

# Accreditation Council on Orthopaedic Manual Physical Therapy Education



## Policies and Procedures

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Version 1.0

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## Introduction

Fellowship is advanced graduate physical therapy education for individuals who have completed a residency, attained certification or demonstrable skills in a specialty area and desire to gain more specialized practice.

Fellows of the American Academy of Orthopaedic Manual Physical Therapists (AAOMPT) serve the public by providing subspecialty care in orthopaedic manual physical therapy (OMPT), acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physical therapists. The previous specialty experience and expertise of fellows distinguish them from physical therapists entering into residency training. The fellow-in-training (FiT) is mentored with appropriate faculty supervision and conditional independence. Fellows of AAOMPT serve as faculty mentors and are role models of excellence, compassion, professionalism, and scholarship. The FiT builds on his/her existing skill set to develop advanced knowledge, patient care skills, and expertise applicable to OMPT. Fellowship is an intensive program of clinical and didactic education. In addition to providing clinical education, many fellowship programs advance FiT skills as research scientists. Beyond achieving the clinical subspecialty expertise in OMPT, FiT develop mentored relationships built on an infrastructure that promotes collaborative research.

Orthopaedic manual physical therapy is a specialized area of physical therapy for the intervention and management of neuromusculoskeletal conditions, based on clinical reasoning, using highly specific intervention approaches including manual techniques and therapeutic exercises.

Orthopaedic manual physical therapy also encompasses, and is driven by, the available scientific and clinical evidence and the biopsychosocial framework of each individual patient.

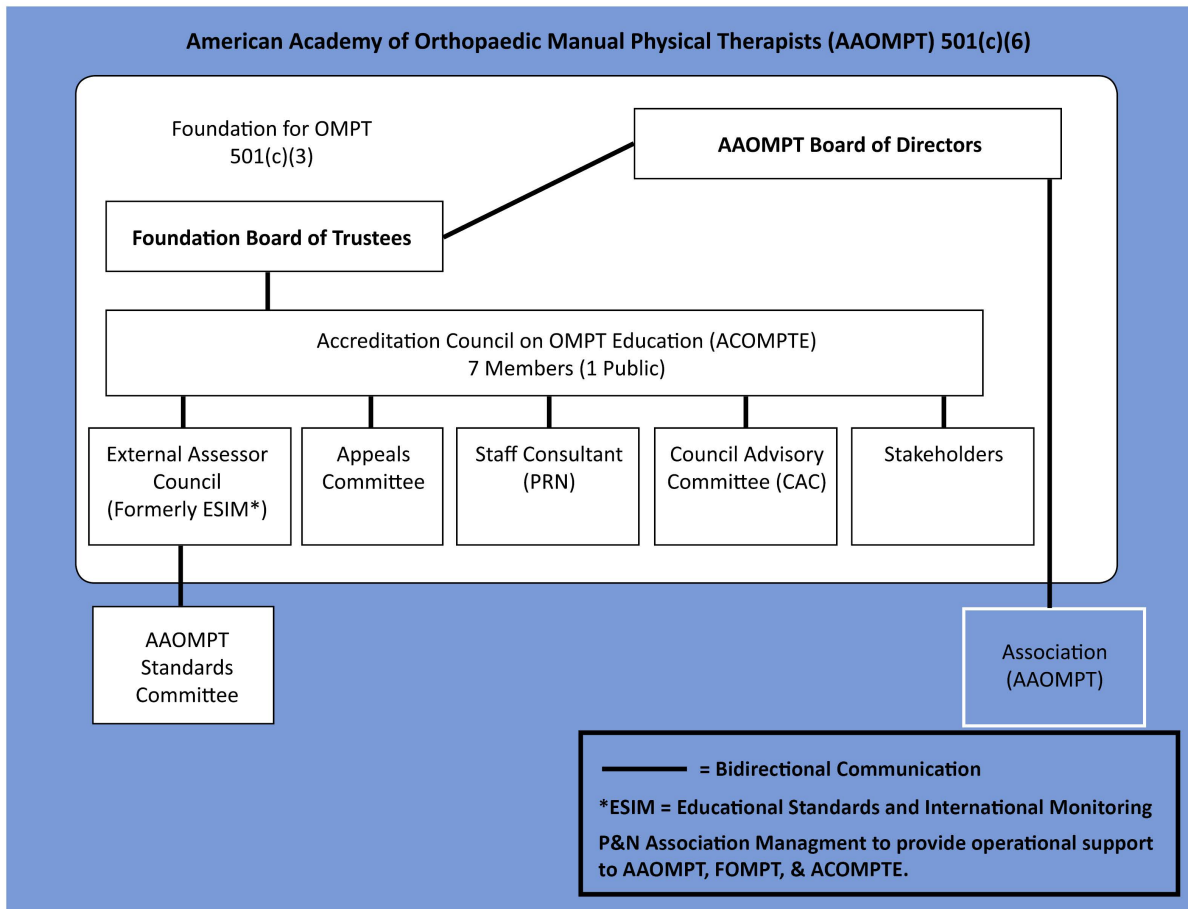
Orthopaedic manual physical therapy includes the management of individuals based on advanced examination, communication, and decision-making skills that are built on the foundations of professional and scientific education. The skills and management facilitate the provision of effective and efficient care. Practitioners of OMPT manage patients, consult with other health care providers regarding simple, as well as, complex neuromusculoskeletal (NMS) conditions, and provide recommendations and interventions in the areas of health and wellness.

### **Accreditation Council for Orthopaedic Manual Physical Therapy Education (ACOMPTE)**

The Accreditation Council on Orthopaedic Manual Physical Therapy Education (ACOMPTE or the Council) is responsible for setting accreditation standards, policies and procedures, and making accreditation decisions for OMPT fellowship programs to meet national and international standards. ACOMPTE standards include the standards developed by the International Federation of Orthopaedic Manipulative Physical Therapists (IFOMPT). ACOMPTE members are appointed by the members of the Foundation for Orthopaedic Manual Physical Therapy (FOMPT or the Foundation) Board of Trustees with recommendations from the AAOMPT Board. Terms of service for ACOMPTE members are 3 years, on staggered terms.

The Foundation has been formed to implement philanthropic efforts to advance public and professional education, to accredit post-graduate training programs in OMPT, and to support and disseminate results of scientific and clinical research as these areas pertain to OMPT. The Foundation provides support and fiduciary oversight of the ACOMPTE.

The American Academy of Orthopaedic Manual Physical Therapy (AAOMPT) Board of Directors are members of the FOMPT. As members of the Foundation, the AAOMPT Board approves the bylaws and elects the individuals on the FOMPT Board of Trustees. In addition, the members of the AAOMPT Board provide fiduciary oversight of the FOMPT. The AAOMPT Board has financial responsibility for the Foundation. The Foundation and the AAOMPT Board provides oversight of the ACOMPTE. This relationship allows AAOMPT to make general recommendations, such as using the IFOMPT Standards



## Scope of Accreditation

Programs eligible for accreditation by ACOMPTE, include but are not limited to those programs that:

- Meet the Interim ACOMPTE 2020 Curriculum Standards;
- Demonstrate a mission and vision which is consistent with the mission/vision of AAOMPT and IFOMPT; and
- Demonstrate protection for the consumer as defined in the ACOMPTE accreditation policies and procedures.

