

# **Commission on Accreditation of Ophthalmic Medical Programs**

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## **CoA-OMP**



### **POLICIES AND PROCEDURES FOR THE ACCREDITATION OF EDUCATIONAL PROGRAMS FOR OPHTHALMIC MEDICAL TECHNICIAN/TECHNOLOGIST**

Commission on Accreditation of Ophthalmic Medical Programs  
2025 Woodlane Dr  
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## CoA-OMP

The Commission on Accreditation of Ophthalmic Medical Programs (CoA-OMP, formerly JRCOMP) is sponsored by the following collaborating organizations:

**Association of Technical Personnel in Ophthalmology (ATPO),**  
which represents the interests of the allied health occupations.

**Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO),**  
which represents the interests of ophthalmological medicine.

In consideration of approval and accreditation matters, members of CoA-OMP express independent judgments and do not serve as instructed representatives of their sponsors.

CoA-OMP is vested with the responsibility and authority to evaluate programs that have requested accreditation services. CoA-OMP's principal means of program evaluation consists of analyzing Self-Study Reports, sending representative teams to conduct site visits of programs, and deliberating at committee meetings.

CoA-OMP analyzes self-study reports submitted for accreditation of ophthalmic assistant programs, determines if a site visit is required for further clarification (**mandatory for Clinical Ophthalmic Assistant programs**), and makes final approval decisions.

### STATEMENT OF NON-DISCRIMINATION

Members of CoA-OMP, consultants, and members of site visit teams are selected without regard to age, sex, race, color, national origin, disability, religion, sexual orientation, or marital status.

### PREFACE

This manual is divided into three parts:

**Part I** provides background information regarding the accreditation process in the United States in general and for allied health occupations in particular and is provided for information only.

**Parts II and III** provide information on the voluntary process for the evaluation and CoA-OMP's accreditation of an ophthalmic medical technician and/or technologist program. The procedures for program review and accreditation are included.

## DEFINITIONS

**Self-Study:** A self-study is a formal process during which an educational program critically examines its structure and substance, judges the program's overall effectiveness relative to its mission, identifies specific strengths and deficiencies, and indicates a plan for necessary modifications and improvements. The process should include a consideration of external factors influencing educational directions as well as an assessment of the extent to which the program is in compliance with established *Standards*.

**Formal:** organized and systematic

**Accreditation Process:** begins with a self-study and ends with a final recommendation made to the CoA-OMP Board of Directors

**Educational program:** the study is conducted by and for the program with the participation of appropriate constituencies

**Structure and substance:** the self-study is comprehensive and considers all elements of the program

**Judges overall effectiveness:** conclusions should be reached

**Relative to mission:** goals and objectives should be stated and appropriate to the program's mission

**Identifies specific strengths and deficiencies:** the study should be open, objective, and precise in the assessment

**Indicates a plan for modifications and improvements:** in particular, mechanisms to correct deficiencies should be proposed; formal long-range planning is a logical sequel to the self-study process

**External factors influencing educational directions:** conditions within the sponsoring institutions, projected changes in the profession's role, and the legal, social, political and economic climate affecting the program should be considered

**The extent to which the program is in compliance with established approval *Standards*:** at some point, the study should include a review of each *Standard* to determine if there are areas of marginal or non-compliance

**Survey team:** the individual(s) selected to visit an educational program

**Program Director:** The person responsible for the organization, administration, periodic review, continued development, and general effectiveness of a program

## CLINICAL AFFILIATE

The terms clinical education, directed clinical experience, field-work, and practicum refer to the planned learning experiences assigned as an integral part of or complement to didactic courses. Clinical education is designed to provide initial and basic experiences in direct observation and then in participation in selected practical activities, under the supervision of qualified, competent personnel. The clinical portion of a structured educational program is usually specifically related to prior or ongoing didactic education.

Clinical education for Ophthalmic Medical Personnel (OMP) is offered in independent health care facilities, which may include hospitals, clinics, institutes, and professional practices. These facilities are involved in scheduling students to participate during specific blocks of time in planned activities that provide them with opportunities to apply academically acquired knowledge in an actual work situation applicable to their field of preparation. Emphasis is on skill and performance in the basic procedures used in an occupational setting and on dealing with a variety of situations that are likely to be encountered on the job. **Evaluation of competence is an essential part of clinical education.**

## COMPONENTS OF THE SELF-STUDY PROCESS

### A. PLAN

1. Establish timetable
2. Design the study, determine areas to be addressed and methods to be used
3. Identify participants and resources
4. Assign tasks

