

U.S. Department of Education

**Staff Report
to the
Senior Department Official
on
Recognition Compliance Issues**

RECOMMENDATION PAGE

1. **Agency:** American Veterinary Medical Association (1952/2007)

(The dates provided are the date of initial listing as a recognized agency and the date of the agency's last grant of recognition.)

2. **Action Item:** Petition for Continued Recognition

3. **Current Scope of Recognition:** The accreditation and preaccreditation ("Reasonable Assurance") in the United States of programs leading to professional degrees (D.V.M. or D.M.D.) in veterinary medicine.

4. **Requested Scope of Recognition:** The accreditation and preaccreditation ("Provisional Accreditation") in the United States of programs leading to professional degrees (D.V.M. or D.M.D.) in veterinary medicine.

**NOTE: The language above reflects a technical change initiated by Department staff regarding the term the agency uses to confer its "preaccreditation" status.

5. **Date of Advisory Committee Meeting:** December, 2012

6. **Staff Recommendation:** Continue the agency's recognition and require the agency to come into compliance within 12 months, and submit a compliance report that demonstrates the agency's compliance with the issues identified below.

7. **Issues or Problems:** It does not appear that the agency meets the following sections of the Secretary's Criteria for Recognition. These issues are summarized below and discussed in detail under the Summary of Findings section.

-- The agency must demonstrate wide acceptance among educators and educational institutions. [§602.13]

-- The agency must provide evidence that it has vetted its public members. [§602.15(a)(5)]

-- The agency must provide evidence that it has and applies procedures for the selection and training of site visitors that adhere to conflict of interest guidelines, in accord with the plans outlined in its response. [§602.15(a)(6)]

-- The agency must ensure its provides detailed site visit reports that evaluate all criteria of its student achievement standard. The agency must also ensure that it applies its student achievement standard clearly and consistently, and provides clear and consistent written guidance to its site visitors. [§602.16(a)(1)(i)]

-- The agency must ensure it provides detailed site visit reports that evaluate all criteria of its curricula standard. The agency must also ensure that it applies its curricula standard clearly and consistently, and provides clear and consistent written guidance to its site visitors. [§602.16(a)(1)(ii)]

-- The agency must demonstrate that it effectively applies its policy on preaccreditation. [§602.16(a)(2)]

-- The agency must ensure that it provides a detailed written report that assesses a program's performance with respect to student achievement. [§602.17(f)]

-- The agency must ensure that it has and adheres to policies that require programs to take appropriate action within the time frames required under this section. [§602.20(a)]

-- The agency must develop and adhere to clearer guidance regarding its good cause extensions to ensure that programs do not remain non-compliant with the agency's standards indefinitely. [§602.20(b)]

-- The agency must demonstrate that it has and abides by policies that require a systematic program of review in accordance with subsections (1), (3), and (4) of this section. [§602.21(a)(b)]

-- The agency must provide evidence of its revised documentation to demonstrate that it takes into account any comments on the proposed changes submitted timely by the relevant constituencies and by other interested parties. [§602.21(c)]

-- The agency must demonstrate that it provides an opportunity for

third-party comment concerning the program's qualifications for preaccreditation and accreditation in providing public notice that a program subject to its jurisdiction is being considered for accreditation or preaccreditation. [§602.23(b)]

-- The agency must ensure that it adheres to policies that require "same time" notification under the requirements of this section. The agency must also ensure that it notifies the public and State licensing authorities in accord with the requirements of this section. [§602.26(b)]

-- The agency must ensure that it provides written notice to the public of the decisions listed under the previous subsections within 24 hours of its notice to the program. [§602.26(c)]

EXECUTIVE SUMMARY

PART I: GENERAL INFORMATION ABOUT THE AGENCY

The American Veterinary Medical Association (AVMA) was formed in 1863 to recognize the veterinary medical profession in the United States. It began accrediting schools of veterinary medicine in 1906 through its Committee on Intelligence and Education. In 1946, the AVMA was reorganized, and the Council on Education (COE) replaced the Committee on Intelligence and Education.

