

COMMISSION ON OSTEOPATHIC COLLEGE ACCREDITATION

Handbook

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COLLEGE ACCREDITATION

Introduction

The American Osteopathic Association's Commission on Osteopathic College Accreditation (COCA) Handbook is a procedural guide established for the use by the COCA. The handbook includes a description of the COCA's purpose, function, structure, operating procedures, and pertinent attached appendices. The COCA serves as the accrediting agency and coordinates the accreditation process for the colleges of osteopathic medicine (COMs).

Copies of the handbook are filed at the American Osteopathic Association, Department of Accreditation, 142 East Ontario Street, Chicago, Illinois 60611 and may also be found on the COCA website, <https://osteopathic.org/accreditation/>.

Statement of Purpose

The COCA serves the public by establishing, maintaining, and applying accreditation standards and procedures to ensure that academic quality and continuous quality improvement delivered by COMs reflect the evolving practice of osteopathic medicine. The scope of the COCA encompasses the accreditation of the COMs.

The COCA will maintain its recognition as a reliable accrediting authority of the U.S. Secretary of Education according to the requirements in 34 CFR 602 or its successors. The COCA will evaluate the need to seek recognition from other organizations devoted to recognizing higher education accrediting agencies.

The History of Osteopathic Medical College Accreditation

The history of the accreditation of colleges of osteopathic medicine shows that, from the very start in the late nineteenth century, the osteopathic profession has been interested and active in assisting colleges in the attainment and maintenance of high educational standards.

The American School of Osteopathy was established by Dr. Andrew Taylor Still, a registered physician and surgeon in Kirksville, Missouri. The college's corporate charter (May 11, 1892) granted the right to confer the Doctor of Medicine (M.D.) degree. However, the governing body of the school chose to award the Doctor of Osteopathy (D.O.) degree.

Several osteopathic colleges were then established by 1898. However, there was a lack of uniformity in the admission and graduation requirements of the various colleges. In these early years, osteopathic educators and leaders recognized the fact that the attainment and maintenance of high educational standards was essential. The American School of Osteopathy issued an invitation to all osteopathic colleges to attend a meeting in Kirksville, Missouri, on June 28, 1898, to form an association of osteopathic colleges.

In 1897, the first Constitution of the American Association for the Advancement of Osteopathy (forerunner of the American Osteopathic Association) was adopted, and among the several committees that were established was the Committee on Education. The 1901 Constitution of the American Osteopathic Association provided that the Committee on Education, together with the Executive Committee of the Associated Colleges of Osteopathy, should constitute a joint committee to:

- a. Investigate schools applying for membership in the Associated Colleges of Osteopathy;
- b. Make an annual investigation of schools who were already members; and
- c. Make an annual report on these schools to the Board of Trustees of the American Osteopathic Association.

The Committee on Education was charged with the duty of reporting annually on the condition of each school. The Board and members of the Association were primarily interested in the following queries:

- a. Do the charter, equipment and work of a particular school correctly represent osteopathy?
- b. What kind of person, both as to general character and professional qualifications, who just from school, has opened an office in the vicinity for the practice of the same profession?

In 1901, the joint committee adopted the policy of appointing a member of the profession to serve as a "college inspector," sometimes referred to as a "censor". In 1902, the Bylaws of the American Osteopathic Association, for the first time, provided a mechanism for the inspection and approval of osteopathic colleges. The first college inspection was made in 1903, and on the basis of the report to the Board of Trustees, the members of the Associated Colleges of Osteopathy were approved. By 1915, it was agreed that expenses of college accreditation would be borne by the American Osteopathic Association.

In 1923, the AOA Department of Education was changed to the Bureau of Professional Education, and two years later, the Bureau of Colleges was added. In 1928, the two bureaus were joined together, and in 1930, the Bureau of Professional Education and Colleges was established. In the following year the Board of Trustees approved a recommendation that the Chair of the Bureau of Professional Education and Colleges and the Chair of the Committee on College Inspection, a sub-committee of the Bureau, should be one in the same person.

In 1938, a policy was adopted to create official inspection committees of two or three members to inspect each osteopathic college at least once every two years. In 1949, a new policy of college inspection, known as the Survey Committee, was adopted, which provided for a complete survey of each college to be performed by a survey team of from four to seven members at least every three years.