### B. ACT

1. Gather data
2. Analyze data
3. Draw conclusions
4. Propose solutions and changes

### C. REPORT

1. Organize information generated by study
2. Write draft
3. Circulate for review
4. Write final report

## ABBREVIATIONS

<b>ATPO</b>	Association of Technical Personnel in Ophthalmology
<b>JCAHPO</b>	Joint Commission on Allied Health Personnel in Ophthalmology
<b>OMP</b>	Ophthalmic Medical Personnel

# **PART I: ACCREDITATION IN THE UNITED STATES**

## **THE ACCREDITING PROCESS**

Accreditation is a system for recognizing educational institutions and professional programs affiliated with those institutions for a level of performance, integrity, and quality that entitles them to the confidence of the educational community and the public they serve. In the United States, this recognition is extended primarily through nongovernmental, voluntary institutional or professional associations. These groups establish criteria for accreditation, arrange site visits and evaluate those institutions and professional programs which desire accredited status, and publicly designate those which meet their criteria.

In most other countries, the establishment and maintenance of educational standards is the responsibility of a central government bureau. In the U.S., however, public authority in education is constitutionally reserved to the states. The system of voluntary non-governmental evaluation called accreditation has evolved to promote both regional and national approaches to the determination of educational quality. While accreditation is basically a private, voluntary process, accrediting decisions are used as a consideration in many formal actions - by government funding agencies, scholarship commissions, foundations, employers, counselors, and potential students. Accrediting bodies have, therefore, come to be viewed as quasi-public entities with certain responsibilities to the many groups that interact with the educational community.

In America, accreditation at the postsecondary level performs a number of important functions, including the encouragement of efforts toward maximum educational effectiveness. The accrediting process requires institutions and programs to examine their own goals, activities, and achievements; to consider the expert criticism and suggestions of a visiting team; and to determine internal procedures for action on recommendations from the accrediting body. Since accreditation status is reviewed on a periodic basis, recognized institutions and professional programs are encouraged to maintain continuous self-study and improvement mechanisms.

Institutional accreditation is granted by the regional and national accrediting commissions of schools and colleges that collectively serve most of the institutions chartered or licensed in the United States and its possessions. These commissions and associations accredit total operating units only.

Specialized accreditation of professional and occupational schools and programs is granted by commissions on accreditation set up by national professional organizations in such fields as business, dentistry, engineering, and law. Each of those groups has its distinctive definitions of eligibility, criteria for accreditation, and operating procedures, but all have undertaken accreditation activities primarily to provide quality assurances concerning educational preparation of members of the profession or occupation. Many of the specialized accrediting bodies will only consider request for accreditation reviews from programs affiliated with institutions holding comprehensive accreditation. Some specialized agencies, however, accredit professional programs at institutions not otherwise accredited, these generally being independent institutions which offer only the particular specified discipline or course of study in question.

## **PROCEDURES IN ACCREDITATION**

The accrediting process is continuously evolving. The trend has been from quantitative to qualitative criteria, from the early days of simple checklists to an increasing interest and emphasis on measuring the outcomes of educational experiences.

The process begins with the institutional or programmatic self-study, a comprehensive effort to measure progress according to previously accepted objectives. The self-study considers the interests of a broad cross-section of constituencies - students, faculty, administrators, alumni, trustees, and the appropriate accrediting commission, and serves as the basis for evaluation by a site-visit team from the accrediting group. The site-visit team normally consists of professional educators, specialists selected according to the nature of the institution, and members representing specific public interests. The visiting team assesses the institution or program in light of the self-study and adds judgments based on its own expertise and its external perspective. The team prepares an evaluation report, which is reviewed by the institution or program for factual accuracy. The original self-study, the visitor report, and any response the institution or program may wish to make are forwarded to the accreditation commission. The review body uses these materials as the basis for action regarding the accreditation status of the institution or program. Negative actions may be appealed according to established procedures of the accrediting body.

Although accreditation is generally granted for a specific term, accrediting bodies reserve the right to review member institutions or programs at any time for cause. They also reserve the right to review any substantive change. Such changes may require prior approval and/or review upon implementation. In this way, accrediting bodies hold their member institutions and programs continually responsive to their educational peers, to the constituents they serve, and to the public.

