the diagnosis, treatment and prevention of biomechanical disturbances of the spine, pelvis, extremities and associated tissues".[42] At the time of the report's publication the ECU called for all health professions to be regulated. (Cyprus had achieved legal recognition in 1991, Denmark had achieved legal recognition in 1992 and the

[39] ECU Archive, GC minutes 1995 and 1996

[40] ECU archive, President's report to the GC, 1980

[41] ECU Archive, correspondence December 1983

[42] European Parliament, Committee on Environment, Public Health, and Consumer Protection, 6 March 1997

United Kingdom in 1994 but legislation across Europe was far away so the preference was to lobby DG V of the EEC (Social Affairs) to harmonise national legislation.)

There was also a weakness in the profession's position globally because nothing had happened since the abortive attempt to respond to the creation of the World Health Organisation. Hence, in 1987 the ECU sponsored a World Presidents' Summit to discuss the gap, resulting in the creation of the World Federation of Chiropractic (WFC) a year later. Ten years on the WFC was recognised by the WHO as a non-governmental partner.

As the world presidents were coming together to create the WFC the ECU was able to release a consensus statement on the chiropractic profession in Europe. Work had started in 1992 with a working group comprising Kyrre Myhrvold of Norway, Stephane Plétain who led the ECU Board of Education, Jean Robert, leader of the ECU Research Council, and Simon Leyson, *Editor of the European Journal of Chiropractic*.[43] Adopted at the May 1998 GC meeting it challenged the ECU to:

- monitor the implementation by the national associations of the minimum standards of practice proposed in the consensus statement as the *Quality of Care* and support those associations requesting help. coordinate efforts to improve existing standards and set new levels of achievement
- develop a unified code of ethics and conduct to ensure the expected competence and knowledge in practice to enable practitioners to remain as competent and knowledgeable as possible throughout their careers
- harmonise efforts to develop continuing professional development and assist with resources when requested by a member country
- promote national auditing offices through the Professional Council
- focus and promote research into clinical practice
- represent the collective interests of the whole European chiropractic community in its relations with other international bodies or agencies
- deny access to seminars and conferences to entrepreneurial individuals whose techniques and knowledge were not based on scientific method or sound practice or who promote departure from firm ethical principles.

A focus on education and research

The consensus calls for support and improvement in the quality and quantity of care led to a massive expansion of the ECU focus on education and research with the creation of the Research Fund in 1982 – the ECU 50th anniversary. Whereas total financial grants before 1980 had been of the order of the equivalent of €100,00 in the next 20 years there was an explosion of ECU spending in support of education (equivalent to over €1 million) and research (over €½ million).

Education

As early as 1981 the Vice President and former chairman of the AECC Board of Governors (Frank van Eeckhoven of Belgium) argued that the quality of education should be prioritised over quantity, since it was impractical to expect both. At that time there were only two European schools, the AECC (1965) and McTimoney (1972) with violent opposition to the latter from the BCA on grounds of quality, which continued for many years, including a 2003 BCA application to the UK Privy Council to have the accreditation of McTimoney's four-year course removed. McTimoney accreditation by the European Council on Chiropractic

[43] ECU *Consensus for the Chiropractic Profession in Europe*, 1998

Education (ECCE) in 2016 removed the grounds for opposition though it followed a major battle after the ECCE had failed the school the previous year and a resulting successful challenge by the school on the grounds that the examining visit had been flawed. A further evaluation of the McTimoney extended 5-year programme in 2018 also resulted in accreditation.

Between 1980 and 2000 five new schools opened, three were supported financially by the ECU.

Date	School	Country	ECU financial support
1983	Scandinaviska Kiropraktorhögskolan	Sweden	None requested
1984	Institut Franco-Européen de Chiropraxie	France	Yes
1989	University of Southern Denmark	Denmark	Yes
1997	University of South Wales (WIOC)	Wales	Yes
1997	University of Surrey*	England	None requested

*Course closed after 8 years

Overall, the biggest beneficiaries of ECU investment in education have been the AECC and IFEC, together accounting for approximately one-third of cumulative ECU spending on education support. What had started as a levy to the financially struggling AECC was converted into an ECU Education Fund from October 1987 at the rate of €52 per member of the national associations per year. A further third of ECU grants for education has been made available for undoubtedly the most significant chiropractic educational development of the 20th Century. That is the investment, spearheaded by the ECU, in tailor-made quality inspection and accreditation of chiropractic courses by the European Council on Chiropractic Education (ECCE). An estimated €1 million has been provided to the ECCE by the ECU.[44]

Debate started about creating an autonomous Council for Chiropractic Education in Europe in 1984 and in December following year it was confirmed that the ECU wished to establish European standards for chiropractic education to be enforced by the creation of what became the ECCE. In May 1986, the Administrative Council set about finding initial members of an ECCE council and in September 1987 the first meeting took place under the leadership of Pierre Gruny of France. As the May 1991 ECCE report acknowledged, "The ECCE is a creation of the ECU." Fittingly, the AECC was the first institution to be accredited (in 1992) followed by IFEC in 1996 and the SDU in 1999.

The ECU requires its member associations only to admit chiropractors who had been educated at ECCE accredited institutions and takes the view that specific chiropractic accreditation is necessary for patient safety and quality care. In 1994 it adopted a standard for chiropractic education of five years full-time at an accredited institution plus one year in a training contract to a programme recognised by the ECU, under the guidance of an experienced clinical mentor. This latter requirement, known as the Graduate Educational Programme, was agreed in principle at the December 1990 GC meeting and launched in the summer of 1991. By 1994 eight of the thirteen ECU member countries had adopted a recognised GEP process and in the following year the GC decided that from the summer a GEP would be mandatory in all national associations, though that decision has still not yet been fully implemented despite the vigorous efforts of successive directors of education development and the agreement of a conceptual framework for the GEP in 2011.

