

COCA Substantive Change Request: Planned Class Size Increase

Effective for reviews submitted on or after October 1, 2024

**Commission on Osteopathic College Accreditation
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General Information

A substantive change is any modification in a college of osteopathic medicine's (COM) operations, governance, or legal status that does not have a material adverse effect that could impact the COM's capacity to continue to meet the Commission on Osteopathic College Accreditation's (COCA) accreditation requirements for the delivery of the osteopathic medical education curriculum.

Substantive changes that must be reported to the COCA are defined by the U.S. Department of Education under 34 CFR §602.22. The COCA will not grant "pre-approval" of additional locations or branch campuses as those substantive changes are defined in 34 CFR §602.

A COM must receive prior approval from the COCA at least 120 days before the implementation of the substantive change, or within the time frame described under each change below. The COCA will consider requests for expedited reviews of any substantive change application in emergency situations.

The COCA will approve a substantive change when the criteria for the requested change have been met, and the COCA determines that the substantive change will not have a material adverse effect on the capacity of the COM to meet the continuing accreditation standards.

Substantive changes that require COCA approval include:

1. Any change in the established mission or objectives of the institution;
2. A change in location of the institution;
3. Any change in the legal status or form of control of the institution;
4. A change of instruction which represents a significant departure from the current curriculum;
5. A change from clock hours to credit hours or vice versa;
6. A substantial increase or decrease in the number of clock or credit hours awarded for completion of the curriculum;
7. A substantial increase or decrease in the length of the curriculum;
8. Establishment of an additional location or branch campus geographically apart from the main campus;
9. Contracting with a non-Title IV eligible institution for between 25% and 49% of a program;
10. Acquisition of any other institution or any program or location of another institution;
11. Addition of a permanent location at which a teach-out is being conducted for students of another institution that has ceased operations;
12. Any anticipated or unplanned increase in class size;
13. Transition from a branch campus to an additional location or vice versa; and
14. Transition from a branch campus or additional location to an independent COM.

The COCA may consider simultaneous substantive change requests submitted at the same time but may not consider a new request when another request is under review. The COCA will consider requests for reviews of any substantive change application when another is being reviewed in emergency situations.

The COCA will consider applications only from COMs with a current accreditation status of Accreditation or Accreditation with Exceptional Outcome and have no outstanding unmet elements from any type of monitoring including comprehensive reviews, focused reviews, and midcycle reports, for any of the following substantive changes:

1. Additional Location
2. Branch Campus
3. Planned Class Size Increase
4. Acquisition of any other Institution or any Program or Location of Another Institution

The COCA reserves the right to deny any substantive change request.

Substantive Changes Requiring Comprehensive Evaluation

The COCA may require that requests for substantive change be evaluated with a comprehensive evaluation, in addition to the evaluation requirements that exist for each type of substantive change, including whenever the COM meets one or more of the following conditions:

1. Had its last comprehensive site visit three (3) or more years ago;
2. Has received an accreditation status that included “with warning,” or “with probation,” within the last five (5) years;
3. Had an approved substantive change-class size increase within five (5) years;
4. Had a substantive change-unplanned class size increase within seven (7) years;
5. Had an approved substantive change-branch campus within five (5) years; or
6. Had an approved substantive change-additional location within five (5) years.

The COCA may grant a new cycle of review of continuing accreditation to a COM that undergoes a comprehensive site visit for purposes of evaluating a request for substantive change.

If COCA serves as a COMs institutional accreditor, additional information may be required to demonstrate compliance with elements in Standard 12 of the COCA COM Continuing Accreditation Standards. As of March 1, 2024, the COCA will no longer accept applications to serve as an institutional accreditor.

As of March 1, 2029, institutional accreditation by the COCA will end for all COMs. The COCA will no longer confer eligibility for Title IV Federal HEA programs. Subsequently, regardless of its accreditation status, any COM previously institutionally accredited by the COCA must obtain full institutional accreditation from one of the six USDE recognized institutional accreditors to retain COCA’s programmatic accreditation.

Queries about whether a proposed change qualifies as a substantive change and initial requests for a substantive change should be submitted to the COCA at predoc@osteopathic.org or (312) 202-8124. A staff member will contact you to discuss the process and required fees. The required substantive change documents must be submitted through COCA-approved electronic media.

Planned Class Size Increase

Definition

All COMs have an approved class size from the COCA. Each branch campus and additional location that is recognized by the COCA will also have a separate, approved class size. A COM requesting to accept additional first-time matriculants beyond the approved class size must submit a substantive change request for an increase in class size.

For an accurate accounting of class size, in those instances where a student matriculates in one year but takes a leave of absence or other decelerated program options, the COM will count that student towards the class in which he or she matriculated.

The increase in class size will only apply to incoming and subsequent classes but not to already matriculated classes.

For any planned class size increase requests, the COCA will review past application and matriculation rates of the COM and compare those rates to the COM's approved class size. The COCA reserves the right to deny any planned class size increase requests.

If a COM's request for a planned class size increase fails to progress forward in a satisfactory manner evidenced by outstanding unmet elements, the COCA reserves the right to adjust or revoke the class size increase request.

Timing

The application for a Substantive Change – Planned Class Size Increase must be reviewed at a COCA meeting occurring at least 18 months prior to the desired change. Application materials must be submitted at least 90 days prior to the COCA meeting where the substantive change will be reviewed.

A COM applying for a class size increase must have an accreditation status of Accreditation or Accreditation with Exceptional Outcome at the time of application and continue to maintain such status throughout the time that the application is pending. A COM with a status of Accreditation with Finding may demonstrate through a progress report, focused site visit, or any other monitoring the COCA may require, that it complies with the required standards for an accreditation status of Accreditation or Accreditation with Exceptional Outcome for the purpose of applying for a substantive change.

A COM applying for a planned size increase must have completed a comprehensive site visit within three years of application. If the COM's last comprehensive site visit was more than three years prior to request, a comprehensive site visit must be completed as part of the application of the planned size increase request. The COCA retains discretionary authority to require a comprehensive site visit even if the COM has undergone a comprehensive site visit less than three years prior to the time of application.

Evaluation of Class Size Increase Request

The COCA will evaluate each application for a class size increase and consider the ability of a COM to manage the proposed increase in light of its current cohort of students. In order to ensure that a COM can accommodate a class size, the COCA may require that the increase be implemented over

an extended time period. The length of the time and number of students increased per year will be determined by the COCA based on the specific circumstances set forth in the application and the COM's current success in managing its current class size. COCA may reduce or deny a request for a planned size increase based on resources available to the COM as demonstrated by the COM.

A non-refundable application fee must be submitted prior to beginning the application.

