

# CPME 130

## PROCEDURES FOR ACCREDITING COLLEGES OF PODIATRIC MEDICINE

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## **INTRODUCTION**

### **Accreditation Authority**

The Council on Podiatric Medical Education (CPME or Council) is designated by the American Podiatric Medical Association to act as the accrediting agency for colleges and schools, that grant the first professional degree in podiatric medicine, the Doctor of Podiatric Medicine (DPM). CPME is recognized by the Council for Higher Education Accreditation (CHEA) and by the U. S. Department of Education. CPME holds membership in the Association of Specialized and Professional Accreditors (ASPA), and supports and follows the principles addressed in the *ASPA Code of Good Practice*.

The Council was established in 1918 and charged with the formulation of educational standards and began accrediting colleges of podiatric medicine in 1922. The Council on Podiatric Medical Education is the nationally recognized accrediting agency in the specialized field of podiatric medicine. A determination of accreditation by the Council is an indication of confidence in the educational institution to offer a college or school of quality, deserving of public approbation.

The Council is the final authority in deciding the accredited status to be accorded to a college of podiatric medicine.

### **CPME Mission**

The mission of the Council is to promote the quality of doctoral education, postdoctoral education, certification, and continuing education. By confirming that these programs meet established standards and requirements, the Council serves to protect the public, podiatric medical students, and doctors of podiatric medicine.

### **Standards and Requirements for Colleges of Podiatric Medicine**

The Council formulates and adopts its own accreditation standards and requirements. The standards and requirements for accreditation are stated in CPME 120, *Standards and Requirements for Accrediting Colleges of Podiatric Medicine*. This publication is available on the Council's website ([www.cpme.org](http://www.cpme.org)) or may be obtained by contacting the office of the Council on Podiatric Medical Education.

### **Accreditation Guide**

The Council has developed and makes available CPME 125, *Accreditation Guide*. This publication includes information about conducting the process of self-study and offers questions that assist colleges of podiatric medicine, on-site evaluators, and others in understanding the standards and requirements for accreditation. This publication is available on the Council's website ([www.cpme.org](http://www.cpme.org)) or may be obtained by contacting the office of the Council on Podiatric Medical Education.

## **Accreditation Committee**

The Accreditation Committee is a standing Committee of the Council. The Committee is responsible for recommending to the Council candidacy of new colleges and accreditation of new and existing colleges. The Committee meets twice a year, usually in the spring and fall.

The composition of the Committee includes two representatives from CPME-accredited colleges of podiatric medicine, one representative from the podiatric practice community, and at least two Council members. At least one representative from the CPME-accredited colleges of podiatric medicine must be a podiatric educator.

## **Document Reviews**

This document is subject to a comprehensive review six years following completion of its last comprehensive review. The comprehensive review is completed by a CPME-appointed ad hoc advisory committee comprised of at least two Council members and representatives from the community of interest. Committee members representing organizations within the community of interest (e.g., the American Association of Colleges of Podiatric Medicine, Council of Teaching Hospitals, State Boards of Podiatric Medicine, and American Podiatric Medical Students' Association) are appointed by the respective organizations. The chair of the Accreditation Committee is an ex-officio member of the advisory committee. Other members of the committee, as determined by the Council, may be appointed by the Council chair and confirmed by the Council.

The comprehensive review of the standards incorporates the following three major features:

1. Notification about the opportunity for CPME constituents and other interested parties to validate the current standards and provide input about any problems in the interpretation or application of the standards or any gaps that might exist.
2. Broad-based surveys about the standards that solicit input by relevant constituencies to include academics (faculty and administrators), practicing podiatric physicians, students, leaders of podiatric organizations, and representatives of licensing and certifying agencies.
3. Periodic review of the standards in a practical, manageable, and consistent way to facilitate sound decision making that results in the validation of the standards. The first aspect of the systematic review of the standards ensures the opportunity for any interested party to provide input about the standards at any time. Information regarding how to submit comments to CPME is sent to constituents and is posted on the CPME website. All comments must be submitted to CPME in writing; the name, affiliation, and contact information of the individual submitting the comments must be identified.

The second major feature of the review process involves the solicitation of input about the standards through constituent surveying processes. In the fifth year of the six-year standards review cycle, CPME solicits information through a web-based questionnaire designed to probe

participants' understanding and interpretation of the standards, as well as to evaluate each standard for its validity and relevance to the quality of a college of podiatric medicine. Each standard and requirement, as well as the standards as a whole, are reviewed through this surveying process. The Council additionally solicits input about the standards from on-site evaluators and colleges of podiatric medicine following each on-site evaluation. This allows for valuable input from individuals who recently experienced the on-site evaluation and, thus, are familiar with the accreditation process.

The third major feature of the process formalizes the systematic review and analysis of the information collected, as discussed above. If CPME determines at any point during the review process that it needs to make changes to the standards, the Council will initiate action within 12 months to address the relevant issues with final action taken by the Council within 18 months. Such action may include convening the ad hoc advisory Committee for the purpose of reviewing the standards and recommending changes to the Council.

The results of the comprehensive review are transmitted to the Council. Before any substantive changes become final, the Council disseminates proposed revisions in accreditation policies, standards, requirements, and procedures for comment to the community of interest including accredited, provisionally accredited, and candidate status institutions and programs, faculty, students, residency and fellowship programs, and profession leaders. The Council will afford the community of interest at least four months to comment on the proposed changes and will take into account any comments received on the proposed changes. If the Council determines that additional document revisions are needed based on review of the comments received, the additional revisions will be forwarded to the community of interest for another period of at least four months.

The ad hoc Committee has at least two face-to-face meetings. The results of its review, including recommendations for revisions to standards, requirements, and procedures is reported to and used by the Council to determine that the standards are, in fact, valid and reliable indicators of quality and are accepted commonly by the educational and practice communities. The standards, requirements, and procedures are subsequently revised by the Council. Essential components of this process include, but are not limited to, the following:

- Continual emphasis on the development of well-defined, outcome-specific standards, focusing on multiple measures
- Frequent objective evaluations of compliance, based upon information gathered and verified during routine on-site evaluations and administrative reports
- Comprehensive analysis of individual and group data to identify patterns of performance

Systematic reviews of compliance through committees that examine these data determine their significance and make recommendations for appropriate action. During this review process, consideration also is given to the consequences of these activities on the profession. Such measures evaluate the relevancy and clarity of existing standards, profession trends, necessity for follow-up visits, progress reports, and other similar activities. The ultimate objective is to establish a productive cycle of activities that ensures current and meaningful requirements, increased compliance, and improved process integrity and product quality on a continual basis.

Along with the comprehensive review, an interim review of the standards and procedures documents occurs three years after the last comprehensive review. The interim review is completed by the Accreditation Committee, a standing committee of the Council on Podiatric Medical Education. The purpose of the interim review is to “fine-tune” any areas of the documents that may not be functioning appropriately, rather than to propose major changes in direction or philosophy, which would be within the purview of the ad hoc advisory committee and the Council during its next major review.

The results of the interim review are transmitted to the Council. Before any substantive changes become final, the Council disseminates the proposed revisions to the community of interest including accredited, provisionally accredited, and candidate status institutions and programs, faculty, students, residency and fellowship programs, and profession leaders. The Council will afford the community of interest at least four months to comment on the proposed changes and will take into account any comments received on the proposed changes. If the Council determines that additional document revisions are needed based on review of the comments received, the additional revisions will be forwarded to the community of interest for another period of at least four months.

The next scheduled reviews for CPME publications 120 and 130 are:

Next Scheduled Comprehensive Review – 2016-17

Next Scheduled Interim Review - three years after completion of the comprehensive review

### **Terms Used in This Publication**

The Council serves as both the professional accrediting agency for the accreditation of academic units (i.e., colleges and schools) within educational institutions and the institutional accrediting agency for single-purpose institutions (i.e., free-standing colleges). Thus, the terms “college,” “school,” and “institution” are used interchangeably throughout this document. For definitions of these and other terms used in this publication, the reader is directed to review the Glossary of Terms at the end of CPME 120.

## **PROCEDURAL OVERVIEW**

The accreditation process related to podiatric medical education consists of the following five steps:

1. The institution completes a self-study (self-assessment), which generates a document that addresses both the extent to which the institution is in compliance with the standards for accreditation and the institution's strengths and areas for improvement.
2. An evaluation team of peers is appointed by the Council to visit the institution in order to validate the findings of the self-study and to assess compliance with the standards and requirements for accreditation. Acting as a fact-finding body, the team prepares a report for the institution and Council.
3. After the institution is provided opportunity to respond to the team report, the Accreditation Committee reviews the report along with the self-study report and any other information that the institution wishes to provide following the on-site evaluation.
4. The Council, based upon a recommendation from the Accreditation Committee, decides whether to grant, withhold, withdraw, or reaffirm accreditation. If accreditation is withheld or withdrawn, the institution is accorded opportunities to seek review of the decision.
5. The Council periodically reviews the institution between accreditation visits in order to determine continued compliance with CPME standards and requirements as well as progress in improving the quality of the educational program.

This five-step process is reinitiated every eight years or sooner depending upon the success of the institution in demonstrating continuing compliance and improvements in the quality of the educational program.

The Council's evaluation/accreditation procedures described in this publication have been developed to assist institutions in preparing for initial or continuing accreditation and to guide the Accreditation Committee and the Council in their deliberations concerning initial accreditation or reaffirmation of accreditation. These procedures are subject to review and approval by CHEA and the U. S. Department of Education.

## **ELIGIBILITY, CANDIDATE STATUS, PROVISIONAL ACCREDITATION AND ACCREDITATION**

Institutions seeking accreditation of new colleges of podiatric medicine, and institutions that have had accreditation withdrawn and desire regaining accreditation, must follow the procedures described in this section. These institutions progress through the accreditation process by first satisfying nine eligibility requirements, next obtaining candidate status, then provisional accreditation, and finally achieving accreditation. (See page 48 for a timeline of the preaccreditation-accreditation process for new colleges of podiatric medicine.)

## **Eligibility**

As the first step in the accreditation process, a new or formerly accredited college of podiatric medicine submits an application demonstrating compliance with the eligibility requirements for accreditation as specified in CPME 120. The Council will not consider an applicant's request for candidate status unless all eligibility requirements have been addressed to the satisfaction of the Accreditation Committee. In addressing the eligibility requirements, the application must respond to each eligibility requirement and include any supplementary documentation that the institution believes is necessary to support its responses. The Council encourages applicant institutions to contact CPME staff early in the developmental stages of the college in order that full assistance in understanding the Council's eligibility requirements may be provided.

Completeness of the institution's application is reviewed by CPME staff prior to transmittal to the Accreditation Committee. The Committee determines acceptability of the institution's application based upon a demonstration by the institution that it has established or has the potential for establishing a viable educational program that, when fully implemented, provides reasonable assurance of meeting the expectations for accreditation. In obtaining this reasonable assurance, the institution may proceed to the candidate status process. Institutions that are not viewed to be eligible for accreditation are so informed and are provided the reasons and conclusions of the Accreditation Committee.

## **Candidate Status**

Candidate status is the category that must be obtained by new and formerly accredited colleges that seek CPME accreditation. Candidate status is determined by the Council based upon review of a candidate status application and on-site evaluation(s) of the institution and its educational program. An on-site evaluation for candidate status is conducted before the new college begins any and all steps in the process of recruiting students. Candidate status may extend for no longer than three years.

An institution that has achieved candidate status is viewed by the Council to have the potential for meeting CPME accreditation standards and requirements once the DPM program is fully activated with students enrolled in all four years. The Council may elect to withdraw candidate status if the institution fails to continue to meet the CPME eligibility requirements or demonstrates inadequate progress in satisfying CPME standards and requirements. The achievement of candidate status does not guarantee eventual provisional accreditation or accreditation. If the institution fails to be provisionally accredited by the end of the candidate status period, the institution will be provided full opportunity to request procedural reconsideration and appeal the decision of the Council in accordance with the procedures described in this publication. (See Procedural Reconsideration/Appeal Procedures.)