The AVMA is a programmatic accrediting agency that currently accredits 28 schools of veterinary medicine located in regionally accredited universities. These programs use the agency's accreditation to participate in the Health Professions Student Loan program offered through the U.S. Department of Health and Human Services. Recognition of the agency does not enable its programs to seek eligibility to participate in the Title IV funding programs.

In preparing the current review of the agency for continued recognition, Department staff reviewed the agency's petition and supporting documentation, and observed a Council decision-making meeting in Schaumburg, IL on October 7-9, 2012. Thirteen third-party written comments recommending against the agency's continued recognition were received by the Department.

Recognition History

The COE of the AVMA was on the Commissioner of Education's first list of nationally recognized accrediting agencies published in 1952, and its recognition has been renewed several times since then.

The agency was last granted a period of recognition for five years in 2007.

PART II: SUMMARY OF FINDINGS

§602.13 Acceptance of the agency by others.

The agency must demonstrate that its standards, policies, procedures, and decisions to grant or deny accreditation are widely accepted in the United States by--

(a) Educators and educational institutions; and

(b) Licensing bodies, practitioners, and employers in the professional or vocational fields for which the educational institutions or programs within the agency's jurisdiction prepare their students.

The agency has provided a list of its accredited programs, all of which are housed in regionally-accredited institutions, to evidence its wide acceptance among educational institutions, as well as a letter from a dean. The agency has also provided additional letters of support from educators and educational institutions.

As evidenced by the agency's policies, volunteers who participate on the agency's Commission and site visit teams include qualified representatives who are educators and practitioners in the field of veterinary medicine.

The agency also provided a summary of state-by-state licensing/registration requirements demonstrating that most states require graduation from an AVMA COE-approved college. Letters of support were also provided from State Board representatives in MO and IN.

The agency also provided evidence that its standards, policies, procedures and decisions are widely accepted by employers. As stated in the agency's narrative, licensure is a requirement for employment, and graduation from an AVMA COE-approved college is required for licensure. The agency also provided a sample position advertisement that shows that graduation from an AVMA COE-approved college is required as a condition for employment with the Federal government. A corporate employer and a practitioner also provided letters of support.

However, as provided for under the section for third-party comments, the Department has received thirteen comments against the agency's continued recognition. Twelve comments are from educators and academics representing educational institutions, five of which represent deans, professors, and a president of the educational institutions/programs that the agency accredits. That five of the twenty-eight programs would express concern regarding the agency's continued recognition is concerning, and suggests that the agency's standards, policies, procedures, and decisions to grant or deny accreditation are not widely accepted among educators and educational institutions within the academic science community.

Analyst Remarks to Response:

The agency has stated in its response that the third-party commenters represent a "small fraction" of the veterinary profession, and therefore, should not be considered as impinging on the agency's ability to garner "wide acceptance" from educators and educational institutions. The Department holds that the academic science voice of this profession is a critical one, whether or not it represents a minority of the profession overall. Also notable, is that the commenters are distinguished members of the profession familiar with the accreditation review process.

Therefore, in light of the other outstanding noncompliance issues that need remedy, and that appear to be related to commenters' concerns, the Department is withholding a compliance determination under this section unless and until the other sections of this petition are remedied.

§602.15 Administrative and fiscal responsibilities

The agency must have the administrative and fiscal capability to carry out its accreditation activities in light of its requested scope of recognition.

The agency meets this requirement if the agency demonstrates that--

(a) The agency has--

(5) Representatives of the public on all decision-making bodies; and

As stated in its policies and evidenced by the CVs provided, the agency requires three public representatives on its Council and one public representative on its appeal panel. However, it is not clear whether the agency has a public representative definition in its policies that adheres with the Secretary's definition. The agency must also provide evidence that it has vetted its public members, with regard to all components of the definition, including the provision for spouse, parent, child, or sibling.

Analyst Remarks to Response:

The agency has provided its revised policy that includes a definition for a representative of the public that conforms with the Secretary's definition. The agency has also provided a template for vetting its public members. The agency must demonstrate that it applies its vetting procedures by providing signed templates for its public members.