The Accreditation Council on Orthopaedic Manual Physical Therapy sets and monitors OMPT standards in preparing Fellows of the American Academy of Orthopaedic Manual Physical Therapists (FAAOMPT) to deliver safe and effective care. Accreditation is achieved through a voluntary process of review of these standards. AAOMPT values the OMPT programs that seek accreditation in order to maintain

excellent standards in our profession, both national and international. Only those programs that successfully execute one of the ACOMPTE accreditation pathways (dual ACOMPTE and ABPTRFE accreditation, OR ACOMPTE accreditation only) are recognized by the AAOMPT as an “AAOMPT Recognized Manual Therapy Fellowship Programs.” Only graduates from the ACOMPTE Accredited programs will receive the designation Fellow of the AAOMPT (FAAOMPT).

## **Establishing, revising, and implementing accreditation standards and policies & procedures**

The Accreditation Council on Orthopaedic Manual Physical Therapy (ACOMPTE) establishes its own accreditation standards, policies and procedures. These standards, policies and procedures are incorporated in two publications: 1) the policy & procedures manual (this document), which establishes fair and equitable processes for accreditation review and ongoing monitoring for quality assurance and improvement, and 2) accreditation standards, which identify the standards by which programs are evaluated (Interim ACOMPTE Standards, 2020).

Policies and procedures and accreditation standards are adopted by the Council after review, discussion and comment by public health practitioners, educators, students, alumni and other stakeholders. Policies and procedures and accreditation standards are evaluated and revised periodically. The Council provides stakeholders with an opportunity of at least 90 days to review and comment on any proposed changes of a substantive nature. Review and revision of policies and procedures and accreditation standards is scheduled approximately every five years, or more frequently as needed.

A wide range of information may be considered by the Council as a basis for change including, but not limited to, comments from program representatives or site visit team members; changes in the practice of OMPT, including changes adopted by international guidance bodies including IFOMPT; feedback from FiTs, patients, and other stakeholders; adjustments for good practice as determined by the accrediting community; and changing situations in education, legislation, regulation.

The Council will define an implementation date or schedule for all adopted changes of a substantive nature and notification of all stakeholders impacted by the revisions. The implementation date or schedule will balance best practice in accreditation, the need for consistency, and programs’ practical considerations.

## **The Accreditation Process**

### **Applicant Programs**

#### **Program Eligibility**

Before ACOMPTE accepts an Application for Accreditation, the developing program demonstrates it meets the following eligibility criteria:

- *Mission:* Communicates the program’s purpose and commitment to providing quality advanced education to physical therapists in a defined area of practice that results in enhanced patient care. The mission statement may include other program-specific aspirations related to research contributions, professionalism, service, teaching, leadership, patient advocacy, etc.

- *Program Director:* Employs a program director who possesses the qualifications and experience in operations, financial management, specialty area content knowledge and leadership to administratively oversee all aspects of the program in support of the mission, goals, and outcomes.
- *Program Coordinator:* If applicable, employs a program coordinator if a program director does not meet published required qualifications in the program's defined area of practice as defined in Standards requirement (Part III 3.5).
- *Curriculum:* Developed from and addresses the most recent version of the Description of Advanced Specialty Practice (DASP), and/or ACOMPTE Standards.
- *Admissions Criteria:* Program publishes equitable admissions policies and verifies the participant is eligible to practice based on state requirements.
- *Faculty:* Appoints a sufficient number of qualified academic and clinical faculty (FAAOMPT) who possess the academic background, professional experience, and ongoing professional development to ensure the delivery of quality Fellowship education.
- *Proposed Participant Practice Sites:* Submits a list of proposed clinical education or affiliated (non-clinical) sites for the program.

### **Application Review**

A new program must complete the Application for Accreditation. The application, and any supporting documentation, is submitted to ACOMPTE staff who distribute the application to two Council members for initial review of compliance with the eligibility requirements. Each of the selected Council members review the program's application and provide feedback on each of the eligibility criteria. If the documentation is sufficient to demonstrate that the program has met the eligibility requirement, it is "met." If the documentation is insufficient to demonstrate that the eligibility criterion has been met, the Council member will indicate that the eligibility criterion is "not met" and will give specific feedback to the program on what would strengthen the application. If the two reviewers agree, both sets of feedback are returned to the program. If the Council reviewers disagree on any of the items, they discuss the discrepancy, and either come to agreement that the eligibility criterion in question has been satisfied or on what would be required to satisfy both reviewers, and provide this feedback directly to the program. This review is completed no later than 6 weeks following submission of the completed application.

If concerns are identified during the initial review, the program has up to eight weeks/two months to address the reviewers' concerns and resubmit the application to ACOMPTE, and the process is repeated. This is intended to be a consultative process. When the application is satisfactory to both Council reviewers OR after the application has been resubmitted twice using this process, the application is considered by the full ACOMPTE for a final decision about applicant status at the next monthly meeting. In the event that the program needs more time to address reviewer comments, it may request an extension from ACOMPTE.

If the application is accepted, the applicant period begins. Programs seeking initial accreditation begin to work on their SER immediately upon acceptance of their application. If the application



is not accepted, the program must wait for six months before submitting another application and repeating the process. The decision of the Council not to accept an application is not appealable.

### **Admission of FiTs**

FiTs may be admitted to the program after acceptance of the application by ACOMPTE.

### **Applicant Status Disclosures**

A developing program publishes the following disclosures on its website and/or marketing materials, provides them to program participants, and documents participants received notice of these disclosures. Granting of applicant status enables a developing program to publicly disclose a recognized relationship with ACOMPTE and indicate the intent to seek initial accreditation. If a developing program granted applicant status fails to publish required disclosures, ACOMPTE will suspend consideration of the program.

*(Name of Program) is an applicant for accreditation with ACOMPTE. Achieving applicant status is not an indication that ACOMPTE will grant initial accreditation. If granted initial accreditation, the effective date will be the date of the site visit upon which the successful accreditation decision was based.*

### **Applicant Period**

Following acceptance of the application, a program has up to 4 months to submit a preliminary SER and supporting documentation to ACOMPTE. If the program needs more time to complete its SER, it may request an extension of up to 12 months. If the SER is not submitted by the end of the extension period, the applicant period will expire and the program must re-submit an initial application.

### **Program Changes During the Applicant Period**

Following acceptance of the application by the Council, a program may not make any substantive changes before its initial accreditation. If a developing program makes a substantive change, the program must notify ACOMPTE, in writing, within 30 days. Depending on the nature of the change, ACOMPTE may suspend or delay consideration of the program. ACOMPTE notifies a developing program within 30 days that the review has been suspended or delayed.