The institution may withdraw voluntarily from the candidate status process at any time.

The application for candidate status submitted by the institution must include a self-study report describing the institution's development and plans for complying with CPME accreditation standards and requirements and payment of applicable fees.

The application is reviewed by CPME staff in consultation with the chairs of the Accreditation Committee and Council in order to determine completeness of the application and readiness of the institution for initial on-site evaluation. Based upon the results of the review of the application, an evaluation team is appointed and an on-site visit is conducted for candidate status.

An on-site evaluation is conducted to assess the institution's progress in demonstrating compliance with the standards and requirements set forth by the Council in CPME 120. The evaluation team assigned to visit the institution gathers data and information that is used by the Accreditation Committee and CPME to assess whether the educational program is developing in a manner leading toward satisfactory achievement of each accreditation requirement and ultimately each accreditation standard. The Council may elect to conduct subsequent on-site evaluations throughout the candidate status period.

The report of the on-site evaluation team is transmitted to the Accreditation Committee. The recommendation of the Accreditation Committee is transmitted to the Council. The Accreditation Committee and the Council may either make a decision regarding candidate status (i.e., grant or deny candidate status) or elect to defer action at any time during the candidate status process in order to afford the institution the opportunity to provide additional information and/or to convene a meeting with representatives of the institution to address any concerns of the Committee or Council.

Upon the receipt of candidate status, the new college will have the right and privilege to solicit applications from and admit students, offer medical instruction within the approved podiatric medical curriculum, and announce its candidate status. Candidate status may not be designated as "accreditation" until the new college is accredited.

### **Provisional Accreditation**

When an institution that has obtained candidate status has enrolled students in the first of the four academic years, an on-site evaluation will be conducted for the purpose of determining provisional accreditation. Provisional accreditation is the preaccreditation category that may be granted a new college that has achieved candidate status. In order for the Council to grant provisional accreditation to a new college holding candidate status, the new college must demonstrate that it meets, or has in place plans to meet, the accreditation standards and requirements by submitting an updated self-study to the Council. The Council will schedule an on-site evaluation to take place before the midpoint of the second year of the curriculum, to review progress in the implementation of the educational program and the status of planning for later stages of the program. The chairs of the Accreditation Committee and Council will determine when this on-site visit relative to the granting of provisional accreditation should be conducted. The institution will be consulted regarding dates and arrangements.

If, upon review of the team report, the Council determines the college is in compliance with all accreditation standards, it will grant the college provisional accreditation. If minor noncompliance issues are noted, the program still may be granted provisional accreditation, but the Council may request a written progress report addressing the noncompliance issue(s).



If the Council determines there are substantial noncompliance issues that could be resolved within a relatively limited period of time, it may continue the program's candidate status for an additional year. If continuation of candidate status is granted, the college may be required to cease admitting new students and focus its resources on students already enrolled. The Council may request a written progress report or conduct a focused on-site evaluation within the one-year continuation period to assess progress in achieving compliance. If the college demonstrates satisfactory compliance, it may then be granted provisional accreditation, and may again enroll new students. If the Council determines there are substantial noncompliance issues that cannot be resolved within a relatively limited period of time, or that a college whose candidate status has been continued has failed to remedy problems identified previously, it will give notice that it intends to withdraw candidate status. A decision to withdraw candidate status is subject to appeal. If the Council makes a final decision to withdraw candidate status, it will make every effort to help enrolled students transfer to other accredited programs. If candidate status is withdrawn, the program may not reapply for CPME accreditation for a period of one year from the time the final decision to withdraw was communicated in writing to the institution.

## **Accreditation**

After the institution receives provisional accreditation status, the Council will schedule an accreditation evaluation to occur late in the third year or early in the fourth year of the curriculum. In preparation for this on-site evaluation, the college again updates its self-study.

If, upon review of the on-site evaluation team report, the Council determines the college complies with all accreditation standards, accreditation will be granted for the balance of an eight-year term that began when the program was granted provisional accreditation. If minor noncompliance issues are found, the Council may grant accreditation but require additional progress reports as necessary.

If the Council determines there are substantial noncompliance issues that could be resolved within a relatively limited period of time, it may continue the program's provisional accreditation status for an additional year. If continuation of provisional accreditation is granted, the program may be required to cease admitting new students and focus its resources on students already enrolled. The Council may request a written progress report or conduct a focused on-site evaluation within the one-year continuation period to assess progress in achieving compliance. If the college demonstrates satisfactory compliance, it may then be granted accreditation, and it may again enroll new students if it had been required to suspend new admissions.

If the Council determines there are substantial noncompliance issues that cannot be resolved within a relatively limited period of time, or that a college whose provisional accreditation has been continued has failed to remedy the problems identified at the time provisional accreditation was continued, it will give notice that it intends to withdraw provisional accreditation. A decision to withdraw provisional accreditation is subject to appeal. If the Council makes a final decision to withdraw provisional accreditation, it will make every effort to help enrolled students transfer to other accredited programs. If provisional accreditation is withdrawn, the college may not reapply for CPME accreditation for a period of one year from the time the final decision to withdraw was communicated in writing to the institution.

The procedures for conducting on-site evaluations to determine candidate status, provisional accreditation and accreditation are the same as those used in the reevaluation of accredited colleges. (See Reevaluation and Reaffirmation of Accreditation.)

## **REEVALUATION AND REAFFIRMATION OF ACCREDITATION**

### **Initiating the Reevaluation Process/Letter of Intent**

In order for accreditation to be reaffirmed, the Council conducts reevaluation of the institution on a periodic basis. Approximately 12-18 months prior to the time the reevaluation visit is to be scheduled, CPME staff advises the chief executive officer of the institution or the chief academic officer of the college of podiatric medicine (for university affiliated/academic health centers only) that arrangements should be made for the college to prepare for re-evaluation. The institution at that time determines whether it wishes to pursue continuing accreditation and, if so, a letter of intent from the chief executive officer or chief academic officer is sent to the Council, requesting re-evaluation. When the request is received, arrangements for the visit are made by CPME staff.

### **Self-Study**

An institution seeking continued accreditation is required to conduct a self-study related to its educational programs, administration, governance, resources, and student outcomes. The self-study results in the preparation of an analytical document that addresses compliance with each accreditation standard and requirement. The self-study document must include data and other information about the institution and must demonstrate that this information is analyzed and used in program improvement efforts. In the self-study document, the institution should identify its strengths, areas for improvement, and its plans to address improvement.

The report should be no longer than 100 pages of general text, excluding any pertinent supplementary information. The Council publishes an *Accreditation Guide* to assist institutions in completing the self-study process. Also, Council staff is available to provide advice to the institution about the self-study process.

No format for the self-study document is mandated by the Council. As a general guide, the self-study document should be organized to facilitate assessment of each accreditation standard by the evaluation team. Guidelines for preparing the self-study document are included in CPME 125 and may be obtained by contacting the Council office.

At least six weeks prior to the visit, the institution must forward one digital and one hard copy of the self-study report to the Council office.

### **Comprehensive On-site Evaluation**

A comprehensive on-site evaluation is conducted to accomplish the following three objectives:

1. To validate the findings and conclusions of the self-study document

2. To collect information to be used by the Accreditation Committee and Council to assess compliance with CPME accreditation standards and requirements
3. To gain insight into the plans of the institution to engage in continued self-improvement

The evaluation team appointed to conduct the visit gathers information that supplements and validates information provided in the institution's self-study report. The team forms judgments about the institution and educational program based upon observations and impressions as well as upon information presented in the self-study report. These judgments appear in a written report prepared by the team. The team is expected to provide information concerning all aspects of institutional performance related to the accreditation standards and requirements and identifies in its report the strengths and weaknesses of the institution, including recognition of any potential areas of noncompliance with CPME accreditation requirements. Additionally, the team may offer verbal or written recommendations related to matters in which possible areas of improvement can be realized. The team provides a summary of its findings verbally to representatives of the institution during the summation conference – the final session of the visit.

### **Evaluation Team, Advisors, and Observers**

The composition of a comprehensive evaluation team must include at least one member from each of the following categories:

**Practitioner** - someone directly engaged in a significant manner in the practice of podiatric medicine

**Educator** - someone currently or recently directly engaged in a significant manner in an academic capacity at an accredited college of podiatric medicine who may not be an academic dean

**Academic** - someone currently or recently directly engaged in a significant manner in postsecondary education and/or research

**Administrator** - someone currently or recently directly engaged in a significant manner in podiatric postsecondary program or institutional administration, with no clinical responsibilities

A comprehensive team may not include more than one member of the Council and one member of the Accreditation Committee. Except under unusual circumstances, the size of the evaluation team will not exceed six members.

The Council chair appoints the evaluation team and team chair based upon recommendations and advice offered by the chair of the Accreditation Committee and Council staff. The institution is consulted in developing the team appointments - in determining the composition of the team the institution may be asked to suggest the qualifications of individuals who may serve on the team. For example, the institution may request that team members have particular expertise in finance, strategic planning, curriculum, clinical programming, or other areas in which the institution has a special need or interest. To preclude conflicts of interest, the institution is provided opportunity to reject, for cause, any member of the proposed evaluation team.

A member of CPME staff may be available to the evaluation team to ensure that CPME procedures are followed and to provide advice regarding CPME standards and requirements. Members of the Council staff do not participate as evaluators in the on-site reviews of colleges of podiatric medicine.

With the consent of the Council, the college may invite observers from interested agencies to participate in the visit at no expense to the Council. Observers may be included in all evaluation activities conducted on-campus or at affiliated training sites. The observers do not participate in executive session conferences of the team.

### **Schedule for the On-site Evaluation**

A comprehensive on-site visit occurs typically over a four-day period. Although the agenda differs based on the demands of the on-site evaluation, each of the following elements are included, to some degree, in the agenda.

- A team planning and document review session prior to the initiation of the on-site visit. The agenda, the schedule of the visit, review of protocol for team members, identification of areas needing clarification with the chief executive officer or chief academic officer, and discussion of the materials provided as they relate to the accreditation standards are some of the topics discussed at this meeting.
- A conference with the chief executive officer of the institution for the purpose of discussing the procedures for the visit, the agenda, and a review of the administrative areas of the evaluation
- A tour of the physical facilities including external clinical sites
- Confidential meetings with representatives of the governing board of the institution and the chief executive officer, chief academic officer, senior administrators, financial officer, student personnel director, registrar, director of clinics, division and department heads, selected standing Committee members, and others
- Executive session conferences of the evaluation team to discuss and agree upon findings and recommendations
- An open meeting with students (no faculty or administrators present)
- An open meeting with faculty (no administrators present)
- Additional meetings with individual faculty, students, and administrators at the discretion of the team chair
- A team meeting at the end of each full day of the on-site evaluation to review findings and questions noted by the team, and to facilitate the report writing process

- A final team meeting in the morning of the last day of the on-site evaluation to provide opportunity for the team to further discuss its findings and to review the written report
- A summation conference with the chief executive officer and chief academic officer (and others whom the chief executive officer may invite) to discuss the general findings of the team and to provide information about the sequence of events pertaining to CPME review that will follow the visit

### **Materials to be Made Available for the Team**

In addition to the documentation identified in CPME 120, the following materials should be made available on-campus for the use of the evaluation team. In general, the materials should include any items referenced in the self-study document that were not included in the appendices, and any other information that provides evidence of compliance with the accreditation standards and their requirements.

