



March 22, 2019

Brian Kim, JD
Vice President & Secretary, Commission on Osteopathic College Accreditation
American Osteopathic Association
142 E. Ontario
Chicago, IL 60611

Dear Mr. Kim:

The Standards Review Coalition (SRC) is a body broadly representative of the osteopathic medical community; comprised of members from the Assembly of Osteopathic Graduate and Medical Educators (AOGME), the American Association of Colleges of Osteopathic Medicine (AACOM), and the American Osteopathic Association (AOA), as well as student and resident representatives.

On Monday, March 18, 2019; the SRC reviewed COCA's 2019 proposed standards and recommends the following changes.

Continuing Accreditation Standards Revision 2019

- **Element 1.7: Clinical Education Affiliation Agreements: (CORE) - COCA proposes:**

A COM must be able to produce agreements, including executed affiliation agreements that support the clinical educational experience for its students.

SRC proposes:

A COM must be able to produce **executed affiliation** agreements, ~~including executed affiliation agreements~~ that support the clinical educational experience for its students.

Comments: SRC opposes a revision to Element 1.7 that would suggest a COM must provide more than executed affiliation agreements to document the required clinical education opportunities for students. Signed affiliation agreements are binding documents and no additional documentation should be necessary. If the COCA has particular information in mind, the standard should specify what it is so that stakeholders could consider whether it is reasonable to require such information. SRC does not otherwise oppose the editorial changes to Element 1.7 and has offered a revised proposal accordingly.

- **Element 2.1: Dean Qualifications - COCA proposes:**

3. Board certification at some time in his/her career; and

SRC proposes:

3. **AOA/ABMS** Board certification at some time in his/her career; and

Comments: Similar to the standards in residency training, AOA or ABMS board certification should be the standard due to the rigorous requirements to achieve those certifications.

- **Element 4.2 Security and Public Safety, COCA proposes:**

A COM must ensure that adequate security systems are in place and publish and follow policies and procedures for security, faculty, staff, and student safety, and emergency and disaster preparedness at all COM operated teaching and training locations. The COM's policy must include methods of communication with students, faculty, and staff at all teaching and training locations.

SRC proposes:

A COM must ensure that adequate security systems are in place and publish and follow policies and procedures for security, faculty, staff, and student safety, and emergency and disaster preparedness at all COM operated teaching and training locations. The COM's ~~policy~~ **procedure** must include methods of communication with students, faculty, and staff at all teaching and training locations.

Comments: SRC supports the proposed change; however it suggests that it would be more accurate to refer to a COM's "procedure" rather than "policy" with respect to methods of communication.

- **Element 5.1 Professionalism (CORE) COCA proposes:**

A COM must ensure that the learning environment of its osteopathic medical education program is conducive to the ongoing development of professional behaviors in its osteopathic medical students, faculty, and staff at all locations and is one in which all individuals are treated with respect.

Comments: While the SRC has no proposed revision at this time, it believes COCA can improve the treatment of professionalism in the Standards, and the SRC would support a comprehensive effort to do so.

- **Element 5.2: Diversity – COCA proposes:**

A COM must publish effective policies and have in place practices that engage in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. The COM must include in these activities the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.

SRC proposes:

A COM must publish ~~effective policies and have in place practices that~~ engage in ongoing, systematic, and focused ~~recruitment and retention activities~~, **efforts** to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community **as permitted by law**. The COM must include in these activities ~~the use of programs and/or partnerships aimed at~~

~~achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes~~ **its efforts as permitted by law.**

Comments: The SRC supports COMs' diversity and inclusion efforts and does not oppose a revision to Element 5.2 to require "practices" in addition to policies or to require that COMs evaluate how well their diversity efforts are working. However, AACOM views the COCA's proposed revision as at once too prescriptive (by requiring COMs to use programs and/or partnerships) and not prescriptive enough (by not identifying the characteristics of programs/partnerships that would satisfy the standard). Efforts to achieve mission-related diversity can be lawful, but also legally fraught. Given the state of the law, the COCA's standards should not prescribe the methods that a COM must use to achieve mission-appropriate diversity. Nor should the COCA be deciding whether a COM's policies and efforts are "effective." COMs cannot do more under accreditation standards than the law allows.

- **Element 6.5: Scientific Method – COCA proposes:**

A COM must ensure that the curriculum includes instruction in the scientific method including data collection to test and verify hypotheses or address questions regarding biomedical phenomena and in the basic scientific and ethical principles of clinical and translational research. The curriculum must include the methods by which such research is conducted, evaluated, explained to patients who are part of clinical studies, and applied to patient care.

SRC proposes:

A COM must ensure that the curriculum includes instruction in the scientific method including data collection to test and verify hypotheses or address questions regarding biomedical phenomena and in the basic scientific and ethical principles of clinical and translational research. The curriculum must include the methods by which such research is conducted, evaluated, explained to patients ~~who are part of clinical studies~~, and applied to patient care.

Comments: The SRC opposes the proposed revision as unnecessary. Students should be able to explain scientific information to patients, but there is no reason to limit that requirement to patients who are part of clinical studies. In addition, there is no guarantee that all students will have contact with such patients in the course of their curriculum, nor does any Element require such contact.

- **Element 7.1: Faculty & Staff Resources & Qualifications - COCA proposes:**

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, must hold current medical licensure and board certification/board eligibility. In the event a COM is unable to fill physician faculty positions with board certified or board eligible physicians, the COM may, under exceptional circumstances and upon good cause, employ physician faculty who are not board certified or board eligible based on that physician's demonstrated educational and clinical practice experience. All non-physician faculty must have demonstrated, appropriate qualifications in his/her disciplinary field.

SRC proposes:

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, must hold current medical licensure and **AOA/ABMS** board certification/board eligibility; **provided, however, that if after reasonable efforts a COM is unable to fill one or more faculty positions with board-certified or board-eligible physicians, the COM may employ physician faculty who are not AOA/ABMS board-certified or board-eligible based on the physician's demonstrated educational and clinical practice credentials.** ~~In the event a COM is unable to fill physician faculty positions with board certified or board eligible physicians, the COM may, under exceptional circumstances and upon good cause, employ physician faculty who are not board certified or board eligible based on that physician's demonstrated educational and clinical practice experience.~~ All non-physician faculty must have demonstrated, appropriate qualifications in his/her disciplinary field.