### **Changes in Program Director**

If the director of an applicant program unexpectedly leaves the role, the applicant program must notify ACOMPTE within 30 days. ACOMPTE will suspend consideration of the program until a new program director who meets published standards requirements is hired and ACOMPTE is notified of the new program director. The program coordinator may serve as acting program director until a new program director is hired, provided that the program coordinator

meets the minimum requirements for the program director position. When the developing program hires a new program director, ACOMPTE must be notified about the new program director within 30 days of hiring.

### **Requests for Additional Information**

If an applicant program fails to submit additional information requested within 10 days, ACOMPTE will suspend the review process. Lack of communication with ACOMPTE following a request for additional information could result in the review process being terminated.

### **Withdrawal from the Accreditation Process**

An applicant program may withdraw its application or SER and exhibits at any time by submitting a letter of withdrawal from the program director or organization administrator to ACOMPTE prior to ACOMPTE making an initial accreditation decision.

## [Accreditation Process](#)

### **Initial Accreditation Review Process**

An applicant program has up to 4 months from the time the application is accepted by ACOMPTE to submit its preliminary SER with the site visit to follow approximately 4 to 6 months later. The preliminary draft of the SER (and associated supporting documentation), as described below, is due no later than 4 months following acceptance of the application.

The review for accreditation will move forward if the Council reviewers see evidence that the program is likely to be able to demonstrate substantial compliance with the ACOMPTE standards. ACOMPTE assigns two Council members to complete a preliminary review of the applicant's SER and exhibits. The assigned Council members determine whether the applicant program has provided sufficient documentation to move forward with the initial accreditation review based on the information provided. If the determination is that the program is likely to be successful in demonstrating that they meet ACOMPTE standards, the Council members complete the ACOMPTE Preliminary SER Rubric, make recommendations for continued improvement, and this feedback is provided to the program within 45 days. The program is expected to make improvements to the SER documentation, as recommended by the reviewers prior to submission of the final SER and supporting documentation.

When the preliminary SER has been accepted to move forward in the accreditation process, the site visit team will be selected and the site visit dates will be scheduled at a mutually acceptable time (typically within 3-4 months) for both the program and the site visit team members. A program submits the final SER with exhibits at least 6 weeks prior to the scheduled onsite visit. Failure to submit materials within this time frame may result in cancellation of the site visit at the program's expense. Programs undertaking the initial accreditation process will host an in-person site visit by two team members.

The accreditation process will not move forward if the program is unable to demonstrate adequate policies, procedures, and curriculum and that it is making satisfactory progress toward compliance with ACOMPTE's standards. If the determination by the Council reviewers is that the program is unlikely to successfully demonstrate meeting the accreditation standards by the time of the review, the Council members complete the ACOMPTE Preliminary SER Rubric, make recommendations for continued improvement, and this feedback is provided to the program within 45 days. The program then has an opportunity to use the feedback from the reviewers to improve, both the program substantively and the documentation provided in the SER before resubmitting the report for another round of Council member review. The report must be resubmitted within six months and the program is encouraged to use as much of this time as it needs to make suggested revisions to avoid further delay. In this case, the program should request an extension of the applicant period of up to 12 months from ACOMPTE. If the extension is not adequate for necessary improvements to be made, the program must withdraw its application.

### **Renewal of Accreditation Process**

ACOMPTE staff notifies programs scheduled for renewal of accreditation 15 months prior to the expiration of accreditation.

A program submits the self-evaluation report and exhibits at least 6 weeks prior to the scheduled onsite visit. Failure to submit materials within this time frame may result in cancellation of the site visit at the program's expense.

### **Scheduling Site Visit Dates**

ACOMPTE staff provides the accredited program with a scheduled site visit date within 120 days following submission of the required documentation and renewal of accreditation notification. A program is required to host a site visit prior to the expiration of its current accreditation term. Accreditation remains in effect until such time as ACOMPTE makes an accreditation decision. The program's current accreditation expires at the end of the accreditation period following failure to timely submit the above required renewal of accreditation documentation. A program that allows accreditation to expire may re-apply for initial accreditation following ACOMPTE's published procedures.

### **Participant Satisfaction Surveys**

The fellowship program administers satisfaction surveys annually to past and current participants as a part of the renewal of accreditation process. These surveys are included as exhibits with the SER.

### **Self-Evaluation Report and Exhibits**

A program emails a copy of its SER with exhibits to ACOMPTE staff 6 weeks prior to the scheduled onsite visit. Providing a secure link is also an acceptable method of document transmission.

## Site Visits

### Site Visit

A comprehensive site visit is conducted to assess the program's full compliance with ACOMPTE Standards. For initial accreditation, site visits are two days in length: one day in person, on-site, and one day of virtual meetings. Site visits for renewal of accreditation will also be two days in length, but meetings, interviews and observations will be conducted virtually (both synchronous and asynchronous at the discretion ACOMPTE and the team leader). While ACOMPTE intends for subsequent site visits to be virtual, ACOMPTE may require an onsite visit in addition to virtual meetings when there is a reason to do so. Reasons may include, but are not limited to: the need to adequately assess the program when virtual, synchronous observations of FiT mentoring or program facilities are not possible or adequate; to verify conditions in a program that may lead to an adverse action; or when there are concerns raised from ongoing program reporting to ACOMPTE or complaints from stakeholders about the program. Programs on probation will receive an onsite visit for renewal.

### Requirements for Virtual Site Visits

#### *Before the visit:*

- The final SER with exhibits will be provided electronically, as scheduled, for site visit team members to access and review in advance of the site visit.
- The program must ensure that the site visit team has access to appropriate and knowledgeable participants in all required meetings.
- The program must ensure that participants have access to appropriate technology allowing their full participation in the site visit. This includes internet access and access to an electronic device that has audio and video capabilities. ACOMPTE recommends that the program test the technology prior to the day of the visit.
- Contingency plans must be in place – for example, participants may plan to use a laptop computer but may experience internet difficulty and should be able to switch to a smart phone for the meetings.
- Program representatives and the team leader work together to develop a site visit agenda. Meetings and interviews with program representatives, including the program director, program coordinator, institution's administrator, faculty, FiTs, and graduates of the program will be synchronous, as will observation of selected mentoring sessions. The agenda must include names of all participants in the meetings.
- Both asynchronous and live, synchronous mentoring sessions will be observed during the site visit by the site visit team members. This will be negotiated between the program and the team leader prior to the visit.

#### *During the site visit:*

- The program must ensure confidentiality of all meetings. Log-in information may NOT be shared beyond scheduled participants in each meeting.
- No one other than individual(s) listed in the site visit agenda participant list may be present in the meeting room during interviews with site visit team members. The program director may not attend all meetings - they are to be present only when indicated on the agenda.
- Legal counsel shall not be present at any stage of the virtual site visit.
- No part of the site visit may be audio or video recorded, unless explicitly agreed upon by ACOMPTE and the school or program.
- If, for any reason, the site visit team is not able to hold required meetings for technological or other reasons, ACOMPTE will schedule a subsequent, in-person or virtual, site visit.

### **Virtual Site Visit Process**

Other than the method of participation, the virtual visit will parallel an on-site visit in every way, including a series of discussions and observations over the course of two days.