In 1952, the U.S. Department of Education (USDE) recognized the American Osteopathic Association as an accrediting agency. The USDE has re-affirmed that recognition continuously with its last approval occurring in October 2021.

In 1960, after several years of study, a reorganization of the education structure of the American Osteopathic Association took place. In order to bring all facets of osteopathic education into one body, a new Bureau of Professional Education was organized.

The National Commission on Accrediting recognized the American Osteopathic Association in 1967. The National Commission on Accrediting was the predecessor to the Council on Postsecondary

Accreditation. On January 1, 1994, the Council on Postsecondary Accreditation was reorganized as the Commission on Recognition of Postsecondary Accreditation. On January 1, 1997, the Commission on Recognition of Postsecondary Accreditation (CORPA) was reorganized as Council on Higher Education Accreditation (CHEA), which is the non-governmental agency recognized by higher education institutions to approve and recognize national agencies for accreditation purposes.

In 1993, the Bureau renamed its committees and coordinated four councils that dealt with various phases of osteopathic education:

- a. The Council on Predoctoral Education, the evaluating unit of undergraduate medical education;
- b. The Council on Postdoctoral Training, the evaluating unit of internships, residencies, preceptorships, and other post-graduate medical education programs;
- c. The Council on Continuing Medical Education, the unit which evaluates programs and recommends approval of CME credits; and
- d. The Council on International Osteopathic Medical Education and Affairs.

These councils were responsible for evaluating the programs under their purview and making initial recommendations to the AOA Bureau. The AOA Bureau served as the accrediting and final approval agency for colleges of osteopathic medicine. The Board of Trustees was the final appeal body for decisions of the Council on Postdoctoral Training and was the final approving and appeal body for the Council on Continuing Medical Education.

In 2001, the Task Force to Study the Structure of the Department of Educational Affairs began to broadly review the structure of the Department of Educational Affairs, with an emphasis on the AOA Bureau. In February 2003, the Task Force presented its final report to the AOA Board of Trustees for approval. The result of this Task Force was to divide the functions of the AOA Bureau into two separate decision-making bodies.

The Bureau of Osteopathic Education (BOE) was responsible for postdoctoral education and continuing medical education and had five committees reporting to it. Of those five committees, three were new. The five committees were: 1) Council of Hospitals (new); Osteopathic Medical Educators Council (new); Council of Osteopathic Specialty Societies (new); Council on Postdoctoral Training; and Council on Continuing Medical Education. The BOE began its new functions in July 2004.

The college accreditation process was re-organized into the Commission on Osteopathic College Accreditation (COCA), a single purpose committee that functions as the final decision-making body for college accreditation.

In February 2004, the AOA Board of Trustees voted to approve the recommended structure of the COCA, which included the elimination of the Council on Predoctoral Education. The COCA is now the sole accrediting body for colleges of osteopathic medicine that reviews, evaluates, and establishes the accreditation status of a COM.

COCA Mission, Goals, and Objectives

The COCA serves the public by establishing, maintaining, and applying accreditation standards and procedures to ensure that the academic quality and continuous quality improvement of the education

delivered by the COMs reflect the evolving practice of osteopathic medicine. The scope of the COCA's work encompasses the accreditation of COMs.

Goal 1

To serve the public and interested communities (*e.g.*, colleges of osteopathic medicine, osteopathic medical community, *etc.*) by ensuring the continued effectiveness of the COCA.

Objectives:

1. Maintain an independent and objective accreditation process.
2. Inform the public and the communities of interest regarding the accreditation status of programs and institutions.
3. Develop and implement policies with integrity and high ethical standards.
4. Continue to seek the most cost-effective way to provide the services of the COCA.
5. Develop and disseminate information that demonstrates the effectiveness of the COCA's operations.
6. Maintain liaison between the COCA and its constituents.
7. Keep the community of interest informed of current trends and developments in specialized accreditation.
8. Serve as a resource on accreditation.

Goal 2

To develop, maintain, apply, and periodically review the COCA's accreditation processes and the accreditation standards for COMs.