The application (Step I) and monitoring (Steps II-V) for a planned class size increase is a five-step process. Successful completion of all five steps and approval by COCA completes the planned class size increase process.

Step I: Planned Class Size Increase Application

A. Submission of a written narrative that includes the following:

1. Introduction of the COM including history and mission;
2. Discussion of adequacy of faculty for the current class size and the requested increased class size and how that was calculated;
(COMs that have met the qualifications to request a substantive change are expected to uphold the same level of faculty and staff resources to ensure success of the expanded student body).
3. Discussion of sufficient student space, including study space, classroom and laboratory space, such as auditoriums, anatomy and osteopathic manipulative medicine labs, and shared resources;
(COMs that have met the qualifications to request a substantive change are expected to expand facility resources to ensure the same level of student success that was achieved prior to the student body expansion. Special attention must be paid to student study space and space for use by students intended to support diversity, equity, and inclusion to the extent permitted by law, and must consult with students in the process of establishing such a space.)
4. Discussion of sufficient learning resources;
5. Discussion of the impact on the admissions policies and recruitment plans for an applicant pool sizeable enough to generate the requested increased class size within the COM's defined geographic region. The plan must demonstrate recruitment of a diverse student population;
6. Discussion of how the class size increase will impact existing clinical rotations and evidence of sufficient numbers of Year 3 and Year 4 clinical education positions for the rolling average of second year matriculants of the current class size and plus the requested increased class size, plus 10%;
7. Impact of the class size increase on existing students, faculty, and staff;
8. Impact of the class size increase to provide third year students with clinical rotation experiences with a resident, under the supervision of an osteopathic physician, and in an inpatient setting, as required under Element 6.10;

9. COMLEX-USA pass rates for the parent COM for the last three years (The COM must demonstrate that for the previous three years, its first-time pass rate on all levels of the COMLEX USA have been within two standard deviations of the national mean and above 90%. If the COM does not meet these criteria, the application for the planned class size increase will not be approved.);
 10. GME placement rates for the parent COM for the last three years (The COM must demonstrate that for the past three years the GME placement rates have been above 95%. If the COM does not meet this criterion, the application for the planned class size increase will not be approved.); and
 11. Anticipated impact of the planned class size increase on the COM's GME needs.
- B. Completion of a self-study demonstrating compliance with the following **Pre-Accreditation and Continuing accreditation elements**. (All elements are Continuing accreditation elements unless otherwise noted.)

1. **Element 3.1: Financial Resources**

A COM and any branch campus must ensure that the financial resources of the school are adequate to sustain a sound program of osteopathic medical education and to accomplish the programmatic and institutional goals. Because of the potential financial consequences, if any COM or its parent institution experiences a change in status regarding its participation in the Title IV programs following its initial establishment of participation, it must notify the COCA.

Provide:

- a. An updated operational budget that shows impact to the financial resources available to the operation and stability of the COM and/or institution. The operational budget should include (at minimum) the anticipated income, revenue sources, and expenses including budget for faculty and staff up through the anticipated graduation of the first increased class of students.
- b. The most recent letter authorizing the COM to participate in the Title IV HEA program.

2. **Element 4.1: Facilities**

A COM (and any branch campus) and its additional location must have facilities for the program of instruction that enable the authorized class size of students and faculty to pursue the mission, curriculum content and delivery, and research/scholarly activity of the COM.

A COM (and any branch campus) must have access to facilities for simulation and standardized patient encounters and must demonstrate how the facilities contribute to student achievement of learning outcomes of its curriculum.

A COM (and any branch campus) must assess the adequacy of the core and required clinical rotation facilities and involve students in the assessment.

The COM must have space available for use by students in a manner intended to

support diversity, equity, and inclusion to the extent permitted by law, and must consult with students in the process of establishing such a space.

Provide:

a. A completed Continuing Table 4.1 to describe the on-campus facilities dedicated to DO students.

Note: COMs that have met the qualifications to request a substantive change are expected to expand facility resources or demonstrate current facility resources can accommodate the requested change and ensure the same level of student success that was achieved prior to the request. Special attention must be paid to student study space and space for use by students intended to support diversity, equity, and inclusion to the extent permitted by law, and must consult with students in the process of establishing such a space.

b. Floor plans of additional/modified facilities with designations of how the space will be utilized (full architectural drawings are not required).

c. A description of, and indicate on the floor plans provided, the facilities used for simulation, study space, DEI support, and standardized patient encounters provided to students.

d. If there will be any changes in the core and required rotation facilities, describe how the COM assesses the adequacy of the core and required clinical rotation facilities, including how students are involved in the assessment.

e. The construction plan and timeline for any alterations or additions to existing facilities that will be required to accomplish the requested change(s).

f. A contingency plan for COM facilities should the buildings, (in submission “e” above) not be completed on time.

g. The permanent Certificate of Occupancy for COM buildings, that will be required to accomplish the requested change(s) and by December 31 of the year prior to the anticipated start of classes.

3. **Element 4.3: Information Technology**

A COM must ensure access to information technology to support its mission at all locations and ensure Wi-Fi availability at all core and required rotation sites. Students, faculty, and staff must be involved in the assessment of information technology services.

Provide:

a. An updated copy of the COM’s information technology strategic plan that describes the technological resources. The strategic plan should include goals, objectives, timelines, and parties responsible for attaining the goals.

b. A description of how students, faculty, and staff will be involved in the assessment of information technology services.

c. The most recent technology assessment report, including input from students, faculty, and staff at all locations/campuses and Wi-Fi availability at core and required clinical rotation sites.

4. **Element 4.4 Learning Resources**

A COM and any branch campus must ensure students and faculty have access to in-person and electronic learning resources at all campus locations that support pre-clinical and clinical education that achieve program objectives and support the COM's mission.

Provide:

a. A completed Continuing Table 4.4 to describe the COM's learning resources including resources needed to accomplish the learning objectives of the curriculum.

5. **Element 5.5: Office of Diversity, Equity, and Inclusion (DEI)**

A COM, or its parent institution, must have an Office of Diversity, Equity, and Inclusion (DEI) (or similar) to the extent permitted by law that supports students, faculty, and staff, and the COM's efforts to promote recruitment, retention, and success of its students, faculty, and staff throughout the osteopathic medical education program.

The DEI Office must have a strategic plan that is developed with input from students, faculty, and staff.

Provide:

a. A copy of the strategic plan for the COM's DEI Office.

b. A description of how students, faculty and staff were involved in the development and review of the strategic plan.