Throughout the evolution of its procedures, the aims of postsecondary accreditation have been and are to:

- foster excellence in postsecondary education through the development of uniform national criteria and guidelines for assessing educational effectiveness
- encourage improvement through continuous self-study and review
- assure the educational community, the general public, and other agencies or organizations that an institution or program has clearly defined and appropriate objectives, maintains conditions under which their achievement can reasonably be expected, is in fact accomplishing them substantially, and can be expected to continue to do so
- provide counsel and assistance to established and developing institutions and programs, and endeavor to protect institutions against encroachments which might jeopardize their educational effectiveness of academic freedom

## **BENEFITS OF ACCREDITATION**

Graduation from an accredited program benefits students by providing

- assurance that the program meets nationally accepted standards
- recognition of their education by their professional peers
- eligibility, in many instances, for professional certification, registration, and/or state licensure

## **ELIGIBILITY**

Accreditation review by CoA-OMP is open to ophthalmic medical personnel programs established in the United States.

1. Community and junior colleges, senior colleges, and universities
2. Hospitals and clinics
3. Medical schools
4. Postsecondary vocational/technical schools and institutions
5. US government institutions and agencies
6. Proprietary institutions

## **PART II: PROGRAM REVIEW**

### **CoA-OMP ACCREDITATION GUIDELINES**

The following guidelines are provided to identify and coordinate the activities of all organizations, committees, and individuals involved in the procedures for reviewing educational programs for ophthalmic medical personnel.

#### **APPLICATION FOR ACCREDITATION:**

Accreditation is a voluntary process. Evaluation of an allied health educational program is undertaken only with specific authorization from the chief executive officer of the sponsoring institution. An application form and completed self-study is submitted to CoA-OMP. A decision is made at this point on whether the program may be accreditable and whether it should be visited.

Maintenance of accredited status is likewise voluntary and available only to programs that continue to meet the standards required by CoA-OMP.

Application information and guidelines may be obtained from CoA-OMP. A copy of the CoA-OMP accreditation procedures manual, *Standards*, and the application guidelines may be found by visiting CoA-OMP's Web site, [www.jcahpo.org/coaomp.html](http://www.jcahpo.org/coaomp.html).

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#### **INITIAL APPROVAL\* FOR DEVELOPING PROGRAMS**

A number of institutions which seek Federal and State funding for proposed educational programs or for other special purposes (such as meeting the criteria for certification of students in their first class) may need to demonstrate that they have satisfied a review by voluntary accrediting agencies in order to qualify for further planning or operational funding support. Such institutions may request approval from CoA-OMP.

Since the self-study report submitted in application for accreditation by CoA-OMP requires information related to program graduates, programs that have not yet graduated their first class may apply for Initial Approval (\* formerly called Letter of Review) by CoA-OMP. Application for this approval requires the submission of a self-study report based on the *Standards*. Information concerning former students, program evaluation and methods of maintaining accreditation is omitted. CoA-OMP will assess the degree to which the plans of the developing program may eventually result in meeting the established CoA-OMP *Standards*.

CoA-OMP Initial Approval is granted in a formal letter issued by CoA-OMP to the applicant program. Such approval does not ensure eventual accreditation and this shall be so stated in each letter. Approval will be effective until one year after the first class has graduated. The sponsoring institution is encouraged to continue the development of the program. An on-site visit will be conducted when the program is fully operational, the first class has graduated, and a new, complete self-study report has been submitted in application for accreditation.

## **FEES**

Initial Approval (Letter of Review)	\$150
Initial Application Fee	\$500
Continuing Application Fee	None
Annual Accreditation Fee	\$500
Site Visit Costs (Initial and Continuing)	Actual Costs + \$350
Charge for late payment of Fees	\$50.00

Fees apply to all programs in U.S.  
Payable in U.S. Funds only

## SUMMARY OF BASIC CoA-OMP ACCREDITATION PROCESS

The basic accreditation process is presented in distinct steps for the purpose of illustration.