- Progress reports submitted to, and evaluation team reports received from, CPME and the applicable regional accrediting agency and/or state agency since the last comprehensive evaluation visit
- Correspondence about accreditation received from CPME and the applicable regional accrediting agency and/or state agency since the last comprehensive evaluation visit
- Summary data regarding faculty teaching loads
- Summary data regarding the number and size of classes
- Collective bargaining agreement, if applicable
- Institutional advertising directed at prospective students
- One complete copy of the self-study report
- Peer evaluation (if applicable)
- Student assessment of faculty/courses/experiences
- Volume of clinical patients at each site utilized for educational purposes and patient surveys completed
- Other materials as necessary to be determined by the team leader

### **Preparation of the Report**

The team report represents the findings of the team based upon its study of institutional documents, other materials provided by the institution, and information garnered during

confidential interviews with college constituents. All statements, findings, and recommendations included in the report are made in good faith with a view toward enhancing the quality of the educational program. The report reflects only that information obtained as part of the educational evaluation process conducted in accordance with CPME procedures. The team does not formulate an accreditation recommendation about the college, but does identify areas of potential noncompliance. In all cases, the report must address the college's performance with respect to student achievement.

Each member of the evaluation team is assigned specific areas to review during the evaluation visit. These areas correspond to each team member's responsibilities in completing the report. The team chair coordinates the development of the report and ensures that a first draft of the report is finished before leaving the site. The draft is provided CPME staff for final editing. Staff circulates a copy of the report to all members of the evaluation team. After receipt of comments and revisions from members of the evaluation team, the report is sent to the chief executive officer and the chief academic officer.

### **Institutional Response**

The institution is provided at least two weeks to respond to the report of the evaluation team. The institution may respond to the report in the following ways:

1. Offer corrections of errors as they relate to names, positions, data, and other documentable facts
2. Offer comments that agree or disagree with the opinions and conclusions stated in the report
3. Provide documentation demonstrating progress toward addressing areas of potential noncompliance

At the discretion of the team chair, the information received from the institution may be incorporated into the report that is forwarded to the Accreditation Committee. If modified by the team chair, a copy of the revised report is sent to the institution.

**The responses of the institution will only be considered if the additional information submitted pertains to facts that can be verified without the need for a further on-site visit.**

## **CONSIDERATION BY THE COUNCIL ON PODIATRIC MEDICAL EDUCATION**

### **Review by Accreditation Committee**

The Accreditation Committee is provided copies of the report of the evaluation team, the institution's self-study report, and the responses to the evaluation report that were submitted by the institution. If deemed appropriate, the Committee may add a statement to the report that additional facts, not available at the time of the evaluation visit, were considered as part of the

review of the report and had a direct bearing on the Committee's accreditation recommendation. The extent to which the additional information will affect the recommendation of the Accreditation Committee is a matter of judgment within the discretion of the Committee.

A representative(s) of the institution is invited to provide a verbal statement to the Accreditation Committee regarding the findings identified in the evaluation team report. Any information presented verbally to the Accreditation Committee also must be provided to the Committee in writing in advance of the meeting. The Committee reserves the right to limit the time of the institution's verbal presentation.

The team chair also attends the meeting of the Accreditation Committee in order to provide a verbal summary of findings and to answer any questions of the Committee. The Committee also may ask the team chair for the team's suggestions about the proposed accreditation action.

The Accreditation Committee reviews all materials carefully and formulates a recommendation regarding a proposed action to be taken by the Council. The proposed accreditation action includes the following:

1. Accreditation status and period of accreditation
2. Maximum number of enrolled students authorized
3. Identification of areas in noncompliance with CPME requirements
4. A schedule for progress or special reports to be submitted and for the conduct of subsequent comprehensive or focused evaluation visits

### **Action of the Council**

At a meeting of the Council that occurs following the meeting of the Accreditation Committee, the Council considers the proposed accreditation action recommended by the Committee. The chair of the Accreditation Committee provides a written and oral report of the recommendation of the Committee. The Council may accept the recommendation of the Accreditation Committee or it may choose to take an alternative action that it believes is appropriate. Areas of noncompliance determined by the Council may include, but are not limited to, those indicated by the evaluation team and the Accreditation Committee.

## **ACCREDITATION CATEGORIES**

### **Accreditation**

Accreditation is determined by the Council based upon an on-site evaluation of the college, leading to a judgment made by the Council that the college is in reasonable compliance with the standards and requirements for accreditation. Accreditation is an indication of the Council's confidence in the overall integrity of the college, the demonstrated success of the institution to engage in continuous self-improvement, and the ability and wherewithal to continue to be

successful as an institution of higher and professional education for the foreseeable future. Initial accreditation may be granted for a time period extending for four years from the date the action is taken by the Council followed by a re-evaluation to determine reaffirmation of accreditation. Accreditation may be reaffirmed for up to eight years. (See Accreditation Period.) An on-site re-evaluation serves as the basis for determining continued accreditation status.

### **Probationary Accreditation**

Probationary accreditation is determined by the Council when an accredited college of podiatric medicine is viewed to be in noncompliance with CPME standards and requirements to the extent that the quality and effectiveness of the educational program of the institution is considered to be in jeopardy. This category serves as a warning to the institution and the public that serious problems exist that could cause the institution or its educational program to fail at any time. Although the college continues to be accredited while recognized in this category, continued accreditation beyond the probationary period is considered highly unlikely if deficiencies are not addressed. Except under unusual circumstances, probationary accreditation may not extend for more than two years.

The institution is required by the Council to inform its students and applicants to its program of this accreditation status. The Council also issues a public statement concerning final actions to grant probationary accreditation. (See Disclosure.)

### **Administrative Probation**

Administrative probation may be accorded automatically when an accredited institution fails to submit proper documentation or submit payment of required fees when requested by the Council. Council staff may activate the category of administrative probation without vote of the Council based upon an institution's failure to submit a progress or special report, annual report, self-study report, and/or other materials related to the pursuit of reaffirmation of accreditation or payment of accreditation related fees. The institution will be notified in writing that materials and/or fees are past due and that consideration is being given to placing the podiatric medical college on administrative probation. If no response is received within 30 days, administrative probation will become effective and the institution is notified accordingly. The Accreditation Committee and the Council are advised of the administrative probation status of the institution. The institution is required by the Council to inform its students and applicants of this accreditation status.

The 30-day notice serves as both a reminder and to provide the institution fair warning that administrative probation may be activated if no response is received to the requests for materials and/or fees. Consequently, a decision to activate the administrative probation category is not subject to further review within the procedural reconsideration or appeal processes. Council staff may consider removing administrative probation if all requested materials are received prior to the next scheduled CPME meeting. If the institution does not provide the requested materials and/or fees, the Council will consider withdrawing accreditation of the program at the meeting. Withdrawal of accreditation will be based upon the perception that the institution no longer desires to be recognized by the Council and voluntarily withdraws from accredited status.



Because the action will be viewed as a voluntary decision of the institution, it will not be subject to further review within the procedural reconsideration or appeal processes.

### **Accreditation Withheld**

The Council withholds accreditation when a new college fails to demonstrate during the candidate status period its ability to satisfy the Council's standards and requirements. When the Council considers an action to withhold accreditation of a new college, factors that have a significant impact on the effectiveness of the educational program are identified as the basis for the action. The institution has an ethical obligation to inform its students and applicants to the program of this status once final. The Council also issues a public statement concerning final actions to withhold accreditation. (See Disclosure.) Before an action of the Council to withhold accreditation may be made public, the institution must be afforded the opportunity to seek and fully exhaust the procedural reconsideration and appeal processes. (See Procedural Reconsideration/Appeal.)

### **Accreditation Withdrawn**

Accreditation is withdrawn by the Council when, after a period of probationary accreditation, the college continues to demonstrate noncompliance with the Council's standards and requirements. When the Council considers an action to withdraw accreditation, factors that have a significant impact on the effectiveness of the educational program are identified as the basis for the action. The institution has an ethical obligation to inform its students and applicants to the program of this status once final. The Council also issues a public statement concerning final actions to withdraw accreditation. (See Disclosure.) Before an action of the Council to withdraw accreditation may be made public, the institution must be afforded the opportunity to seek and fully exhaust the procedural reconsideration and appeal processes. (See Procedural Reconsideration/Appeal.) Following implementation of the procedural reconsideration and appeal processes, if the action to withdraw accreditation is sustained by the Council, the effective date of the withdrawal of accreditation will be the date on which the action is sustained.

Accreditation also may be withdrawn by the Council at the meeting that immediately follows the activation of administrative probation. If accreditation is withdrawn as a result of the institution's administrative probation status, the action to withdraw accreditation has specific procedural limitations as discussed earlier. (See Administrative Probation.)

### **Voluntary Termination of Accreditation**

Accreditation does not extend to nonexistent colleges of podiatric medicine. The Council will withdraw candidate status or withdraw accreditation immediately of any college of podiatric medicine that is closed or otherwise terminated voluntarily. Actions to withdraw candidate status or withdraw accreditation voluntarily are not subject to further review under the procedural reconsideration and appeal processes. Upon learning of the closing of a college of podiatric medicine or its financial insolvency, the Council will notify the U. S. Secretary of Education, each state board of podiatric medicine, the regional accrediting agency (if the institution holds

membership in a regional accrediting association), and the public of said action no later than 30 days after a decision is made.

### **Withdrawal from Accreditation**

The pursuit of accreditation and the pursuit of reaffirmation of accreditation are considered to be voluntary processes. An institution that seeks candidate status, initial accreditation, or continuing accreditation is permitted to withdraw from these processes at any time. Upon receiving notification from an institution of its intent to withdraw from the preaccreditation or accreditation processes, the Council will notify the U. S. Secretary of Education, each state board of podiatric medicine, the regional accrediting agency (if the institution holds membership in a regional accrediting association), and the public of said action no later than 30 days after a decision is made.

### **Adverse Actions**

Adverse actions include decisions of the Council to deny or withdraw candidate status, withhold accreditation, and withdraw accreditation. Adverse actions are subject to review within the procedural reconsideration and appeal processes. Procedural reconsideration and appeal processes may be initiated by the institution at the invitation of the Council under the obligations specified in this document. (See Procedural Reconsideration/Appeal.)

### **ACCREDITATION PERIOD**

In granting extended periods of accreditation, the Council shows its confidence in the institution's abilities to continue to demonstrate compliance with CPME standards and requirements and make ongoing improvements in the educational program.

Accreditation by the Council may extend for previously accredited colleges for a maximum period of eight years based upon the on-site visit and followed by demonstration by the institution of continued compliance with CPME standards and requirements and improvement of the educational program. Alternatively, should the institution and/or its educational program show no progress or be determined to be in a state of deterioration, the Council would exercise one of the following options:

1. Conduct a focused evaluation visit to follow-up on specific concerns
2. Place the institution on probationary accreditation status and inform the institution to begin self-study in anticipation of a comprehensive on-site evaluation

If either of these options is pursued, continuation of accreditation would be based upon the findings of the on-site evaluation.

The eight-year accreditation cycle applies to colleges of podiatric medicine seeking reaffirmation of accreditation. Initial accreditation of new colleges of podiatric medicine or of colleges that

have had accreditation withdrawn may extend for a maximum period of four years from the time of the Council action.

The Council may elect to deviate from the eight-year accreditation cycle when a college has undergone a substantial change, when major deterioration in its educational program has occurred, when the institution requests an earlier evaluation, and when a formal complaint against an accredited college requires on-site evaluation of the issues surrounding the complaint. In any event, the Council reserves the right to conduct an evaluation of the college whenever circumstances require such review. This evaluation may have an impact on a previously-granted accreditation period.

## **NOTIFICATION TO THE INSTITUTION**

The Council notifies institutions of preaccreditation and accreditation decisions in writing only. The Council advises the institution of the action within 30 days of the date on which the Council completes its accreditation deliberations. Accreditation decisions of the Council are transmitted in writing to the institution's chief executive officer, chair of the governing board, and chief academic officer. The chief executive officer is asked to disseminate the action of the Council to each member of the governing board of the institution. The chief executive officer also is asked to provide copies of the Council's correspondence to the regional accrediting agency if the institution holds membership in a regional association.