6. **Element 6.9: Clinical Education**

A COM must:

1. Describe how clinical skills are taught and assessed throughout its curriculum;

2. Define eligibility requirements, including clinical skills, for a student to enter clinical rotations;

3. Define its core clinical rotations, core clinical rotations must include family medicine, internal medicine, general surgery, and pediatrics (all core clinical rotations must be a minimum of four weeks long and must include in-person patient care);

4. Define its required clinical rotations, required clinical rotations must include psychiatry, obstetrics and gynecology, and emergency medicine (all required clinical rotations must be a minimum of four weeks long and must include in-person patient care); Note: Critical care medicine can be substituted for emergency medicine. Note: Psychiatry and obstetrics and gynecology will change from a required to a core rotation by July 1, 2027.

5. Define the types of patients and clinical conditions that osteopathic medical students are required to encounter, the clinical skills to be performed by the students, the appropriate clinical setting for these experiences, and the expected levels of student responsibilities;

6. Provide clinical education rotations, including demonstration of adequate faculty, for the three-year rolling average of the number of students eligible to enter core and required rotations for the first time, students repeating core and required rotations, and off-cycle students;

7. Have published policies and procedures (protocols) addressing methodologies by which students can satisfactorily complete, including remediation activities, the clinical education curriculum, including standardized/simulated and supervised patient encounters; and 8. Provide executed affiliation agreements that support the clinical educational experience for its students.

Note: The distinction between core rotations and required rotations is that core rotations must be taught in the third year of the curriculum by the faculty who hold (or have held) board certification, or be board eligible, in the listed specialty. These stipulations do not apply to required rotations.

Provide:

- a. A copy of a COM-approved clinical education affiliation agreement.
- b. A list of all contracted clinical sites for core and required clinical rotations. At the time of the site visit, a COM must produce all documents that evidence the acceptance of the COM's students to participate at the affiliate sites, including all executed affiliation agreements.
- c. The definition of a student eligible to enter clinical rotations.
- d. Documentation (e.g., clinical education manual) listing core and required third- and fourth-year rotations.
- e. Syllabi for all core and required clinical rotations.
- f. Evidence that each student at a minimum must successfully complete core clinical rotations including family medicine, internal medicine, general surgery, and pediatrics.
- g. Evidence that each student must successfully complete required clinical rotations including psychiatry, obstetrics and gynecology, and emergency medicine.
- h. Policies and procedures (protocols) demonstrating how clinical education is delivered to all students through the COM.
- i. A completed Continuing Tables 6.9a detailing student population eligible to participate in clinical rotations.
- j. A completed Continuing Table 6.9b demonstrating adequacy of core and required clinical rotation capacity.
- k. A contingency plan for all core and required rotations indicating how students will be placed in clinical education in the event opportunities are no longer available.

7. **Element 6.10: Clinical Experience**

A COM and any branch campus must ensure that each student's rotations prior to the fourth-year clinical clerkships include the following experiences: 1) at least one rotation conducted in a health care setting in which the student works with resident physicians currently enrolled in an accredited program of graduate medical education; 2) at least one rotation under the supervision of an osteopathic physician; and 3) more than one rotation in an inpatient setting.

Provide:

- a. A de-identified document showing how the most recent cohort of students received the mandatory clinical experiences prior to their fourth-year clinical clerkships from the system used by the COM to track compliance with these

requirements.

b. The process the COM uses to ensure students receive the mandatory clinical rotation experiences prior to their fourth-year clinical clerkships. (Not to exceed 250 words)

8. **Element 6.11 Compatibility Across Clinical Education Sites**

A COM and any branch campus must ensure that the curriculum includes comparable educational experiences and equivalent methods of assessment across all core and required clinical educational sites where students learn, ensuring all students achieve similar outcomes based on educational learning objectives. This comparison of comparability must include a statistical analysis.

Provide:

a. The policies and procedures describing how student outcomes at clinical educational sites are reviewed and utilized in the determination of the comparability of outcome of the clinical experiences.

b. The most recent report assessing student outcomes across sites, including a statistical analysis. Describe plans to address any issues found.

9. **Element 6.12: Diversity, Equity, and Inclusion (DEI) Curriculum**

A COM must incorporate diversity, equity, and inclusion into its curriculum to the extent permitted by law.

Provide:

a. The description of the COM's curriculum that includes issues related to diversity, equity, and inclusion.

b. The curriculum map demonstrating where the diversity, equity, and inclusion content is delivered.

10. **Element 7.1: Faculty and Staff Resources and Qualifications**

A COM must have sufficient faculty and clinical staff resources to achieve the program mission, including part time and adjunct faculty, and preceptors who are appropriately trained and credentialed.

Note: COMs that have met the qualifications to request a substantive change are expected to uphold the same level of faculty and staff resources to ensure success of the expanded student body.

The physician faculty, in the patient care environment at core rotation sites, must hold current medical licensure and have had AOA or ABMS board certification at some time in their career or be currently board eligible in the specialty being taught.

A COM must have a mechanism to review and approve credentials of physician faculty that have never been board certified or are not board eligible by the AOA or ABMS at non-core rotations sites.

All non-physician faculty in the patient care environment must have demonstrated appropriate qualifications in their disciplinary field.

Provide:

- a. An organizational chart (including titles and names) demonstrating how the faculty are organized.
- b. A completed Continuing Tables 7.1a and 7.1b.
- c. A description of the mechanism to review and approve credentials of physician faculty that have never been board certified or are not currently board eligible by the AOA or ABMS at non-core rotations sites.

11. **Element 7.9: Diversity, Equity, and Inclusion (DEI) Training**

A COM must offer DEI training to employed faculty and staff at least annually to the extent permitted by law.

Provide:

- a. Documentation of DEI training being offered to all COM-employed faculty and staff at least annually.

12. **Element 8.1: Research and Scholarly Strategic Plan**

A COM must produce and publish a strategic plan for research and scholarly activities at all campus locations that documents how the COM intends to contribute to the advancement of knowledge through research and scholarly contributions. The plan must include cultural competency and health disparities research/scholarly activities.

Provide:

- a. The COM's research and scholarly activity strategic plan.
- b. The link to the public webpage where the research and scholarly activity strategic plan is published.

13. **Element 8.2: Research and Scholarly Activity Budget**

A COM must have budgetary processes and a budget that supports research and scholarly activity by its faculty and students.

Provide:

- a. The budgetary processes that will support research and scholarly activity by its faculty and students.
- b. The COM's research and scholarly activity budget(s) through the anticipated graduation of the first class of students after the planned increase in class size.

14. **Element 8.3: OMM/OPP Research and Scholarly Activity**

A COM must demonstrate how its research and/or scholarly activity includes and/or incorporates osteopathic manipulative medicine (OMM) and osteopathic principles and practice (OPP).