Comments: The SRC agrees that if board certification is a requirement then the board certification should be either AOA or ABMS certification given the rigor in those certifications. The SRC is not convinced that all physicians must be board certified. The SRC appreciates the COCA's willingness to consider changes to Element 7.1 to permit physicians who are not board-certified or board-eligible to serve as clinical faculty. The touchstone for clinical faculty should be whether they are qualified.

The proposed revision would address concerns by allowing a COM to hire a faculty member who is not board-certified/eligible after using reasonable efforts to hire one who is. The burden would then be on the COM to demonstrate that its clinical faculty is in fact qualified.

Finally, proposed Table 7.2 includes a drop-down for "Preceptor Status" that includes options only for "Board Certified" or "Board Eligible." Given the proposed revisions to Element 7.1, the table should also include an option for "Other."

- **Element 7.3: Department Chair Qualifications, COCA proposes no revisions:**

SRC proposes:

A COM must employ Department Chairs, or their equivalent, with proven experience in teaching and academic leadership in a medical education setting. For clinical department chairs, the chair must have an active medical license and active **AOA/ABMS** board certification in the discipline in which they serve as chair.

- **Element 7.4: Primary Care Leadership, COCA proposes no revisions.**

SRC proposes:

A COM must employ a Doctor of Osteopathic Medicine with an active medical license and active **AOA/ABMS** board certification from a primary care discipline to serve as the Department Chair of Primary Care (or equivalent). If the COM does not have an organized Department of Primary Care, the Department Chair of either Family Medicine or Internal Medicine or Pediatrics must be a Doctor of Osteopathic Medicine with active board certification.

- **Element 7.5: OMM/OPP Leadership (CORE), COCA proposed no changes.**

SRC proposes:

A COM must employ a Doctor of Osteopathic Medicine with an active medical license and active board certification **from an AOA specialty board that awards certification based upon both cognitive OPP and**

practical OMM skills assessments to serve as the Department Chair of OMM/OPP, or equivalent **title of an academic unit. A COM must employ an osteopathic physician** with active board certification from the American Osteopathic Board of Neuromusculoskeletal Medicine (AOBNMM) or a Certificate of Special Proficiency in OMM (C-SPOMM) **in the department so that osteopathic principles and practice are included in student instructional activities and evaluations throughout the continuum of the curriculum.**

Comments: Element 7.5 requires a COM to employ as the Department Chair of Osteopathic Manipulative Medicine (“OMM”) / Osteopathic Principles and Practice (“OPP”) or the equivalent a physician with active board certification from the American Osteopathic Board of Neuromusculoskeletal Medicine (“AOBNMM”) or a Certificate of Special Proficiency in OMM (“C-SPOMM”). The SRC submits that while a COM should be required to employ a physician in the department with those credentials, the COCA should abandon the requirement that the Department Chair hold those credentials. Such approach would align better the requirements to serve as Chair with the duties of a chair and would broaden the pool of potential OMM/OPP chairs.

The skills required to serve as chair of an academic department are not the same as the skills required to practice medicine in a given specialty. For example, chairs must now be skilled and able to function as not only leaders, but also as consensus builders, budget wizards, and managers, advocating for their constituents while working within the boundaries of the policies and directives of their institutional leaders. The position frequently requires assuming administrative responsibilities that have nothing to do with the Chair’s medical specialty and considering issues from an institution-wide perspective.

Relatively, few faculty across COMs are qualified to serve as a chair of OMM/OPP under current Standard 7.5. Not only are there few board-certified individuals with AOBNMM or C-SPOMM certification who desire full-time academic careers as chairs, but it is hard to find full-time academics with these credentials who have the long tenure that is desirable for a department chair. The net result is significant competition among COMs for qualified chairs and “poaching” (i.e., one COM hiring away another COM’s department chair of OMM/OPP).

Accordingly, SRC respectfully submits that the COCA should eliminate the requirement that the Board chair hold AOBNMM or C-SPOMM certification and permit any DO who holds active board certification from an AOA specialty board that awards certification based upon both cognitive OPP and practical OMM skills assessments to serve as department chair. Under AACOM’s approach, the COM would still be required to have at least one AOBNMM- or C-SPOMM-certified physician on staff. COMs would have more flexibility to hire qualified department chairs while continuing to provide students with the benefit of an AOBNMM- or C-SPOMM-certified physician in the department.

- **Element 8.1 Research and Scholarly Activity – COCA proposes:**

A COM must have a strategic plan and scholarly activities that document how the COM will contribute to the advancement of knowledge through research and scholarly contributions that are characteristics of an institution of higher learning.

SRC proposes:

A COM must have a strategic plan and scholarly activities that document how the COM will contribute to the advancement of knowledge through research and scholarly contributions ~~that are characteristics of an institution of higher learning.~~

Comments: SRC opposes this change as adding a vague extension to an otherwise succinct standard. The revision does not meaningfully illuminate what the Element requires and therefore introduces unnecessary ambiguity.

- **Element 8.2 Student Participation – COCA proposes:**

A COM must demonstrate a commitment to research and scholarly activity through its budgetary processes, support of faculty research (including the establishment of a research facility at the COM), and inclusion of its students in research throughout all four years of the osteopathic medical education.

SRC proposes:

A COM must demonstrate a commitment to research and scholarly activity through its budgetary processes, support of faculty research (~~including the establishment of a research facility at the COM~~), and **enable** inclusion of its students in research throughout all four years of the osteopathic medical education.

Comments: SRC opposes the COCA's proposal to require a COM "to establish a research facility." At the outset, SRC wholeheartedly supports current Element 8.1's mandate that COMs support and pursue research as well as current Element 8.2's requirement that a COM provide opportunities for students to participate. But there are significant problems with the proposed addition to Element 8.2 that a COM must "establish a research facility."

First, it is unclear what "research facility" means. Some have suggested that "research facility" means "wet lab." If so, any such requirement would be unreasonable and unduly burdensome. Wet labs are specialized facilities that can be prohibitively expensive to build and maintain. The cost concern is even greater if established COMs need to retrofit existing buildings or build new stand-alone facilities. Given the mission of many COMs—with a focus on educating primary care physicians and interdisciplinary and community-based care—the potential benefits of such a facility would not justify the cost given the type of mission-aligned research they are pursuing. Looking at more global trends in higher education, in response to increased competition for funding and rising costs, many research universities are looking for new ways to reduce costs and improve the sustainability of the basic science research enterprise (including through collaborations with industry and alliances among schools). A one-size-fits all research facility requirement be a step in the wrong direction and potentially set osteopathic medical education down an unsustainable path.