For adverse actions, the written communication to the affected institution contains the following information:

1. The specific reasons for taking the adverse action
2. The date the action becomes effective
3. Invitation to the institution to initiate procedural reconsideration and appeal processes and the date by which such a request must be received by the Council
4. A reminder to the institution regarding its obligation to inform students and applicants to the program about the adverse action if no request for procedural reconsideration or appeal is made

Notification of adverse accreditation actions and administrative probation is confidential and is transmitted by certified mail.

## **DISTRIBUTION OF FINAL EVALUATION REPORT**

Included with the correspondence that transmits the accreditation action is a copy of the final evaluation report. The institution must distribute the final evaluation report to the governing board and make the report readily available for review by faculty, students, administrative personnel, and other constituents of the institution. The institution may distribute only the final report as provided by the Council.

The institution should provide a copy of the evaluation report to the regional accrediting agency if the institution holds membership in a regional association or make available the report to the regional accrediting agency team at the time of the next scheduled on-site evaluation.

## **STATEMENT OF ACCREDITATION STATUS**

A college of podiatric medicine accredited by the Council must use the following statement in its reference to accreditation in college publications:

The (name of institution) is accredited by the Council on Podiatric Medical Education. Accreditation is an indication of public approbation, attesting to the quality of the podiatric medical education program and the continued commitment of the institution to support the educational program. The Council is recognized as the professional institutional accrediting agency for podiatric medical education by the U. S. Department of Education and by the Council for Higher Education Accreditation. For further information, please contact the Council on Podiatric Medical Education at the following address:

Council on Podiatric Medical Education  
9312 Old Georgetown Road  
Bethesda, MD 20814 (301)  
571-9200

No other statements regarding accreditation by the Council on Podiatric Medical Education may be used without the permission of the Council.

Institutions that obtain candidate status should contact the Council office in order to determine the appropriate statement to be released about its preaccreditation status.

## **MONITORING COMPLIANCE: FOLLOW-UP REPORTS, FOCUSED EVALUATIONS, AND SUBSTANTIVE MODIFICATIONS**

### **Annual Reports**

Each accredited college of podiatric medicine is required to submit each year a report to the Council, providing information about the institution, its faculty, and its students. The information submitted in the annual report is utilized by the Council in the continuing evaluation of the college of podiatric medicine. A portion of the information is utilized to tabulate aggregate data about the colleges and is included in the Council's annual report to the podiatric profession.

The report consists of a detailed description of any new strengths, limitations, and/or objectives identified by the college during the past year, and the institution's efforts toward improving the college as based upon ongoing self-study and continued compliance with the Council's requirements. The report contains documentation and statistical data about any changes in the educational program and changes in the college as a whole. The Accreditation Committee reviews the annual report. The Committee may request additional information if particular concerns are identified or clarification required.

## **Special Reports**

Along with the annual report, the Council may request that the institution submit special reports on matters of particular interest. These reports enable the Council to review matters considered to be of significant and urgent importance.

## **Focused On-site Evaluation**

The Council may conduct focused evaluations to review specific issues between comprehensive visits. The purposes of focused visits are the following:

1. To follow-up on unresolved matters from the most recent comprehensive on-site evaluation
2. To evaluate new concerns or issues that come to light during the review of Annual Reports, interim progress reports, or special reports
3. To assess a request for approval of substantive modifications

Continued accreditation may be contingent upon the results of a focused on-site evaluation.

Focused evaluation teams are appointed and configured in accordance with the scope and special purpose associated with each visit. Focused evaluations are usually conducted over a one- or two-day period. The schedule for the focused visit includes opportunities for the team to meet with the appropriate personnel and review materials relative to the special purpose of the visit. The rights, privileges, and responsibilities of institutions during a focused evaluation are the same as those accorded an institution for a comprehensive evaluation. The team report based on focused evaluation is considered by the Accreditation Committee and the Council.

## **Substantive Modifications**

If a college of podiatric medicine wishes to implement a substantive change, the college must receive prior approval from the Council before implementing the substantive change. The effective date of the substantive change approval is the date of the CPME meeting at which the approval was determined unless the approval letter specifies a different effective date. Regardless, the effective date may not be retroactive. Colleges are encouraged to contact CPME to confirm the need for submitting a request for approval of a substantive change.

The Council will consider the following substantive changes:

1. Change in the educational mission or objectives
2. Change in the location of the institution
3. Change in the legal status or form of control, or ownership, of the institution
4. Addition of instruction which represents a significant departure, in terms of curriculum content or method of delivery, from the curriculum as offered at the last on-site evaluation of the college of podiatric medicine

5. A change from clock hours to credit hours or vice versa
6. An increase or decrease in the length of the curriculum
7. Establishment of an additional location geographically apart from the main campus, including a branch campus
8. Contracting with a non-Title IV certified institution for greater than 25 percent of a college's educational program
9. Acquisition of any other institution or any program or location of another institution
10. Addition of a permanent location at which a teach-out is being conducted for students of another institution that has ceased operations before all students have completed their program of study
11. Addition of a branch campus

The college's request and supporting documentation serve as the basis for the Council's decision to approve or deny a substantive modification request. To assist the college in preparing its request, the documentation required for the substantive change submission is listed under each substantive change category below.

The Council will not consider the addition of programs of study at a degree or credential level different from that which is included in the institution's accreditation or preaccreditation.

*Substantive changes requiring comprehensive evaluation*

The Council may require that the requests for substantive change be evaluated with a comprehensive on-site evaluation, in addition to the evaluation requirements that exist for that type of substantive change, whenever the college meets one or more of the following conditions:

- Had its last comprehensive visit four or more years ago
- Has received a probationary accreditation status within the last five years
- Had an approved authorization to increase enrollment within the last five years
- Had an approved unauthorized increase in enrollment within the last three years
- Had an approved substantive change related to a branch campus within the last five years
- Had an approved substantive change related to an additional location within the last five years

The Council may grant a new eight-year cycle of accreditation to a college that undergoes a comprehensive on-site visit for the purpose of evaluating a request for a substantive change.

NOTE: Throughout CPME 130, including the substantive change section, a comprehensive on-site evaluation requires another full accreditation process, including submission of a self-study and the conduct of an on-site visit.

1. *Change in educational mission or objectives of the institution.*

The college must notify the Council 60 days prior to the scheduled Council meeting that the college wants the substantive change to be reviewed. The following documentation must be submitted at least 30 days prior to the Council meeting that the change will be reviewed.

- The rationale for the change
- The effect this change will have on learning outcome assessments, facilities, faculty admission policies and procedures, and the curriculum
- Governing body review and approval
- Announcement of the proposed change to students, faculty, staff, alumni, and the public

### Monitoring

The Council will require a progress report in years two and four of the change in the educational mission or objectives. That progress report must address the following:

- The linkage of its learning outcome assessments to its new mission plans and objectives
- Any changes to facilities as a result of the changes in the mission or objectives
- Any changes to faculty as a result of the changes in the educational mission or objectives
- Any changes to the admission policies and procedures as a result of the changes in the educational mission or objectives
- Any curricular changes as a result of the changes in the educational mission or objectives

### *2. Change in the location of the institution.*

The college must notify the Council 60 days prior to the scheduled Council meeting that the college wants the substantive change to be reviewed. The following documentation must be submitted at least 30 days prior to the scheduled Council meeting that the change will be reviewed.

- Appropriate charters, licenses, or approvals required to function if location is moved to a new jurisdiction
- The new facilities including a building and/or remodeling plans, project budget, and completion timelines
- Budget for move and other related expenses
- Governing body discussion and approval

### Monitoring

The Council will schedule a comprehensive on-site visit as soon as practicable, but within six months for a substantive change involving a location change. Another focused or comprehensive on-site visit will be conducted in year two of the move to review the following:

- Adequate college financial resources
- Adequate college facilities
- Adequacy of faculty

### *3. Change in legal status or form of control or ownership of the institution.*

The college must notify the Council 60 days prior to the scheduled Council meeting that the college wants the substantive change to be reviewed. The following documentation must be

submitted at least 30 days prior to the scheduled Council meeting that the change will be reviewed.

- Proposed terms of the affiliation, including the date on which the affiliation is to become effective
- Impact the affiliation will have on the college and its resources (i.e., administration, governance, finances, faculty, physical plant, curriculum, and student services)
- Plans of the institution to alleviate any negative effects on the college and its resources
- Plans of the institution to reallocate resources to accommodate the affiliation
- Benefits to the college of podiatric medicine
- Announcement of the proposed changes to students, faculty, staff, alumni, the public

### Monitoring

The Council will schedule either a comprehensive or a focused visit as soon as practicable, but within six months. That on-site visit will review the following:

- Governing body bylaws and/or policies and procedures
  - Organization of governing body and its relationship to college administration and academic officers
  - Impact the affiliation will have on the college and its resources (i.e., administration, governance, finances, faculty, physical plant, curriculum, and student services)
4. *Addition of instruction which represents a significant departure, in terms of curriculum content or method of delivery, from the curriculum as offered at the last on-site evaluation of the college of podiatric medicine.*

The college must notify the Council 60 days prior to the scheduled Council meeting that the college wants the substantive change to be reviewed. The following documentation must be submitted at least 30 days prior to the scheduled Council meeting that the change will be reviewed.

- The curriculum change
- Analysis of additional resources - financial, facilities, and faculty - needed for the change
- Curriculum Committee discussion and approval
- Faculty governance discussion and approval
- Governing body discussion and approval

### Monitoring

The Council will require a progress report for four years, beginning in the year after the first year of the curriculum change. The progress report must address the following:

- Analysis of changes - positive and/or negative - that resulted from the curriculum change
- Analysis of additional resources - financial, facilities, and faculty - needed for this change
- Student achievement data relating to the curriculum change



5. *A change in clock hours to credit hours or vice versa.*

The college must notify the Council 60 days prior to the scheduled Council meeting that the college wants the substantive change to be reviewed. The following documentation must be submitted at least 30 days prior to the scheduled Council meeting that the change will be reviewed.

- A college requesting to change clock hours to credit hours or vice versa must provide a detailed description as to why the college is making the change.

Monitoring

If approved, the Council will not request further monitoring.

6. *An increase or decrease in the length of the curriculum.*

The college must notify the Council 60 days prior to the scheduled Council meeting that the college wants the substantive change to be reviewed. The following documentation must be submitted at least 30 days prior to the scheduled Council meeting that the change will be reviewed.

- How the curriculum will be increased or decreased
- Analysis of additional financial, facilities, and faculty resources needed for increasing or decreasing the curriculum length
- Curriculum Committee discussion and approval
- Faculty governance discussion and approval
- Governing body discussion and approval

Monitoring

The Council will require a progress report for four years after the curriculum change, beginning in the year after the first year of the curriculum increase or decrease. The progress report must address the following:

- Analysis of changes - positive and/or negative - that resulted from the increase or decrease in curriculum length
- Analysis of additional financial, facilities, and faculty resources needed for this change
- Student achievement data relating the increase or decrease in curriculum length

7. *Establishment of an additional location geographically apart from the main campus, including a branch campus.*

An additional location is geographically apart from the main campus, and offers at least 50 percent of an educational program. The additional location will not have separate administration, faculty, or budgetary independence, all of which are required for a branch campus or for a new college of podiatric medicine. Students may be admitted directly to the additional location as

their primary place of enrollment. Students from the entire program can take classes at the additional location.