Provide:

- a. A description of how OMM and OPP will be incorporated into the COM's research and scholarly activity.
- b. A completed Continuing Table 8 to identify the OMM/OPP research/scholarly activity of the COM's faculty (and students and staff, if applicable) over the past three years.

15. **Element 8.4: Student Participation in Research and Scholarly Activity**

A COM must publish and follow policies and procedures to support student driven research and scholarly activity, as well as student participation in the research and scholarly activities of the faculty at all campus locations.

Provide:

- a. A copy of all student research and scholarly activity policies.
- b. A link to the public webpage where the policies are published.
- c. A completed Continuing Table 8 to document student research and scholarly activity.

16. **Element 9.1 Admission Policy**

A COM must establish and publish, to the public, admission requirements for potential applicants to the osteopathic medical education program and must use effective policies and procedures for osteopathic medical student selection for admission and enrollment, including demonstration of technical standards for admissions. A COM must tie all admissions policies to the COM mission.

Admissions policies for COMs with additional locations must be the same for the parent campus and its additional location. Branch campuses may have separate admissions policies.

Provide:

- a. The admission requirements and policies and procedures for osteopathic medical student selection and enrollment.
- b. The technical standards required of prospective students.
- c. The link to the public webpage where the policies are published.

17. **Element 9.5: Academic Counseling**

A COM must provide academic counseling to assist all students in study skills, learning styles, learning resources, and other assistance for academic success.

Provide:

- a. A description of the process for ensuring that academic counseling will be provided to students after the planned class size increase. (Not to exceed 250 words)
- b. A completed Continuing Table 9.5.

Note: COMs that have met the qualifications to request a substantive change are expected to uphold the same level of service provided to students, faculty, and staff

to ensure success of the expanded student body.

18. **Element 9.6: Career Counseling**

A COM must provide career counseling to assist all students in evaluating career options and applying to graduate medical education training programs.

Provide:

- a. A description of the process for ensuring that career counseling, including GME readiness, will be provided to students after the planned class size increase. (Not to exceed 250 words.)
- b. A completed Continuing Table 9.6.

Note: COMs that have met the qualifications to request a substantive change are expected to uphold the same level of service provided to students, faculty, and staff to ensure success of the expanded student body.

19. **Element 9.7: Financial Aid and Debt Management Counseling**

A COM must provide financial aid counseling to all students to assist them with financial aid applications and debt management. A COM must publish annually a list of active scholarship opportunities made available by the institution to COM students.

Provide:

- a. The description (not to exceed 250 words) of all financial aid and debt counseling sessions provided to its students after the planned class size increase, including:
 - i. When the financial aid and debt counseling sessions are/were provided to the students;
 - ii. The OMS year during which students are required to receive these sessions; and
 - iii. A roster of students that received financial aid and debt counseling.
- b. The link to the public webpage where scholarship opportunities are made available by the institution to COM students.

Note: COMs that have met the qualifications to request a substantive change are expected to uphold the same level of service provided to students, faculty, and staff to ensure success of the expanded student body.

20. **Element 9.8: Mental Health Services**

A COM must have policies and procedures to provide its students at all locations with confidential access to an effective system of counseling and mental healthcare from a mental health care provider. A mental health care provider must be accessible 24 hours a day, 365 days a year, from all locations where students receive education from the COM.

Provide:

- a. The policies and procedures for students seeking counseling and mental health

services.

b. The list of the mental health services available to students at all teaching locations with service locations and hours.

21. **Element 9.9: Physical Health Services**

A COM must have policies and procedures to provide its students with access to diagnostic, preventive, and therapeutic health services accessible in all locations where students receive education from the COM.

Provide:

a. The policies and procedures for students seeking diagnostic, preventive, and therapeutic health services.

b. The list of the health services locations where students may seek care at all teaching locations.

22. **Element 9.11: Health Insurance**

A COM must require that all students have health insurance. A COM, or its parent institution, must offer a health insurance plan option to all students.

Provide:

a. The policies and procedures regarding health insurance for students, including the annual verification process.

b. A link to the public webpage where the student health insurance policies are published.

23. **Elements 10.1: Osteopathic Educational Continuum**

A COM must have policies, procedures, personnel, and budgetary resources to support the continuum of osteopathic education, including graduate medical education and continuing medical education.

Provide:

a. The COM's policies and describe the COM's procedures, personnel, and budgetary resources that support the continuum of osteopathic medical education.

24. **Element 10.2: Accredited GME** (Pre-Accreditation Element)

A COM requesting a class size increase must support development and growth of GME through establishment of a GME office with qualified personnel, expertise, and financial support focused on supporting new and established GME in obtaining accreditation. A branch campus may share GME development personnel with the COM or parent institution.

The COM must have qualified personnel to assist students with the UME/GME transition. The COM may support development and growth of GME under strategies of its own design, but the COM should provide evidence of approval of any new PGY-1 positions supported by the COM consistent with its GME development plan. (New PGY-1 positions may not be claimed by other COMs.)

Class size ramp up may not be approved to progress past 50% of the requested class size if the COM fails to demonstrate sufficient fulfillment of its GME development plan.

Provide:

- a. The COM's policy and description of its mechanism for assisting new and existing GME in meeting the requirements for accreditation.
- b. Pre-Accreditation Table 10.2a for all affiliated ACGME programs for which the COM has supported development and growth.
- c. Evidence of ACGME approval of new PGY-1 positions supported by the COM.

Note: In states where first-year residency development in GME is required by law, a COM must demonstrate how it is complying with this requirement.

25. **Element 10.3: Osteopathic Recognition of GME**

A COM must provide a mechanism to assist GME programs in meeting the requirements of osteopathic recognition.

Provide:

- a. The COM's processes and commitment of resources to assist GME programs to achieve osteopathic recognition.

26. **Element 11.1: Program Assessment**

A COM must conduct learning outcome assessments that connect to its program mission, goals, and objectives to continuously improve the educational quality of its osteopathic medical education program.

Provide:

- a. The guiding documents which govern how the COM conducts program learning outcome assessments.
- b. A list of the program learning outcome assessments performed over the past three academic years.
- c. Examples of changes in curriculum, pedagogy, counseling, or other aspects of the student experience that have been made as a result of recent program reviews in order to more fully support student learning, including the core competencies.

27. **Element 11.2: Student Evaluation of Instruction**

A COM must have policies and procedures in place to collect and consider confidential student evaluations of their courses, clerkships, faculty, and other relevant student experiences. The COM must demonstrate that these results are incorporated into the COM's self-assessment to improve curriculum; promote diversity, equity, and inclusion; and address deficiencies in student experiences.