Second, Element 8.2 is not the right place to consider requiring COMs to establish a research facility. Standard 4 addresses Facilities and does not address research facilities or laboratories. It is inappropriate to add such a requirement through an Element devoted to student engagement in research. Indeed, the COCA's other proposed changes to Element 8.2 would seem to fit better under Element 8.1.

Third, the proposed addition ignores that COMs can and currently do support research and make research opportunities available to students without building, supporting, and maintaining their own research and laboratory spaces. COM faculty and students are engaged in many different types of research, not all of which requires a dedicated research facility or wet lab.

Finally, any change in the COCA's standards as significant as requiring COMs to possibly retrofit facilities requires a clear articulation of the change, the rationale for the change, the potential costs and benefits, and potential alternatives, among others. Here, the proposed addition of the "research facility" concept was not even included in the initial set of proposed revisions to the standards the COCA released for comment. The change is

ill-defined, the rationale for the change is unarticulated and not apparent, and there is no discussion of the potential costs and benefits.

SRC respectfully opposes the proposed revision to Element 8.2. SRC would be pleased to engage in a more fulsome, careful process regarding whether and how the standards and elements should be revised with respect to research.

- **Element 9.10: Non-Academic Health Professionals – COCA proposes:**

A COM must ensure that any health professional providing health services, **through** a therapeutic relationship, must recuse him/herself from the academic assessment or promotion of the student receiving those services.

SRC proposes:

A COM must ~~ensure~~ **require** that any health professional ~~providing health services with an active therapeutic provider-patient relationship with a student~~ **must** recuse him/herself from ~~the~~ academic assessment or promotion **decisions relating to the such** student ~~receiving those services~~ **for the duration of such relationship; provided, however, that a healthcare provider to an individual may also serve as an evaluator to that individual if there is no other reasonable way to provide both healthcare services and academic assessment to that individual. For the avoidance of doubt, classroom instruction alone does not constitute a therapeutic or provider-patient relationship.**

Comments: Currently, Element 9.9 requires a COM to provide students with access to healthcare services, and Element 9.10 requires the caregiver of a student to recuse him/herself from evaluation of the student. Although SRC agrees in principle with these requirements, SRC urges the COCA to clarify Element 9.10 and to create a necessary exception.

SRC has two principal concerns with current Element 9.10. First, the Element and the Standards do not define “therapeutic relationship” (for example, does work with students in an Osteopathic Manipulative Medicine laboratory qualify?). The lack of definition leaves open questions such as whether a relationship other than a physician-patient relationship might be deemed “therapeutic” and whether the term “therapeutic” encompasses physical as well as psychological treatment. It is also unclear whether the recusal rule blocks a professional who treated a student from evaluating the student at any time or only when the professional is actively providing care. Second, COMs have informed SRC that in some rural areas the only professional in a given specialty is also a member of the COM’s faculty, and it is simply not possible both to provide care to the student and to recuse the treating faculty member.

SRC’s proposal therefore seeks to clarify the concept of a “therapeutic relationship,” to limit the recusal period to the time of active treatment of a student, and to create an exception that would recognize that in some circumstances it is not possible both to provide care and to recuse a member of the faculty.

To the extent the COCA is unwilling to accept all of SRC’s proposed improvements to Element 9.9, SRC urges the COCA to adopt the uncontroversial clarifying language that “[f]or the avoidance of doubt, classroom instruction alone does not constitute a therapeutic or provider-patient relationship.”

- **Element 10.1: Osteopathic Educational Continuum – COCA proposes:**

The COM must demonstrate its policies, procedures, personnel and budgetary resources to support the continuum of osteopathic education in both undergraduate and graduate medical education (GME), as well as in continuing medical education (for all GME faculty). A COM must demonstrate and publicly evidence the placement of its students in graduate medical education programs, including through the publication of match rates of its students in the National Residency Match Program.

SRC proposes:

The COM must demonstrate its **processes** ~~policies, procedures, personnel, and budgetary~~ resources to support the continuum of osteopathic education in both undergraduate and graduate medical education (GME), as well as in continuing medical education (for all GME faculty). A COM must **publish** ~~demonstrate and publicly evidence the placement of its students in graduate medical education programs, including through the publication of match rates of its students in the National Residency Match Program~~ **the number and percentage of graduates from each of the four most recent graduating classes who sought and obtained placement in an accredited GME program.**

Comments: SRC agrees that Element 10.1 should require COMs to devote resources to support the continuum of osteopathic medical education and to publish information regarding the success of graduates in obtaining graduate medical education (“GME”) positions. However, SRC urges the COCA to make two critical changes.

First, SRC would eliminate the requirement that COMs maintain “policies and procedures” related to support for the continuum of osteopathic medical education. Such efforts do not readily lend themselves to “policies and procedures,” and a COM’s processes and resources are what will make the difference. In addition, given that COMs’ primary mission relates to undergraduate medical education, it would be better to require COMs to devote “resources” to the continuum of osteopathic medical education without specifying the nature of that support. COMs should devote the resources that are appropriate given the COM’s particular characteristics and context.

Second, any requirement related to a COM’s placement of graduates in GME programs must be accurate and unambiguous. The COCA’s proposal includes a too narrow focus on the National Residency Matching Program (“NRMP”) rate. The NRMP will not wholly supplant the AOA match until 2020. Even then, some students will still successfully find accredited GME positions through the military match, the scramble, and other mechanisms. The COCA should therefore revise Element 10.1 to require publication of a COM’s success rate in placing students into accredited GME programs rather than focusing solely on the NRMP match rate.

- **Element 12.7: Campus Security (CORE) – COCA proposes:**

A COM must provide comprehensive information through a public link about its campus security to its students, faculty, staff, and to the public at large.

SRC proposes:

A COM must provide comprehensive information about its campus security to its students, faculty, staff, and to the public at large. **A COM can satisfy this Element by publishing a link to the COM’s U.S. Department of Education Campus Safety and Security Data.**

Comments SRC supports the proposed addition of this Element for COMs that the COCA institutionally accredits. However, the COCA should revise the Element to recognize that a COM can satisfy the requirement to provide campus security information by posting a link to the COM's data under the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (the "Clery Act"). For all institutions participating in federal student financial aid programs under Title IV of the Higher Education Act ("Title IV"), the federal Clery Act already requires institutions to maintain and disclose campus crime statistics and security information. The statistics and information are already available on a U.S. Department of Education ("ED") website: <https://ope.ed.gov/campussafety>. To avoid uncertainty concerning the scope of the Element, its relationship to the Clery Act, and needless duplication of efforts, SRC asks that the COCA permit a COM to satisfy proposed new Element 12.7 by publishing a link to the institution's Clery Act data.