ACOMPTE will provide a cloud-based video conferencing platform for each session on the agenda and the site visit team will coordinate the technical aspects necessary to establish each meeting.

The program is responsible for working with all meeting participants other than site visitors to ensure that they have the appropriate equipment to participate in the sessions with video. ACOMPTE requires all attendees to participate with audio and video.

### **Purpose of Site Visit and Role of Team**

The site visit provides the program an opportunity to elaborate on information provided in the self-evaluation report and exhibits. ACOMPTE, at its discretion, may extend the length of the site visit when a special or complex organizational structure exists. The number of participant practice sites evaluated is determined by ACOMPTE, in consultation with the team leader, based on the organizational structure of the program. Any practice site may be visited at the discretion of ACOMPTE, either on-site or virtually.

The site visit team is tasked with collecting evidence and data documenting the program's compliance with ACOMPTE Standards. The site visit provides an opportunity for team members to verify the implementation of the program's processes and procedures as described in the SER and exhibits. A comprehensive site visit:

- Verifies the narratives submitted in the self-evaluation report and evidence submitted through exhibits. The site visit team members verify that the program is meeting its mission and demonstrate successful participant achievement.
- Collects data that documents the extent of a program's compliance with ACOMPTE standards.

- Reviews implemented policies and procedures that promote continuous program improvement. The onsite team confirms implemented processes and procedures through discussions/directed interviews with administration, faculty, staff, program participants, and graduates.

### **Site Visit Team Selection**

A two-member team, one designated as the Team Leader, is selected by the ACOMPTE Chair to conduct a peer evaluation of the fellowship program based on ACOMPTE's Standards. The site visit team comprises a team leader who has administrative knowledge along with OMPT background and an OMPT program content expert. One of the two team members must be a FAAOMPT. Each team member signs conflict of interest and confidentiality policies prior to service on a site visit team. The selected site visit team members will be identified to the program following selection. The program must notify ACOMPTE within 10 calendar days of any perceived conflicts of interest that may be of concern to the program.

### **Team Leader Responsibilities**

The Team Leader is responsible for the completion of the site visit in accordance with the Council's processes and procedures by ensuring that the team members complete their tasks during the evaluation. The Team Leader assigns primary responsibility for certain standards to each team member for review. The Team Leader ensures all team members submit their individual Accreditation Report Rubrics on time, and compiles the team's reports so as to provide ACOMPTE with a clear representation of the program's compliance with published standards.

### **Site Visit Team Responsibilities**

Prior to the site visit, each team member carefully reviews the program's self-evaluation report, and exhibits provided by the program.

The site visit team documents whether the program meets the published standards using the Accreditation Report Rubric. The site visit team evaluates the program's compliance with each standard. Possible compliance findings are as follow:

### **Possible compliance findings**

There are four possible compliance findings. A separate finding is returned for each accreditation standard.

#### *1. Met*

The program fully complies with or exceeds the expectations embodied in the standard.

#### *2. Met with commentary*

The program evidences the minimum characteristics expected by the standard, but some aspects of performance could be strengthened, or some aspect of the program's performance warrants discussion.

### *3. Partially met*

The program fails to meet one or more aspects of the standard.

### *4. Not met*

The program fails to meet the standard in its entirety or performs so poorly in regard to the standard that the efforts of the program are found to be unacceptable.

Findings of met and met with commentary are compliant findings, and no further action is required. Findings of partially met and not met are noncompliant findings and will require action to remediate the issue(s) that gave rise to the noncompliant finding. Remediation is required through submission of an interim report.

## **Site Visit Team Report**

Two weeks following the site visit the reviewer submits written reports to the Team Leader. Four weeks following the onsite visit, the Team Leader submits a final written report to ACOMPTE staff. Five weeks following the onsite visit, ACOMPTE staff provides the team's report to the program for response.

## **Program Response**

Upon receipt of the team's report, the program has six weeks to provide a response and supporting evidence for any findings of the standards that are not met or partially met. The program must demonstrate that processes or policies are implemented to meet the corresponding standard. The program may submit new or supporting information or correct any incorrect statements made in the accreditation report. The program submits a response to the accreditation report for ACOMPTE consideration at its next scheduled meeting with an open agenda.

## [ACOMPTE Accreditation Decisions](#)

### **Initial and Renewal of Accreditation Decision**

After the program has responded to the team's report, then the SER with exhibits, the team's report, and the program's response will be given to the Council for review in preparation for its next regularly scheduled meeting, which may be virtual or face-to-face. Council members must be given two weeks, at a minimum, to review all materials.

In all cases, the Council makes decisions based on the totality of the information, rather than making decisions based on the compliance status of any individual criterion in isolation.

Following a full or focused/abbreviated self-evaluation and site visit, the Council will make one of the following decisions:

*Accredit (Initial & Renewal):* Grant an initial accreditation term for five years or a reaccreditation term for 10 years forward from when the Council makes the accreditation decision. If applicable, the Council will define requirements for demonstrating that the program has remediated any criteria found to be noncompliant. Mechanisms for demonstrating compliance and timelines and consequences associated with compliance are defined elsewhere in this document.

*Accredit (Initial & Renewal – Shortened Term):* Grant an initial accreditation or reaccreditation term for a period shorter than the maximum of five or ten years, respectively, if the Council deems it necessary to assure continued compliance with all criteria.

*Accredit – Probation:* Grant probationary accreditation to an accredited program that is judged either deficient in resources and procedures to continue to accomplish its stated mission and objectives, or that fails to meet the requirements for its reaccreditation review. This status is conferred for a specific length of time and may not exceed three years in total. Typically, a program receiving probationary accreditation can expect an immediate requirement to begin a new full or focused self-evaluation and site visit process, with the site visit occurring within 12-18 months of the conferral of probationary accreditation. The three-year maximum allowable period for probationary accreditation includes up to two years in which the fellowship program must come into compliance with the accreditation standards. If it fails to do so, the Council will either withdraw accreditation, or it can allow up to one additional year for the program to remedy the deficiencies if the fellowship program shows good cause. Extension for good cause must be based on specific reasoning and is not guaranteed, as described in this document's information on addressing noncompliance. Additional definitional information for probationary accreditation is available in this document's information on accreditation status, and additional public disclosure requirements associated with probationary accreditation also appear in the relevant section of this document.

*Deny Accreditation:* Deny initial accreditation to a program in its applicant period, when the program does not meet standards for accreditation and the Council deems that reasonable remedial actions will not bring the program into compliance within the required timeframe.

*Withdraw Accreditation:* Withdraw accreditation of a program that does not meet the standards for continued accreditation or does not permit a re-evaluation after proper notice by ACOMPTE. Withdrawal also applies when an institution disestablishes or closes a fellowship program.

*Defer:* Defer an accreditation decision if the Council requires further information to be able to make an appropriate decision. This occurs in rare circumstances, and the Council will define a specific time limit for deferral. The program will maintain its existing status (eg, applicant, accredited) until the time of the Council's next decision.