Meanwhile, rapid advances in medicine were throwing a spotlight on professions' requirements for members to engage actively in continuous professional development (CPD)

[44] Currently the ECU support for ECCE running costs amounts to €35,000 p.a.

and to submit themselves periodically to fitness to practice testing. Anxious not to be left behind, in 1983 the ECU introduced CPD certificates for attendance at its conventions, and a year later it set up a working group to advance the take-up of CPD. Progress was slow. It was not until 1994 that the GC passed a motion recommending that all association members should have a framework for CPD, and four years later a further motion that from 1 January 2000 CPD would be mandated in all ECU countries on the basis of regulations made by the national associations. By 2019, however, only five of the twenty-four association members had obligatory CPD requirements at the ECU recommended level of 30 hours a year and over a third placed no CPD requirements on their members.[45]

Promoting the scientific basis of chiropractic

It was in the 1990s that chiropractic research began to achieve critical mass. Despite the ECU recognising from its post-war re-birth that scientific research should be the basis for understanding and legitimisation of the profession, progress was slow. A charge often made by medical doctors was that chiropractic lacked evidential basis and in the 1960s the ECU President had called for speeding up research in response to the fears that the profession would fall into the hands of the doctors.

Some of the foundations for funding chiropractic research were laid in the 1980s. A 1981 clinical trial by the British Medical Research Council recommended that the UK National Health Service should consider the introduction of chiropractic. The ECU had contributed an estimated €15,500 towards its costs.) Building on this, the ECU president (Arne Christensen)

called for extension of clinical trials in an article in the *European Journal of Chiropractic* now published under a prestigious academic imprint of Blackwell and supported by the newly formed ECU Research Fund.[46] The Danish based Nordic Institute for Chiropractic and Clinical Biomechanics (NIKKB) invited the ECU to nominate a member of its Governing Board and a further initiative was to set-aside a room for a research discussion at the 35th ECU Convention, held at Den Haag in 1985, with a theme of future developments in chiropractic..

The ECU had been conceived at the 6th BCA convention and it was natural for the ECU to organise its own conventions. Gradually, organisation around a theme took hold with early focus on diagnostics and an emphasis on the demonstration of technique. In this period, typical themes were rehabilitation (1986 and 1998), vertebral instability (1991, vertigo (1996), disability (1992 and 1999). Attendees emphasised the popularity of demonstrating techniques that could be adopted quickly by clinicians rather than describing leading edge research that would take a while to result in practical applications.[47]

The amounts given as research grants grew rapidly – from an estimated equivalence of €56,000 in the 1980s to €588,000 in the following decade. Subjects included clinical trials, research equipment and research fellowships, common lower back pain, whiplash, and headaches. However, the Executive Council rejected a 1991 Dutch proposal to compare the treatment for headaches by chiropractors and physiotherapists. By 1994 the General Council was advocating that all national associations should establish a research fund and, following BCA complaints, attention was turning to the appropriateness of research in the ECU mandate.[48]

2000-2021 Adjusting to the 21st Century

[45] ECU Archive, report of a survey of CPD requirements, paper GC (19)10a

[46] ECU Archive, GC meetings 1982

[47] ECU Archive, reports to the GC by the Academic Convention Organiser

[48] ECU Archive, GC meeting minutes, 2002

An ever-closer Union?

Initial hopes of pan-European recognition under the cover of European integration were soon dashed. The original Treaty of Rome in 1957 had included a commitment: "to lay the foundations of an ever closer union among the peoples of Europe ...". The 1992 Maastricht Treaty repeated the pledge, adding: "in which decisions are taken as closely as possible to the citizen in accordance with the principle of subsidiarity." European Commissioners for Health were first appointed in 1977 with combined responsibilities for consumer protection. However, health policy (as opposed to public health education or consumer protection) remained the preserve of member states.

Nevertheless, it was the ECU hope that recognition and regulation across member states would come through initiatives by the European Commission and European Parliament. A Mission Statement adopted in 2005 said that: "*The ECU is an organisation representing and promoting chiropractic as a distinct united profession offering a forum and support to its members and aspiring to establish harmonised education and legislation throughout Europe*,"

In 2002 the GC considered, inconclusively, the establishment of a European Licensing Board as a voluntary alternative where national legal regulation did not exist. Significant sums of money were spent on political lobbying for harmonised legislation and recognition of professional qualifications, with little effect. They were suspended in November 1999 and resumed with a different lobbyist in 2003 in support of what became the Professional Qualifications Directive[49].

However, by 2006 the President (Philippe Druart) was advising the GC that there was no way forward at European level with legislation because the medical doctors had blocked any relevant European legislation since 1957. (A situation confirmed in the 2007 Lisbon Treaty.) He pointed to a revised strategy of lobbying national parliaments for legislation and working towards a presence in the European Parliament. There had been a first presentation at the Parliament in 2000 and further presentations followed in 2008, 2010 and 2019 - to scant interest from Members (MEPs).

A Public Health Committee of the ECU was established in 2007 under the chairmanship of Baiju Khandchandani of the Association of Italian Chiropractors (AIC) with a remit covering the EU health policy forum, the EU platform on physical activity and obesity, EU adoption of the WHO strategy for traditional medicine and responses to EU questionnaires and consultations. The ECU joined the European Headache Foundation, SOLVIT (a service at national level to protect citizens' rights, including the recognition of professional qualifications), the EU Platform for Health Information and the European Public Health Alliance. The problem was that the interest in health maters was fragmented. With a couple of exceptions these efforts produced no advance for the profession.

The most notable success was work between 2008 and 2012 led by Phillipe Druart with the European Committee for Standardisation (CEN) that sought to provide an infrastructure for coherent sets of standards and specifications, which included the welfare of European citizens. In 2012 chiropractic was the first medical discipline to achieve its own CEN standard.[50] The ECU Executive Council was disappointed, however, when the European Commission declined to promote the chiropractic standard and the CEN committee's restriction that it standards could only be made available through national standards institutes made the derivation of widespread benefit from the ECU's investment difficult to achieve. Of the ECU member associations which had not achieved regulation Belgium and the Netherlands were most active in promoting conformity with the standard as a quality mark of

[49] Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005

[50] CEN 16224, 2012

quality for clinics and a step towards national legislation. Even here, however, it is not clear that all the effort produced worthwhile results.