A college of podiatric medicine must submit written notification to the Council of its intention to establish an additional location at least 18 months prior to the desired date of offering instruction and at least six month prior to the projected date to admit students. The notification must address the feasibility of establishing the additional location. This feasibility study must be received 90 days in advance of the Council meeting at which it will be considered and address at least the following items:

- If the college, or its parent, has accreditation from a regional agency recognized for that purpose by the U.S. Secretary of Education, then a letter indicating approval of the additional location from the regional accreditor must accompany the substantive change request.
- The college, and/or its parent, may not have probationary accreditation, or be subject to a show cause determination that could alter accreditation status issued by the regional accreditor prior to requesting the substantive change for an additional location.
- Assessment of the degree of support that the additional location has in the community state, and the respective podiatric professional associations. Written documentation must accompany this assessment, including a letter of comment from the state podiatric association for each state in which the proposed additional location intends to have clinical training sites.
- A statement of the curriculum proposed to be offered at the additional location and the college's previous experience with that curriculum
- Documentation that the college has the availability of adequate clinical training sites, including an assessment of the impact of the additional location's proposed clinical training programs upon any podiatric training programs already in existence at the clinical sites under discussion
- Educational planning and noted progress in generating postdoctoral clinical training opportunities
- The parent must provide for student services for the additional location as required by Standard 6. Students.
- Identification of the faculty who will provide instruction
- Projected revenues, expenditures, and cash flows at the additional location
- Operation, management, and physical resources at the additional location, including learning resources

### Monitoring

- An on-site focused visit will be conducted six months prior to beginning operations, including admitting students and beginning instruction to review selected standards that address finances, administration, facilities, faculty, student services, and curriculum.
- An on-site focused visit will be conducted within six months of operations to determine that financial, faculty, and facility resources are appropriate for the additional location.
- The Council will include the additional location(s) in the parent institution's accreditation only after verifying that the college meets all accreditation standards.

- After the on-site visit within six months of operations, the additional location will schedule a focused visit in year three of operation to review compliance with standards for clinical education. If the next comprehensive evaluation of the parent would occur prior to year three of operations, then this year three evaluation will occur within that comprehensive evaluation. Thereafter, on-site evaluations of all additional locations will occur in conjunction with the on-site visit of the parent campus.

#### Accreditation Status

- The parent's accreditation status will be extended to the additional location only after a site visit and the acceptance of the site visit report by the Council.
- The additional location cannot recruit students or begin operations, including offering instruction, until after the first on-site visit and approval by the Council.

#### 8. *Contracting with a non-Title IV certified institution to provide greater than 25 percent of a college's educational program.*

A college that seeks to enter into a contract under which an institution not certified to participate in Title IV, HEA programs offers more than 25 percent of the college's program must submit written notification to the Council of its intention to establish such a partnership at least 18 months prior to the desired date of offering instruction at the partner's facilities. The criteria for evaluation and monitoring are those as established for substantive changes related to curriculum and additional location, depending on the nature of the agreement.

- If the instruction will occur at the college of podiatric medicine, then this will be reviewed as a substantive change related to curriculum.
- If the instruction will occur at a different geographic location from the college, and represents 25-49 percent of the program offering, then this will be reviewed as a substantive change related to curriculum.
- If the instruction will occur at a different geographic location from the college, and represents 50 percent or more of the program offering, then this will be reviewed as a substantive change related to an additional location.

#### 9. *Acquisition of any other institution or any program or location of another institution.*

A college of podiatric medicine that seeks to acquire another college of podiatric medicine or merge with another college of podiatric medicine must submit written notification to the Council of its intention to establish such an acquisition at least 18 months prior to the desired date of offering instruction at the acquired program.

The criteria for evaluation and monitoring are those as established for substantive changes related to governance, additional location or branch campus depending on the Council's accreditation role and the nature of the agreement.

- If two colleges of podiatric medicine intend to merge and create a new legal entity, then this will be reviewed as a governance substantive change. Depending on the nature of the

new legal entity, the Council may schedule a comprehensive on-site evaluation of all accreditation standards or some portion thereof in addition to those normally reviewed in a governance substantive change.

- If two colleges of podiatric medicine intend to merge in a manner that one of the colleges remains the surviving entity, and has institutional accreditation from the Council, then this will be reviewed as a branch campus or additional location substantive change, depending on how the surviving college intends to operate the acquired college.
- If two colleges of podiatric medicine intend to merge in a manner that one of the colleges remains the surviving entity, and has programmatic accreditation from the Council, then this will be reviewed as an additional location substantive change.

*10. Addition of a permanent location at which a teach-out is being conducted for students of another institution that has ceased operations before all students have completed their program of study.*

A college that seeks to add a permanent location at a site at which the institution is conducting a teach-out for students of another college that has ceased operations before all its students have completed their program of study must submit written notification to the Council of its intention to establish such an acquisition at least 18 months prior to the desired date of adding the permanent location.

NOTE: the criteria for review of a teach-out agreement *per se*, are found in the section on review of teach-out agreements.

The criteria for evaluation and monitoring are those as established for governance and additional location/branch campus substantive changes depending on the Council's accreditation role and the nature of the agreement.

- If the college that remains the surviving entity has institutional accreditation from the Council, then this will be reviewed as a branch campus/additional location substantive change depending on how the surviving college intends to operate the acquired college.
- If the college that remains the surviving entity has programmatic accreditation from the Council, then this will be reviewed as an additional location substantive change.

*11. Establishment of a branch campus.*

A college must submit written notification to the Council of its intention to establish a branch campus at least 18 months prior to the desired date of offering instruction. The college also must address the feasibility of establishing the branch campus. This Feasibility Study must be received 90 days in advance of the Council meeting at which it will be considered and address at least the following items:

- The appropriate state agency, a charter, or evidence of support for approval to grant the Doctor of Podiatric Medicine degree
- Assessment of the degree of support that the branch campus has in the community and state, and the respective podiatric professional associations. Documentation

accompanying this assessment must include a letter of comment from the state podiatric association for each state in which the proposed branch campus intends to have clinical training sites.

- Demonstrate and document with written verification that it has the availability of adequate clinical training sites. Documentation must include an assessment of the impact of the branch campus' proposed clinical training programs upon any podiatric training programs already in existence at the clinical sites under discussion.
- The curriculum to be offered at the branch campus
- The faculty who will provide instruction
- Projected revenues, expenditures, and cash flows at the branch campus
- Physical resources at the branch campus
- Administrative structure of the branch including the identification of the individual who will be the on-site chief academic officer
- Organizational structure between the parent and the branch campus must be described and documented in an organizational chart
- Educational planning and noted progress in generating postdoctoral clinical training opportunities

### Monitoring

The branch campus offering a program in podiatric medicine must have that program conform to the same standards for faculty, staff, facilities, student services, curriculum, and research in order to meet the Council's accreditation standards for a college of podiatric medicine.

- The Council will conduct a comprehensive on-site visit to a branch campus at least six months prior to the initiation of instruction and acceptance of students at the branch campus to ensure compliance with all of the accreditation standards.
- Comprehensive on-site visits will be conducted in years one and two of operations to review all standards.
- The Council will include the branch campus in the parent institution's accreditation only after verifying that the college meets all accreditation standards.
- Focused visits will be conducted in years three and four of operation to review standards addressing clinical education. Thereafter, on-site evaluations of the branch campus will be scheduled in conjunction with the on-site visit of the parent campus.

The branch campus may recruit, but not accept students or offer instruction, after the first review and approval of its application. Operations at the branch campus, including enrolling students and offering instruction, may begin after Council review of the initial site visit report and granting of such approval.

### **Affiliation with another Institution**

An institution must obtain prior approval from the Council before it affiliates with or otherwise becomes integrated into another institution (i.e., mergers of equals, acquisitions, mergers of collateral health education programs, or affiliations) to the extent that the affiliation or integration changes the control or ownership of the college of podiatric medicine or has the

potential of significantly affecting the college's continuing compliance with CPME standards and requirements.

In its request for CPME approval, the institution is required to submit a comprehensive report describing the following matters:

- Proposed terms of the affiliation, including the date on which the affiliation is to become effective
- Impact the affiliation will have on the college and its resources (i.e., administration, governance, finances, faculty, physical plant, curriculum, and student services)
- Plans of the institution to alleviate any negative effects on the college and its resources
- Plans of the institution to reallocate resources to accommodate the affiliation
- Benefits to the college of podiatric medicine

The institution also is expected to provide copies of signed or proposed affiliation agreements.

An on-site evaluation may be conducted to assess the affiliation prior to the Council granting approval. If an on-site evaluation is necessary, it will be scheduled no later than six months after receipt of the request for approval of the affiliation. In the case of affiliations that have not become fully operational, the Council may elect to review the institution's request for approval of the substantive modification and grant preliminary approval until such a time that an on-site evaluation can be conducted when the affiliation is operational.

## **Branch Campus**

The criteria set forth by the U. S. Secretary of Education articulate specific expectations for accrediting agencies related to the establishment of branch campuses by accredited institutions. The definitions of "branch campus" identified within the Secretary's criteria are included in the Glossary of Terms. The Council's responsibilities for reviewing and approving an institution's request to establish a branch campus are described in this section.

With respect to a branch campus site at which the parent institution plans to offer at least 50 percent of the educational program, the parent institution must formally request CPME approval of the additional site prior to the initiation of any instruction at the site. In the case of expansion of an existing off-campus site, resulting in 50 percent or more of the educational program being offered at that site, the institution must request CPME approval prior to implementation of the expanded program. In its request for CPME approval, the institution is required to submit a comprehensive business plan concerning the additional location. The plan must describe the educational program to be offered; projected revenues, expenditures and cash flow; operation; management; and physical resources. An on-site evaluation may be conducted to assess the establishment of the branch campus prior to the Council granting approval. If an on-site evaluation is necessary, it will be scheduled no later than six months after receipt of the request

for approval of the branch campus. In the case of branch campus arrangements that have not become fully operational, the Council may elect to review the institution's business plan and grant preliminary approval until such a time that an on-site evaluation can be conducted when the branch campus becomes operational.

Under no circumstances will the Council consider expanding the institution's existing accreditation to include a separate branch campus site that has the following characteristics:

- The site is geographically apart from the main campus and has its own separate administrative structure, services, and facilities.
- The parent institution plans to offer a complete educational program at the branch site.

The development of a separate and complete educational program at another site by an accredited college of podiatric medicine will be viewed as a new college of podiatric medicine and must be evaluated as such.

### **Authorization to Increase Enrollment**

Among the matters for which the Council requires prior approval is the increase in student enrollment for a college of podiatric medicine. Based upon the on-site evaluation process, the accreditation action taken by the Council includes authorization of a maximum number of students (defined as the total head count) to be matriculated in the first-year class by the college. This number takes into consideration the institution's current or proposed enrollment at the time of the visit in relation to current compliance with CPME standards and requirements and demonstrated achievement of stated student learning outcomes and programmatic outcomes.

The institution must seek prior authorization from the Council before increasing the maximum number of students to be matriculated in the first-year class in a given year. The authorization request must include the information described below by December 1 of the calendar year preceding the planned class expansion.

- A summary of the space and educational facilities available to accommodate the increased class size for the preclinical curriculum (such as data on seating capacity of lecture halls and small-group meeting rooms, dissection facilities, wet lab space, etc.)
- Assessment of the sufficiency of library resources and space, clinical skills assessment centers, information technology, general study space, or any other relevant facilities for the larger class size
- Faculty needs for required courses, clinical experiences, and clerkships for the increased class size
- The clinical facilities and patient volume needs for the increased class size
- Capacity of student services (such as student affairs, financial aid, academic and career counseling, student health, confidential counseling, etc.) to handle the larger volume
- Size and quality of the applicant pool in relation to the total number of matriculants currently authorized nationwide by the Council

The Council will review the information provided by the college and decide if additional documentation or action is necessary. The decision will be based on whether continuing

compliance with accreditation standards can be assured. If continued compliance with accreditation standards is evident, authorization will be granted and no further action will be needed. The Council also may request additional information or may schedule a focused on-site evaluation if continued compliance is not evident. If the Council is not assured that there will be continuing compliance with accreditation standards, the college will be notified that the acceptance of a larger class under the plans submitted could result in probationary status or withdrawal of accreditation.

The Council will not consider an application for an increase submitted by a college on probation. If a college on probation exceeds its established maximum enrollment without authorization, the Council will withdraw accreditation of the college at its next scheduled meeting.