New & Developing Accreditation Standards Revision 2019

- **Candidate Element 1.5: Clinical Education Affiliation Agreements: - COCA proposes:**

A proposed COM must be able to produce agreements, including executed affiliation agreements that support the clinical educational experience for its students.

SRC proposes:

A COM must be able to produce **executed affiliation** agreements, ~~including executed affiliation agreements~~ that support the clinical educational experience for its students.

Comments

SRC opposes a revision to Candidate Element 1.5 that would suggest a COM must provide more than executed affiliation agreements to document the required clinical education opportunities for students. Signed affiliation agreements are binding documents and no additional documentation should be necessary. If the COCA has particular information in mind, the standard should specify what it is so that stakeholders could consider whether it is reasonable to require such information. SRC does not otherwise oppose the editorial changes to Element 1.7 and has offered a revised proposal accordingly.

- **Candidate Element 2.1: Dean Qualifications, COCA proposes:**

3. Board certification at some time in his/her career; and

SRC proposes:

3. **AOA/ABMS** Board certification at some time in his/her career; and

Comments: SRC supports the addition of AOA/ABMS.

- **Candidate Element 2.3: Academic & Administrative Leadership, COCA proposes no revisions:**

SRC proposes:

A proposed COM must have academic and administrative leadership to accomplish the mission of the medical school. Assistant/Associate Deans (at least one of which must be an **AOA/ABMS** board-certified DO) must have proven experience in teaching, educational design and evaluation, scholarly activity, and academic leadership in a medical education setting appropriate for the position.

Comments: SRC supports the addition of AOA/ABMS.

- **Candidate Element 5.1 Professionalism (CORE) COCA proposes:**

A proposed COM must ensure that the learning environment of its osteopathic medical education program is conducive to the ongoing development of professional behaviors in its osteopathic medical students, faculty, and staff at all locations and is one in which all individuals are treated with respect.

Comments: While the SRC has no proposed revision at this time, it believes COCA can improve the treatment of professionalism in the Standards, and the SRC would support a comprehensive effort to do so.

- **Candidate Element 5.2: Diversity – COCA proposes:**

A proposed COM must publish effective policies and have in place practices that engage in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. The COM must include in these activities the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.
SRC proposes:

A proposed COM must publish ~~effective policies and have in place practices that~~ engage in ongoing, systematic, and focused ~~recruitment and retention activities,~~ **efforts** to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community as **permitted by law**. The COM must include in these activities ~~the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes~~ **its efforts as permitted by law**.

Comments: SRC supports COMs' diversity and inclusion efforts and does not oppose a revision to Candidate Element 5.2 to require "practices" in addition to policies or to require that COMs evaluate how well their diversity efforts are working. However, SRC views the COCA's proposed revision as at once too prescriptive (by requiring COMs to use programs and/or partnerships) and not prescriptive enough (by not identifying the characteristics of programs/partnerships that would satisfy the standard). Efforts to achieve mission-related diversity can be lawful, but also legally fraught. Given the state of the law, the COCA's standards should not prescribe the methods that a COM must use to achieve mission-appropriate diversity. Nor should the COCA be deciding whether a COM's policies and efforts are "effective." COMs cannot do more under accreditation standards than the law allows.

Candidate Element 7.1: Faculty & Staff Resources & Qualifications - COCA proposes:

At all educational teaching sites, including affiliated sites, a proposed COM must demonstrate that it will have sufficient faculty and clinical staff resources to achieve the proposed program mission, including part time and adjunct faculty, and preceptors who are appropriately trained and credentialed. The physician faculty, in the patient care environment, must hold current medical licensure and board certification/board eligibility. In the event a proposed COM is unable to fill physician faculty positions with board certified or board eligible physicians, the proposed COM may, under exceptional circumstances and upon good cause, employ physician faculty who are not board certified or board eligible based on that physician's demonstrated educational and clinical practice experience. All non-physician faculty must have demonstrated, appropriate qualifications in his/her disciplinary field.

SRC proposes:

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, must hold current medical licensure and **AOA/ABMS** board certification/board eligibility; **provided, however, that if after reasonable efforts a COM is unable to fill one or more faculty positions with board-certified or board-eligible physicians, the COM may employ physician faculty who are not board-certified or board-eligible based on the physician's demonstrated educational and clinical practice credentials.** ~~In the event a COM is unable to fill physician faculty positions with board certified or board eligible physicians, the COM may, under exceptional circumstances and upon good cause, employ physician faculty who are not board certified or board eligible based on that physician's demonstrated educational and clinical practice experience.~~ All non-physician faculty must have demonstrated, appropriate qualifications in his/her disciplinary field.

Comments: The SRC agrees that if board certification is a requirement then the board certification should be either **AOA or ABMS** certification given the rigor in those certifications. The SRC is not convinced that all physicians must be board certified. The SRC appreciates the COCA's willingness to consider changes to Candidate Element 7.1 to permit physicians who are not board-certified or board-eligible to serve as clinical faculty. The touchstone for clinical faculty should be whether they are qualified.

The proposed revision would address concerns by allowing a COM to hire a faculty member who is not board-certified/eligible after using reasonable efforts to hire one who is. The burden would then be on the COM to demonstrate that its clinical faculty is in fact qualified.

Finally, proposed Table 7.2 includes a drop-down for "Preceptor Status" that includes options only for "Board Certified" or "Board Eligible." Given the proposed revisions to Element 7.1, the table should also include an option for "Other."

- **Candidate Element 8.1 Student Participation – COCA proposes:**

A proposed COM must demonstrate a commitment to research and scholarly activity through its budgetary processes, support of faculty research (including the establishment of a research facility at the COM), and inclusion of its students in research throughout all four years of the osteopathic medical education.

SRC proposes:

A COM must demonstrate a commitment to research and scholarly activity through its budgetary processes, support of faculty research (~~including the establishment of a research facility at the COM~~), and **enable** inclusion of its students in research throughout all four years of the osteopathic medical education.

Comments: SRC opposes this change as adding a vague extension to an otherwise succinct standard. The revision does not meaningfully illuminate what the Element requires and therefore introduces unnecessary ambiguity.

- **Pre-Accreditation Element 1.7: Clinical Education Affiliation Agreements: - COCA proposes:**

A proposed COM must be able to produce agreements, including executed affiliation agreements that support the clinical educational experience for its students.

SRC proposes:

A proposed COM must be able to produce **executed affiliation** agreements that support the clinical educational experience for its students.