A second achievement was through the representation of the ECU by the AIC on a 2014 Commission working group, Joint Action on Health Workforce Planning, that prepared part of the European Standard Classification of Occupations (ESCO). This involved spirited and success resistance to an attempt by the Spanish physiotherapists to have chiropractic classified as a sub- set of physiotherapy.

An attempt in 2017 to make progress through the EU Common Training Framework based on the detailed specification in ECCE accreditation standards was ruled out by DG GROW (responsible for promotion of the European Single Market) on the grounds that a required threshold of one-third of the ECU 27 member states having appropriate regulation was not met.

Overall involvement with the European Commission left the ECU dispirited and chiropractors reluctant to commit time to EU matters, yet reluctant to join other professions in lobbying. A collaboration with the osteopaths in an approach to the European Parliament was rejected in

2008, a year later the Executive Council also rejected an approach for collaboration with the

Red Cross and an invitation to meet with supporters of complementary and alternative medicine in the European Parliament offered by a former Minister of health in Finland was also rejected.

There was more success in raising chiropractic visibility through links with the WHO sponsored Bone and Joint Decade (2010-2020) and its successor GEN-MUSC, and by encouraging the few chiropractors who are recognised as leaders of research in MSK health to deploy their expertise on behalf of WHO (Europe). The jury is still out on the value of a second attempt to have the ECU associated visibly with EU health campaigns such as Healthy Ageing and the European Health Data Space whilst participating selectively to the time-consuming task of responding to EU consultations.[51]

Respecting subsidiarity

A difficult challenge in the 20 years since the Millennium was how to give leadership whilst respecting subsidiarity[52] in a profession where the distribution of members between countries is highly skewed – a few countries having a great number and many countries having very few or none. The problem is not new. The GC had recognised back in 1965 that national strategies for achieving legislation would be stronger if they sat within a wider European strategy and in 1985, answering critics who complained that the Executive were insufficiently active, the President (Pierre Jacquet from Switzerland) pointed to the tension between being proactive and yet respecting the principle of subsidiarity.

National strategies achieved specific chiropractic legislation in countries such as Denmark, France, Norway, Portugal, Sweden Switzerland; in some cases, on the back of public support for chiropractic, in others by emphasising patient safety. But in others there were setbacks – in Italy a law regulating chiropractic was passed in parliament but never implemented in the face of opposition from the medical doctors; in Belgium two medical professions opposed a framework law passed to regulate chiropractic, with the result that no Royal Assent was given and it remained unimplemented; in the Netherlands chiropractors lost the right to take x-rays.

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[51] ECU Archive, GC minutes, May 2021

[52] Subsidiarity is defined in the *Oxford English Dictionary* as: (in politics) the principle that a central authority should have a subsidiary function, performing only those tasks which cannot be performed at a more local level

Damaging hostile media stories continued, notably in the UK with the publication of "*Trick or Treatment*" in 2008 which led to allegations in *The Guardian* about the BCA which in turn led to the BCA taking libel proceedings against the author. In Spain 2018 saw aggressive media accusations of chiropractic being a pseudo-science, with inaccurate allegations that chiropractors were responsible for many patient deaths. In both cases the ECU rallied in support of the national associations with significant financial or scientific support and expressions of solidarity (€115,000 in the case of the BCA).

Aside from firefighting, the GC sought to put in place a ready source of information, scientific and political, which could be drawn on by national associations for planning a campaign for legislation and for the rebuttal of hostile allegations about the profession. In 2001 it released a low-key document describing the ECU structure and activities which scarcely did justice to the ambitious title *Building a web of understanding across Europe for the benefit of patients worldwide*[53]*.* In 2002 it agreed to create an information bank containing existing chiropractic laws and the processes by which legislation had been achieved. There was little progress until a new President (Øystein Ogre from Norway) took over in 2010 launching a survey of national strategies under the title *Vision 2020.* Then in 2013 an ECU working group[54] successfully 2 presented a consensus statement: *The Pursuit of Legislation:*[55]

1. **Be prepared**
    a. Establish unity in the profession and a consistent message;
    b. Ensure that documentation is in place (for example, association bylaws, code of ethics, summary of education, identity statements, safety, cost effectiveness, research evidence base);
    c. Utilise existing guidelines (for example, the CEN Standard, WHO chiropractic guidelines);
    d. Research existing health professions legislation and regulatory frameworks in your country;
    e. learn from the experience of other chiropractic national associations;
    f. Identify leaders in the profession and engage experts (legal, political as bracket;
    g. Be active in the community, including public health initiatives;
    h. Ensure adequate funding;
    i. Understand this may take many years.
2. **See situations from the perspective of others**
    a. Government priorities: patient protection, no additional cost, impact on other professions, satisfying voters;
    b. Medical profession: is chiropractic and opportunity (reduced burden of chronic MSK on GPs and hospital outpatients) or a threat (loss of control)?
    c. Patients: want choice without financial barriers;
    d. Jargon avoidance: speaking a language that all may understand.
3. **Identify and engage relevant parties**
    a. Influential politicians including a 'chiropractic champion';
    b. Opinion-leaders in other health professions;
    c. Media organisations and individuals;
    d. Public and patients; individuals, advocacy groups, consumer organisations;
    e. Industry and workers' organisations.

Throughout the process of pursuing legislation, there should be continued primary focus on:

- Fundamental purpose – protection of patients

[53] ECU Archive, GC papers, November 2001

[54] Comprising Bart Vandendries (Belgium), Jakob Lothe (Norway), Matthew Bennett (UK), Keith Overland (USA)

[55] ECU Archive, GC papers, November 2013

- The basis for this protection – high standards of education

At the same GC meeting summary results of the *Vision 2020* survey were presented. There was no shortage of ambition in what the associations wanted to achieve and a workshop discussion the previous November had revealed optimism about the progress being made.[56] However, the exercise did not require associations to describe their plans for achieving their objectives and the records of GC discussions indicate no challenge by the Executive or fellow GC members, nor a sense that national associations would be held responsible to their peer group, with the result that by 2020 the visions remained aspirations rather than achievements.