If an accredited college exceeds its established maximum enrollment without prior authorization, the Council may mandate, by placing the college on probation, a reinstatement of the enrollment level that would not exceed the maximum number identified by the Council, effective at the beginning of the next academic year. If placed on probation, the college would become a candidate for withdrawal of accreditation.

### **Federally Initiated Reviews**

The Council will evaluate a college of podiatric medicine to determine the college's compliance with CPME standards and requirements if data provided by the U. S. Secretary of Education indicate the student loan default rate for the college equals or exceeds federally prescribed limits or if the Council receives information that a college has failed to comply with its program responsibilities under Title IV of the Higher Education Act or Title VII of the U. S. Public Health Service Act.

#### *Title IV Responsibilities*

A college of podiatric medicine that participates in a Federal student aid program must:

- inform CPME of its status as a participant in the Federal program and immediately inform CPME of any change in that status;
- report to CPME annually its Federal student loan default rates as defined by the United States Department of Education. If the report identifies any rates defined by the department as too high, develop and submit a corrective action plan to address such rates;
- inform CPME promptly of any audit, program review, or any other inquiry by such Federal agencies as the United States Department of Education or Office of Investigative General regarding the institution's participation in Federal financial aid programs and promptly updates the Council regarding all communications with the department until resolution or conclusion; and
- inform CPME promptly of any findings or actions by the Department of Education relative to the institution's participation in the Title IV program.



The Council will evaluate the failure of an institution to maintain compliance with its requirements under the Title IV program to determine potential noncompliance with accreditation requirements. The Council will direct the institution to provide whatever evidence it deems necessary to resolve the question and may conduct an on-site evaluation.

## **PROCEDURAL RECONSIDERATION/APPEAL**

If an adverse action is taken by the Council, the institution is provided opportunity to request procedural reconsideration of the adverse action and may appeal the decision to a hearing Committee. A request to initiate the processes for procedural reconsideration or appeal will be accepted for cause and will not be accepted solely on the basis of dissatisfaction with the adverse decision, nor will it be accepted on the basis of modifications made subsequent to the determination of the adverse action. The institution receives formal written notification of the adverse action following the meeting of the Council. The basis for the adverse action and the institution's right to request procedural reconsideration and appeal are clearly stated in the notification letter.

When the Council considers an adverse action, the action does not become final, nor is it published, until the college has been afforded opportunity to complete the processes related to procedural reconsideration and/or appeal. If the institution does not initiate the procedural reconsideration or appeal processes, the institution's rights to due process through the Council will be viewed to be exhausted.

During the due process period, the candidacy or accreditation status of the college reverts to the status prior to the adverse action. Following implementation of the procedural reconsideration and appeal processes, if the Council sustains the adverse action, the effective date of the action will be the date on which the action is sustained with final actions to withdraw accreditation to become effective at the conclusion of the academic year in which the action is sustained.

### **Procedural Reconsideration**

Procedural reconsideration is the process that allows the institution the opportunity to request that the Council review its decision for the purpose of determining whether the Council, the Accreditation Committee, or the evaluation team failed to follow CPME procedures described in this publication. Because procedural reconsideration is designed for the review of errors in the application of Council procedures, matters of disagreement related to issues of substance will not be reviewed within the procedural reconsideration process. Such matters, however, may be identified as the basis for an appeal.

A request for procedural reconsideration must be submitted within 15 calendar days following receipt of the notification letter. If such a request is not submitted and postmarked within this 15-day period, all rights to procedural reconsideration will be considered to be waived by the institution. The written request must be submitted to the Council office by certified mail, return receipt requested.

The request for procedural reconsideration must identify the procedure(s) in question and describe in detail the institution's claim that the procedure(s) was not followed, including any

documentary evidence to support the claim. Following review by CPME staff, the request for procedural reconsideration is considered by the CPME Executive Committee by conference call or actual meeting. The Council acknowledges in writing the receipt of all procedural reconsideration materials.

Based on a recommendation of the Executive Committee, a decision may be made by the Council, either by conference call or actual meeting to: (1) sustain the previous action, (2) rescind the previous action and refer the matter for additional review by the Accreditation Committee, or (3) defer action and seek an invitation from the institution to conduct a new on-site evaluation. If a new evaluation is conducted, the cost of the evaluation will be shared equally by the institution and the Council. The institution's chief executive officer and the chief academic officer (university affiliated/academic health centers only) are notified of the action taken with respect to the procedural reconsideration no later than 30 calendar days following the next scheduled meeting of the Council following the original determination of the action that led to the request for procedural reconsideration.

## **Appeal**

Following completion of the procedural reconsideration process or in lieu of the procedural reconsideration process, the institution may appeal the decision to a hearing Committee. The appeal process followed by the Council is articulated in CPME 935, *Guidelines for the Conduct of Appeal Hearings*. The institution is free to pursue either a substantive or procedural claim as part of the appeal process.

## **REAPPLICATION FOLLOWING LOSS OR DENIAL OF ACCREDITATION**

An institution seeking accreditation that has had accreditation withdrawn or withheld is expected to follow the procedures outlined earlier in this document. (See Eligibility and Preaccreditation.) The Council will not consider a new application from an institution that has lost or been denied accreditation for a period of six months from the time the Council determines a final decision. With respect to re-evaluation of a college of podiatric medicine that has lost accreditation, the Council will focus principal attention on those areas that were of greatest concern in the original decision to withdraw accreditation.

## **TEACH-OUT PLANS AND AGREEMENTS**

The Council is concerned about the equitable treatment of students who may become disenfranchised due to the closing of a college of podiatric medicine. Other accredited colleges may elect to accept by transfer these disenfranchised students in order to enable the students to complete their degree requirements. Colleges electing to accept the transfer of these students are precluded from assessing any fees for instruction already paid for but not received. Arrangements made by an institution to transfer its students to other accredited colleges of podiatric medicine are subject to the approval of the Council.

### *Conditions That Require Approval of a Teach-out Plan*

The Council requires a college of podiatric medicine for which it is the institutional accreditor and has granted provisional accreditation or accreditation to submit a teach-out plan to the

Council for approval upon the occurrence of any of the following events:

- The Secretary of Education notifies the Council that the secretary has initiated an emergency action against an institution, in accordance with section 487(c)(1)(G) of the HEA, or an action to limit, suspend or terminate an institution participating in any title IV, HEA program, in accordance with section 487(c)(1)(F) of the HEA, and that a teach-out plan is required
- CPME acts to withdraw or terminate the provisional accreditation or accreditation of the college of podiatric medicine
- The college notifies the Council that it intends to cease operations entirely or close a location that provides 100 percent of at least one program
- A state licensing or authorizing agency notifies the Council that an institution's license or legal authorization to provide an educational program has been or will be revoked

#### *Evaluation of a Teach-out Plan*

The Council will evaluate the teach-out plan to ensure that it provides for equitable treatment of students under the criteria listed below for teach-out agreements. The plan must specify what additional charges, if any, will need to be paid by the students, and will provide notification to the students of those charges. If the Council approves a teach-out plan that includes a program that also is accredited by another recognized accrediting agency, then the Council must notify that accrediting agency of its approval. The Council may require a college to which it has granted provisional accreditation or accreditation to enter into a teach-out agreement as part of its teach-out plan.

#### *Evaluation of Teach-out Agreements*

The Council will only approve teach-out agreements that are between CPME-accredited colleges. A college of podiatric medicine may enter into a teach-out agreement with another institution provided the following:

- The agreement is submitted to the Council, at least 120 days prior to the beginning of transfer of students under the agreement, for its review and approval.
- The agreement is consistent with the accreditation standards and procedures.
- The agreement provides that students will receive all of the instruction promised by the closed institution but not provided because of the closure.
- The Council will review the teach-out plan to ensure that it provides for equitable treatment of all students.

In assessing whether the plan provides for such equitable treatment, the Council will consider the following factors:

- All correspondence to students regarding the closing of the college will be given to all students at the same time.
- All students from the closed program will be notified of all potential receiving colleges of podiatric medicine.
- In general, such instruction will be provided without additional costs and tuition charges to the student. If the program determines that additional charges are needed, the plan will

specify those charges and the basis for them and such additional charges will be directly related to the cost of instruction.

- All students are specifically notified, in writing, of any additional costs and tuition charges for each of the potential receiving colleges of podiatric medicine.
- Any additional costs and tuition charges for a receiving college will be the same for all students who transfer to that college.
- The recipient teach-out institution will demonstrate that it has the necessary experience, resources, and support services to provide an educational program that is of acceptable quality and is reasonably similar in its content, structure, and scheduling to that of the institution that is ceasing operations either entirely or at one of its locations.
- The recipient teach-out institution will demonstrate that, during the period of the teach-out agreement, it will remain stable, carry out its mission, and meet all obligations to its existing students.
- The closed institution will strive to provide for student placement in geographic proximity to the closed institution;
- The recipient colleges, in order to take additional students from the closed institution, must request an increase in class size through the substantive change process.

#### *Closed Institutions without Plan or Agreement*

In the event that a college of podiatric medicine having any accreditation status from the Council closes without a teach-out plan or agreement, the Council will work with the USDE and the appropriate state agency, to the extent feasible, to assist students in finding reasonable opportunities to complete their education without financial penalty.

### **CONFIDENTIALITY**

The Council maintains the confidentiality of written and orally presented information received or produced as a result of the accreditation process, including, but not limited to, materials, reports, letters, and other documents prepared by the institution, the Council, or other individuals and agencies relative to the evaluation, accreditation, or follow-up and ongoing review of a college of podiatric medicine. The public disclosure of certain information, including the results of final accreditation actions, is noted in the following section.

All proceedings of the Accreditation Committee and the Council with respect to determining candidate status or accreditation of a college of podiatric medicine are held in executive session.

### **DISCLOSURE**

The current published accreditation status of a college of podiatric medicine is available upon request to any interested party.

The office of the U. S. Secretary of Education, each state board of podiatric medicine, the regional accrediting agency (if the institution holds membership in a regional accrediting association), and the public will be notified in writing of any accreditation decision determined by the Council or an appeal Committee. The Council will notify all of the appropriate entities at the same time it notifies the institution.

### *Related to Initial and Continuing Accreditation Decisions*

The Council will identify all accreditation decisions on its website and provide written notification regarding its accreditation decisions to the Secretary of the USDE, the appropriate state licensing or authorizing agency, the appropriate accrediting agencies, and the public within 30 days after the decision to:

- Grant candidate status
- Grant provisional accreditation
- Grant initial and continuing accreditation

The online and written notifications include identification of areas of noncompliance (if any) and a description of the actions that a college is to take to address the areas of noncompliance.

### *Related to Adverse Decisions*

The Council will provide written notification regarding its accreditation decisions to the secretary of the USDE, the appropriate state licensing or authorizing agency, the appropriate accrediting agencies, and the public at the same time as provided to the college, and within 30 days after it makes either of the following decisions:

- Final decision of probation or equivalent status of a college
- Final decisions to deny, withdraw, suspend, revoke, or terminate the candidate status, provisional accreditation, or accreditation of a college

Written notice to the public, including posting to the Council's website, regarding the above decisions must be made within 24 hours of the notice to the college. In addition, a brief statement summarizing the reasons for the agency's decision, describing the evidence that the affected college was given the opportunity to provide comments, and the comments, if any, that the affected college may have made with regard to that decision will be provided the secretary of the USDE, the appropriate state licensing or authorizing agency, the appropriate accrediting agencies, and the public, no later than 60 days after the final decisions.

### *Withdrawal or Lapses of Accreditation*

The Council will notify the secretary of the USDE, the appropriate state licensing or authorizing agency, the appropriate accrediting agencies, and, upon request, the public within 30 days of receiving notification from the college if it has decided to withdraw voluntarily from candidate status, provisional accreditation, or accreditation.

The Council will notify the secretary of the USDE, the appropriate state licensing or authorizing agency, the appropriate accrediting agencies, and, upon request, the public within 30 days of the date on which provisional accreditation, or accreditation lapses if the college notifies the Council that it will not request renewal of its provisional accreditation or accreditation status.

