

COCA Substantive Change: Unplanned 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.

Unplanned Class Size Increase

Definition

All COMs with an entering first-time matriculants in excess of the approved class size plus the permitted variance of eight percent (8%), will be determined to have an unplanned class size increase. Class size for all classes at the COM will be assessed annually by the COCA. Failure to submit the requested class size data by the submission deadline will result in the assessment of an unplanned class size increase and may result in an adverse accreditation action.

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.

Timing

COMs are required to notify the COCA immediately upon identifying a potential or actual unplanned class size increase may/has occurred.

Evaluation of an Unplanned Class Size Increase

The COCA will evaluate each actual or potential incident of an unplanned class size increase and consider the ability of a COM to manage the unplanned increase in light of its current cohort of students. In order to ensure that a COM can accommodate the unplanned increase, the COCA may require a progress report, student survey, focused site visit, or other information the COCA believes relevant to its assessment of the COM's compliance with any COCA standard.

The COCA will have the right to review the accreditation status of any institution exceeding its class size using any or all of the measures below:

1. A request for additional written information to explain the overage;
2. A focused site visit as directed;
3. An explanation as to why a COM believes it is not out of compliance;
4. A reduction in approved class size as directed by the COCA; or
5. A change the COM's accreditation status.

Any COM with a first-time matriculation in excess of the allowed eight percent (8%) variance over their approved class size will not be allowed to request or continue a planned class size increase for five (5) years in order to permit the COCA to follow the academic achievement of this class cohort.

If an unplanned class size increase occurs when another application for a substantive change is under consideration, the application in process will be subject to reconsideration by the COCA.

The reporting (Step I) and monitoring (Steps II-V) of a COM experiencing an unplanned class size increase is a five-step process. Successful completion of all five steps and approval by COCA completes the process.

Step I: Unplanned Class Size Increase Reporting

A. Submission of a Written Narrative

A COM reporting an unplanned class size increase must submit to the COCA a written narrative within 30 days of notification that includes the following:

1. Discussion of the admission and internal processes that resulted in matriculating students over the approved class size and the steps taken to ensure processes are corrected for future admissions;
2. Discussion of how the COM intends to accommodate the increased class size regarding facilities, learning resources, faculty, and curriculum;
3. Discussion of how the increase in class size will impact the COM's budget, (include operating and hiring pro forma for five years after the unplanned increase in class size);
4. Description of how the increased class size will impact clinical rotation capacity;
5. Description of the 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;
6. Data on cohort graduation rates, cohort retention rates, and transfer students for the past three years; and
7. Anticipated impact of the unplanned class size on the COM's GME needs.

B. Depending on the nature and magnitude of the unplanned class size increase, a self-study may be required demonstrating compliance with COCA standards including, without limitation, the following **Continuing accreditation elements**:

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 parent 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. 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 experiencing an unplanned class size increase are expected to expand facility resources to ensure student success. 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. How the COM assesses the adequacy of the core and required clinical rotation facilities, including how students are involved in the assessment.

e. How the COM facilities contribute to student achievement of learning outcomes of the curriculum.

f. How the COM assesses the adequacy and efficacy of facilities intended to support diversity, equity, and inclusion, including how students are involved in the assessment.

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**

At all educational teaching sites, including affiliated sites, 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. 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.

Note: COMs experiencing an unplanned class size increase are expected to expand faculty and staff resources to ensure student success.

Provide:

- a. An organizational chart (including titles and names) demonstrating how the faculty are organized.
- b. A completed Continuing Table 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. A description of the COM's budgetary processes that 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 unplanned 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 is 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 unplanned class size increase. (Not to exceed 250 words)
- b. A completed Continuing Table 9.5.

Note: COMs experiencing an unplanned class size increase 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 unplanned class size increase. (Not to exceed 250 words.)
- b. A completed Continuing Table 9.6.

Note: COMs experiencing an unplanned class size increase 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 unplanned 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 experiencing an unplanned class size increase 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 link to the public webpage where students access mental health care information.
- c. 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 link to the public webpage where students access physical health services information.
- c. The list of the health services locations where students may seek care at all teaching locations.

22. **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.

23. **Element 10.2: ACGME GME**

A COM must provide a mechanism to assist new and existing GME programs in meeting the requirements for accreditation.

Provide:

- a. The COM's policy and description of its mechanism for assisting new and existing GME programs in meeting the requirements for accreditation.
- b. A completed Continuing Table 10.2a for all affiliated ACGME programs for which the COM has supported achieving accreditation.
- c. The number of PGY-1 positions supported by the COM since the last accreditation cycle.

24. **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.

25. **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.

26. **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.

27. **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: 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 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.

In addition, the COCA may require a COCA-administered student survey, focused site visit or some other information to ensure compliance with any COCA standards.

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

Step II: Year 1 Focused Site Visit

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

Within six months after the matriculation of students of the unplanned 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 **Continuing accreditation elements**:

1. **Element 3.1: Financial Resources**

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

- a. The 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 in the unplanned class size.
- b. The most recent letter authorizing the COM to participate in the Title IV HEA program.