(6) Clear and effective controls against conflicts of interest, or the appearance of conflicts of interest, by the agency's--

(i) Board members;

(ii) Commissioners;

- (iii) Evaluation team members;**
 - (iv) Consultants;**
 - (v) Administrative staff; and**
 - (vi) Other agency representatives; and**
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The agency has written procedures as outlined in its policies and procedures document and conflict of interest policy, to control against conflict of interest for all of the entities described in this section. The agency provided several documents to include meeting agendas, signed affidavits, and evidence that staff reviews site team members for potential conflicts of interest that demonstrate it adheres to its conflict of interest guidelines.

However, the agency's process of using current Council members to fill four positions, (to include the Chair of the site visit team) on a six-member site visit team, raises concerns regarding conflict of interest, especially if such members participate in the decision-making discussion and voting. The constitution of the majority of the team, including the Chair, of Council members, suggests that the multi-step accreditation process is compromised in that the majority of site visit team members are also decision-makers. The agency must ensure that the process for the selection of its site visit team protects against potential conflicts of interest at the decision-making level.

Analyst Remarks to Response:

The agency has provided a plan in its response for coming into compliance under this section. The agency states that it will study the best practices within the accreditation community for developing a structure for selecting and vetting site team members to protect against potential conflicts of interest. The agency's plans appear to be in accord with the requirements of this section. The agency must ensure that it submits its final policies and procedures, and evidence of its application, to demonstrate compliance.

§602.16 Accreditation and preaccreditation standards

(a) The agency must demonstrate that it has standards for accreditation, and preaccreditation, if offered, that are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of the education or training provided by the institutions or programs it accredits. The agency meets this requirement if -

- **(1) The agency's accreditation standards effectively address the quality of the institution or program in the following areas:**

(i) Success with respect to student achievement in relation to the institution's mission, which may include different standards for different institutions or programs, as established by the institution, including, as appropriate, consideration of course completion, State licensing examination, and job placement rates.

The agency's standard for student achievement is found mainly under standard 11 and is further elucidated in the agency's self-study guidance. The agency requires its programs to develop relevant measures to demonstrate that students have attained specific competencies to include: comprehensive patient diagnosis, comprehensive treatment planning, and basic surgery and medicine skills among others. In the sample site visit report provided, site visitors verified the program's use of direct assessment to measure clinical competencies, but recommended that it continued to implement direct assessment of individual student achievement. Programs must also demonstrate that it collects and analyzes data to improve the program.

Course completion, State licensing examination, and job placement rates are appropriate to consider for the preparation of veterinarians. The agency has established a threshold for the North American Veterinary Licensing Examination (NAVLE), an examination of clinical knowledge, for which passage is required to sit for state licensure exams. The agency has established an 80% passage rate on the NAVLE and if programs do not meet the agency's threshold for two successive years it will be placed on "limited accreditation," or the agency's probationary status. Passing rates less than 80% for four successive years will warrant termination of accreditation. The agency's pass rate requirement however, is not reflected in the agency's standard.

The agency has stated in its narrative that though it had previously required colleges to obtain state licensure exam pass rate as a measure of student outcomes, the agency no longer requires such data citing the reluctance of states to release such data back to the institution. It is not clear what efforts, if any, the agency or the colleges are adopting to obtain such data to inform student achievement assessment efforts.

Though the agency requires collection of course completion and job placement rates, the agency has not set specific thresholds for these outcomes, nor does it require the program to establish its own outcomes goals that the agency will assess. Rather, the agency has a process by which it reviews five-year trend data that may imply deficiencies in a program. If a college is on a downward trend, it must provide an explanation for the decline and a plan to reverse the trend. As stated in the agency's self-study guidance, "trends are used by the Council in its analysis of the compliance of the college with the standards." Therefore, in the absence of more specific guidance regarding a program's success with respect to student achievement, it is conceivable that student outcomes as it relates to course completion and job placement, is not considered - in and of itself - as an assessment of a program's compliance with student

achievement, but is only used for the purposes of program improvement. The agency also did not provide evidence of its application of its policy to review five-year trend data.

Furthermore, the site visit reports provided appear to reflect application of the agency's former student achievement standard which was substantially changed in 2012. The agency must provide evidence of application of its current student achievement standard, which the agency was not able to demonstrate application for at the time of its petition submission. This standard appears to be the only one that was substantially changed during the agency's last review.