Objectives:

1. Review COM programs and institutions and make accreditation decisions in accordance with COCA's standards and procedures.
2. Establish and disseminate standards, policies and procedures for the COMs accredited by the COCA.
3. Comprehensively review the accreditation standards at least every five years.
4. Solicit suggestions from accrediting teams relative to standards, procedures, and processes.
5. Solicit suggestions from the community of interest relative to standards, procedures, and processes.
6. Identify competent individuals and provide appropriate training so they can participate in accreditation on-site visits.
7. Evaluate the performance of all evaluators and use the results of the evaluations to identify areas needing emphasis in the training process.
8. Monitor programs in the interim between on-site visits through the use of annual reports, mid-cycle reports, progress reports, interim progress reviews, and focused visitations.

Goal 3

To foster continuous quality improvement of osteopathic medical education by encouraging innovation and creativity in COM programs and institutions.

Objectives:

1. Communicate to the community of interest that the COCA encourages innovation and creativity in the COM.
2. Ensure that the policies and the procedures of the COCA do not inhibit innovation.
3. Ensure that the COCA and *Evaluators Registry* members perceive innovation as a necessary and positive approach to foster continuous quality improvement in osteopathic medical education.
4. Create standards which tie institutional planning to ongoing assessment of a COM's effectiveness.

Goal 4

To assure the continued effectiveness of the accreditation process by the development and application of continuous quality assurance, self-assessment, and external review of the COCA.

Objectives:

1. Maintain recognition by the USDE, by meeting all federal regulations for accreditation as found in the Code of Federal Regulations.
2. Seek external review by organizations that recognize accrediting bodies and follow accepted codes of good practice.
3. Engage in planning and conduct periodic self-assessments.
4. Evaluate and test the validity and reliability of the COCA's processes.
5. Maintain a committee structure that involves COCA members, and other experts in planning, quality improvement, and self-assessment.
6. Seek regular input from the community of interest relative to planning, quality improvement, and self-assessment.

COCA Responsibilities

The COCA serves as the accrediting agency for colleges of osteopathic medicine. In this capacity, the COCA reviews, evaluates, and takes final action on college accreditation status and communicates such action to appropriate state and federal education regulatory bodies. In addition, the COCA approves the standards, policies, and procedures for college accreditation and approves this handbook. The COCA reviews policy directions on predoctoral-osteopathic medical education, and monitors and maintains high-quality osteopathic predoctoral education through the college accreditation process.

COCA Membership

The COCA has twenty-one (21) voting members whose appointment will be in staggered terms and be limited to no more than three consecutive three-year terms for regular members (for a maximum of nine consecutive years) and one two-year term for student members. No member of the AOA Board of Trustees will serve concurrently as a member of the COCA. The commission shall not have more than two members who are affiliated with the same COM. If this situation occurs due to a member's change of employment during the term of office, the individual will need to resign after completion of their current three-year term of appointment to resolve the circumstance.

The COCA will conduct, at its first meeting following appointment of new commissioners, an orientation program for all new commissioners.

The COCA will have one non-voting secretary. AOA Department of Accreditation staff will serve in this position.

COCA Voting Members

The COCA is to be comprised of twenty-one (21) members who reflect the multiple constituencies (see *Qualifications for Membership on the COCA* below) that are interested in assuring quality in osteopathic medical education at the undergraduate level, with an appropriate balance of these constituencies. The specific membership composition may shift over time due to career changes of commissioners during their tenure on the COCA and the availability of appropriate candidates from an identified constituency.

Subject to these limitations, the COCA voting members will include the following:

Nine members directly involved in osteopathic medical education, including:

- 4 COM Deans
- 2 graduate medical education leaders
- 1 biomedical science faculty member at a COM who is not a Dean/CAO (may have the title of Assistant Dean or Associate Dean)
- 1 clinical science faculty member at a COM who is not a Dean/CAO (may have the title of Assistant Dean or Associate Dean)
- 1 student services representative at a COM

Two student members

- 1 student nominated by the Student Osteopathic Medical Association
- 1 student nominated by the Council of Osteopathic Student Government Presidents

Ten additional members, including:

- 4 osteopathic physicians at large
- 3 public members
- 1 physician member of a state medical licensing board
- 1 hospital or health care administrator with experience in clinical medical education
- 1 DO resident/fellow or new physician in practice

At certain times, the COCA's composition may not correspond with these categories. Once appointed to the COCA, commissioners will not lose their positions due to a career change (e.g., a COM dean serving on the COCA who retires before the end of their term limit may complete the term in office). Commissioners with appropriate credentials to fill multiple defined positions may be reclassified during their term in office (e.g., a physician at large who also serves on a state licensing board may be shifted into the slotted position for a state licensing board member), but the shift in positions will not alter the commissioner's appointment term or term limit.