Under Ogre's leadership the ECU moved to a six-point plan in 2014:

- Chiropractic care to be available in all of Europe.
- Expansion of education.
- Chiropractic identity to reflect evidence-based medicine.
- Renewed efforts to mobilise patient organisations.
- A voice heard in the European Union.
- Leadership succession with equality and diversity.

Sensing a lack of momentum in the ECU, Ogre returned to the issue at both 2017 GC 19 meetings. It was not just a question of how fast the profession was developing, he argued.

How fast it was developing compared to other health professions would be the judge of its success. He was concerned that the education of chiropractors encouraged isolation and advocated both a much wider commitment from chiropractors to thought leadership about MSK health and increased involvement at a local level in inter-professional collaboration. He led a delegation to discuss collaboration with Eurospine[57] that met with relative indifference form the orthopaedic surgeons leading the organisation and indications that political splits in the international leadership of the chiropractic profession were hindering multi-disciplinary cooperation.

A union in danger

The immediate circumstances under which Ogre became president were the enforced resignation of Philippe Druart (2003-2010) in a dispute about presidential remuneration. It was not the first defenestration of a president. Christoph Diem (1988-93) had been forced out over questions of loyalty to the ECU. Peter Dixon (2000-2003) had incurred the wrath of the Danish Association for circulating a note directly to its members reflecting on the state of chiropractic without notification to the Association in advance. He survived this complaint but when the DKF and others unsuccessfully proposed extensive changes to the ECU Constitution, including weighted voting for constitutional matters, the DKF gave notice of resignation from the Union with effect from 1 January 2004. The DKF cited disillusion with the governance of the ECU, which it claimed it had been trying to reform for 15 years, the Executive not respecting subsidiarity and wasting money on EEC lobbying.

In response Dixon asked other GC members to press the DKF for a change of heart, further upsetting the DKF President who claimed that this letter challenged the DKF's democratic rights to decide whether to stay in the ECU. Then, on 16 October, Dixon wrote directly to DKF members seeking to answer the Associations criticisms and at the end of the month the DKF

[56] ECU Archive, GC minutes, November 2012

[57] A multidisciplinary body that presented itself as aspiring to be the driving force and the primary and preferred partner in Europe for all spinal care issues. Its membership is predominantly from orthopaedic surgeons with strong representation from Germany and France.

President rejected his letter as undue interference in national affairs. Denmark, one of the most progressive chiropractic communities in the world, left the ECU at the end of 2003 and did not re-join until 2016 despite fellow Scandinavian, Ogre, seeking to bring about a change of heart.[58]

Phillipe Druart was Dixon's replacement. He improved knowledge about the working of the EEC and kept himself well informed about its potential involvement in in health matters. In 2004 he mediated in a dispute between the AFC and IFEC in France and in general committed much energy to ECU matters, including temporarily taking on the additional responsibilities (with financial recompense) of Treasurer between 2006 and 2008 after George Carruthers resigned and no successor came forward. During his leadership, the ECU took a hard line enforcing the qualifications required of an association for membership. Initially an application from Luxembourg was refused by the GC because of its association with a prominent advocate of vitalism and the EC considered expelling Spain if the AEQ voted to accept graduates from McTimoney and the Scandinavian High School, neither accredited at that time by the ECCE.[59]

However, administration and financial control were weak. The ECU made a tentative entry into the world of social media, setting up a discussion page on its website in December 2004. By the end of May there had not been a single posting and in November it was agreed to revamp the site at a cost of €50-60,000 over two years. The initiative failed with the ECU terminating the development contract and taking legal action in Sweden against the contractor for non-delivery. The case was eventually settled out of court with no compensation paid in either direction. A GC meeting arranged in Iceland in 2008 attracted only thirteen countries. Discussions on ECU fees were inconclusive and proposals for capping ECU dependence on any one country were sent back by the GC in November 2009 as insufficiently thought through.

Recognising the disruption to normal commercial life that being an ECU officer entailed, in 2004 the GC had agreed that honoraria of €300 per day should be paid to chiropractors working on authorised ECU activities as compensation for income foregone from clinic (the amount was raised to €500 in 2005). In November 2007, the GC agreed that the President should be recompensed at a rate of €50,000 p.a. Ambiguity, confusion, and disagreement over whether the President was entitled to honoraria payments as well as receiving an annual recompense, led to a decision at an Extraordinary General Meeting on 10 April 2010 that the President would be put under contract and to the creation of a Remuneration Committee chaired by a GC member and reporting to the GC. At the same time the GC adopted a code of conduct for the Executive Council.

Druart, meanwhile, announced his resignation on 19 March when the Executive Council expressed concern at the concentration of power in the President's hands and voted not to pay him both salary and honoraria until the situation had been regularised by the General Council.[60] It was three years before a partial reconciliation and recognition of his EU knowledge when the GC appointed Druart to chair a newly created committee on European Union affairs.

The absence of Denmark and the ill feeling surrounding Druart's withdrawal threatened the credibility of the Union. Portugal followed, leaving in 2011, and Croatia (mainly populated by American chiropractors) voted not to join. But more trouble was to come. On the one hand signals were beginning to be received that discussions with the DKF about re-joining the ECU were sounding positive.[61] On the other hand, when a financial request for the ECU to provide

[58] ECU Archive, correspondence and GC minutes, 2003, paper GC (19)16 2019

[59] ECU Archive, GC and EC minutes 2005

[60] ECU Archive, EC minutes 19 March 2010

[61] ECU Archive, EC minutes March 2014

€150,000 to help fund a three-year public relations campaign was rejected by the GC it triggered the resignation of the AFC (the French Association) from the Union.