*Extension:* ACOMPTE reserves the right to extend any accreditation term or postpone a site visit due to natural disasters or similarly severe and unusual circumstances.

### Date of Initial Accreditation

The Council's acceptance of the application is an indication that the program has presented evidence that it meets all requirements outlined in the Program Eligibility section; however, it is not eligible for initial accreditation until it can demonstrate satisfactory student learning and other outcomes. Given that the accreditation decision is based on data and student outcomes from the applicant period, the date of initial accreditation accounts for the evidence presented during this period by assigning, as the date of initial accreditation the date on which the program's site visit occurred.

The Council assigns the date of initial accreditation during the Council meeting at which the accreditation decision is made.

### Appeals

#### **Appealing the Council's Adverse Decision**

The program may appeal the Council's decision to deny initial accreditation or withdraw accreditation. The program submits a letter indicating the intent to appeal, which must be accompanied by the required fee, to the ACOMPTE staff within 10 days following receipt of the Council's letter notifying the program of the denial or withdrawal of accreditation. The program's failure to submit the letter and fees within 10 days is deemed a waiver of its right to appeal and will cause the Council's action to become final.

#### **Written Statement**

The program files a written statement detailing the grounds for its request of appeal within 30 days following the submission of the letter indicating the intent to appeal. The program's decision to appeal is limited to appealing the factual record that was before the Council at the time it made its decision, and to the decision that the Council made in executing its standards and procedures.

#### **Appeal Panel**

During the appeal process, the program's appeal is heard by an independent Appeal Panel that is separate from the Council and serves as an additional level of due process for the program. The Appeal Panel does not have authority concerning the reasonableness of eligibility criteria, policies and procedures, or ACOMPTE's Standards. The Appeal Panel affirms, amends, remands, or reverses the prior decision of the Council as follows. The Appeal Panel determines whether the Council's action was not supported by the record or was inconsistent with ACOMPTE policies or procedures. The program has the burden of proof in demonstrating

that the action of the Council was not supported by the record or was otherwise inconsistent with ACOMPTE policies or procedures.

The Appeal Panel consists of three people appointed by the Council: a public member, a physical therapist, and a fellowship program director. Potential members of the Appeal Panel are selected from among former members of the Council, ACOMPTE onsite team members, and active faculty of ACOMPTE-accredited programs. All panelists receive a training session on ACOMPTE's Standards and appeal procedures and are subject to ACOMPTE's Conflict of Interest Policy.

The Appeal Panel members possess knowledge of accreditation purposes, standards, and procedures to meet the panel requirements published above. The Appeal Panel members cannot include current Council members and cannot have a conflict of interest. No panel member may serve if he/she participated, in any respect, in the underlying decision by the Council to deny or withdraw accreditation. If the Council determines that a conflict exists, the panelist will be replaced.

### **Consideration and Decision of the Appeal**

The consideration of the appeal is based on the Council's written findings and reasons related to the action, the program's written response detailing the grounds for appeal, and relevant supporting documents. The Appeal Panel only considers whether the Council's decision was not supported by the record or was inconsistent with ACOMPTE policies or procedures.

The program has the burden to show that the Council's decision resulted from errors or omissions in the execution of ACOMPTE's Standards, policies, or procedures, or that the decision was arbitrary or capricious, or was not based on substantial evidence on the record. No new documentation may be presented for the Appeal Panel to consider. The Appeal Panel considers the grounds for appeal, the program's oral presentation, and the record that was before the Council when it made the decision to deny or withdraw accreditation.

### **Appeal Panel Decisions**

The Appeal Panel may make any of the following four decisions based on the information presented for review.

*Affirm:* If the Appeal Panel determines the program failed to meet its burden of proof in showing the Council's action was not supported by the record or was inconsistent with ACOMPTE policies or procedures, it must affirm the decision of the Council. In certain instances, the Council's decision to withdraw accreditation may be based on multiple violations of ACOMPTE's standards, policies, or procedures.

*Remand:* The Appeal Panel may remand a decision to the Council when it finds that the Council's action was not supported by the record or was inconsistent with ACOMPTE's policies

or procedures. A remand is a directive to the Council that it must reconsider its action in light of all relevant facts in the record that was before the Council at the time of its decision, including the specific material fact or facts that are the basis for the remand or that the Council must review the policies and procedures applied to its action. The Appeal Panel must identify those material facts in the record or the specific policy or procedure, that it wants the Council to review on remand.

*Amend:* In certain circumstances, the Appeal Panel may amend the decision. A decision to amend an adverse action sets forth the specific grounds for the decision and directs the Council to modify its decision in accordance with the specific direction of the Appeal Panel. The Appeal Panel may, at its discretion, amend a decision to deny accreditation by directing the Council to grant accreditation and direct the Council to consider the proper length of accreditation consistent with the direction of the panel, or with the practices of the Council, or in accordance with other guidance from the Appeal Panel.

*Reverse:* The Appeal Panel may reverse a decision of the Council if it finds that the Council's decision was not supported by the record or was inconsistent with ACOMPTÉ policies or procedures. A decision to reverse an action of the Council will state the specific bases for the decision to reverse. A decision to reverse a withdrawal of accreditation directs the Council to set aside its decision to withdraw and to reinstate the program's accreditation as it was before the withdrawal decision. A decision to reverse an action, or to deny accreditation, directs the Council to award a specific grant of accreditation for a term determined by the Appeal Panel.

### **Appeal Panel Hearing**

The Council will have at least one representative present at the hearing. The Council representative and program representatives will have the opportunity to make opening and closing statements to the Appeal Panel. Oral statements may not exceed 20 minutes in length. The program must provide information relevant to the specific grounds for the appeal. If the program leadership intends to make an oral presentation, the program director should provide, in writing, to ACOMPTÉ staff 30 days prior to the hearing date, the names and affiliations of those appearing. The program is entitled to be represented by counsel during the hearing.

### **Council Receipt and Implementation of Appeal Panel Decision**

The written decision of the Appeal Panel is provided to the Council within 30 days. The Council implements the decision of the Appeal Panel to either affirm, remand, amend, or reverse the prior Council decision and notifies the program of the decision within 30 days of implementation.

### [Notification and Public Disclosures of Accreditation](#)

### **Initial and Renewal of Accreditation**

ACOMPTE staff provides written notice to the Program Director and the public no later than 30 days after the Council makes its decision to grant, deny, or withdraw initial or renewal of accreditation. A final decision to deny or withdraw accreditation is only reached after a program has either exhausted the appeal process or opted not to appeal the Council's adverse decision.