Vacancies in a COCA member position will be filled in the same manner as described above. A newly appointed commissioner will fill the remaining time in the unexpired term and may be considered for reappointment at the culmination of the term. The reappointment will be considered as their first term.

Commissioners are evaluated by the chair and vice chair and the evaluations are shared with the nominating committee for consideration at the time of consideration for reappointment.

Qualifications for Membership on the COCA

1. Professional (non-Public) Members

- a. Professional members must hold the DO degree, or an advanced degree in basic medical sciences, social or population health science; educational science; or hospital or healthcare administration.
- b. A practitioner member must hold or recently have held an active medical license and, if licensed, must be actively and significantly engaged in the clinical practice of medicine while serving as a member of the COCA.
- c. An educator professional member must hold an administrative or faculty position at a COCA accredited college of osteopathic medicine and must be significantly engaged in teaching or supervising medical students and/or resident physicians while serving as a member of the COCA.
- d. Professional members must be knowledgeable about and experienced with the processes of osteopathic medical education and accreditation in the United States.

2. Public Members

- a. Public members must, by education, experience, and public service, possess qualifications that allow them to provide a public perspective to the assessment of osteopathic medical education program quality. Public members should possess professional experience and stature in their field, be regarded as community leaders, and be seen as trusted agents of the public.
- b. To ensure the requisite impartiality to represent the public at large, members of the medical profession or their spouses, persons otherwise eligible for selection as professional members, or anyone else with financial, political, professional, or other interests in the programs being evaluated by the COCA, are ineligible for service as a public member.
- c. The COCA will not appoint as a public member any person who is (1) an employee, member of the governing board, owner, shareholder of, or consultant to any institution or program that is accredited or preaccredited by the COCA, or, is actively seeking accreditation by the COCA; (2) a member or employee of any trade association or membership organization related to, affiliated with, or associated with the COCA; or (3) a spouse, domestic partner, parent, child, or sibling of an individual who meets criterion (1) or (2) above.
- d. Public members must have experience in higher education, accreditation, or public service or other similar experience that allow them to bring the perspective of one or more “external publics” to the evaluation of colleges of osteopathic medicine.

- e. All public members, at the time of appointment and at the beginning of each COCA operating year, will be asked to execute a sworn affidavit attesting to their compliance with the USDE requirements for public members.
3. Requirements for Specific Professional (non-Public) Positions
 - a. DO Resident/Fellow or New Physician in Practice: This position can be filled by a physician holding the DO degree who 1) is currently a resident (or has been accepted to and is about to start a residency position), 2) is currently a fellow (or has been accepted to and is about to start a fellowship position), or 3) has completed postdoctoral training and has been in practice for less than five years.
 - b. Osteopathic Physician-At-Large: This position can be filled by a DO practitioner who holds an active medical license. Eligibility for the osteopathic physician-at-large position is based on primary employment position type, and those who meet the requirements of other categories are excluded from appointment to this position. Those who have formerly served in another COCA position may subsequently be appointed to the COCA as an osteopathic physician-at-large if at least three years have passed since the conclusion of their most recent service in another COCA position, as long as they currently meet the other requirements for this position and the other requirements for reappointment above.

COCA Nomination Process

Open COCA positions will be added to the annual AOA Bureau/Council/Committee application process for the AOA President-elect to source and identify potential candidates for COCA appointment. Annually, two AOA members will be chosen by the AOA President-elect to vet and recommend COCA appointment selections to the AOA President-elect.

In addition, nominations for open positions are solicited by the COCA based on the qualifications in this handbook. The COCA Nominations Committee reviews the nominees and presents proposed appointments to the incoming AOA President.

As deemed necessary, the AOA President-elect may meet with the Chair of the COCA to discuss potential candidates and/or the final selections of the AOA President-elect. The AOA President-elect will submit final list of appointees to the AOA Board of Trustees for approval.

Appointments to open positions are made by the AOA Board of Trustees subject to the procedures for appointment of members to AOA bureaus / councils/ committees. However, the AOA Board of Trustees may not reject a nominee of the COCA Nominations Committee except for good cause, including but not limited to lack of qualifications, conflict of interest, criminal activity, disciplinary actions, or ethical violations.