### *Consideration of Other Accreditors' Actions*

As a condition of being recognized as an accrediting agency by the U.S. Secretary of Education, the Council is expected to not grant candidate status, provision accreditation, or accreditation of a college during a period in which the parent educational institution of a college or the college itself:

- is the subject of an interim action by a recognized institutional accrediting agency potentially leading to the suspension, revocation, or termination of any recognition status;
- is the subject of an interim action by a state agency potentially leading to the suspension, revocation, or termination of the institution's legal authority to provide postsecondary education;
- has been notified of public probation or a threatened loss of accreditation by a recognized institutional accrediting agency, and the due process procedures required by the action have not been completed; or
- has been notified of a threatened suspension, revocation, or termination by the state of the institution's legal authority to provide postsecondary education, and the due process procedures required by the action have not been completed.

The Council will provide the secretary of the USDE, within 30 days of action by the Council, a thorough explanation, consistent with its accreditation standards, of why it may have elected to grant candidate status, provisional accreditation, or accreditation of a college during a period in which the parent educational institution of a college:

- has had its recognition status placed on probation or an equivalent by a recognized institutional accrediting agency;
- has had its recognition status denied or revoked by a recognized institutional accrediting agency; or
- has had its legal authority to provide postsecondary education suspended, revoked, or terminated.

The Council will promptly review the candidate status, provisional accreditation, or accreditation of a college when a recognized institutional agency takes an adverse action with respect to the parent body for a college, or places that institution on public probation. The Council may review the candidate status, provisional accreditation, or accreditation of a college when a recognized programmatic accrediting agency takes an adverse action for reasons associated with the overall institution, rather than the specific program.

The Council will notify the U. S. Secretary of Education, each state board of podiatric medicine, and the regional accrediting agency of these decisions by providing a copy of the letter sent to the institution. The public notification will appear on the CPME website and in publications distributed by the Council and the American Podiatric Medical Association.

All final accreditation decisions determined within the most recent calendar year are announced in the Council's annual report. Actions requiring prompt public notification are announced in the *APMA News* and on the Council's website. The Council also publishes CPME 100, *Accredited Colleges of Podiatric Medicine*, which is a list of accredited colleges revised bi-annually following the meetings of the Council. Copies of the Council's annual report and list of

accredited colleges are furnished to the U. S. Secretary of Education. The Council also is obliged to provide any other information requested by the U. S. Secretary of Education in accordance with the Secretary's *Procedures and Criteria for Recognition of Accrediting Agencies*. Such information shall include, but not be limited to, the name of any accredited program or institution that the Council believes is failing to meet its Title IV program responsibilities or is engaged in fraud or abuse along with the reasons for the Council's concern, and any proposed change in the CPME standards, requirements, or procedures for accreditation.

The Council maintains and makes available to the public, upon request, written materials describing the following information:

1. Each type of accreditation and preaccreditation it grants
2. The procedures that institutions must follow in applying for accreditation or preaccreditation
3. The standards and procedures it uses to determine whether to grant, reaffirm, reinstate, restrict, deny, revoke, terminate, or take any other action related to each type of accreditation and preaccreditation that the Council grants
4. The institutions that the Council currently accredits or preaccredits and, for each institution the year the agency will next review or reconsider it for accreditation or preaccreditation
5. The names, academic and professional qualifications, and relevant employment and organizational affiliations of the members of the Council's policy and decision-making bodies and the Council's principal administrative staff

### **THIRD-PARTY COMMENT**

The Council provides opportunity for the community of interest to submit, in writing, comments concerning an institution's qualifications for preaccreditation or accreditation status. The Council will publish a notice in the *APMA News* and on its website regarding its plans to conduct a comprehensive evaluation of an institution that seeks candidate status, initial accreditation, or reaffirmation of accreditation. The notice will indicate the deadline for receipt of third-party comments.

Comments must address an institution's compliance with CPME standards and requirements. Signed comments received by the Council will be shared with members of the evaluation team prior to the visit and the institution. The institution will be notified of the third-party comments so it can have an opportunity to respond. The Council will exercise its best efforts to keep confidential the identity of an individual or entity who submits a comment, unless the person or entity has specified in writing that it is permissible to reveal his/her/its identity. If confidentiality is appropriate, all correspondence with the institution will maintain this confidentiality. During its review of the college, the evaluation team considers third-party comments, if any, that relate to the accreditation standards.

### **REVIEW OF FORMAL COMPLAINTS**

A mechanism exists for reviewing formal complaints against accredited institutions. The Council will review only those complaints related to the alleged noncompliance of a college with the Council's standards and requirements. The mechanism for reviewing formal complaints is

specified in CPME 925, *Complaint Procedures*. This publication is available on the Council's website (cpme.org) or may be obtained by contacting the CPME office. CPME 925 also describes the mechanism for reviewing formal complaints against the Council.

## **REGARD FOR DECISIONS OF STATES AND REGIONAL ACCREDITING AGENCIES**

The Council will postpone a decision to extend candidate status or accreditation of a college of podiatric medicine if any of the following conditions are present:

1. The preaccreditation or accreditation status of the institution is subject of an interim action by a regional accrediting agency potentially leading to the suspension, revocation, or termination of the institution's preaccreditation or accreditation status
2. The institution is subject of an interim action by a state agency potentially leading to the suspension, revocation, or termination of the institution's legal authority to provide postsecondary education or to offer the DPM degree
3. The institution has been notified by the regional accrediting agency of a threatened loss of accreditation, and the due process procedures have not been completed
4. The institution has been notified by a state agency of a threatened suspension, revocation, or termination of the institution's legal authority to provide postsecondary education or to offer the DPM degree, and the due process procedures have not been completed

[For conditions (1) and (3), the Council would not be precluded from proceeding on a course of action comparable to and concurrent with that of the regional accrediting agency.]

The Council will take into consideration the following conditions in granting candidate status or initial accreditation of a college of podiatric medicine:

1. A regional accrediting agency has denied or withdrawn preaccreditation or accreditation status of the institution or has placed the institution on public probationary status
2. A state agency has suspended, revoked, or terminated the institution's legal authority to provide postsecondary education

The Council will promptly review the preaccreditation or accreditation status of a college of podiatric medicine if a regional accrediting agency or state agency takes an adverse action with respect to the institution or places the institution on public probationary status. After the results of this review, if the Council elects to not take a similar adverse action with respect to the preaccreditation or accreditation status of a college of podiatric medicine, the Council shall provide the office of the U. S. Secretary of Education a thorough explanation for its decision.

## **ASSESSMENT OF TEAM AND EVALUATOR EFFECTIVENESS**

The effectiveness of the on-site evaluation process is routinely reviewed by the Council based upon an assessment of evaluator performance. Following the on-site evaluation, the chief



executive officer or chief academic officer of the institution is asked to complete a post-evaluation questionnaire that is designed to obtain pertinent information about the performance of the members of the evaluation team. Also, post-evaluation questionnaires are completed by the team chair regarding the effectiveness of each member of the team, and each member of the team completes a post-evaluation questionnaire to assess the effectiveness of the team chair. These post-evaluation questionnaires are submitted to CPME staff.

At the next scheduled regular meeting of the Council that follows the meeting at which the results of the on-site evaluation are considered, the Executive Committee of the Council reviews the questionnaires and appropriate action is determined to commend effective evaluators or provide remediation for ineffective evaluators. The Executive Committee may suggest that evaluators who demonstrate repeated ineffectiveness be removed from the list of college evaluators.

## **ACCREDITATION FEES**

### **Application Fee**

Institutions seeking initial accreditation of either a new college of podiatric medicine or a college that has had accreditation withdrawn and is seeking to regain accreditation are required to pay an application fee. The fee is to be paid when the institution submits its application for candidate status.

### **Fees Related to On-Site Evaluations**

The institution to be evaluated by the Council is responsible for paying the full and actual costs associated with the on-site evaluation visit, including team travel and meal expenses, team hotel and hotel meeting space, honoraria paid to generalist educators who serve on evaluation teams, travel expenses for CPME staff, costs related to any planning meeting in preparation for the visit, and costs related to the attendance of the team chair at the meeting of the Accreditation Committee. Institutions are asked to submit payment for a pre-assessment fee approximately 90 days prior to the evaluation visit. This pre-assessment fee is an estimate calculated according to the number of CPME evaluators included on the evaluation team. The institution is sent a final assessment after the evaluation visit based upon the combined actual costs of all fees related to the visit. Alternatively, a refund is provided the institution of any amount that is overpaid as part of the pre-assessment fee.

### **Visits Resulting from Formal Complaints**

When the Council conducts an evaluation visit to ascertain the status of a complaint against an accredited institution, the institution will be responsible for paying the full and actual costs associated with the visit.

### **Annual Continuation Assessment**

Each accredited institution is assessed an annual continuation fee to be submitted with the institution's annual report. The purpose of this assessment is to partially offset the Council's costs related to monitoring compliance of the college of podiatric medicine.

## **PERIODIC REVIEW OF INSTITUTIONAL PUBLICATIONS**

The Council periodically reviews the publications of accredited institutions. Should inaccurate or misleading information appear in a publication of the institution, the Council will request the immediate correction of this information. Failure of the institution to correct inaccurate or misleading information in a timely fashion will result in a review of the accreditation status of the college. In the case of the institution failing to correct inaccurate or misleading information, the Council will take the necessary steps to publish and disseminate correct information.

## **JOINT EVALUATION VISITS WITH OTHER ACCREDITING AGENCIES**

Whenever possible and at the request of the institution, the Council may conduct joint evaluations in cooperation with other accrediting agencies. Because each accrediting agency may specify different standards, requirements, and procedures, the Council will arrange joint visits on an individual basis. Generally, in order for a joint visit to be accomplished, the sponsoring institution will be asked to satisfy each agency's standards, requirements, and procedures in a manner that is acceptable to the Council and the other accrediting agency. The Council expects the institution to take full responsibility in assuring coordination of the joint evaluation visit.

### **Self-Study Report**

Although the Council will not require that separate self-study reports be written to satisfy both agencies, the institution will be expected to prepare one self-study report that addresses the standards and requirements of the Council as well as the educational standards, requirements, or other essentials set forth by the other accrediting agency. The institution should submit a proposed outline for the format of its self-study report to CPME staff prior to preparation. Council staff will assist the institution in developing a format for the report that will satisfy the needs of the Council.

### **On-site Visit**

The arrangements for the on-site visit should be coordinated by one staff person, representing either of the cooperating accrediting agencies. The Council prefers that its staff be the principal coordinator for joint accreditation visits to colleges of podiatric medicine.

The composition of the team for joint visits with a regional accrediting agency usually includes two representatives of the regional agency with the remaining balance of the team comprised of individuals selected by the Council. Team leadership may be shared between representatives of the regional accrediting agency and the Council. If the regional accrediting agency has no preference in this matter, an evaluator representing the Council will serve as team chair.

Composition of joint teams involving the Council and accrediting agencies other than regional agencies will be determined on a case-by-case basis.

The on-site evaluation will follow the procedures outlined in this publication. Modifications to accommodate the other agency representatives may be instituted if approved by the individual serving as team chair/co-chair representing the Council. The members of the joint team will be expected to work together in collecting information, interviewing personnel, and reviewing the

facilities. Team members representing each agency will be assigned areas of review that best correlate with their agency's interests. An agenda and a schedule for the visit will be arranged in an effort to be responsive to the needs of both agencies.

Exit summations should include discussion of the findings of the entire team. If the other accrediting agency has within its policies a disclosure procedure, allowing its representatives to inform the institution of the recommendation for accreditation, the representatives of the other agency will clearly indicate that their recommendation only pertains to their agency's accreditation. Each accrediting agency acts independently of one another in determining final accreditation actions.