### **Authorized Statement**

ACOMPTE specifies how an accredited program may refer to its accreditation status. A program may refer to its accredited status only as follows:

*(Name of Program) is accredited by the Accreditation Council of Orthopaedic Manual Physical Therapy Education (ACOMPTE) as a Fellowship program for physical therapists in Orthopaedic Manual Physical Therapy.*

### **ACOMPTE Accreditation Logo Use**

The ACOMPTE Accreditation Logo and License is solely for use, as set forth below, by currently accredited ACOMPTE fellowship programs in good standing. The following are the Terms of Use for the ACOMPTE Accreditation Logo:

- Programs will use the ACOMPTE Accreditation Logo only in accordance with the license granted under these Terms of Use. Nothing in these Terms of Use grants any party other than the FOMPT any rights, title or interest in the ownership of the ACOMPTE Accreditation Program Logo.
- The program warrants and represents that it is fully accredited and is in good standing with ACOMPTE.
- The ACOMPTE Accreditation Logo is to be used only to represent a program's accreditation with ACOMPTE.
- The logo cannot be displayed in any manner that implies sponsorship or endorsement by ACOMPTE or that shows any kind of relationship with ACOMPTE other than as an ACOMPTE-accredited program. The ACOMPTE Accreditation Logo may not be placed on any documents, such as contracts or otherwise, and can only be used as set forth herein. The ACOMPTE Accreditation Logo is not to be used in connection with disparaging statements.
- The ACOMPTE Accreditation Logo, must never be modified, including the design, adding or deleting words or changing colors or font. The logo must be displayed in the manner in which it is laid out by the ACOMPTE Accreditation Logo Guidelines.
- ACOMPTE grants ACOMPTE-accredited programs in good standing a revocable, limited, non-exclusive, non-transferable, non-assignable license to use the ACOMPTE Accreditation Logo on business cards, promotional fliers and brochures, Web pages of the accredited program and print advertisements, provided the program is an ACOMPTE-accredited program in good standing, and provided further that the ACOMPTE Accreditation Logo is still an ACOMPTE-approved Logo. If at any time a program is no longer an ACOMPTE-accredited program in good standing or if ACOMPTE withdraws the ACOMPTE Accreditation Logo as an ACOMPTE-approved Logo, this permission will automatically cease and that program must immediately cease all uses of the ACOMPTE Accreditation Logo.

- These Terms of Use are subject to change.



### **Other Unaccredited Programs**

If in addition to its ACOMPTE-accredited program, the sponsoring organization offers other physical therapy residency and fellowship programs not currently accredited by ACOMPTE, the sponsoring organization's marketing materials must clearly indicate and identify those additional programs are not accredited by ACOMPTE.

If ACOMPTE staff determines that a program failed to comply with the authorized statement, the staff may require the program to take immediate corrective action or recommend Council action including the withdrawal of the program's accreditation.

### **Public Disclosure of Probation Decision**

ACOMPTE provides written notice to the public (via its website), appropriate state agencies, and institutional accreditor (if the program is a component of a university) of all probation decisions within 24 hours of its notice to the program. As soon as a probationary accreditation decision is finalized, the program must provide notice to all current FiTs and potential FiTs about the probationary accreditation decision. The notice must indicate to students the specific date by which they must complete the program (i.e., the ending date of the probationary accreditation term) to guarantee completion of an accredited fellowship program. The notice must be disseminated and posted in a manner that ensures transparency for all current and potential FiTs. ACOMPTE encourages the fellowship program to share additional information related to the probationary accreditation decision with FiTs and the public, including plans to address identified deficiencies, timelines leading up to the end of the probationary accreditation term, etc.

### **Public Disclosure of Adverse Decisions**

ACOMPTE provides written notice to the public (via its website), appropriate state agencies, and institutional accreditor (if the program is a component of a university) of all final adverse decisions within 24 hours of its notice to the program.

### **Resigning or Voluntarily Withdrawing Accreditation**

ACOMPTE posts a notice of a program's decision to resign or withdraw accreditation on its website within 30 days of receiving notification from the program.

## **Accreditation Lapses**

ACOMPTE posts a notice 30 days after the program's accreditation lapses following a lack of communication, required documentation, or action of indicating the program's intent to complete all the steps in the accreditation process.

## **Scope of Public Information**

ACOMPTE will make available to the public and in ACOMPTE publications, including its website, the following information for applicant, and accredited fellowship programs:

- Program name, address, telephone number, email address, and website;
- Name of program director and program coordinator, if applicable;
- Current program status (applicant, accredited, or probationary accreditation);
- Dates of initial accreditation and current accreditation expiration;
- Summary of information pertaining to an adverse action;
- Summary of information pertaining to an action subject to appeal; and
- Date of voluntary withdrawal of accreditation.

## **Confidentiality of Records**

Information pertaining to the Council's actions is confidential and is not shared with third parties, other ACOMPTE-accredited programs, the media, or the public except as authorized by the program or as required by government regulation, judicial or administrative processes, and other legal requirements.

## **Sharing Information with Government Entities and Other Accrediting Organizations**

ACOMPTE grants all reasonable special requests for accreditation information made by other accrediting organizations and government entities. Requests for information from such entities must be in writing and submitted to the ACOMPTE staff and must state the name and address of the program for which information is sought, the nature of the information requested, and the purposes for which the information is to be used. A decision to deny such a request is not subject to appeal.

## **Authorized Disclosure of Information**

When a program requests specific confidential accreditation information to be released to third parties, the Program Director or other designated individual must provide a program-initiated acknowledgement or written release on official letterhead to the Director of Fellowship Accreditation stating the precise information to be released and the party or parties to whom the information should be provided.

## **Correction of Misleading or Inaccurate Information**

ACOMPTE requires an accredited program to correct any misleading or inaccurate information it releases. ACOMPTE will notify the program of the misleading or inaccurate information and request that the program immediately make the correction, post a notice of the correction, and document to ACOMPTE that the correction was made. Failure to correct any misleading or inaccurate information within 10 days may result in a special visit.

### **Record Retention**

ACOMPTE maintains at its offices in electronic form complete and accurate records of the following:

- Last full accreditation review for each program, including the application, Accreditation Report Rubrics, the site visit team's accreditation report, the response to that report, annual report data, periodic review reports, special visit reports that occur between accreditation cycles, and a copy of the program's most recent SER.
- All decisions made throughout accreditation with ACOMPTE regarding accreditation and substantive change decisions including all correspondence significantly related to those decisions; and
- Minutes of all ACOMPTE meetings.

### **Maintaining Accreditation**

The program maintains accreditation on an ongoing basis by remaining in continuous compliance with all ACOMPTE Standards, policies and procedures, and eligibility requirements. The program maintains continuous operations; educates participants in support of its mission; fulfills all ACOMPTE reporting requirements in a timely manner; maintains compliance with all applicable local, state, and federal requirements; and pays all ACOMPTE fees in a timely manner, as applicable.

### **Interim Reports**

Following a site visit, when the Council identifies a deficiency in compliance but determines that reasonable remedial actions could bring the fellowship program into compliance with the standard, the Council will typically require an interim report. The request for an interim report will specify the areas of deficiency and the date of expected submission (typically between 6 months and two years, depending on the nature of the deficiency). Upon submission of the interim report, the Council will act either to accept the report or to not accept the interim report. Interim reports are accepted if the Council concludes, based on evidence provided, that the program has demonstrated full compliance with the standard. If the program has not fully resolved the cited deficiencies within the timeframe specified by the Council, the Council will act not to accept the interim report, and will a) withdraw the program's accreditation; or b) extend, for good cause, the time period by which the program must come into compliance. In the rare case that good cause is demonstrated, the Council may extend that time frame for one additional year.