Provide:

- a. The processes for obtaining student evaluation of classroom and clinical

instruction.

b. How student evaluations are kept confidential. (Not to exceed 250 words.)

c. The evaluation forms used by the students for these purposes.

d. The flowchart demonstrating how the evaluation data are utilized in curricular improvement.

28. **Element 11.4a: COMLEX-USA**

The COM must continually publish to the public the first-time pass rates for all students in each of the competency assessments in the COMLEX-USA examination series (Level 1, Level 2, and Level 3) as reported by the NBOME. COMs must update their public websites within 30 days of receiving their annual update for each COMLEX-USA level testing cycle.

Provide:

a. The COM policies and procedures related to the COMLEX-USA exam.

b. The link to the public webpage where the COM's last four years of COMLEX-USA Level 1, Level 2, and Level 3 first time pass rates are published.

Note: Class size increase at an additional location must report COMLEX-USA pass rates for the additional location separate and independent from the main COM.

Element 11.4b: GME Placement Rates

A COM must continually publish publicly the placement rates of its students in graduate medical education programs. A COM must make available by request four years of student GME placement rates including, at a minimum, race/ethnicity and gender demographic data as permitted by law. The mechanism to request this data must be published and easily identifiable on the COM's website. When applicable, for any value less than ten, the COM should indicate that value as "less than 10" in place of the value.

Provide:

a. A link to the public webpage where the COM's last four years of GME placement rates are published.

b. A link to the public webpage where student GME placement rates by race/ethnicity and gender demographic data (as permitted by law) can be requested.

c. A completed Continuing Table 11.4b.

Note: An additional location must report GME placement rates for the additional location separate and independent from the main COM.

11.4c: Cohort Graduation Rates

A COM must continually publish publicly the graduation rates by matriculation cohort at years 4, 5, and 6 for students only pursuing the DO degree.

Provide:

a. A link to the public webpage where the COM's data for the last four years of

graduation rates by matriculation cohort at years 4, 5, and 6 for students only pursuing the DO degree are published and where the cohort graduation rates are published.

b. A completed Continuing Table 11.4c.

Note: An additional location must report cohort graduation rates for the additional location separate and independent from the main COM

11.4d: Cohort Retention Rates

A COM must continually publish publicly the retention rates (as defined in the glossary) by matriculation cohort.

Provide:

a. A link to the public webpage where the COM's data for the last four years of retention rates (as defined in the glossary) by matriculation cohort are published.

b. A completed Continuing Table 11.4d.

Note: An additional location must report cohort retention rates for the additional location separate and independent from the main COM.

Upon approval of the written narrative and self-study report, the application phase of the planned class size increase substantive change request concludes.

Step II: Year 1 Focused Site Visit

Step II commences the monitoring phase of the planned class size increase substantive change request.

Within six months after the matriculation of students of the planned class size increase, a Year 1 Focused Site Visit will be conducted to assess the facilities, faculty, student services, and finances. Ninety (90) days prior to the site visit, a self-study must be submitted demonstrating compliance with the following **Pre- accreditation and Continuing accreditation elements**. (All elements are Continuing accreditation elements unless otherwise noted.)

1. **Element 3.1: Financial Resources**

Provide:

a. An updated operational budget that shows impact to the financial resources available to the operation and stability of the COM and/or institution. The operational budget should include (at minimum) the anticipated income, revenue sources, and expenses including budget for faculty and staff up through the anticipated graduation of the first class of students.

b. Documentation of any changes in status in Title IV HEA program participation.

2. **Element 4.1: Facilities**

Provide documentation of any changes to the following since Step I of the planned class size increase request:

a. A completed Continuing Table 4.1 to describe the on-campus facilities dedicated

to DO students.

Note: COMs that have met the qualifications to request a substantive change are expected to expand facility resources or demonstrate current facility resources can accommodate the requested change and ensure the same level of student success that was achieved prior to the request. Special attention must be paid to student study space and space for use by students intended to support diversity, equity, and inclusion to the extent permitted by law, and must consult with students in the process of establishing such a space.

- b. Floor plans of additional/modified facilities with designations of how the space will be utilized (full architectural drawings are not required).
- c. A description of, and indicate on the floor plans provided, the facilities used for simulation, study space, DEI support, and standardized patient encounters provided to students.
- d. If there are any changes in the core and required rotation facilities, describe how the COM assesses the adequacy of the core and required clinical rotation facilities, including how students are involved in the assessment.

3. **Element 4.3: Information Technology**

Provide documentation of any changes to the following since Step I of the planned class size increase request:

- a. An updated copy of the COM's information technology strategic plan that describes the technological resources. The strategic plan should include goals, objectives, timelines, and parties responsible for attaining the goals.
- b. A description of how students, faculty, and staff will be involved in the assessment of information technology services.

4. **Element 4.4 Learning resources**

Provide documentation of any changes to the following since Step I of the planned class size increase request:

- a. Continuing Table 4.4 to describe the COM's learning resources including resources needed to accomplish the learning objectives of the curriculum

5. **Element 5.5: Office of Diversity, Equity, and Inclusion (DEI)**

Provide documentation of any changes to the following since Step I of the planned class size increase request:

- a. A copy of the strategic plan for the COM's DEI Office.
- b. A description of how students, faculty and staff were involved in the development and review of the strategic plan.

6. **Element 6.9: Clinical Education**

Provide documentation of any changes to the following since Step I of the planned class size increase request:

- a. A copy of a COM-approved clinical education affiliation agreement.
- b. A list of all contracted clinical sites for core and required clinical rotations. At the

time of the site visit, a COM must produce all documents that evidence the acceptance of the COM's students to participate at the affiliate sites, including all executed affiliation agreements.

c. Documentation (e.g., clinical education manual) listing core and required third- and fourth-year rotations.

d. Syllabi for all core and required clinical rotations.

e. Evidence that each student at a minimum must successfully complete core clinical rotations including family medicine, internal medicine, general surgery, and pediatrics.

f. Evidence that each student must successfully complete required clinical rotations including psychiatry, obstetrics and gynecology, and emergency medicine.

g. Policies and procedures (protocols) demonstrating how clinical education is delivered to all students through the COM.

h. Continuing Tables 6.9a detailing student population eligible to participate in clinical rotations.

i. Continuing Table 6.9b demonstrating adequacy of core and required clinical rotation capacity.

j. A contingency plan for all core and required rotations indicating how students will be placed in clinical education in the event opportunities are no longer available.