## **Report Preparation**

The joint team will develop a first draft of the report prior to its departure from the site. The report provides information about the institution and program in a manner that generally meets the needs of both agencies. Recommendations for institutional and programmatic improvement should be jointly agreed upon and included in the report. The representatives of each agency may file separate addenda to the joint report in order to provide information that may be specific to the needs of their respective agencies.

## **POLICY STATEMENTS**

### **Credit Hours**

Colleges of podiatric medicine must establish written policies and procedures and employ them in a systematic review of the assignment of credit hours for its curriculum, using the definition of a credit hour as provided in the glossary of CPME 120, *Standards and Requirements for Accrediting Colleges of Podiatric Medicine*. The college of podiatric medicine bears the responsibility of assigning the amount of credit awarded for student work and demonstrating that its assignment criteria conform to commonly accepted practices in higher education. The college of podiatric medicine must maintain records of this activity in a format that will permit sampling by a CPME on-site evaluation team. The Council expects that a college will include a discussion of the application of these policies and procedures for reviewing the credit hours given for each course in its curriculum in the self-study.

### **Diploma Mills**

Accreditation is not always well understood by the public it is intended to serve. CPME accreditation assures the student, as a consumer, that the college of podiatric medicine is stable, professionally and financially.

Prospective students are advised to be wary of diploma and accreditation mills. Diploma mills or degree mills award academic degrees with substandard, limited, or no academic study. Often these degrees are awarded based on "life experience." While this may sound promising, the motivation is profit on the part of the degree mill. An accreditation mill claims it awards accreditation to a higher education institution, but it has no authority or recognition to do so, and there are either subpar or no standards involved. These types of organizations do not have recognition as legitimate accreditors through any sort of organization that awards such

recognition, such as the Council for Higher Education Accreditation or the U. S. Department of Education.

For more information on accreditation and/or degree mills, CPME encourages prospective podiatric medical students to review CHEA's website ([www.chea.org](http://www.chea.org)) to get more information about diploma and accreditation mills. Participating in a diploma mill can have significant and unfortunate implications for a student's ability to obtain licensure as a podiatric physician or continue on for graduate medical education.

### **Eligibility and Authorization to Increase Enrollment**

At each of its semiannual meetings, the Accreditation Committee and the Council will review the number of entry level residency positions available to graduates of colleges of podiatric medicine. Based on this review, the Committee and the Council will determine whether applications for new colleges of podiatric medicine or requests for authorizations to increase enrollment in accredited colleges will be accepted during the following six-month period.

### **Enforcement of Standards**

When the Council on Podiatric Medical Education determines that an institution is in noncompliance with one or more of its requirements, the Council must immediately initiate adverse action against the college or require that the college take appropriate action to bring itself into compliance with the Council's requirements within two years. Failure to bring into compliance the area(s) of noncompliance will result in withdrawing or withholding accreditation.

The extent to which the institution is in compliance with the area(s) of noncompliance will be based on review of one or more special reports and/or a focused or comprehensive on-site evaluation.

The Council may elect to extend the two-year year period for the following good causes:

- Change in chief executive officer
- Change in chief academic officer
- Demonstration of progress on a plan whose fulfillment would require an extension in time
- Other substantive financial or administrative changes which affect the operation of the college

This period of extension is to be determined by the Council, but must not exceed 12 additional months. Failure to meet the requirements as stated by the Council during the two-year period, including any extension for good cause, will result in withdrawal or withholding accreditation.

### **Headcount Definition**

Related to first-year headcount, the Council and the Accreditation Committee use the following definition in determining whether colleges of podiatric medicine are within their respective maximum enrollments:

Headcount is all students enrolled at the end of the second week of the fall semester in courses included in the first year of the college's podiatric medicine curriculum without regard to the graduating class identification of the students. This enrollment number includes new students, graduates of summer remedial programs, students returning from leaves of absence, and 4 1/2-year and 5-year students enrolled in first-year courses in the fall semester.

The Council will consider waiving the headcount definition for non-routine, extenuating circumstances on a case-by-case basis. Each request is first reviewed by the CPME director and the Accreditation Committee chair with a recommendation to either approve or deny the request forwarded to the Accreditation Committee for its consideration. All requests must be received by July 1 of the academic year for which the request is being made. The Accreditation Committee's decision will be made in a timely manner and is final.

### **Public Information on Program Outcomes**

The college is responsible for maintaining current and accurate program outcomes on its website reflecting student achievement and program performance. The outcomes made public must include the three measures required by the Council (graduation, APMLE passage, and residency placement rates), as well as outcomes developed by the college (e.g., residency director and graduates surveys and senior clinical examinations). Implementation of the policy includes the following. The Council has adopted the following guidelines:

- Colleges of podiatric medicine will publicize outcomes by making them easily accessible on their websites to the public and prospective students.
- On July 1 each year, the four-year graduation rate averaged over the most recent three years will be updated. (The CPME graduation rate outcome is a rate no less than one standard deviation below the mean when compared to colleges nationally.)
- On July 1, the APMLE licensure examination pass rate for **first-time test takers only**, averaged over the most recent three years, will be updated following the October Part 1 and May Part 2 scores. (The CPME outcome is at least a 75 percent pass rate on part 1 and an 80 percent pass rate on part 2.)
- On July 1, the residency placement rate, averaged over the most recent three years, will be updated. (The CPME outcome is that the rate is consistent with the mission of the college as well as national trends as determined by annual reporting mechanisms.)
- The colleges will not be required to provide national averages.
- A college may elect to expand the graduation outcome to include five-year and dual degree programs.
- The Accreditation Committee will review the updated outcomes each year prior to its October meeting.

### **Training of On-site Evaluators**

The Council on Podiatric Medical Education conducts a training program the day before each focused and comprehensive on-site evaluation for evaluators participating in their first on-site evaluation for the Council. The objective of these training sessions is to ensure that evaluators are knowledgeable about Council accreditation standards, policies, and procedures, and are clear about their roles as agency representatives. Each training session emphasizes Standard 8.

Education Program Effectiveness related to student achievement (i.e., assessment of the college's students with regard to institutionally-developed standards as well to the Council's student achievement standards). Experienced evaluation team members and staff collaborate to conduct the formal training session provided during the afternoon before the visit. Materials are developed for orientation and training purposes including an accreditation guide offering guidance to evaluation team members. Guidance also is provided during the executive session of the team the evening before the visit, at which time procedures and processes are discussed and roles and assignments clarified.

Staff orients new Council members during a full-day meeting at APMA headquarters and new Accreditation Committee members during a two to four hour orientation the afternoon before their first meeting. The Committee member orientation is tailored to the individual depending on the extent to which he/she has participated in CPME activities. Each new Council and Committee member is provided all Council documents and publications describing the agency's history, procedures, guidelines, policies, standards, and recent activities. Approximately every other year, the Council schedules a formal training session for Council members who have yet to serve as a member of an evaluation team. These sessions occur in conjunction with regular Council meetings.

The effectiveness of the on-site evaluation process is routinely reviewed by the Council based upon an assessment of evaluator performance. Following the on-site evaluation, the chief executive officer or chief academic officer of the institution is asked to complete a post-evaluation questionnaire that is designed to obtain pertinent information about the performance of the members of the evaluation team. Also, post-evaluation questionnaires are completed by the team chair regarding the effectiveness of each member of the team, and each member of the team completes a post-evaluation questionnaire to assess the effectiveness of the team chair. These post-evaluation questionnaires are submitted to CPME staff.

At the next scheduled regular meeting of the Council that follows the meeting at which the results of the on-site evaluation are considered, the Executive Committee of the Council reviews the questionnaires and appropriate action is determined to commend effective evaluators or provide remediation for ineffective evaluators. The Executive Committee may suggest that evaluators who demonstrate repeated ineffectiveness be removed from the list of college evaluators.

### **Transfer Credits**

Each college of podiatric medicine must have transfer of credit policies that are publicly disclosed in accordance with 34 CFR§668.43(a) (11) of the Higher Education Act (HEA) and include a statement of the criteria established by the institution regarding transfer of credit earned at another institution of higher education.

34 CFR 668.43 (a)(11): A description of the transfer of credit policies established by the institution which must include a statement of the institution's current transfer of credit policies that includes, at a minimum – (i) Any established criteria the institution uses regarding the transfer of credit earned at another institution; and (ii) A list of institutions with which the institution has established an articulation agreement. (The Department of Education requires an accrediting agency to confirm that an institution's teach-out policies are in conformance with 34 CFR 668.43 (a)(11).

## PREACCREDITATION – ACCREDITATION TIMELINE

PREACCREDITATION PROCESS				ACCREDITATION PROCESS	
<u>YEAR 1</u>	<u>YEAR 2</u>	<u>YEARS 3 and 4</u>	<u>YEARS 5 and 6</u>	<u>YEAR 7</u>	<u>YEAR 8</u>
<ul style="list-style-type: none"> <li>Applicant submits Eligibility Application</li> </ul>	<ul style="list-style-type: none"> <li>Applicant submits candidate status application, including a self-study</li> </ul>	<ul style="list-style-type: none"> <li>Students enrolled in the first of the four academic years (year 3 of process)</li> </ul>	<ul style="list-style-type: none"> <li>College submits an updated self-study</li> </ul>	<ul style="list-style-type: none"> <li>College submits progress report, if requested</li> </ul>	<ul style="list-style-type: none"> <li>College submits progress report, if requested</li> </ul>
<ul style="list-style-type: none"> <li>Application is reviewed by CPME staff</li> </ul>	<ul style="list-style-type: none"> <li>Application is reviewed by CPME staff in consultation with chairs of Accreditation Committee and Council</li> </ul>	<ul style="list-style-type: none"> <li>College submits an updated self-study</li> </ul>	<ul style="list-style-type: none"> <li>On-site evaluation conducted late in the third academic year (year 5) of process or early in the fourth academic year (year 6 of process)</li> </ul>	<ul style="list-style-type: none"> <li>College submits annual report</li> </ul>	<ul style="list-style-type: none"> <li>College submits annual report</li> </ul>
<ul style="list-style-type: none"> <li>CPME staff requests additional information, if needed</li> </ul>	<ul style="list-style-type: none"> <li>CPME staff requests additional information, if needed</li> </ul>	<ul style="list-style-type: none"> <li>On-site evaluation conducted by mid-point of second academic year (year 4 of process)</li> </ul>	<ul style="list-style-type: none"> <li>College provides a response to the team report (optional)</li> </ul>		
<ul style="list-style-type: none"> <li>When completed, the application is reviewed by the Accreditation Committee</li> </ul>	<ul style="list-style-type: none"> <li>When the application is completed, an on-site evaluation is scheduled and conducted</li> </ul>	<ul style="list-style-type: none"> <li>College provides a response to the team report (optional)</li> </ul>	<ul style="list-style-type: none"> <li>Accreditation Committee considers the report and recommends that the Council either grant accreditation, or continue or withdraw provisional accreditation</li> </ul>		
<ul style="list-style-type: none"> <li>Accreditation Committee either requests additional information or accepts the application</li> </ul>	<ul style="list-style-type: none"> <li>College provides a response to the team report (optional)</li> </ul>	<ul style="list-style-type: none"> <li>Accreditation Committee considers the report and recommends that the Council either grant provisional accreditation, or continue or withdraw candidate status</li> </ul>	<ul style="list-style-type: none"> <li>If accreditation is granted, the Council may request a progress report</li> </ul>		
	<ul style="list-style-type: none"> <li>Accreditation Committee considers the report and recommends that the Council either grant or deny candidate status</li> </ul>	<ul style="list-style-type: none"> <li>If provisional accreditation is granted, the Council may request a progress report</li> </ul>	<ul style="list-style-type: none"> <li>First graduating class</li> </ul>		
	<ul style="list-style-type: none"> <li>If candidate status is granted, college may solicit applications from and admit students</li> </ul>	<ul style="list-style-type: none"> <li>If provisional accreditation is granted, college becomes eligible for accreditation</li> </ul>			