- **Pre-Accreditation Element 2.1: Dean Qualifications - COCA proposes:**

3. Board certification at some time in his/her career; and

SRC proposes:

3. **AOA/ABMS** Board certification at some time in his/her career; and

Comments: Similar to the standards in residency training, AOA or ABMS board certification should be the standard due to the rigorous requirements to achieve those certifications.

- **Pre-Accreditation Element 5.1 Professionalism (CORE) COCA proposes:**

A proposed COM must ensure that the learning environment of its osteopathic medical education program is conducive to the ongoing development of professional behaviors in its osteopathic medical students, faculty, and staff at all locations and is one in which all individuals are treated with respect.

Comments: While the SRC has no proposed revision at this time, it believes COCA can improve the treatment of professionalism in the Standards, and the SRC would support a comprehensive effort to do so.

- **Pre-Accreditation Element 5.2: Diversity – COCA proposes:**

A COM must publish effective policies and have in place practices that engage in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. The COM must include in these activities the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.

SRC proposes:

A COM must publish policies and engage in ongoing, systematic, and focused, **efforts** to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community **as permitted by law**. The COM must include in these activities the evaluation of **its efforts as permitted by law**.

- **Pre-Accreditation Element 6.5: Scientific Method – COCA proposes:**

A COM must ensure that the curriculum includes instruction in the scientific method including data collection to test and verify hypotheses or address questions regarding biomedical phenomena and in the basic scientific and ethical principles of clinical and translational research. The curriculum must include the methods by which such research is conducted, evaluated, explained to patients who are part of clinical studies, and applied to patient care.

SRC proposes:

A COM must ensure that the curriculum includes instruction in the scientific method including data collection to test and verify hypotheses or address questions regarding biomedical phenomena and in the basic scientific and ethical principles of clinical and translational research. The curriculum must include the methods by which such research is conducted, evaluated, explained to patients ~~who are part of clinical studies~~, and applied to patient care.

- **Pre-Accreditation Element 7.1: Faculty & Staff Resources & Qualifications - COCA proposes:**

At all educational teaching sites, including affiliated sites, a pre-accredited 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, must hold current medical licensure and board certification/board eligibility. In the event a COM is unable to fill physician faculty positions with board certified or board eligible physicians, the COM may, under exceptional circumstances and upon good cause, employ physician faculty who are not board certified or board eligible based on that physician's demonstrated educational and clinical practice experience. All non-physician faculty must have demonstrated, appropriate qualifications in his/her disciplinary field.

A candidate COM applying for pre-accreditation must have a pro forma plan for 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, must hold current medical licensure and board certification/board eligibility. In the event a COM is unable to fill physician faculty positions with board certified or board eligible physicians, the COM may under exceptional circumstances and upon good cause, employ physician faculty who are not board certified or board eligible based on that physician's demonstrated educational and clinical practice experience. All non-physician faculty must have demonstrated educational and clinical practice experience. All non-physician faculty must have demonstrated, appropriate qualifications in his/her disciplinary field.

SRC proposes:

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, must hold current medical licensure and **AOA/ABMS** board certification/board eligibility; **provided, however, that if after reasonable efforts a COM is unable to fill one or more faculty positions with AOA/ABMS board-certified or board-eligible physicians, the COM may employ physician faculty who are not AOA/ABMS board-certified or board-eligible based on the physician's demonstrated educational and clinical practice credentials.** All non-physician faculty must have demonstrated, appropriate qualifications in his/her disciplinary field.

A candidate COM applying for pre-accreditation must have a pro forma plan for 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, must hold current medical licensure and **AOA/ABMS** board certification/board eligibility; **provided, however, that if after reasonable efforts a COM is unable to fill one or more faculty positions with AOA/ABMS board-certified or board-eligible physicians, the COM may employ physician faculty who are not AOA/ABMS board-certified or board-eligible based on the physician's demonstrated educational and clinical practice credentials.** ~~In the event a COM is unable to fill physician faculty positions with board certified or board eligible physicians, the COM may under exceptional circumstances and upon good cause, employ physician faculty who are not board certified or board eligible based on that physician's demonstrated educational and clinical practice experience.~~ All non-physician faculty must have demonstrated educational and clinical practice experience. All non-physician faculty must have demonstrated, appropriate qualifications in his/her disciplinary field.

- **Pre-Accreditation Element 7.4: Primary Care Leadership - COCA proposes no revisions:**

SRC proposes:

A COM must employ a Doctor of Osteopathic Medicine with an active medical license and active **AOA/ABMS** board certification from a primary care discipline to serve as the Department Chair of Primary Care (or equivalent). If the COM does not have an organized Department of Primary Care, the Department Chair of either Family Medicine or Internal Medicine or Pediatrics must be a Doctor of Osteopathic Medicine with active board certification.

- **Pre-Accreditation Element 7.5: OMM/OPP Leadership (CORE) - COCA proposes no revisions.**

SRC proposes:

A COM must employ a Doctor of Osteopathic Medicine with an active medical license and active board certification **from an AOA specialty board that awards certification based upon both cognitive OPP and practical OMM skills assessments** to serve as the Department Chair of OMM/OPP, or equivalent **title of an academic unit. A COM must employ an osteopathic physician** with active board certification from the American Osteopathic Board of Neuromusculoskeletal Medicine (AOBNMM) or a Certificate of Special Proficiency in OMM (C-SPOMM) **in the department so that osteopathic principles and practice are included in student instructional activities and evaluations throughout the continuum of the curriculum.**

- **Pre-Accreditation Element 8.1 Research and Scholarly Activity – COCA proposes:**

A COM must have a strategic plan and scholarly activities that document how the COM will contribute to the advancement of knowledge through research and scholarly contributions that are characteristics of an institution of higher learning.

SRC proposes:

A COM must have a strategic plan and scholarly activities that document how the COM will contribute to the advancement of knowledge through research and scholarly contributions ~~that are characteristics of an institution of higher learning.~~

- **Pre-Accreditation Element 8.2: Student Participation – COCA proposes:**

A COM must demonstrate a commitment to research and scholarly activity through its budgetary processes, support of faculty research (including the establishment of a research facility at the COM), and inclusion of its students in research throughout all four years of the osteopathic medical education.

SRC proposes:

A COM must demonstrate a commitment to research and scholarly activity through its budgetary processes, support of faculty research (~~including the establishment of a research facility at the COM~~), and **enable** inclusion of its students in research throughout all four years of the osteopathic medical education.