7. **Element 6.10: Clinical Experience**

Provide documentation of any changes to the following since Step I of the planned class size increase:

a. The de-identified document showing how the most recent cohort of students received the mandatory clinical experiences prior to their fourth-year clinical clerkships from the system used by the COM to track compliance with these requirements.

b. The process the COM uses to ensure students receive the mandatory clinical rotation experiences prior to their fourth-year clinical clerkships. (Not to exceed 250 words)

8. **Element 6.11: Compatibility Across Clinical Education Sites**

Provide documentation of any changes to the following since Step I of the planned class size increase request:

a. The policies and procedures describing how student outcomes at clinical educational sites are reviewed and utilized in the determination of the comparability of outcome of the clinical experiences.

b. The most recent report assessing student outcomes across sites, including a statistical analysis. Describe plans to address any issues found.

9. **Element 6.12: Diversity, Equity, and Inclusion (DEI) Curriculum**

Provide documentation of any changes to the following since Step I of the planned class size increase request:

a. The description of the COM's curriculum that includes issues related to diversity, equity, and inclusion.

b. The curriculum map demonstrating where the diversity, equity, and inclusion

content is delivered.

10. **Element 7.1: Faculty and Staff Resources and Qualifications**

A COM must have sufficient faculty and clinical staff resources to achieve the program mission, including part time and adjunct faculty, and preceptors who are appropriately trained and credentialed.

Note: COMs that have met the qualifications to request a substantive change are expected to uphold the same level of faculty and staff resources to ensure success of the expanded student body.

The physician faculty, in the patient care environment at core rotation sites, must hold current medical licensure and have had AOA or ABMS board certification at some time in their career or be currently board eligible in the specialty being taught.

A COM must have a mechanism to review and approve credentials of physician faculty that have never been board certified or are not board eligible by the AOA or ABMS at non-core rotations sites.

All non-physician faculty in the patient care environment must have demonstrated appropriate qualifications in their disciplinary field.

Provide:

- a. An organizational chart (including titles and names) demonstrating how the faculty are organized.
- b. Continuing Tables 7.1a and 7.1b.
- c. A description of the mechanism to review and approve credentials of physician faculty that have never been board certified or are not currently board eligible by the AOA or ABMS at non-core rotations sites.

11. **Element 7.9: Diversity, Equity, and Inclusion (DEI) Training**

Provide documentation of any changes to the following since Step I of the planned class size increase request:

- a. Documentation of DEI training being offered to all COM-employed faculty and staff at least annually.

12. **Element 8.1: Research and Scholarly Strategic Plan**

Provide documentation of any changes to the following since Step I of the planned class size increase request:

- a. The strategic plan that includes research and scholarly activity.
- b. The link to the public webpage where the research and scholarly activity strategic plan is published.

13. **Element 8.2: Research and Scholarly Activity Budget**

Provide documentation of any changes to the following since Step I of the planned class size increase request:

- a. The budgetary processes that will support research and scholarly activity by its faculty and students.
- b. The COM's research and scholarly activity budget(s) through the anticipated graduation of the first class of students after the planned increase in class size.

14. **Element 8.3: OMM/OPP Research and Scholarly Activity**

Provide documentation of any changes to the following since Step I of the planned class size increase request:

- a. A description of how OMM and OPP will be incorporated into the COM's research and scholarly activity.
- b. Continuing Table 8 to identify the OMM/OPP research/scholarly activity of the COM's faculty (and students and staff, if applicable) over the past three years.

15. **Element 8.4: Student Participation in Research and Scholarly Activity**

Provide documentation of any changes to the following since Step I of the planned class size increase request:

- a. A copy of all student research and scholarly activity policies.
- b. A link to the public webpage where the policies are published.
- c. Continuing Table 8 to document student research and scholarly activity.

16. **Element 9.1: Admissions Policy**

Provide documentation of any changes to the following since Step I of the planned class size increase request:

- a. The admission requirements and policies and procedures for osteopathic medical student selection and enrollment.
- b. The technical standards required of prospective students.
- c. The link to the public webpage where the policies are published.

17. **Element 9.5: Academic Counseling**

Provide documentation of any changes to the following since Step I of the planned class size increase request:

- a. The description of the process for ensuring that academic counseling will be provided to students after the planned class size increase. (Not to exceed 250 words)

Note: COMs that have met the qualifications to request a substantive change are expected to uphold the same level of service provided to students, faculty, and staff to ensure success of the expanded student body.

18. **Element 9.6: Career Counseling**

Provide documentation of any changes to the following since Step I of the planned class size increase request:

- a. The description of the process for ensuring that career counseling, including GME readiness, will be provided to students after the planned class size increase. (Not to exceed 250 words.)

Note: COMs that have met the qualifications to request a substantive change are

expected to uphold the same level of service provided to students, faculty, and staff to ensure success of the expanded student body.

19. **Element 9.7: Financial Aid and Debt Management Counseling**

Provide documentation of any changes to the following since Step I of the planned class size increase request:

- a. The description (not to exceed 250 words) of all financial aid and debt counseling sessions provided to its students after the planned class size increase, including:
 - i. When the financial aid and debt counseling sessions are/were provided to the students;
 - ii. The OMS year during which students are required to receive these sessions; and
 - iii. A roster of students that received financial aid and debt counseling.

Note: COMs that have met the qualifications to request a substantive change are expected to uphold the same level of service provided to students, faculty, and staff to ensure success of the expanded student body.

20. **Element 9.8: Mental Health Services**

Provide documentation of any changes to the following since Step I of the planned class size increase request:

- a. The policies and procedures for students seeking counseling and mental health services.
- b. The list of the mental health services available to students at all teaching locations with service locations and hours.

21. **Element 9.9: Physical Health Services**

Provide documentation of any changes to the following since Step I of the planned class size increase request:

- a. The policies and procedures for students seeking diagnostic, preventive, and therapeutic health services.
- b. The list of the health services locations where students may seek care at all teaching locations.

22. **Elements 10.1: Osteopathic Educational Continuum**

Provide documentation of any changes to the following since Step I of the planned class size increase request:

- a. The COM's policies and describe the COM's procedures, personnel, and budgetary resources that support the continuum of osteopathic medical education.

23. **Element 10.2: Accredited GME** (Pre-Accreditation Element)

A COM requesting a class size increase must support development and growth of GME through establishment of a GME office with qualified personnel, expertise, and financial support focused on supporting new and established GME in obtaining accreditation. A branch campus may share GME development personnel with the COM or parent institution.

The COM must have qualified personnel to assist students with the UME/GME transition. The COM may support development and growth of GME under strategies of its own design, but the COM should provide evidence of approval of any new PGY-1 positions supported by the COM consistent with its GME development plan. (New PGY-1 positions may not be claimed by other COMs.