- |        |  |             |
|--------|--|-------------|
|        | Initial/Continuing Accreditation Application   |             |
| Step 1 | Institution  | CoA-OMP     |
|        | <ul style="list-style-type: none"><li>• Chief Executive Officer must sign CoA-OMP application for accreditation</li><li>• CoA-OMP provides guidance, procedures, and policies regarding the process</li></ul>  |             |
|        | Self-Study Report  |             |
| Step 2 | Program  | CoA-OMP     |
|        | <ul style="list-style-type: none"><li>• CoA-OMP evaluates the self-study report to determine readiness of program to be site-visited</li><li>• If major problems exist in the self-study report, clarification or further documentation will be requested prior to a site visit of the program</li></ul>   |             |
|        | Site Visit Team  |             |
| Step 3 | CoA-OMP  | Program     |
|        | <ul style="list-style-type: none"><li>• CoA-OMP selects two trained site visitors (usually the self-study report evaluators)</li><li>• Site visit team writes a site visit report and conducts an exit conference for presentation of its findings at the termination of its visit</li></ul>   |             |
|        | Site Visit Report  |             |
| Step 4 | CoA-OMP  | Program     |
|        | <ul style="list-style-type: none"><li>• Site visit report is sent to appropriate institutional officials to provide opportunity for comment and for correction of factual errors and observations</li></ul>  |             |
|        | Accreditation Recommendation   |             |
| Step 5 | CoA-OMP  | CoA-OMP     |
|        | <ul style="list-style-type: none"><li>• Accreditation recommendation is formulated by CoA-OMP based upon the application, self-study report, site visit report, and other appropriate information</li><li>• Institutional officials are notified of CoA-OMP's observations</li><li>• CoA-OMP reconsideration may be requested by program for recommendations of probation, accreditation withheld or accreditation withdrawn</li></ul> |             |
|        | Notification Letter  |             |
| Step 6 | CoA-OMP  | Institution |
|        | <ul style="list-style-type: none"><li>• Institution is informed of accreditation action taken by CoA-OMP</li><li>• Actions of accreditation withheld or accreditation withdrawn are appealable to CoA-OMP</li></ul>  |             |

## ACCREDITATION INTERVAL

The accreditation cycle for ophthalmic technician and technologist programs repeats at up to 7 year intervals (maximum interval between accreditation reviews for programs applying for continuing accreditation is 5 years; maximum initial interval for new programs is 3 years), or by changes in the status of the program. Progress reports may be requested of program if deficiencies are cited.

## SELF-STUDY FOR OMP PROGRAMS

Ideally, ongoing internal review, analysis, and assessment of the entire range of educational operations, including ancillary services that contribute to accomplishing valid objectives, should be conducted by faculty and other appropriate members of the academic community. This type of self-study (also called self-analysis or self-assessment) is required of programs requesting to be considered for accreditation by CoA-OMP. CoA-OMP provides self-study materials to guide the evaluation of the program within its institutional setting. These materials usually include an outline of the self-study report, the Procedures, and the *Standards*.

## SELF-STUDY REPORT

The self-study report is associated with the specific information needed by CoA-OMP for accreditation purposes.

### COMPONENTS OF THE SELF-STUDY REPORT:

Style:	Should be clear, concise, consistent
Content:	Should include the following: <ol style="list-style-type: none"><li>1. How and for what purpose the study was done</li><li>2. Who participated</li><li>3. Description of present status of various program elements and any external influential factors</li><li>4. Analysis of the above with identification of specific strengths and deficiencies</li><li>5. Proposals for correction of deficiencies and other program modifications</li><li>6. Conclusions reached</li><li>7. Exhibits if needed for clarity</li></ol>

Programs are advised that the report need contain only enough representative documentation to substantiate compliance with the *Standards*, as clarified in the guidelines. The report should also contain a qualitative self-assessment based on application of the *Standards* and should conclude with changes anticipated to strengthen the program.

Program self-evaluation itself may go well beyond the needs of the accreditation process. Such effort is laudable but need not be fully reported to satisfy the accreditation process provided by CoA-OMP.

In general, a self-study report should be contained within one hundred pages, it should not exceed one hundred and fifty pages. The full written curriculum should not be included (**but should include ALL course descriptions and objectives**); extensively detailed curricula vita are not desired; philosophical expansion is not appropriate; the full range of individual tests for assessing student progress is not needed (**submit sample evaluations only**), and so forth.

A final section of the self-study report should be devoted to a thoughtful summary of the results of the self-analysis.

The self-analysis summary should integrate and highlight the strengths and weaknesses of the program. Sufficient annotation should be offered with each strength so as to justify it, as well as convey the perspective for its selection. Program needs should be treated similarly, and with frankness. Needs should be separated into deficiencies in meeting *Standards*, marginal compliance (potential problem areas), and suggestions for improvement of the program not associated with deficiencies or marginal compliance.

The most satisfactory self-analysis summary will also include either mandates for planning, elements of a plan, a plan outline, or the plan itself, as responsive to the analytic outcomes.

The review and authorizing signatures (Chief Executive Officer, Medical and Program Directors, Dean or appropriate academic supervisor) appearing on the cover page attest to the acceptance of a commitment to the self-analysis outcomes by institutional and program officers. The cover page should be dated and titled, and bear full institutional and program identities as well as the approval signature of the authorizing institutional officers.

## **SUBMITTAL**

The report should be securely bound to resist damage in transit and during heavy use on site. It should be clearly written, editorially treated, reproduced on 8 1/2 x 11 white bond (except where color-coded paper will be helpful), paginated and sectioned by tables, and presented with a Table of Contents. The self-study should be written so that it is tabbed with a summary of each section of *Standards* attached with exhibits to follow. The report, therefore, is separated into sections of *Standards*.