- **Pre-Accreditation Element 9.10: Non-Academic Health Professionals – COCA proposed:**

A COM must ensure that any health professional providing health services, through a therapeutic relationship, must recuse him/herself from the academic assessment or promotion of the student receiving those services.

SRC proposed:

A COM must **require** that any health professional **with an active provider-patient relationship with a student** recuse him/herself from academic assessment or promotion **decisions relating to such student for the duration of such relationship; provided, however, that a healthcare provider to an individual may also serve as an evaluator to that individual if there is no other reasonable way to provide both healthcare services and academic assessment to that individual. For the avoidance of doubt, classroom instruction alone does not constitute a therapeutic or provider-patient relationship.**

- **Pre-Accreditation Element 10.1: GME Development – COCA proposes:**

The COM must demonstrate its policies, procedures, personnel and budgetary resources to support the continuum of osteopathic education in both undergraduate and graduate medical education (GME), as well as in continuing medical education (for all GME faculty). A COM must demonstrate and publicly evidence the placement of its students in graduate medical education programs, including through the publication of match rates of its students in the National Residency Match Program.

SRC proposes:

The COM must demonstrate its **processes** and resources to support the continuum of osteopathic education in both undergraduate and graduate medical education (GME), as well as in continuing medical education (for all GME faculty). A COM must **publish the number and percentage of graduates from each of the four most recent graduating classes who sought and obtained placement in an accredited GME program.**

- **Pre-accreditation Element 12.7: Campus Security (CORE) – COCA proposed the following new text:**

A COM must provide comprehensive information through a public link about its campus security to its students, faculty, staff, and to the public at large.

SRC proposed:

A COM must provide comprehensive information about its campus security to its students, faculty, staff, and to the public at large. **A COM can satisfy this Element by publishing a link to the COM's U.S. Department of Education Campus Safety and Security Data.**

Continuing Accreditation Evidentiary Submission 2019

- **Submission 1.7: Clinical Education Affiliation Agreements – COCA proposes:**

1. Provide a copy of a COM approved affiliation agreement.

SRC proposes:

1. Provide a copy of a COM approved affiliation agreement.
2. Provide a list of all contracted clinical sites.
3. Provide the three year average number of OMS III students who matriculated for the academic year, including the number of students repeating from any previous academic years by completing Table 6.
4. 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 site, including~~ all executed affiliation agreements.
5. For mid-cycle reports, nos. 1 - 3 above must be provided. If warranted, the COCA may require that a COM provide copies of all ~~documents (including all executed affiliate agreements) that evidence the acceptance of the COM's students to participate at an affiliate site.~~

- **Submission 2.1: Dean Qualifications - COCA proposes:**

1. Provide a copy of the Dean's diploma from a COCA accredited college of osteopathic medicine.
2. Provide a copy of the Dean's most recent medical license.
3. Provide a copy of the Dean's board certification documents.
4. Provide a copy of a complete and current curriculum vitae for the Dean
5. Provide the current job description for the Dean.
6. Provide the dean/physician's most current report from the National Practitioners Data Bank.

SRC proposes:

1. Provide a copy of the Dean's diploma from a COCA accredited college of osteopathic medicine.
2. Provide a copy of the Dean's most recent medical license.
3. Provide a copy of the Dean's **AOA/ABMS** board certification documents.
4. Provide a copy of a complete and current curriculum vitae for the Dean.
5. Provide the current job description for the Dean.
6. Provide the dean/physician's most ~~current~~ **recent credentials verification** report from the **Federation of State Medical Boards National Practitioners Data Bank**.

Table 4.1: "On-campus facilities."

Submission 4.1: Facilities - COCA proposes:

1. Provide the floorplan diagrams of all buildings used by the COM on all campuses utilized by the COM.
2. Complete and submit Table 4.1 to describe the on-campus facilities.
3. Describe how the COM assesses the adequacy of the CORE clinical rotation facilities, including how students are involved in the assessment.

Table 4.1: Title the Table "On-campus facilities."

SRC proposes:

1. Provide the floorplan diagrams of all **on-campus** buildings used by the COM.
2. Complete and submit Table 4.1 to describe the on-campus facilities.
3. Describe how the COM assesses the adequacy of the CORE clinical rotation facilities, ~~including how students are involved in the assessment.~~

Table 4.1: Title the Table "On-campus facilities."

• **Submission 6.9: Clinical Education – COCA proposes:**

1. Provide a sample syllabus for core clinical rotations.
2. Provide policies and procedures (protocols) demonstrating how clinical education is delivered to all students through the COM.
3. Complete Table 6.4.
4. Complete Table 6.9 demonstrating adequacy of core clinical rotation capacity.
5. Provide a contingency plan for all core rotations indicating how students will be placed in clinical education in the event opportunities are no longer available.

SRC proposes:

1. Provide a sample syllabus for core clinical rotations.
2. Provide policies and procedures (protocols) demonstrating how clinical education is delivered to all students through the COM.
3. Complete Table 6.4.
4. Complete Table 6.9 demonstrating adequacy of core clinical rotation capacity.

5. Provide **evidence of planning to maintain sufficient clinical education and evidence of the successful placement of students.** ~~a contingency plan for all core rotations indicating how students will be placed in clinical education in the event opportunities are no longer available.~~
6. Provide **evidence of planning to maintain sufficient clinical education and evidence of the successful placement of students.** ~~a contingency plan for all core rotations indicating how students will be placed in clinical education in the event opportunities are no longer available..~~

- **Submission 7.1: Faculty and Staff Resources and Qualifications - COCA proposes:**

1. Complete Tables 7.1a and 7.1b
2. Submit a comprehensive statement explaining the circumstances why the COM has employed any physician faculty in the patient care environment who are not board certified or board eligible.
3. At the time of the site visit, the COM must have available for inspection the complete faculty file, including the most recent and complete curricula vitae and credentialing information, of all faculty, including all adjunct faculty.

Note: Tables 7a and 7b to be re-labeled 7.1a and 7.1b

SRC proposes:

2. Submit a comprehensive statement explaining the circumstances why the COM has employed any physician faculty in the patient care environment who are not **AOA/ABMS** board certified or board eligible.
3. Submit a comprehensive statement explaining the circumstances why the COM has employed any physician faculty in the patient care environment who are not **AOA/ABMS** board certified or board eligible.