The AFC argument was that faced with a dramatic increase in the number of osteopaths in France (it projected there would be 50,000 by 2020) the profession was under threat and urgently needed to promote a distinctive public identity. The costs of a three-year programme of public relations would be around €100,000 p.a. At a meeting in July 2013 the ECU President Øystein Ogre and Secretary General Richard Brown had suggested that the AFC should seek ECU financial support, and this had been interpreted by its leadership that the ECU Executive Council would support such a request. When the request for 50% of the costs of the proposed PR programme was received, however, the EC thought that it was insufficiently argued; in particular that the costs were not adequately justified. It suggested further explanation, which was not followed up by the AFC.[62]

The AFC President was not able to attend the General Council meeting in Brussels on 15-16 November 2013 where the request was rejected; a substitute from the AFC Executive deputised for him. France had not been represented at the previous four consecutive GC meetings. GC opposition was universal. No country spoke in favour of the request, many saying that the presentation was too vague, some pointing to French restrictions on other European chiropractors and one (Italy) recorded in the minutes as arguing that ECU financial support for public relations would be *ultra vires*. There is no indication that the Executive Council spoke either way, much to the annoyance of the AFC President who later described the July discussions as: "our apparent friendly meetings have been proven related to a limited political manoeuvre."

Brown conveyed the rejection formally to the AFC President in a letter of 3 December using the phrase: "…there was unanimous resistance to the concept of supporting PR campaigns with ECU funds." This idea passed into the folklore of the ECU, although the GC had agreed to the establishment of a public relations committee in 2011; individual member associations had active public relations campaigns and marketing material for chiropractic produced by the BCA had been made freely available to other ECU associations.

France left the ECU in January 2014. There have since been a number of friendly contacts, including ECU presentations to IFEC students on the campuses in Paris and Toulouse, to the AFC General Assembly and informal discussions with the AFC Executive. However, the AFC Executive's financial priorities have so far precluded an agreement on applying to re-join and domestic preoccupation with the proposed Macron pension reforms and Covid-19 restrictions were further setbacks.

Weak collective memory left the ECU vulnerable to criticism, with complainants unaware perhaps of where much of the seed corn for the current environment had come from.

Progress and disruption

For many years, the ECU had proclaimed that it had three pillars: regulation, education and research. In the political arena successes were scarce, but in other areas they were clearly visible. It was a fundamental belief in the ECU that regulation of the profession was required as a vital component of patient safety through protection of the use of the title 'chiropractor'. Outwardly at least the great majority of ECU associations professed to pursuing regulation. But regulation in general went into retreat.

[62] ECU Archive, GC minutes November 2013, correspondence Brown- Fleuriau 3 December 2013. Fleuriau -ECU 16 January 2014, Ogre-Fleuriau 7 February 2014

The European Commission called for regulation to be proportionate to risk[63] and signs were developing that the authorities in the UK (still home to twice the number of chiropractors in the next largest ECU member) were considering a reduction in the number of regulatory bodies that would potentially amalgamate regulation of chiropractic, osteopathy, physiotherapy and possibly other therapies.[64] The influence of chiropractic would be swamped by the interests of others with whom the profession had resolutely refused to co-operate . Eurostat estimated that in 2016 there were approximately 27,500 physiotherapists in the UK compared to around 3,000 chiropractors. The story was the same in Denmark (9,500 compared to 750) and Norway (12,500 compared to 900).[65]

The most recent country to achieve a functioning regulatory regime for the practice of chiropractic was France in 2011. Attempts to achieve pan Europe regulation by informal or surrogate means had stalled. In the leading candidates for new regulation efforts were hampered by opposition from medical doctors such as in Italy and Belgium and health authorities expressing concerns about the quality of chiropractic education because of the absence of a domestically validated course such as in the Netherlands.[66]

Furthermore, the vitalistic wing of chiropractic appeared to be making significant inroads with younger members of the profession in Europe. The Executive Council had concerns about its influence in the World Conference of Chiropractic Students and there were some estimates that up to 20% of students at the AECC were sympathetic to the vitalist movement.[67] Events promoting vitalism attracted student audiences through hospitality and charismatic speakers, to the extent that the ECU Executive Council, led by Øystein Ogre, met leading personalities in the Rubicon Group of chiropractic colleges secretly during the Spring ECU conference of 2016 in Norway. He despatched the Treasurer and Secretary General to negotiate a statement of aspects of chiropractic on which the EBM and the vitalistic wings of the profession could agree.[68]

The statement was adopted by the GC in November 2016, leading to further talks with the leaders of the Rubicon Group, a general calming of relations between the two camps in the immediate aftermath and an improved spirit of tolerance between the political leaders, though important differences remained over the presentation of vertebral subluxation in chiropractic teaching and the use of high volume care models.

The truce lasted until 2019 when prominent academic researchers in chiropractic called for political action to divide the profession in the light of increasing awareness that in some countries chiropractors were making extreme health care claims that were not founded on research evidence.[69] There were reports of claims on chiropractors' websites that raised issues about the adequacy of regulation in even well-developed countries. A study of chiropractic websites in Alberta identified one-third as promoting a theory of subluxation and associated ailments and improvements.[70] Meanwhile, seven of the eleven European colleges

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[63] *Better Regulation*, European Commission, 2015

[64] *Right-touch regulation*, Professional Standards Authority, October 2015

[65] https://ec.europa.eu/eurostat/statistics. 2019

[66] Conversation with Reem Bakker, President of the NCA, May 2017

[67] Private information

[68] ECU Archive, paper GC (16)27, November 2016

[69] *Chiropractic, one big unhappy family: better together or apart?* Chiropractic and Manual Therapies Journal 2019, 27:4

[70] Archives of Physiotherapy (2019)9:11, Macron et al

had signed an unequivocal position statement of the principles of chiropractic education founded on evidence based medicine.[71]

Five new undergraduate schools opened after 2000. - Madrid (2007), Barcelona (2008), Zürich (2008), Bahçeşehir Istanbul (2015) and London South Bank (2018). Two others in the UK were agreed in principle but delayed because of the Covid-19 pandemic (Teesside,2021, and Central Lancashire, put on hold). Discussions related to possible opportunities in the Netherlands (Maastricht) and Germany (Gifhorn) are ongoing in 2021 whilst efforts to create a Norwegian school are long-standing but have so far failed to attract necessary government funding. Other attempts, in Greece and in Georgia, foundered.