**Self-study reports should be submitted in four (4) copies, not less than four (4) months prior to a desired site visit date.** Submit copies of self-study to:

Commission on Accreditation of Ophthalmic Medical Programs  
2025 Woodlane Drive  
St. Paul, MN 55125

## INITIAL REVIEW

Upon receipt of the application materials, copies of the self-study are sent to selected reviewers appointed by the Chairman of CoA-OMP for thorough review. These reviewers submit their reactions in writing to the Chairman utilizing the initial reviewer report form.

If it is agreed that the evidence submitted clearly shows that the *Standards* are **not** met, the Chairman summarizes the apparent deficiencies in a letter to the program, points out the availability of further consultation if needed, and invites either a new application at a later date or further information addressing the deficiencies as cited in the letter.

## PRE-SURVEY PREPARATION

If the program appears clearly or substantially to meet the essential criteria, CoA-OMP will contact the school asking that one or more suitable dates be suggested (and held open) for a site visit by a survey team. After a mutually agreeable date has been selected and the school has consented to the composition of the survey team, a firm date is established for conducting the site visit. Prior to the visit the institution shall have the right to veto appointed site visit team members.

## SITE VISIT

The program is visited by a team assembled by CoA-OMP staff. The site visit process provides the opportunity to validate and/or clarify the contents of the self-study report and to determine the extent to which allied health programs seeking accreditation comply with the *Standards*. The visit (usually 1 to 1 1/2 days duration), is scheduled for a mutually convenient time. The self-study report is supplied to the team members.

## TEAM COMPOSITION

The team chairman/recorder shall be the allied health representative from ATPO. A site visitor must be an ophthalmologist **or** a certified Ophthalmic Medical Technologist and must have successfully completed a Program Evaluator Workshop or equivalent. CoA-OMP has the responsibility of evaluating the qualifications of team personnel. There **may not** be more than one member of CoA-OMP on the site visit team. Members shall be selected without regard to age, sex, race, color, national origin, disability, religion, sexual orientation, or marital status.

CoA-OMP charges its representatives with gathering data on which it can evaluate the compliance of the program with the *Standards*.

## TEAM ACTIVITIES

- preparing for the site visit by studying the self-study report and related program information in conjunction with the *Standards* and CoA-OMP directions
- conducting a pre-visit meeting of the team members the evening before the site visit to determine the facilities to be visited, the individuals to be interviewed, the reports and records to be reviewed, and additional information to be collected, as well as to determine which team members will be responsible for specific activities
- meeting with and interviewing various individuals and groups, such as the Chief Executive Officer of the sponsoring institution, Program and Medical Directors, Dean or appropriate academic supervisor, resource personnel, instructors, students, members of the Admissions Committee, employers of graduates, graduates, and clinical supervisors

- performing specific functions designated in the pre-visit meeting
- analyzing the results of the site visit
- presenting findings (accompanied by references to specific *Standards* if weakness or noncompliance is identified) during an exit conference with appropriate institutional administrators, program administrators, and others
- providing institution and program officials with an opportunity to respond to the findings to correct any misconceptions, inaccuracies, etc.
- completing the site visit report

Objectivity and impartiality are essential throughout the site visit process. In addition the Program Site Visit Questionnaire (PSQ) gives programs an opportunity to comment on the planning and conduct of the survey and offer suggestions for improvement.

## **CONFLICT OF INTEREST**

Members CoA-OMP and staff must refrain from participating in the discussion or vote on accreditation matters if for any reason a conflict of interest or the appearance of a conflict of interest can arise. Minutes of meetings must reflect this non-participation.

Other persons involved in the accreditation review process must withdraw from participation in that process if for any reason a conflict of interest or the appearance of a conflict of interest can arise.

## **PROVISIONS TO AVOID CONFLICT OF INTEREST IN THE SITE VISIT PROCESS**

Site visitors who are competent to participate in the accreditation review process by virtue of their experience, training, and orientation are presented with opportunities to provide information to and receive information from faculty, staff, administrators, students, and other parties. Reasonable precautions are taken to ensure that site visitors develop and express objective opinions and decisions, free of self-interest and personal bias.

Persons should not serve as site visitors for a program if they

- are employed in the proximity of the sponsoring institution
- have recently been appointees of, employees of, or consultants to, the sponsoring institution, or have relatives who are appointees or employees of the sponsoring institution
- are recent graduates of the sponsoring institution; or
- are not acceptable to the program

## CoA-OMP SITE VISIT AGENDA

CoA-OMP has adopted a model or suggested site visit agenda outline. This agenda should assign approximate times to all the functions the team is expected to complete and should account for all the time allotted to the visit, as well as identify those interviewed by title.