## **Annual Reports**

Every year, ACOMPTE requires an annual report submission by all accredited programs. The annual report and annual accreditation fee must be submitted by January 31. The annual report and all supporting documentation are submitted via email to ACOMPTE staff. The Council monitors continuous improvement and participant achievement based on the program's mission, goals, and outcomes. If the Council observes significant or consistent declines in participant achievement, the Council may require the submission of additional information.

*Mission, Goals, and Outcomes:* A program reports any changes to the mission, goals, or outcomes.

*Participant Positions:* A program reports any increase or decrease in participant positions.

*Program Hours:* A program reports any increase or decrease in program hours in the previous year.

*Curriculum:* A program reports any changes to the curriculum.

*Financial Condition:* A program reports any increase or decrease in financial resource allocation in the previous year.

*Completion Data:* A program reports on participant completion rates for the previous calendar year.

*Faculty:* A program reports any changes to faculty.

*Participant Practice Sites:* A program reports any increase or decrease in participant practice sites in the previous calendar year.

## **Failure to Submit Annual Report and Fees**

If an accredited program fails to submit an annual report and the annual fee on time, ACOMPTE may withdraw accreditation effective upon the deadline for submission. Within 10 days following the annual and annual fee submission deadline, ACOMPTE advises the program that its annual report and dues have not been received and reminds the program that its accreditation may be withdrawn. If ACOMPTE does not receive a response from the program, annual fee, and annual report within 30 days of this notice, a letter is sent to the program communicating the withdrawal of accreditation effective January 31.

## **ACOMPTE Review and Follow-Up Action**

Upon submission of the annual report, ACOMPTE staff may request additional supporting documentation, as necessary. All annual reports are reviewed by ACOMPTE. The Council will follow up, as necessary, by requiring additional information or interim reporting from



programs or, for cases which threaten the integrity or continued operation of the Fellowship program, a focused or full site visit.

### Focused Review

A focused review may be required by the Council as a result of unusual circumstances or failure by the program to meet its accreditation obligations. The Council's requirement of a focused review may be triggered because of the following:

- A serious or an unusually large number of participant or other complaints against a program;
- State investigations or legal action taken against the program or the sponsoring institution;
- A program's failure to comply with a condition of accreditation;
- Reported negative financial conditions or events;
- Governmental complaints against the program or sponsoring organization; or
- Similar serious concern.

If the program refuses to undergo a focused review or observe timelines specified by the Council for executing the focused review, the program will be reported to the Council for action including withdrawal of accreditation.

### Complaints (Accredited Programs, Applicant Programs, and ACOMPTE)

#### Definition of Complaints and Limitations

Complaints that reasonably and credibly allege instances of noncompliance with ACOMPTE standards, policies, and procedures by accredited programs, applicant programs, site visit team members, Council members, ACOMPTE, and staff are investigated in a fair and timely manner.

A complainant must document that all administrative processes and appeals have been exhausted before filing a complaint with ACOMPTE. Where issues of educational quality or compliance with ACOMPTE Standards or procedures are not central to the complaint, ACOMPTE may refer the complainant or complaint to the appropriate federal or state agency or private entity with jurisdiction over the subject matter of the complaint.

ACOMPTE is not a mediator of disputes and, generally, will not interpose itself in a manner that limits the discretion of ACOMPTE-accredited fellowship programs in the normal operation of their personnel or academic policies and procedures, unless a violation of ACOMPTE standards or policies is specifically alleged. Such matters include admission; grading; credit transfer decisions; fees or other financial matters; disciplinary matters; and contractual rights and obligations of students and personnel. ACOMPTE will not seek any type of compensation, re-admission or other redress on behalf of an individual. ACOMPTE

will not respond to or take action on any complaint that is defamatory, hostile or profane. ACOMPTE will not involve itself in matters involving collective bargaining agreements.

If, for any reason, ACOMPTE suspects any type of unethical behavior, including fraud and abuse, by an accredited program or an applicant program, ACOMPTE reserves the right to investigate the allegations at any time.

### **Required Publication of Complaint Process**

Programs are required to publish, in an easily accessible manner, the procedures by which FiTs, faculty, or other stakeholders may communicate any formal complaints and/or grievances to program leaders. Examples may include, but are not limited to, publishing complaint procedures in FiT orientation materials, FiT handbooks, and on the program's website. While ACOMPTE expects that most complaints are resolved at the program or institutional levels, programs must also publish contact information (website and phone number) for ACOMPTE. ACOMPTE will publish the process for receiving and processing complaints about accredited programs on its website.

### **Submitting Complaints**

ACOMPTE accepts written complaints that include the complainant's name, contact information, and a summary of the complaint. Where circumstances warrant, the complainant may remain anonymous to the program, however, all identifying information must be provided to ACOMPTE. Written complaints must provide the following information:

- Identification of the specific ACOMPTE Standards, policies, and procedures that have been violated and the basis for any allegation of a violation or noncompliance with those Standards, policies, and procedures;
- All relevant names, dates, and a brief description of the actions forming the basis of the complaint;
- Copies of any available documents or materials that support the allegations; and
- A release authorizing ACOMPTE to forward a copy of the complaint, including identification of the complainant to the program. In cases of anonymous complaints, or when the complainant requests his/her name to remain confidential, ACOMPTE considers how to proceed and whether the anonymous complaint sets forth reasonable and credible information that a program may be in violation of ACOMPTE Standards and whether the complainant's identity is necessary to investigate the allegations.

### **Records of Complaints**

ACOMPTE maintains a record of all complaints. Complaints received against fellowship programs, whether accredited or seeking initial accreditation, and all correspondence related

to the complaints, are retained for seven years. ACOMPTE may consider these complaint files when it acts on a program's grant of initial accreditation or renewal of accreditation.

### **Complaints Against Accredited Programs**

When ACOMPTE grants accreditation, it expects the program to remain in compliance with ACOMPTE standards, policies, or procedures throughout the accreditation term. Therefore, the principal concern of ACOMPTE when it receives a complaint about an accredited program is whether the program is in compliance with published standards, policies, and procedures. The burden of proof rests with the program to prove that it is meeting ACOMPTE standards, policies, and procedures at all times, including proving compliance after accreditation is granted. Another concern of ACOMPTE involves the methods, policies, philosophy, and procedures followed by the program for handling complaints on an ongoing basis. ACOMPTE expects its accredited programs to have operational procedures in place for fairly and promptly resolving complaints so that they do not become a matter for concern by outside agencies. ACOMPTE will consider a complaint even if the program is involved in litigation with ACOMPTE or other third parties. Therefore, in investigating a specific complaint against an accredited program, ACOMPTE also examines whether or not the program has effective methods for handling participant complaints on a routine basis. This examination includes verifying whether the program's procedures are equitable, consistently applied, and effective in resolving complaints. Finally, ACOMPTE is concerned with the frequency and pattern of complaints about an accredited program. ACOMPTE expects all programs to monitor all complaints they receive and expects all programs to take steps to assure that similar complaints do not become repetitive or routine.