Class size ramp up may not be approved to progress past 50% of the requested class size if the COM fails to demonstrate sufficient fulfillment of its GME development plan.

Provide:

- a. The COM's policy and description of its mechanism for assisting new and existing GME in meeting the requirements for accreditation.
- b. Pre-Accreditation Table 10.2a for all affiliated ACGME programs for which the COM has supported development and growth.
- c. Evidence of ACGME approval of new PGY-1 positions supported by the COM.

Note: In states where first-year residency development in GME is required by law, a COM must demonstrate how it is complying with this requirement.

24. **Element 10.3: Osteopathic Recognition of GME**

Provide documentation of any changes to the following since Step I of the planned class size increase request:

- a. The COM's processes and commitment of resources to assist GME programs to achieve osteopathic recognition.

25. **Element 11.1: Program Assessment**

Provide documentation of any changes to the following since Step I of the planned class size increase request:

- a. In the guiding documents which govern how the COM conducts program learning outcome assessments.

26. **Element 11.2: Student Evaluation of Instruction**

Provide documentation of any changes to the following since Step I of the planned class size increase request:

- a. The processes for obtaining student evaluation of classroom and clinical instruction.
- b. How student evaluations are kept confidential. (Not to exceed 250 words.)
- c. The evaluation forms used by the students for these purposes.
- d. The flowchart demonstrating how the evaluation data are utilized in curricular improvement.

27. **Element 11.4a: COMLEX-USA**

Provide:

- a. The COM policies and procedures related to the COMLEX-USA exam.

b. The link to the public webpage where the COM's last four years of COMLEX-USA Level 1, Level 2, and Level 3 first time pass rates are published.

Note: Class size increase at an additional location must report COMLEX-USA pass rates for the additional location separate and independent from the main COM.

Element 11.4b: GME Placement Rates

Provide:

a. A link to the public webpage where the COM's last four years of GME placement rates are published.

Note: Class size increase at an additional location must report GME placement rates for the additional location separate and independent from the main COM.

11.4c: Cohort Graduation Rates

Provide:

a. A link to the public webpage where the COM's data for the last four years of graduation rates by matriculation cohort at years 4, 5, and 6 for students only pursuing the DO degree are published and where the cohort graduation rates are published.

Note: Class size increase at an additional location must report cohort graduation rates for the additional location separate and independent from the main COM.

11.4d: Cohort Retention Rates

Provide:

a. A link to the public webpage where the COM's data for the last four years of retention rates (as defined in the glossary) by matriculation cohort are published.

Note: Class size increase at an additional location must report cohort retention rates for the additional location separate and independent from the main COM.

Step III: Year 2 Progress Report

During the second year of operation, a Year 2 Progress Report will be required to assess the readiness for clinical education. Materials must be submitted at least 90 days prior to the COCA meeting where the substantive change monitoring will be reviewed demonstrating compliance with the following **Pre-accreditation and Continuing accreditation elements**. (All elements are Continuing accreditation elements unless otherwise noted.)

1. **Element 4.1: Facilities**

Provide documentation of any changes to the following since Step II of the planned class size increase request:

a. A completed Continuing Table 4.1 to describe the on-campus facilities dedicated to DO students.

- b. Floor plans of additional/modified facilities with designations of how the space will be utilized (full architectural drawings are not required).
- c. A description of, and indicate on the floor plans provided, the facilities used for simulation, study space, DEI support, and standardized patient encounters provided to students.
- d. If there are any changes in the core and required rotation facilities, describe how the COM assesses the adequacy of the core and required clinical rotation facilities, including how students are involved in the assessment.

2. **Element 4.3: Information Technology**

Provide documentation of any changes to the following since Step II of the planned class size increase request:

- a. An updated copy of the COM's information technology strategic plan that describes the technological resources. The strategic plan should include goals, objectives, timelines, and parties responsible for attaining the goals.
- b. A description of how students, faculty, and staff will be involved in the assessment of information technology services.

3. **Element 5.4: Patient Care Supervision**

A COM must ensure that osteopathic students in clinical learning situations involving patient care are under direct supervision by a licensed health care professional at all times in order to ensure patient safety. The COM must ensure that all supervised activities are within the scope of practice of the supervising health care professional. Students must have clear guidelines on their role in care and the limits of their scope of authority.

Provide:

- a. The policies addressing student supervision during the provision of patient care, including policies on the use of telemedicine, if applicable.
- b. The link to the public webpage where the documents are published.
- c. How this information is provided to students, faculty, and staff.

4. **Element 5.5: Office of Diversity, Equity, and Inclusion (DEI)**

Provide documentation of any changes to the following since Step II of the planned class size increase request:

- a. A copy of the strategic plan for the COM's DEI Office.
- b. A description of how students, faculty and staff were involved in the development and review of the strategic plan.

5. **Element 6.9: Clinical Education**

Provide documentation of any changes to the following since Step II of the planned class size increase request:

- a. A copy of a COM-approved clinical education affiliation agreement.
- b. A list of all contracted clinical sites for core and required clinical rotations. At the time of the site visit, a COM must produce all documents that evidence the acceptance of the COM's students to participate at the affiliate sites, including all

executed affiliation agreements.

c. The definition of a student eligible to enter clinical rotations.

d. Documentation (e.g., clinical education manual) listing core and required third- and fourth-year rotations.

e. Syllabi for all core and required clinical rotations.

f. Evidence that each student at a minimum must successfully complete core clinical rotations including family medicine, internal medicine, general surgery, and pediatrics.

g. Evidence that each student must successfully complete required clinical rotations including psychiatry, obstetrics and gynecology, and emergency medicine.

h. Policies and procedures (protocols) demonstrating how clinical education is delivered to all students through the COM.

i. Continuing Tables 6.9a detailing student population eligible to participate in clinical rotations.

j. Continuing Table 6.9b demonstrating adequacy of core and required clinical rotation capacity.

k. A contingency plan for all core and required rotations indicating how students will be placed in clinical education in the event opportunities are no longer available.

6. **Element 6.10: Clinical Experience**

Provide documentation of any changes to the following since Step II of the planned class size increase request:

a. The process the COM will use to ensure students will receive:

i. At least one rotation conducted in a health care setting in which the student works with resident physicians currently enrolled in an accredited program of graduate medical education;

ii. At least one rotation under the supervision of an osteopathic physician; and

iii. More than one rotation in an inpatient setting prior to their fourth-year clinical clerkships.

7. **Element 6.11 Compatibility Across Clinical Education Sites**

Provide documentation of any changes to the following since Step II of the planned class size increase request:

a. The policies and procedures describing how student outcomes at clinical educational sites are reviewed and utilized in the determination of the comparability of outcome of the clinical experiences.

b. The most recent report assessing student outcomes across sites, including a statistical analysis. Describe plans to address any issues found.