- **Submission 7.2: Faculty Approvals at All Teaching Sites, COCA proposes:**

2. Submit a comprehensive and detailed statement explaining the circumstances why the COM employed any physician faculty in the patient care environment who are not board certified or board eligible.
3. Complete Table 7.2. (in summary of tables)
Table includes:
Preceptor Name
Clinical Site
of Students per rotation supervised by the preceptor
Preceptor's status - Board cert? Board eligible
Preceptor's discipline
Preceptor appointed or approved as faculty?
(must define appointment vs. approval)

SRC proposes:

2. Submit a comprehensive and detailed statement explaining the circumstances why the COM employed any physician faculty in the patient care environment who are not **AOA/ABMS** board certified or board eligible.
3. Complete Table 7.2. (in summary of tables)
Table includes:

Preceptor Name
 Clinical Site
 # of Students per rotation supervised by the preceptor
 Preceptor's status - **AOA/ABMS** Board cert? Board eligible
 Preceptor's discipline
 Preceptor appointed or approved as faculty?
 (must define appointment vs. approval)

- **Submission 7.3: Department Chair Qualifications - COCA proposed no changes:**

SRC proposes:

5. For each clinical department chair, provide a copy of the department chair's **AOA/ABMS** board certification documents.

- **Submission 9.7: Financial Aid and Debt Management Counseling – COCA proposes:**

1. The COM must provide a description of all financial aid and debt counseling sessions provided to its students. This description must include:

- a. When the financial aid and debt counseling sessions are/were provided to the students; and
- b. The OMS year during which students are required to receive these sessions.

SRC proposes:

The COM must provide a description of all financial aid and debt counseling sessions ~~provided~~ offered to its students. This description must ~~include~~ address: ~~a. when a COM provides/provided the financial aid and debt counseling sessions are/were provided to the students; and b. The OMS year during which students are required to receive these sessions.~~

- **Submission 10.1: Osteopathic Educational Continuum – COCA proposes:**

1. Submit the COM's policies and describe the COM's structure and procedures to support the continuum of osteopathic education.
2. Provide a public link indicating the COM's average match rate for the last four academic years in the National Residency Match Program. The match rate must be calculated by dividing the number of students who matched into a PGY1 position by the number of students who attempted to match.
3. The COM must also provide evidence of its support (exclusive of policies and procedures required under elements 10.2 and 10.3) of residency programs affiliated with the COM in their ACGME accreditation process, including obtaining osteopathic recognition, as well as providing support for other milestones. This demonstration of support may include the financial support, faculty support, or other assistance.

Editor's Note: This requirement has been moved from Element 6.6.

Eliminate Tables 10.1 and 10.2.

SRC proposes:

1. **Describe** ~~Submit~~ the COM's ~~policies~~ **process** and describe the COM's ~~structure and procedures~~ to support the continuum of osteopathic education.
2. Provide a public link indicating the **number and percentage of graduates from each of the four most recent graduating classes who sought and obtained placement in an accredited GME program.** ~~COM's average match rate for the last four academic years in the National Residency Match Program. The match rate must be calculated by dividing the number of students who matched into a PGY1 position by the number of students who attempted to match.~~
3. The COM must also provide evidence of its support (exclusive of policies and procedures required under elements 10.2 and 10.3) of residency programs affiliated with the COM in their ACGME accreditation process, including obtaining osteopathic recognition, as well as providing support for other milestones. This demonstration of support may include ~~the~~ financial support, faculty support, or other assistance.

Editor's Note: This requirement has been moved from Element 6.6.

Eliminate Tables 10.1 and 10.2.

• **Submission 11.1: Program Assessment – COCA proposes:**

1. Provide the guiding documents which govern how the COM conducts systematic program review. This may be in the form of a program review manual or guide that has been adopted by the faculty. This should include the manner in which the core osteopathic competencies are embedded in the curriculum and assessed as an aspect of the review.
2. Provide a calendar which specifies the most recent and scheduled program reviews for the past three academic years preceding a site visit or any submission to the COCA for any monitoring purposes (e.g., annual report, mid-cycle report, supplemental report, etc.).
3. Provide 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 the learning of the core competencies.

SRC proposes:

Submit a copy of the COM's assessment plan.

• **Submission 11.3: Student Debt Outcomes – COCA proposes:**

1. Provide the current average debt for the last four years of students.
2. Provide a public link to where the information is published.
3. For each of the four academic years preceding the submission of this information, provide the student loan default rate for all federal financial aid obtained under the Higher Education Act of 1965 (HEA), as amended, including financial aid provided under Title IV of the HEA.

SRC proposes:

1. **Submit a copy of the COM's assessment plan.** Provide the guiding documents which govern how the COM conducts systematic program review. This may be in the form of a program review manual or guide that has been adopted by the faculty. This should include the manner in which the core osteopathic competencies are embedded in the curriculum and assessed as an aspect of the review.
2. Provide a calendar which specifies the most recent and scheduled program reviews for the past three academic years preceding a site visit or any submission to the COCA for any monitoring purposes (e.g., annual report, mid-cycle report, supplemental report, etc.).
3. Provide 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 the learning of the core competencies.

Evidentiary Submission for New & Developing COMs 2019 Candidate Submissions

- **Candidate Submission 2.1: Dean Qualifications, COCA proposes:**

1. Provide a copy of the Dean's diploma from a COCA accredited college of osteopathic medicine.
2. Provide a copy of the Dean's most recent medical license.
3. Provide a copy of the Dean's board certification documents.
4. Provide a current and complete curriculum vitae for the Dean
5. Provide the current job description for the Dean.
6. Provide the dean/physician's most current report from the National Practitioners Data Bank

SRC proposes:

1. Provide a copy of the Dean's diploma from a COCA accredited college of osteopathic medicine.
2. Provide a copy of the Dean's most recent medical license.
3. Provide a copy of the Dean's **AOA/ABMS** board certification documents.
4. Provide a copy of a complete and current curriculum vitae for the Dean.
5. Provide the current job description for the Dean.
6. Provide the dean/physician's most **recent credentials verification** report from the **Federation of State Medical Boards**.

- **Candidate Submission 2.3: Academic and Administrative Leadership - COCA proposes no revisions.**

SRC proposes:

5. Provide a copy of the employee's **AOA/ABMS** board certification documents (if a DO or MD).

- **Candidate Submission 4.1: Facilities - COCA proposes:**

1. Provide the floorplan diagrams of all buildings used by the proposed COM on all campuses utilized by the proposed COM.
2. Complete and submit Table 4.1 to describe the on-campus facilities dedicated for DO students.

Table 4.1: Title the Table "On-campus facilities."

SRC proposes:

1. Provide the floorplan diagrams of all **on-campus** buildings used by the COM.
2. Complete and submit Table 4.1 to describe the on-campus facilities.