There was limited ECU involvement in these initiatives. Although the ECU could offer political and financial support (and encouraged the ECCE to coach aspiring candidates for accreditation) it had no direct credibility as educationalists. It did, and still does however, have a role as representative of the employers of new graduates - which is the cause of its hesitation over the introduction of conversion and part-time courses despite their obvious scope to attract new and diverse entrants to the profession.[72] However, its most effective involvement has been in the creation of the ECCE and continuing financial and political support of that body as the backbone of quality assurance. The ECU view is that it is the quality of the education required for entry into the profession that sits at the centre of the profession's identity and is central to the profession's positioning in the healthcare systems in Europe.

In 2008 a small working group comprising Barry Lewis of the UK and Stathis Papadopoulos of Cyprus was charged with developing a strategy for improved recruitment of students to become chiropractors. They reported the following year recommending recruitment targets based on an upper limit of one practitioner per 10,000 inhabitants, political support for new courses and for the enlargement of existing courses and a resurrection of the small scholarship programme previously operated by the ECU which had supported a very small number of students from countries where chiropractic was absent. Little additional ECU activity happened and attempts to create a sustainable council of chiropractic schools never took off.

Where the ECU relevance, credibility and track record was clear is in the transition from studentship to practitioner and for continuing professional development. A survey of the adoption of the Graduate Education Programme (GEP) conducted in 2019 indicated a disparate situation across member countries, with slightly more than half having established programmes, three-quarters of which relied on the GEP being a requisite for association membership. However, the survey also indicated that for the remaining countries the adoption of a standard programme was difficult and despite the risk of creating a two-tier system, attention switched to attracting the remaining associations to dip a toe in the water with a programme specifically aimed at their individual needs and capabilities, leaving until later the ambition of harmonisation across the ECU.

The political requirement for associations to establish obligatory CPD thresholds and to monitor compliance was patchy but the provision of high quality CPD material was a striking success. After 2008 the European Academy of Chiropractic awarded CPD points to qualifying training courses – i.e. those meeting criteria related to evidence-based medicine and in 2020 it awarded CPD points to 111 courses. In 2010 the Academy introduced special interest groups (SIGs) led by its Fellows. The opening groups were for orthopaedics, research, radiology, sports, paediatrics and clinical practice . By 2019 it had become well established

[71] International Chiropractic Education Collaboration position statement, available at https://www.sdu.dk/en/om_sdu/institutter_centre/iob_idraet_og_biomekanik/uddannelse/icec/about+the+the+international+chiropractic+education+collaboration

[72] ECU Archive, GC minutes, November 2020, and May 2021

that the ECU Convention would look to the SIGs to mount workshops on the translation of recent MSK research into clinical practice. These workshops were conspicuously well attended by ECU Convention delegates.

In addition, the Academy led for the ECU in sponsoring high quality CPD through the *Journal of Chiropractic Manual Therapies* (CMTJ) and , since 2019, the provision of CPD courses through the Global Education Network for Chiropractors (GEN-C). CMTJ achieved an impact factor of 1.512 in 2019 and of 2.073 a year later, largely driven by its editor - in-chief , Bruce Walker from Australia. The educational videos produced by GEN-C, also a joint venture with Australia and the Royal College of Chiropractors in the UK, offered 35 CPD hours and reached an audience of 1276 in Europe in 2021, spearheaded in Europe by the energetic chairman of the Academy, Tom Michielsen from Belgium.

The success of the Academy was in stark contrast to its unpromising beginning. The GC took a decision in principle in 2005 to set up an Academy as an academic body concerned with chiropractic education and research. It was to be funded by a membership of individual chiropractors from ECU associations at an annual fee of €75 It began recruitment of members the following year. Despite initial membership numbers being poor, Philippe Druart repeated

to the General Council in 2007 that he expected the Academy to become independent of the ECU in due course. But by 2013 only 17% of association members had signed up and a year later the GC performed a U-turn making membership free for ECU national association members, merging the Academy into the ECU committee system. With the opening of the ECCRE in 2016 its remit was refocused on education,

Significant progress was also made in the support for research, which continued to increase.

ECU supported research 1980-2021 **Euros**

Lead researcher	Total	%	1980-89	1990-99	2000-09	2010-21
Sweden	735,955	20	10,021	17,938	300,800	407,196
Denmark	489,536	14	0	178,898	111,050	199,588
Switzerland	477,903	13	20,800	181,391	10,080	265,632
UK	442,112	12	19,731	156,500	136,042	129,839
Netherlands	425,103	12	0	0	40,000	385,103
Belgium	347,664	10	0	0	342,249	5,415
ECU[1]	260,607	7	0	0	5,000	255,607
Norway	194,359	5	0	3,900	16,980	173,479
France	99,547	3	3,847	60,700	0	35,000
Ireland	78,308	2	0	11,520	0	66,788
Other[2]	55,136	1	0	0	0	55,136
TOTAL	**3,606,230**		**54,399**	**610,847**	**962,201**	**1,978,783**

1 Includes CMTJ; 2 Canada, Finland, Spain

Category	Total	%	1980-89	1990-99	2000-09	2010-21
Specific cases[3]	1,579,241	44	4,645	304,756	129,230	1,140,610
Body mechanics	752,915	21	2,800	116,022	409,722	224,371

Patient outcomes	583,627	16	21,340	0	418,249	144,038
Institution building	413,329	11	0	131029	0	282,300
Knowledge transfer	169,957	5	0	0	0	169,957
Other[4]	107,161	3	25,614	59,040	5,000	17,507
TOTAL	**3,606,230**		**54,399**	**610,847**	**962,201**	**1,978,783**

3 Diagnosis and treatment of whiplash, headaches, colic, lbp etc 4 Includes not known

However, the new millennium for research started haltingly. By the end of the 1990s it was proving difficult to recruit members for the Research Council and a payment of 2,400 Swiss Francs per meeting was introduced for those attending. The BCA challenged whether research activity should be part of the ECU mandate and when Jean Robert stepped down from the leadership of the Council it proved difficult to find a successor. The attention of the GC was focused on the possibility of setting up an Observatory of Chiropractic Research in Europe aimed at monitoring ECU funded research, collecting, and organising documentation about research, disseminating that information to help those organising seminars or symposiums, and a possible later extension into educational material and political documents. Initially, the idea was to create an electronic directory of researchers though it is unclear whether work ever started on this project.[73] Similarly, a decision taken in 2004 to commission a comparative study of education for chiropractors, osteopaths and doctors at a department of public health at a reputable university fell by the wayside.