An agenda for the visit shall be arranged between CoA-OMP staff and the program director (or other program official) well before the visit is to take place. Program officials take part in the preparation of the agenda so that it accommodates the characteristics of local facilities and allows for scheduled interviews with appropriate faculty, students, and administrators.

The agenda should include a private team meeting before the exit conference to reach consensus on findings, to prepare the final report, and to designate team roles for the final conference.

Finally, the agenda should indicate prompt closure at the end of the exit conference, with the immediate departure of the team.

Following the opening conference with institutional and program officers to state the purpose of the visit and team expectations and needs, it is acceptable for the individual team members to undertake separate interviews and visits within the program and the institution. They should plan to come together for a period of working lunches and other conferences and interviews as necessary.

The model agenda should include interviews with students, grouped at separate academic levels, without faculty present. Alternatively, students may be interviewed separately, in pairs, and so forth, at the option of CoA-OMP and the visiting team. It is not deemed productive to observe a routine didactic class in session; a team member's presence alters the classroom environment.

CoA-OMP usually provides broad policy guidance as to which clinical or other training affiliate facilities should be visited. Within that guidance, team members determine these visits. In any event, efforts are made to restrain visit costs while determining the relative compliance of the affiliates with the standards.

The following model agenda for one and one half days, with illustrative timing, may be associated with a majority of programs. However, exceptions occur within the nature and scope of certain educational programs. The principles and practices (but not necessarily the illustrative times) indicated in the model agenda should be reflected in the agendas developed for each program visit.

## SUGGESTED SITE VISIT AGENDA (with illustrative time allotments)

### Evening prior to visit

Late afternoon: Arrive at hotel  
6:00 pm: Site visit team members meet  
Purpose: To allow team members to get acquainted, review the site visit schedule, discuss their perspectives of the program based on the information provided in the self-study report and initial review reports, and identify those areas they believe merit more thorough review. In addition, the team determines if and how specific activities will be used by each member. It should be anticipated that the evening will be spent for team activities in preparation for the visit.

### First day

8:00 am: Meet with institutional officers, Program and Medical Directors, and others as appropriate.

Purpose:

1. To allow the evaluators to review briefly the purpose of the site visit, the accreditation process, and the roles and functions of CoA-OMP.
2. To review the schedule for the first day as planned by the program, making adjustments as necessary.

8:30 am: Meet with Program Director  
Purpose: To provide the visitors with an opportunity to obtain a more complete understanding of the curriculum and program objectives, philosophies, course objectives, operational procedures, student selection criteria, student evaluation protocols, enrollment, student attrition rates, processes for monitoring performances, success of program graduates, etc.

Review records: admissions, academic records, placement, etc.

9:30 am: Tour of the facilities  
Purpose: To familiarize site visitors with classrooms, labs, and facilities used by students. Review of support services (i.e. library, health services, etc)

10:30 am to 1:30pm This time should include a 1 hour working lunch for the site visit team.  
**PLUS:**

Purpose: Faculty interviews (1 hour)  
To discuss practicum courses, course selections and content, instructional methods and objectives, testing mechanisms, etc.

Purpose: Students/Trainees interviews (1 hour)  
To obtain reactions to all phases of the program through a meeting or private interviews without faculty or others being present.

1:30 – 3:00 pm Visits to Affiliate Sites  
Purpose: To review the clinical settings or affiliate sites. Preferably, this is done by visiting representative (or all) facilities which have been chosen as affiliates to survey the quality of their teaching environment. The time required for site visits to clinical settings will vary due to factors such as distance. If several sites are to be visited, the site visitors may be separated.

- 3:00 -  
3:45 pm  
Purpose: Preparing the site visit report  
To enable team members to reach consensus on findings, complete their written report, and prepare for the exit conference. Program provides private meeting space for the site visitors.
- 3:45 -  
4:00 pm  
Purpose: Concluding meeting with the Program Director (15 minutes or less)  
To share the findings and conclusions in the draft of the site visit report with the Program Director prior to the exit conference.
- 4:00 -  
4:30 pm  
Purpose: Exit Conference (30 minutes or less)  
To share with program and institutional administrators the findings of site visit team. Concluding meeting with the Program Director, Medical Director, and other institutional officials.