COCA Leadership

COCA Chair

The AOA president appoints the chair, from within the membership of the COCA for a two-year term. The AOA Board of Trustees then approves the appointment. The chair may be re-appointed to

serve another one-year term. To be eligible to serve as chair, a COCA commissioner must have served at least two years on the COCA. If, at the end of their two-year term, the chair would also have completed their third three-year term as a commissioner, the chair may be re-appointed to serve an additional one-year term as past chair.

Duties of the Chair

The chair presides over all meetings of the COCA. The chair appoints the membership of the committees described in this handbook and, with approval of the COCA, may establish and appoint the membership of *ad hoc* subcommittees, for which the chair shall be an ex-officio member. The chair also oversees the selection of qualified evaluators to serve on visits to the COMs.

In addition to the review of all agenda material, the COCA chair will assign two COCA members to review COM progress report material, self-study reports, annual reports, or other agenda material, as necessary. These members will provide a written report and present their findings and recommendations to the COCA for further discussion. The chair may delegate this responsibility to the COCA staff.

Vice-Chair

The AOA president appoints the vice-chair from within the membership of the COCA for a one-year term. The AOA Board of Trustees then approves the vice chair. The vice chair may be re-appointed to serve another one-year term. To be eligible to serve as vice chair, a COCA commissioner must have served at least one year on the COCA.

Duties of the Vice-Chair

The vice-chair will assume the duties of chair in the event the chair is absent for cause, or if the chair so designates.

COCA Meetings

Policies and procedures governing COCA meetings are published in *Commission on Osteopathic College Accreditation, Accreditation of Colleges of Osteopathic Medicine: COCA Policies and Procedures*.

COCA Staff

The formal responsibilities for managing the COCA are held by the Department of Accreditation at the American Osteopathic Association.

Legal counsel attends all COCA meetings and advises the membership and staff as needed on legal issues relating to accreditation activities.

The Department of Accreditation supports the operation of the COCA and manages the accreditation system, including development of COCA documents and maintenance of the website, design and implementation of activities for programs undergoing accreditation review, selection of site visit teams, and ongoing training programs for site visit team members.

Information on COCA Members and Staff Made Available to the Public

The COCA maintains on its website the names and current academic/professional affiliations of commission members and principal administrative staff.

Registry of Evaluators of Colleges of Osteopathic Medicine (Evaluators Registry)

The COCA will maintain an evaluators registry of individuals who are approved to serve as site visit team members.

The COCA will review the composition of the Evaluators Registry on an annual basis. This review will include, but not be limited to, the following criteria: attendance at accreditation training workshops; current employment status, and evaluations of site visit team members by team chairs, COMs, and COCA staff. Based upon findings of this review, the COCA may solicit specific candidates as needed. The COCA will review credentials of all candidates and approve the candidates as appropriate.

Any COCA member who serves on a site visit team cannot take part in COCA discussion or vote on the action relating to the site visit in which the COCA member participated.

Roles and responsibilities of members of the evaluators' registry are published in the COCA evaluators manual.

COCA Standing Committees

All members of COCA committees are subject to the conflict of interest and confidentiality policies of the COCA.

Executive Committee (COCA-EC)

The purpose of the COCA-EC is to function in well-defined, limited roles between regularly scheduled meetings of the COCA. The COCA-EC will include seven COCA members, including the COCA chair and vice-chair and five other members nominated by the COCA chair. The COCA EC may meet by teleconference or video conference as needed.

The COCA-EC will provide, among other functions, the following:

- a. Review of COCA accreditation documents and this handbook, with recommendation to the COCA for consideration of areas for revision
- b. Technical review of substantive change applications
- c. Technical review of applications for new COMs
- d. Authorization of focused site visits based upon information obtained between regularly scheduled meetings
- e. Standards interpretation
- f. Adjudicate COM requests for reconsideration
- g. Review of complaints about COMs submitted to the COCA

Committee for College Accreditation Training (CCAT)

The purpose of the CCAT is to develop and implement educational programs to assist COCA evaluators, the COMs, and others involved in the accreditation process in conducting on-site accreditation visits and other issues pertinent to the accreditation process in general.