8. **Element 6.12: Diversity, Equity, and Inclusion (DEI) Curriculum**

Provide documentation of any changes to the following since Step II of the planned class size increase request:

a. The description of the COM's curriculum that includes issues related to diversity, equity, and inclusion.

b. The curriculum map demonstrating where the diversity, equity, and inclusion

content is delivered.

9. **Element 7.1: Faculty and Staff Resources and Qualifications**

Provide:

- a. An organizational chart (including titles and names) demonstrating how the faculty are organized.
- b. Continuing Tables 7.1a and 7.1b.
- c. A description of the mechanism to review and approve credentials of physician faculty that have never been board certified or are not currently board eligible by the AOA or ABMS at non-core rotations sites.

10. **Element 10.2: Accredited GME** (Pre-Accreditation Element)

A COM requesting a class size increase must support development and growth of GME through establishment of a GME office with qualified personnel, expertise, and financial support focused on supporting new and established GME in obtaining accreditation. A branch campus may share GME development personnel with the COM or parent institution.

The COM must have qualified personnel to assist students with the UME/GME transition. The COM may support development and growth of GME under strategies of its own design, but the COM should provide evidence of approval of any new PGY-1 positions supported by the COM consistent with its GME development plan. (New PGY-1 positions may not be claimed by other COMs.

Class size ramp up may not be approved to progress past 50% of the requested class size if the COM fails to demonstrate sufficient fulfillment of its GME development plan.

Provide:

- a. The COM's policy and description of its mechanism for assisting new and existing GME in meeting the requirements for accreditation.
- b. Pre-Accreditation Table 10.2a for all affiliated ACGME programs for which the COM has supported development and growth.
- c. Evidence of ACGME approval of new PGY-1 positions supported by the COM.

Note: In states where first-year residency development in GME is required by law, a COM must demonstrate how it is complying with this requirement.

11. **Element 10.3: Osteopathic Recognition of GME**

Provide documentation of any changes to the following since Step II of the planned class size increase request:

- a. The COM's processes and commitment of resources to assist GME programs to achieve osteopathic recognition.

12. **Element 11.4a: COMLEX-USA**

Provide:

- a. The COM policies and procedures related to the COMLEX-USA exam.
- b. The link to the public webpage where the COM's last four years of COMLEX-USA Level 1, Level 2, and Level 3 first time pass rates are published.

Note: Class size increase at an additional location must report COMLEX-USA pass rates for the additional location separate and independent from the main COM.

Element 11.4b: GME Placement Rates

Provide:

- a. A link to the public webpage where the COM's last four years of GME placement rates are published.

Note: Class size increase at an additional location must report GME placement rates for the additional location separate and independent from the main COM.

Element 11.4c: Cohort Graduation Rates

Provide:

- a. A link to the public webpage where the COM's data for the last four years of graduation rates by matriculation cohort at years 4, 5, and 6 for students only pursuing the DO degree are published and where the cohort graduation rates are published.

Note: Class size increase at an additional location must report cohort graduation rates for the additional location separate and independent from the main COM.

Element 11.4d: Cohort Retention Rates

Provide:

- a. A link to the public webpage where the COM's data for the last four years of retention rates (as defined in the glossary) by matriculation cohort are published.

Note: Class size increase at an additional location must report cohort retention rates for the additional location separate and independent from the main COM.

13. **Element 11.5: Student Survey**

A COM must cooperate with the administration of the COCA student survey as part of the comprehensive accreditation process.

Provide:

- a. A description of the methods the COM will use to support the completion of the COCA student survey.
- b. A report of the COM's review of the findings from the COCA student survey highlighting any actions planned to address noted concerns. (Not to exceed 500 words)

A COCA student survey will be administered by the COCA as part of the Year 2 reporting. In addition, the COM's COMLEX-USA pass rates will be reviewed as part of the annual survey.

Step IV: Year 3 Progress Report

During the third year of operation, a Year 3 Progress Report demonstrating readiness for graduate medical education will be required. Materials must be submitted at least 90 days prior to the COCA meeting where the substantive change monitoring will be addressed demonstrating compliance with the following **Pre-Accreditation and Continuing accreditation elements**. (All elements are Continuing accreditation elements unless otherwise noted.)

1. **Element 10.1: Osteopathic Educational Continuum**

Provide documentation of any changes to the following since Step II of the planned class size increase request:

a. The COM's policies and describe the COM's procedures, personnel, and budgetary resources that support the continuum of osteopathic medical education.

2. **Element 10.2: Accredited GME** (Pre-Accreditation Element)

A COM requesting a class size increase must support development and growth of GME through establishment of a GME office with qualified personnel, expertise, and financial support focused on supporting new and established GME in obtaining accreditation. A branch campus may share GME development personnel with the COM or parent institution.

The COM must have qualified personnel to assist students with the UME/GME transition. The COM may support development and growth of GME under strategies of its own design, but the COM should provide evidence of approval of any new PGY-1 positions supported by the COM consistent with its GME development plan. (New PGY-1 positions may not be claimed by other COMs.)

Class size ramp up may not be approved to progress past 50% of the requested class size if the COM fails to demonstrate sufficient fulfillment of its GME development plan.

Provide:

a. The COM's policy and description of its mechanism for assisting new and existing GME in meeting the requirements for accreditation.

b. Pre-Accreditation Table 10.2a for all affiliated ACGME programs for which the COM has supported development and growth.

c. Evidence of ACGME approval of new PGY-1 positions supported by the COM.

Note: In states where first-year residency development in GME is required by law, a COM must demonstrate how it is complying with this requirement.

3. **Element 10.3: Osteopathic Recognition of GME**

Provide documentation of any changes to the following since Step III of the planned class size increase request:

a. The COM's processes and commitment of resources to assist GME programs to

achieve osteopathic recognition.

4. **Element 11.4b: GME Placement Rates**

Provide:

- a. A link to the public webpage where the COM's last four years of GME placement rates are published.

Note: Class size increase at an additional location must report GME placement rates for the additional location separate and independent from the main COM.

In addition, the COM's COMLEX-USA pass rates will be reviewed as part of the annual survey.

Step V

During the 4th year of operation, and prior to the graduation of its first expanded class, a student survey will be conducted and Continuing Table 11.4b reporting the COM's GME placement rate must be submitted. In addition, the COM's COMLEX-USA pass rates will be reviewed as part of the annual survey.

Other monitoring will occur as part of the routine annual reporting to the COCA. In addition, the COCA may require a progress report, student survey, focused site visit.