### **SUGGESTED INTERVIEWS TO INCLUDE IN THE SITE VISIT:**

#### Supervisors and Instructional Personnel at Clinic Sites

Purpose: The meeting allows the site visitors to assess the faculty's involvement in the program, their contacts with the program administration, teaching methods, and the type of supervision, instruction and evaluation afforded students in the setting.

#### Students located at Affiliate Sites

Purpose: To obtain students' reactions to the program.

#### Employed program graduates/employers of graduates (if possible and reasonable)

Purpose: To provide the site visitors with an opportunity to evaluate graduates' satisfaction with the educational process and the degree to which the program prepares graduates to perform entry-level functions. To determine from employers their satisfaction of the knowledge/skills of graduates.

If face-to-face interviews are impractical due to practice demands and/or geographic distribution of employment sites, the program may arrange for interviews by telephone.

## CONDUCT OF THE EXIT CONFERENCE:

The visitor first expresses appreciation for the courtesies extended during the site visit and for the schedule arrangements, and informs the group of the following subsequent steps in the approval review process:

1. The program receives a written site visit report from CoA-OMP staff at an early date.
2. The chief executive officer and the Program Director are invited to comment on the report in writing and to correct any inadvertent errors in factual information. Response is optional.
3. CoA-OMP reviews all appropriate materials at the next meeting following the site visit and formulates a decision.
4. The institution or program receives formal notification of the accreditation action by CoA-OMP.

Prior to presenting findings, the site visitor indicates that observations of principal strengths of the program will be stated first, followed by identification of any deficiencies in the program's relative compliance with the *Standards*. **Specific deficiencies noted must be related to specific *Standards*.** If the program or instructional staff do not agree with a finding or conclusion, they may offer clarification or corrections and the report may be modified promptly on agreement of the visitor. The visitor closes the oral report with expressions of appreciation for all of the program's contributions to the review process and terminates the session promptly. At the conclusion of the exit conference, the site visitor should depart promptly to avoid the possibility of diffusing or confusing the report of the findings. **Post-exit conference consultation should not be undertaken.**

## SPECIAL CONSIDERATIONS

Site visitors should be very sensitive to their language, both when soliciting information and when giving opinions, and especially when discussing evaluative issues and observations regarding the program's compliance with the *Standards*. Words with negative connotations should be avoided, as should reprimands and lecturing, when ascertaining how faculty, students, and others perceive program content and administrative and teaching policies and processes. Site visitors should, through both verbal and nonverbal communication, make the persons with whom they are talking feel comfortable about discussing the relative strengths and areas of concern as well as what they contribute to or receive from the program. If notes are taken during the interviews or discussions, they should be recorded unobtrusively to avoid interfering with developing and maintaining good rapport.

Sufficient time should be scheduled to comfortably satisfy all commitments of the visit; late arrivals and early departures must be avoided.

Similarly, the evening prior to and the days and evenings scheduled for the visit should not include personal or social activities, especially not with personnel from the facility being evaluated.

Before endorsing the report by signature, each team member must review the final written report to ascertain that:

- the report is legible, clear and accurate, without important omissions
- names of persons do not appear in the report proper but do appear in the appended list of those interviewed; titles of persons appear in the report as necessary, but only in impersonal and objective reference, or for the purpose of commendation
- personal or unverified observations have been removed
- needed editorial improvements have been made
- any deficiencies cited have been supported in the body of the report and that each references one or more specific *Standards*

The report should not contain differing views from individual team members. If such views are not resolved during the visit, they may be conveyed confidentially in writing to CoA-OMP following the site visit, with courtesy copies to the other team members. Every effort should be made on-site to achieve team consensus on all aspects to be reported prior to the exit conference, a persisting difference of opinion should not be made known in the exit conference.

## **SITE VISIT REPORT**

CoA-OMP has specified the format and content of the site visit report. In the usual procedure, the site visit report is submitted to the CoA-OMP staff, which sends copies of the report to the chief executive officer of the sponsoring institution and to the program director to provide an opportunity for comment and the correction of factual errors and conclusions.

Normally, the report should reach the institution within three to four weeks of the site visit. Longer periods should be justified by CoA-OMP staff. In no instance should this period exceed one month.

The report shall contain:

- factual findings including citation of areas of strength
- identification of weaknesses and suggestions for improving the program
- specific *Standards* must be cited in noncompliance
- identification of Standard deficiencies necessitating action

## **CoA-OMP EVALUATION**

After the program has had adequate time to respond to the factual content of the site visit report, the program is placed on the agenda for the next CoA-OMP meeting. CoA-OMP meets two times annually and occasionally by teleconference. During these meetings, CoA-OMP considers each current application for initial or continuing accreditation, accreditation policies and procedures, and matters such as staffing and financing the work of CoA-OMP.