2. **Element 4.1: Facilities**

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

- a. Floor plans of additional/modified facilities with designations of how the space will be utilized (full architectural drawings are not required).
- b. 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.
- c. How the COM assesses the adequacy of the core and required clinical rotation facilities, including how students are involved in the assessment.
- d. How the COM facilities contribute to student achievement of learning outcomes of the curriculum.
- e. How the COM assesses the adequacy and efficacy of facilities intended to support diversity, equity, and inclusion, 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 unplanned class size increase:

- a. 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**

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)**

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

a. The strategic plan for the COM's DEI Office.

b. The 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 unplanned class size increase:

a. The 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. The 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. The 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 unplanned 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 7.1: Faculty and Staff Resources and Qualifications**

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

a. The organizational chart (including titles and names) demonstrating how the faculty are organized.

b. A completed Continuing Table 7.1a and 7.1b

c. The 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.

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

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

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

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

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

a. The 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.

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

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

a. A description of the COM's budgetary processes that 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 unplanned increase in class size.

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

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

a. The description of how OMM and OPP is 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.

13. **Element 8.4: Student Participation in Research and Scholarly Activity**
Provide documentation of any changes to the following since Step I of the unplanned class size increase:
 - a. The student research and scholarly activity policies.
 - b. The link to the public webpage where the policies are published.
 - c. A completed Continuing Table 8 to document student research and scholarly activity.

14. **Element 9.1: Admissions Policy**
Provide documentation of any changes to the following since Step I of the unplanned class size increase:
 - 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.

15. **Element 9.5: Academic Counseling**
Provide documentation of any changes to the following since Step I of the unplanned class size increase:
 - a. A description of the process for ensuring that academic counseling will be provided to students after the unplanned class size increase. (Not to exceed 250 words)
 - b. A completed Continuing Table 9.5.

16. **Element 9.6: Career Counseling**
Provide documentation of any changes to the following since Step I of the unplanned class size increase:
 - a. A description of the process for ensuring that career counseling, including GME readiness, will be provided to students after the unplanned class size increase. (Not to exceed 250 words.)
 - b. A completed Continuing Table 9.6.

17. **Element 9.7: Financial Aid and Debt Management Counseling**
Provide documentation of any changes to the following since Step I of the unplanned class size increase:
 - a. The description (not to exceed 250 words) of all financial aid and debt counseling sessions provided to its students after the unplanned 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.

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

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

- a. The policies and procedures for students seeking counseling and mental health services.
- b. The link to the public webpage where students access mental health care information.
- c. The list of the mental health services available to students at all teaching locations with service locations and hours.

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

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

- a. The policies and procedures for students seeking diagnostic, preventive, and therapeutic health services.
- b. The link to the public webpage where students access physical health services information.
- c. The list of the health services locations where students may seek care at all teaching locations.

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

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

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

21. **Element 10.2: ACGME GME**

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

- a. The COM's policy and description of its mechanism for assisting new and existing GME programs in meeting the requirements for accreditation.
- b. A completed Continuing Table 10.2a for all affiliated ACGME programs for which the COM has supported achieving accreditation.
- c. The number of PGY-1 positions supported by the COM since the last accreditation cycle

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

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

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

23. **Element 11.1: Program Assessment**

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

- 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.

24. Element 11.2: Student Evaluation of Instruction

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

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.

25. 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: An additional location must report COMLEX-USA pass 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 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 Continuing accreditation elements:

1. Element 4.1: Facilities

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

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

b. 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.

c. How the COM assesses the adequacy of the core and required clinical rotation facilities, including how students are involved in the assessment.

d. How the COM facilities contribute to student achievement of learning outcomes

of the curriculum.

e. How the COM assesses the adequacy and efficacy of facilities intended to support diversity, equity, and inclusion, including how students are involved in the assessment.

2. **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. A link to the public webpage where the documents are published.
- c. How this information is provided to students, faculty, and staff.

3. **Element 6.9: Clinical Education**

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

- a. The 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 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. A completed Continuing Tables 6.9a detailing student population eligible to participate in clinical rotations.
- i. A completed Continuing Table 6.9b demonstrating adequacy of core and required clinical rotation capacity.
- j. The 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.

4. **Element 6.10: Clinical Experience**

Provide documentation of any changes to the following since Step II of the

unplanned 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)

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

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

- 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.

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

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

- 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.

7. **Element 7.1: Faculty and Staff Resources**

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

- a. The organizational chart (including titles and names) demonstrating how the faculty are organized.
- b. A completed Continuing Table 7.1a and 7.1b
- c. The 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.

8. **Element 10.2: ACGME GME**

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

- a. The COM's policy and description of its mechanism for assisting new and existing GME programs in meeting the requirements for accreditation.
- b. A completed Continuing Table 10.2a for all affiliated ACGME programs for which the COM has supported achieving accreditation.
- c. The number of PGY-1 positions supported by the COM since the last accreditation cycle.

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

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

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

10. **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: An unplanned 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.
- 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 unplanned 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: An unplanned 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: An unplanned class size increase at an additional location must report cohort retention rates for the additional location separate and independent from the main

COM.

11. 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 will be addressed demonstrating compliance with the following Continuing accreditation elements:

1. Element 10.1: Osteopathic Educational Continuum

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

- 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: ACGME Accredited GME

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

- a. The COM's policy and description of its mechanism for assisting new and existing GME programs in meeting the requirements for accreditation.
- b. A completed Continuing Table 10.2a for all affiliated ACGME programs for which the COM has supported achieving accreditation.
- c. The number of PGY-1 positions supported by the COM since the last accreditation cycle.

3. Element 10.3: Osteopathic Recognition of GME

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

- 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.
- 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 unplanned 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 the COM operating with the unplanned increased class size, and prior to the graduation of the 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, or a focused site visit any time the COM is operating with the unplanned increased class size.