It was not until 2008 that there were signs of a new breath of life. Charlotte Leboeuf-Yde and Jenni Bolton launched the idea of a Researchers' Day at the ECU Convention and the first of what became a regular feature of ECU Conventions was launched in Brussels in 2008 with thirty researchers attending. As was subsequently explained to the GC, the concept was to promote networking not hierarchies, to look at things through the eyes of patients not as systems and to stress the importance of inter-professional networks and integrated health projects.[74] By 2020 the expected attendance had risen to around fifty researchers.

The leadership of the Research Council, meanwhile, after a short and relatively inactive period under Inger Scheel from Norway was taken on by Tom Michielsen. Under his leadership the Council took a strategic decision that ECU research grants should be for the larger institutions and in 2011 the newly elected ECU President, Øystein Ogre, called on national associations to demonstrate a commitment to seeking new and innovative means of supporting chiropractic research at those universities with chiropractic departments and at other research institutions across Europe.[75] To help, the Executive Council was granted delegated powers to fund the creation of research councils in nations to the tune of €15 per association member.[76]

A further initiative was proposed towards the end of 2011. An informal international meeting of chiropractic leaders and researchers from Europe and Canada met in Oslo to discuss future collaboration on research and clinical guidelines. It agreed a consensus statement which included that the early identification of talented chiropractic undergraduates should facilitate career pathways leading to academic prestige, professional recognition and progression towards a sustainable research culture. The approach would need to be multinational and to

[73] ECU Archive, GC minutes, 2002

[74] ECU Archive, GC minutes, 2014

[75] ECU Archive, GC minutes, 2011

[76] ECU Archive, GC minutes, 2012

recognise that the fruits of research should not be exclusively owned by chiropractors. Relationships with University-based research initiatives were desirable and would aid credibility. Clinicians too should be encouraged to conduct clinic-based research and engage with research.

Born of these sentiments, three leading chiropractic researchers proposed a mentoring and network initiative, "to develop a critical mass of early career chiropractic researchers on the international stage." It was supported financially by the European Centre of Chiropractic Research Excellence (ECCRE) the research arm of the ECU. The first cohort (known as CARL I) ran from 2016-2019 under guidance from Professors Jon Adams (Sydney University), Jan Hartvigsen (University of Southern Denmark) and Greg Kawchuk (University of Alberta). There were thirteen researchers in the cohort, from 6 countries, selected on the basis of their record and research potential. During the three years of activity the participants published eighteen peer reviewed articles in academic journals. A second cohort (CARL II) started in 2019 with fourteen researchers from seven countries.[77] As of 2021 the ECCRE has committed more than €75,000 in support of the initiative.

However, also by 2020, with national research councils active in the larger chiropractic associations, questions were again raised about the appropriateness of direct ECU research support for individual research projects through the ECCRE.

2021 A point of inflexion

As Øystein Ogre's period as President neared its end the ECU could relax in the knowledge that the number of the profession in Europe that it represented had grown by 29% between 2010 and 2018 despite the loss of the AFC. Of the twenty-three member associations only three faced serious competition from rivals.

There had been euphoria in the GC at the prospect of the DKF re-joining the ECU. The ECU and the DKF reached an agreement based on DKF dues being ring-fenced for research purposes and established the European Centre for Chiropractic Research Excellence (ECCRE). This joint venture between the ECU and the Nordic Institute for Chiropractic and Clinical Biomechanics (NIKKB - now known as Kiropraktorernes Videnscenter/the Chiropractic Knowledge Hub) was based at the headquarters of the latter in Odense, Denmark with the aim of contributing to the further development and strengthening of musculoskeletal research in Europe.

The ECCRE was formally founded through the unanimous agreement of the GC at a meeting in May 2016 in Oslo, Norway. The Board of NIKKB initially appointed Lone Kousgaard Jørgensen and Michael Christensen to the ECCRE board, while Oystein Ogre and Vasileios Gkolfinopoulos, were initially appointed by the ECU.

After eight years as President Ogre stepped down in 2018 and, in a break with tradition, he was replaced by Vasileios Gkolfinopoulos from Greece; in chiropractic terms a small and underdeveloped country despite a long tradition of manual therapy going back to classical times. It was the first time that a President had come from Southern Europe:

Sources of ECU Presidents 1932-2018*

Switzerland	5	20 years
United Kingdom	3	17 years
Denmark	3	14 years

[77] http://carlrsearchfellows.org

Belgium	2	10 years
Norway	1	8 years
France	1	3 years
Sweden	1	3 years
Total	**16**	**75 years**

*From 1940-1951 the ECU was inactive

What Gkolfinopoulos inherited was a union that had been held together since 2010 by a combination of skilful political manoeuvring and the personal credibility of Ogre, who had previously been President of the Norwegian chiropractic association (NKF) at a time when it achieved significant advances in the Norwegian healthcare system, including reimbursement of patients by the state and the recognition of chiropractors as first contact practitioners enjoying the right to issue sick notes.

In June 2018 *The Lancet* published three seminal papers on lower back pain for which Jan Hartvigsen was a joint author.[78] These identified the scale of the issue as large and growing (1 in 5 Europeans would be affected and the cost of treatment was estimated to consume 23% of the gross domestic product in most countries). Furthermore, there were widespread misconceptions in the population and among health professionals about the causes, prognosis, and effectiveness of different treatments for low back pain. Attention was needed to deal with fragmented and outdated models of care. The papers pointed to chiropractic care as effective, generally safe with few and transient side-effects; serious harm from chiropractic treatment was assessed as extremely rare. The material from *The Lancet* papers formed the basis for yet another presentation at the European Parliament, in February 2019, that was live-streamed attracting over twenty thousand viewings. Once again, however, the interest shown by MEPs was extremely limited.