Relevant elements entering into the discussion are:

- the program's application/self-study with supplemental materials
- reviewers' reports
- site visit report
- response from the program director
- any other pertinent information

CoA-OMP evaluates, when appropriate, the report of the site visit team in the presence of a member of the site visit team, preferably the chairperson, or the CoA-OMP chairman shall have spoken with the chairperson of the site visit team before the CoA-OMP meeting. When the discussion relates to a program with which any CoA-OMP member has had an employment or advisory connection, that member must abstain from voting.

## **ANNUAL REPORTS**

CoA-OMP requires annual reports be submitted by all accredited programs in order to comply with an administrative requirement of the *Standards* and to maintain accreditation. The CoA-OMP report form is sent to Program Directors of accredited programs in the Fall of each year. The CoA-OMP Annual Report Form, forwarded in January each year, requires that exhibit information be provided as part of the process of maintaining the *Standards*. The annual report and fee must be submitted to CoA-OMP in a timely manner. Probationary status may be recommended for programs that do not submit a report. A late fee will be applied.

## **PART III: ACCREDITATION**

### **PROGRAM SITE VISIT QUESTIONNAIRE (PSQ)**

CAAHEP, in cooperation with the committees on accreditation, evaluates the effectiveness of the accreditation review process.

To assist in these evaluation efforts, a Program Site Visit Questionnaire (PSQ) is distributed to program directors to solicit information on (1) the arrangements for the site visit, (2) the performance of the site visit team, (3) the accreditation process, and (4) suggestions for improving the overall program review process.

The PSQ is sent to the program director by CoA-OMP. The PSQ is returned to CoA-OMP.

### **ENSURING DUE PROCESS**

In order to ensure due process for all parties involved in the accreditation and operation of allied health educational program, CoA-OMP has disseminated clear descriptions of the rights of the parties involved and of their recourse should they feel that those rights have been denied. These descriptions appear in the *Standards* and the policy and procedure statements.

An institution dissatisfied with an accreditation action of CoA-OMP may appeal according to the format prescribed by CoA-OMP.

## **CONFIDENTIALITY IN THE ACCREDITATION PROCESS**

Meticulous efforts are made by all components of the review process to maintain confidentiality of information collected during the entire accreditation review, as well as the avoidance of conflict of interest. CoA-OMP holds as confidential the following documents and the information contained therein:

- Application for Accreditation
- Self-Study Report
- Site Visit Report
- Progress Report
- All correspondence related to the accreditation process between CoA-OMP and the programs

These materials are to be read and discussed only by members of the site visit team, CoA-OMP, and other authorized persons. At all stages of accreditation until CoA-OMP announces its decision, all persons connected with the process should keep strictly confidential the names of all applicant programs and all pending action. The site visit team returns all program materials to CoA-OMP immediately following the site visit.

## **RE-SURVEYS**

Accredited programs shall normally be reviewed every seven years. Such regular visits shall involve a new submission of required materials and an on-site visit. If CoA-OMP has reason to believe the standards or ethics in any accredited program have deteriorated below the *Standards*, it may at any time order a special evaluation. Such action may call for a complete or partial review, a staff visit, a visit by a CoA-OMP member, or a complete site visit.

In listing accredited programs, no distinction shall be made between those accredited and those accredited with qualifications, or those programs on probation. It is the policy of CoA-OMP to keep confidential the names of schools on probationary status and of any qualifications attached to the accreditation of the program. The applicable fees will be charged to the program for re-survey.

## **ELIGIBILITY FOR CERTIFICATION**

Students accepted into a program that has received full accreditation should be guaranteed eligibility for certification upon successful completion of the program and all other applicable criteria. Such guarantee does not apply to probationary programs.

## ADVERTISING APPROVAL STATUS

CoA-OMP encourages all institutions sponsoring accreditation programs, or individuals acting on their behalf, to follow guidelines which assure accuracy in advertising or otherwise announcing the approved status of such programs.

- Citations regarding accreditation status must be accurate and limited to the accredited program
- Statements should not be made about possible accreditation status not yet conferred by CoA-OMP
- Statements concerning accreditation should not be the focal point in an advertisement
- Singular citation by full title, initials, or acronym should refer only to the Commission on Accreditation of Ophthalmic Medical Programs

Institutions offering allied health programs accredited by CoA-OMP may use the following statement, or closely similar statement, in catalog announcements, descriptive or promotional information, and advertising:

(name of Allied Health Program) is accredited by  
the Commission on Accreditation of Ophthalmic Medical Programs (CoA-OMP)