Table 4.1: **Title the Table “On-campus facilities.”**

- **Candidate Submission 7.1: Faculty and Staff Resources and Qualifications – COCA proposes:**

1. Submit a comprehensive statement providing the justification for the proposed COM’s anticipated employment of physician faculty (both FTE and adjunct) in the patient care environment who are not board certified or board eligible.

SRC proposes:

2. Submit a comprehensive statement explaining the circumstances why the COM has employed any physician faculty in the patient care environment who are not **AOA/ABMS** board certified or board eligible.

- **Candidate Submission 7.2: Faculty Approvals at All Teaching Sites – COCA proposes:**

1. Submit a comprehensive and detailed statement explaining the circumstances why the COM employed any physician faculty in the patient care environment who are not board certified or board eligible.
2. Complete Table 7.2. (in summary of tables)

Table includes:

Preceptor Name

Clinical Site

of Students per rotation supervised by the preceptor

Preceptor’s status - Board cert? Board eligible

Preceptor’s discipline

Preceptor appointed or approved as faculty?

(must define appointment vs. approval)

SRC proposes:

1. Submit a comprehensive and detailed statement explaining the circumstances why the COM employed any physician faculty in the patient care environment who are not **AOA/ABMS** board certified or board eligible.

2. Complete Table 7.2. (in summary of tables)

Table includes:

Preceptor Name

Clinical Site

of Students per rotation supervised by the preceptor

Preceptor’s status - **AOA/ABMS** Board cert? Board eligible

Preceptor’s discipline

Preceptor appointed or approved as faculty?

(must define appointment vs. approval)

Evidentiary Submission for New & Developing COMs 2019 Pre-Accreditation Status

- **Pre-Accreditation Submission 1.7: Clinical Education Affiliation Agreements – COCA proposes:**

1. Provide a copy of a COM approved affiliation agreement.
2. Provide a list of all contracted clinical sites.
3. Provide the three year average number of OMS II students who matriculated for the academic year, including the number of students repeating from any previous academic years by completing Table 6.
4. 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 site, including all executed affiliation agreements.

SRC proposes:

1. Provide a copy of a COM approved affiliation agreement.
2. Provide a list of all contracted clinical sites.
3. Provide the three year average number of OMS III students who matriculated for the academic year, including the number of students repeating from any previous academic years by completing Table 6.
4. 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 site, including~~ all executed affiliation agreements.

- **Pre-Accreditation Submission 2.1: Dean Qualifications, COCA proposes:**

1. Provide a copy of the Dean's diploma from a COCA accredited college of osteopathic medicine.
2. Provide a copy of the Dean's most recent medical license.
3. Provide a copy of the Dean's board certification documents.
4. Provide a current and complete curriculum vitae for the Dean
5. Provide the current job description for the Dean.
6. Provide the dean/physician's most current report from the National Practitioners Data Bank

SRC proposes:

1. Provide a copy of the Dean's diploma from a COCA accredited college of osteopathic medicine.
2. Provide a copy of the Dean's most recent medical license.
3. Provide a copy of the Dean's **AOA/ABMS** board certification documents.
4. Provide a copy of a complete and current curriculum vitae for the Dean.
5. Provide the current job description for the Dean.
6. Provide the dean/physician's most **recent credentials verification** report from the **Federation of State Medical Boards**.

- **Pre-Accreditation Submission 4.1: Facilities - COCA proposes:**

1. Provide the floorplan diagrams of all buildings used by the COM on all campuses utilized by the COM.
2. Complete and submit Table 4.1 to describe the on-campus facilities.
3. Provide an explanation of the COM's assessment of the adequacy of its core clinical rotation facilities. Include in this explanation whether and how the COM's students are involved in developing the assessment.
Table 4.1: Title the Table "On-campus facilities."

SRC proposes:

1. Provide the floorplan diagrams of all **on-campus** buildings used by the COM.
2. Complete and submit Table 4.1 to describe the on-campus facilities.
3. Describe how the COM assesses the adequacy of the CORE clinical rotation facilities, ~~including how students are involved in the assessment.~~

Table 4.1: "On-campus facilities."

• **Pre-Accreditation Submission 7.1: Faculty and Staff Resources and Qualifications – COCA proposes:**

2. Submit a comprehensive statement providing the justification for the proposed COM's anticipated employment of physician faculty (both FTE and adjunct) in the patient care environment who are not board certificated or board eligible.

SRC proposes:

2. Submit a comprehensive statement explaining the circumstances why the COM has employed any physician faculty in the patient care environment who are not **AOA/ABMS** board certified or board eligible.

• **Pre-Accreditation Submission 7.2: Faculty Approvals at All Teaching Sites - COCA proposes:**

2. Submit a comprehensive and detailed statement explaining the circumstances why the COM employed any physician faculty in the patient care environment who are not board certified or board eligible.
3. Complete Table 7.2. (in summary of tables)
 - a. Table includes:
 - b. Preceptor Name
 - c. Clinical Site
 - d. # of Students per rotation supervised by the preceptor
 - e. Preceptor's status - Board cert? Board eligible
 - f. Preceptor's discipline
 - g. Preceptor appointed or approved as faculty?
 - h. (must define appointment vs. approval)

SRC proposes:

2. Submit a comprehensive and detailed statement explaining the circumstances why the COM employed any physician faculty in the patient care environment who are not **AOA/ABMS** board certified or board eligible.
3. Complete Table 7.2. (in summary of tables)

Table includes:

Preceptor Name

Clinical Site

of Students per rotation supervised by the preceptor

Preceptor's status - **AOA/ABMS** Board cert? Board eligible

Preceptor's discipline

Preceptor appointed or approved as faculty?

(must define appointment vs. approval)

- **Pre-Accreditation Submission 7.3: Department Chair Qualifications - COCA proposes:**

5. For each clinical department chair, provide a copy of the department chair's board certification documents.

SRC proposes:

5. For each clinical department chair, provide a copy of the department chair's **AOA/ABMS** board certification documents.

- **Pre-Accreditation Submission 7.4: Primary Care Leadership - COCA proposes:**

4. Provide a copy of the Chair's board certification documents.

SRC proposes:

4. Provide a copy of the Chair's **AOA/ABMS** board certification documents.

We thank COCA for the opportunity to review the proposed changes. I would be pleased to answer any questions you may have.

Sincerely,

Frank M. Tursi, DO
Chair, Standards Review Coalition

CC: William S. Mayo, DO, AOA President
Adrienne White-Faines, AOA CEO
James Swartwout, SRC Secretary