All CCAT members and the committee chair will be appointed annually by the COCA chair and will be comprised of at least five members, three of whom will be COCA members and two of whom will be selected from outside the COCA. The COCA chair serves as an ex-officio non-voting member.

The CCAT develops the qualifications for COCA evaluators in compliance with USDE requirements and issues a call for volunteers as needed to ensure the evaluators registry includes an adequate number of evaluators with the appropriate background and experience to conduct accreditation reviews. The CCAT will conduct the initial review of site evaluator applications and make recommendations to the COCA as to their acceptance.

The CCAT recommends COM accreditation training workshop programs to the COCA for its approval. The CCAT is responsible for all aspects of planning and conducting workshops.

The CCAT develops and administers evaluation reviews of COCA evaluators and provides feedback to evaluators as needed to improve the site visit process. When required, the CCAT may make a recommendation for the removal of an evaluator from the evaluator registry for presentation to and approval by the COCA.

The CCAT will meet via teleconference, videoconference, or in-person in conjunction with regularly scheduled COCA meetings. Special meetings may be conducted at the discretion of the COCA chair.

Data and Reports Committee (DRC)

The purpose of the DRC is to develop and review the COCA annual report, student survey, and other student achievement and programmatic outcome data metrics. In addition, the DRC develops the COCA commissioner evaluation forms.

All DRC members and the committee chair will be appointed annually by the COCA chair. The DRC will be comprised of at least three COCA members, and a minimum of one COM student. The COCA chair may also appoint up to three additional members with expertise in assessment and data. The COCA chair serves as an ex-officio non-voting member.

The DRC will meet via teleconference, videoconference, or in-person in conjunction with regularly scheduled COCA meetings. Special meetings may be conducted at the discretion of the COCA chair.

Nominations Committee (NC)

The purpose of the NC is to recommend candidates for positions as COCA members, based upon the qualifications identified in this handbook. Applications are solicited from AOA membership and other stakeholder groups (e.g., AACOM, COMs, and specialty affiliates). The nominees are reviewed by the NC and the approved nominations are forwarded to the AOA president-elect, with final approval of members made by the AOA Board of Trustees consistent with the procedures for appointment of members to AOA bureaus, councils, and committees.

All NC members and the committee chair will be appointed annually by the COCA chair. The NC will be comprised of at least three COCA members. The COCA chair serves as an ex-officio voting member. The NC may seek recommendations from outside consultants at the discretion of chair.

Standards Review Committee (SRC)

The purpose of the SRC is to review proposed changes to the standards of accreditation and other accreditation policies and procedures as needed. prior to COCA's consideration of changes, all proposed changes to the standards of accreditation will be posted for public comment. Comments will be received either in written format or, if called by the COCA, at a COCA forum.

All SRC members and the committee chair will be appointed annually by the COCA chair. The SRC will be comprised of a minimum of five COCA members and a minimum of one student. The COCA chair serves as an ex-officio voting member.

COCA Appeals Panel

The COCA Appeals Panel consists of five members, including one (1) public member. These members will be selected from a list of former COCA members who were not COCA members when the COCA made the adverse decision under appeal. The list of former COCA members eligible for participation on the Appeals Panel will be reviewed and approved annually by the COCA and will be chosen based upon the following considerations:

1. When the COCA is serving as an institutional accreditor of the COM, the panel will include at least one member with an academic background and one member with an administrative background;
2. When the COCA is serving as a programmatic accreditor of the COM, the panel will include at least one educator and one practitioner.

A quorum (simple majority) of the panel must be present for a hearing.

If vacancies occur on the COCA Appeals Panel list, the COCA may fill those vacancies at any time during the year by action of the COCA-EC.

The COCA Appeal Panel is subject to the COCA's Conflict of Interest Policy.

Ad Hoc Committees and Work Groups

The COCA Chair may designate *ad hoc* committees, subcommittees, or work groups to address policy issues, accreditation standards, or other matters deemed important for the effective functioning of the COCA.

Confidentiality and Conflict-of-Interest Policy

COCA members and staff are expected to protect the confidentiality of confidential information provided to the COCA by COMs and stakeholder groups unless there is clear indication that the information provided is for public distribution or that the information is not intended to be confidential. Failure to protect the confidentiality of information is a cause for removal of a commissioner from the COCA.

COCA members and staff are expected to comply with the conflict-of-interest policy set forth in the COCA policies & procedures document.