### **Complaint Actions**

When ACOMPTE receives a complaint against a program seeking initial accreditation or an accredited program, ACOMPTE's procedures for responding to complaints consists of the following steps:

1. Following receipt of the complaint, ACOMPTE staff sends a letter or email to the complainant acknowledging receipt of the complaint and explains the process followed for investigating the complaint.
2. The ACOMPTE staff conducts an initial review of the complaint to determine whether it contains all of the required information. If additional information or clarification is required, ACOMPTE staff (acting on behalf of the Council) sends a request to the complainant. If the requested information is not received within 15 days, the complaint may be considered abandoned and may not be investigated by ACOMPTE. When documentation is complete, the complaint is forwarded to the ACOMPTE Chair.
3. If the ACOMPTE Chair determines after review of the complaint that the information remains incomplete or is inapplicable to ACOMPTE standards, policies or procedures,

the complaint may be considered closed and will not be investigated by ACOMPTE. The complainant is notified in writing.

4. If the ACOMPTE Chair determines after the initial review of the complaint that the information constitutes a valid complaint related to ACOMPTE standards, policies, or procedures, the staff notifies the program that a complaint has been filed. The notice summarizes the allegations, identifies the ACOMPTE standards, policies, or procedures that were allegedly violated, and submits a copy of the original complaint to the program. The program is given 30 days to provide a response.
5. The Council shall be the final decision-making body on the complaint and its decision may include any of the following:
  - Consider the complaint resolved and continue the accreditation status of the fellowship program without change;
  - Continue the accreditation status of the fellowship program, but require that the program pursue specific corrective action to resolve the complaint;
  - Direct an on-site or virtual special visit to be conducted at the fellowship program by a full or partial team, to investigate the allegations;
  - Continue the accreditation status of the fellowship program, but initiate an earlier review of the fellowship program;
  - Place the fellowship program on probation; or
  - Revoke the fellowship program's accreditation, subject to appeal in accordance with ACOMPTE policies and procedures.

In all instances, ACOMPTE will send a letter to the complainant and the accredited program informing it of the final disposition of the complaint. If the Council takes an adverse action against a program based on information arising from a complaint, the program may appeal the decision as outlined in this document.

### **Complaints Against Applicant Programs**

ACOMPTE posts a list of applicant programs on its website. If a complaint (as defined above) is received about an applicant program, the procedures followed for handling the complaint are the same as for handling a complaint as described above.

### **Complaints against ACOMPTE**

Complaints about ACOMPTE's performance related to its own procedures, policies or standards or about agency conduct inconsistent with good accreditation practices, may be forwarded to ACOMPTE staff. Complaints must be in writing, must be specific and must be signed by the complainant. ACOMPTE staff, working with the ACOMPTE chair, will seek to achieve an equitable, fair and timely resolution of the complaint. As necessary, complaints may be referred to the full Council and will be considered at the Council's next regular meeting. Council decisions relative to the complaint will be communicated to the complainant

in writing within 30 days of the meeting. ACOMPTE maintains complete and accurate records of complaints, if any, against itself for a period of seven years.

### Substantive Changes

A substantive change is one that may significantly affect a program's mission, quality, scope, instructional modality or curriculum, or control. Substantive changes are reviewed to ensure that changes are made in compliance with ACOMPTE Standards. The Council's review of the substantive change notice seeks to determine whether the substantive change adversely affects the capacity of the program to continue to meet the ACOMPTE Standards. Council approval is not required before the program can implement the substantive change, however, the program is required to notify ACOMPTE within 30 days of making the change.

Substantive changes include the following:

- A change to the program's mission;
- A change in organizational ownership of the program;
- A change of leadership (e.g., changes in program director or program coordinator);
- A change in curriculum content that represents a significant departure from existing offerings of the program;
- A change in method of program delivery (e.g., changes to in-person versus distance learning or changes from full-time to part-time offering);
- A substantial increase or decrease in total program hours; or
- An increase in the number of planned participant positions or participant practice sites.

The Council may make a full range of accreditation decisions following receipt of notice of substantive change, including: accept the change and continue accreditation, request additional information from the program so that an appropriate decision can be made, require an interim report if a compliance concern is identified, require a focused review or early comprehensive review if integrity of the program is in question, confer probationary accreditation, or withdraw accreditation.

The Council allows for due process by providing reasonable time for a program to comply with its request for additional information and documentation. In all cases, the Council will allow the program sufficient time to respond to any findings before making any final decision regarding a program's accredited status.

### Integrity Related to Program Closure and Teach-Out Plans

When an OMPT fellowship program or practice site closes or accreditation is withdrawn or denied, the program is required to provide specific plans for continuity of training, to the extent possible, for the impacted FiTs. Every effort should be made to inform all stakeholders, especially the FiTs, as soon as possible about the conditions of the closing or loss of accreditation. Further, students must be advised of their rights, FiT records must be promptly

transferred to any receiving program or practice site, and all regulatory requirements must be adhered to.

The program must provide for FiTs who have not completed the program according to their specific training needs. Affected FiTs must be provided all the training promised by the program. Whether provided by the closing program or by another program or practice site accepting transfers for the purpose of teach-out, the FiTs must receive instruction that 1) is compatible with the structure and quality of the original program, and 2) does not require significant additional charge.

In the event of a closure during which accreditation is maintained, the program is expected to maintain the integrity of the program until all FiTs have completed the program. Arrangements must also be made to assure future access to the academic records of all graduates of the program to the individuals themselves and to legal and other appropriate bodies. If closure of the program coincides with closure of the institution, all FiTs and ACOMPTE must be informed about how graduates will be able to access their academic records.

### Force Majeure

ACOMPTE and/or a program shall be excused from liability for the failure or delay in performance of any obligation in these Policies and Procedures by reason of any event beyond that party's reasonable control including acts of God, fire, flood, explosion, earthquake, health epidemic or pandemic, governmental regulation or other natural forces, war, civil unrest, acts of terrorism, accident, destruction or other casualty or any other event similar to those enumerated above that make it impossible for that party to perform its obligations; provided, that such excuse from liability shall be effective only to the extent and duration of the event(s) causing the failure or delay in performance and provided that the party has not caused such event(s) to occur. Notice of a party's failure or delay in performance due to force majeure must be given to the other party as promptly as is reasonably practicable after its occurrence.

## **Glossary**

AAOMPT	American Academy of Orthopaedic Manual Physical Therapists
ABPTRFE	American Board of Physical Therapy Residency and Fellowship Education
ACOMPTE	Accreditation Council on Orthopaedic Manual Physical Therapy Education
DASP	Description of Advanced Specialty Practice
FAAOMPT	Fellow of the AAOMPT
FiT	Fellow-in-training
FOMPT	Foundation for Orthopaedic Manual Physical Therapy
IFOMPT	International Federation of Orthopaedic Manipulative Physical Therapists
OMPT	orthopaedic manual physical therapy
SER	Self-Evaluation Report