Nevertheless, it appeared that chiropractic could have been about to enter a golden age. Whilst it remained true that the diseases that kill received most of the headlines, the treatment of the disability due to lower back pain was gaining attention. Gkofinopoulos, declared his support for a vision where evidence informed chiropractic care would be the first port of call for MSK health across Europe and spelt out that progress would require innovation in

education, in maintaining quality, in striking reliable alliances with other like-minded bodies and with a step change in the effectiveness of communication with stakeholders.[79] He appealed to the potential of making the expertise and experience around the General Council table available to those member associations with the drive and the will to make progress.

Gkolfinopoulos called for old clothing to be thrown out of the chiropractic wardrobe and commissioned a fresh look at the ECU strategy through a working group with participants from some of the more dynamic associations.[80] The working group confirmed the direction of travel and set its recommendations firmly in the landscape of subsidiarity.

A revised ECU strategy for 2020-2025[81] (a)
Promote the value of chiropractic

[78] *The Lancet* 2018; 381:2356-2388

[79] ECU Archive, Presidential candidate manifesto presented at the May GC meeting, 2018

[80] Closing speech to the ECU Convention, Budapest May 2018

[81] ECU Archive, EC papers, EC (19)8 September 2019

- Raise the profile of the impact of MSK and the role that chiropractors can play in combating this major public health issue
- Work to promote inter-professional collaboration
- Assist member countries that are developing policies and lobbying for regulation
- Encourage action to enhance the patient experience
- Describe the approach and components of chiropractic care
- Promote research as a career option
- Secure effective mechanisms for knowledge transfer to convert MSK research into practice
- Support wide-ranging, professionally relevant, research
- Enhance the availability of research supervision
- Encourage practitioners to gather evidence and make it available to researchers
- Increase resources for research (c) Develop the profession
- Help grow the number of university-based educational programmes
- Encourage growth in the number of programmes that meet ECCE standards
- Broaden available routes to qualify as a chiropractor
- Provide information about different career paths for chiropractors
- Encourage national associations to monitor continuous professional development by their members
- Support the development of chiropractic specialisations
- Ease the transition from student to clinician
- Adopt and promote the standard of patient-centred practice

The world turned upside down

Then late in 2019 news emerged from Wuhan in China of a deadly Coronavirus outbreak which had not been contained by a local lockdown and was spreading rapidly. In March 2020 the emergency was declared a pandemic by the WHO and very quickly most European governments imposed lockdowns requiring all but essential workers to stay at home, with businesses and educational establishments forced to close. Initially, chiropractic clinics were told to close for all but the most acute cases. But the extent and the interpretation of the rules varied. Demands on national associations for advice in interpreting government instructions that had been put together quickly, with associated ambiguities, put pressure on their resources at a time when their income from members was uncertain. In some of the countries with strong regional political powers the association initially had to deal with multiple health authorities without the comfort of common policies. There was a need for frequent communication between associations and their members and the value of investment in stakeholder management with public health authorities proved its worth. Clinicians were divided - some thought that closure was a sensible precaution; others that chiropractors should

demonstrate their value in front line health care by remaining open to relieve pressure on hospitals and family doctors. [82]

The ECU Executive Council took the lead, with proposals to ease some of the financial pressures on associations by declaring a holiday from the first tranche of membership dues for 2020. The Convention scheduled for the second half of May in Utrecht was aborted when the Dutch Government banned large public gatherings (including the large Eurovision Song Contest due to be held in Rotterdam during the first half of the month.) Gradually, through 2020 lockdown stringency was relaxed to varying degrees in different countries, albeit with stringent safety and hygiene measures. Only the BCA requested further financial support, in the form of a waiver of the second tranche of its payment due to the ECU for 2020. After probing the BCA circumstances, the General Council agreed by postal ballot, only to see the association withdraw from the ECU a few days later.

In society the pandemic accelerated innovation – in home delivery and remote online working especially. So too in important aspects of professional life. The accredited chiropractic schools had closed for normal teaching by 18 March. Tutored by their students, lecturers experimented with distance learning and re-organised curricula to bring forward those components best suited to online teaching. Practical lessons on technique were adapted by the strengthening of participant safety through "bubbles" where the same small group of students would stay together for the duration of the practical training. All schools reported that learning outcomes had been maintained. Increased resources were deployed to pastoral care. Faculty started to debate what changes were needed in course content such as increased attention to hygiene, to disease prevention and to the human life cycle.[84] However, the added importance of good contacts with national health authorities and increased requirements for member communication may have weakened the interest of the successful associations in the European dimension of the profession

Responding to the rapidly changing circumstances the Executive Council started to meet online and at much greater frequency than in the hitherto four face to face meetings a year. This provided the basis for better development of a team spirit and an effective use of technical innovation – at the price of greater time commitment by EC members. The new way of working also enabled the introduction of a monthly report for the GC on EC activity as a means of improving interaction and member involvement.

Also, in November 2020 the EC held a horizon scanning workshop on the likely conditions chiropractic would encounter and the required response.[83] The clear indications were that clinicians often did not know much of what was happening beyond their national boundaries and were not enthusiastic about becoming involved with international organisations. The scope for sharing knowledge and best practice could be accelerated. There was likely to be further liberalisation of the healthcare market, increasingly in multi-disciplinary units, and some consolidation of providers. The potential for relieving burdens on hospital Emergency Departments and the attention to patient safety when attending a clinic would resonate well with health authorities and the public alike. The requirements of an ageing population, the application of technology to diagnosis and care and the availably of data about chiropractic care were areas where progress was too slow. Standardised data collection systems such as Patient Outcome Measures (PROMS) and incident reporting (CPIRLS) needed to be better promoted and take up greatly expanded. Sound record keeping and enabling more diversity in the entry to the profession were also of growing importance. Overall, the message was encouraging. If the profession rallied behind a simple positive message chiropractic could

[82] A full account of the associations during the first wave of Covid-19 is in BACKspace 2020 16:2 pp21-23

[84] Ibid pp 26-27

[83] ECU Archive, Strategy Group paper ECU(S)(20)4, November 2020

adapt to technological advance whilst retaining core values of humanity, empathy, and the importance of touch in healing.