Finally, the agency's policy manual states that, "A college which is in compliance with all but one or two Standards and the Council is convinced that student outcomes are minimally affected is assigned substantial compliance..." The site visit reports provided do not reflect an assessment of a program's performance with respect to student achievement, but rather, summarize the information in the self-study and the methods used by the program to assess student achievement, without an assessment of the appropriateness of such methods or of the adequacy of the performance data in meeting the agency's quality expectations. In some cases, programs were recommended to provide more measures of direct assessment, and found to be in substantial compliance. According to the agency's standard, a program that lacked sufficient data to make an assessment with regard to the agency's student achievement standard, would be found in "substantial compliance" based on the assessment "student outcomes are minimally affected." However, the site visit reports do not flesh out such assessments in clear detail.

Analyst Remarks to Response:

In its response, the agency has provided further explanation regarding the application of its student achievement standard which was insufficiently clear from the written assessments of the site visit reports which were provided previously. The full analysis, or the team's assessment of all aspects of the program's compliance with the agency's student achievement standard - as elucidated in the agency's response - was not fully documented by the site visitors. For example, though the agency has stated that its standard has not changed in practice with regard to requiring direct assessment of the nine clinical competencies, such assessment is not fully fleshed out in one of the site visit reports (Attachment 67). It is still not clear why non-demonstration of this primary element in the agency's standard, constitutes "substantial compliance" versus "noncompliance." In the absence of more detail on the site visit report, or more written guidance to site visitors, judgments regarding compliance and non-compliance remain unnecessarily broad, as evidenced at the decision-making level as observed by Department staff at the agency's Commission meeting. Discussion around compliance/non-compliance at the standard-level unnecessarily burdened decision-makers when such lack of clarity could be remedied by more clearly-detailed site visit reports and written guidance.

In addition, as explained in the agency's response, it has a practice by which it explains to the program during the exit interview the use of its "recommendations," which vary according to recommendations that "must" be done, "should" be done, or are "merely suggestions for improvement." Department staff is still not clear between the agency's standards for non-compliance, versus recommendations of "must" and "should," which appear to overlap at times making it burdensome to arrive at assessments of compliance or non-compliance.

The agency also explained in its response that it uses five year trend data - and not program-identified outcomes, or agency-identified thresholds - for completion and job placement rates. The agency states that States generally rely on the NAVLE to assess practice-readiness, but that it will review state-by-state requirements for licensure to evaluate whether any such assessments may add value to the agency's review.

As the agency is required under section 602.15 to revise its process for selecting and training site visitors, the agency must also revise its process and procedures for executing its site visit reports under this standard and applying its student achievement standard to ensure consistency and clarity in its evaluation of student achievement. The agency must also provide evidence of its revised student achievement standard to include the NAVLE pass rate as stated in its response.

(a)(1)(ii) Curricula.

The agency's curriculum standard can be found under standard nine, and requires accredited colleges of veterinary medicine to extend its curriculum over a period of four academic years and be managed based on the mission and resources of the college. The agency sets forth minimum subject area requirements that programs must meet, as well as more specific requirements for clinical training. Programs are also required to demonstrate core competencies and implement ongoing review and evaluation of the curricula. The curriculum must also be logically sequenced and of sufficient rigor.

The agency attached a sample self study and site visit report to its petition that demonstrate that its site visitors evaluate a program's curriculum to ensure that the program includes the content under standard nine. Site visitors verify the program's ongoing assessment of the curriculum, as well as the content of the clinical rotation.

However, elsewhere in the agency's application (Exhibit 67), the agency has submitted another site visit report where it has cited a program for several areas under the agency's curriculum standard, but found the program in "substantial compliance" with the agency's standard. It is not clear from the agency's practice or guidance, at which point the agency would find a program out of

compliance with the agency's curriculum standard, thereby warranting a "limited accreditation" status. The agency's policy manual states that it will apply limited accreditation status, "to a college that has specific deficiencies in one or more standards that affect student outcomes or safety," which appears to limit the agency's ability to enforce its curriculum standard even when other issues bearing on educational quality may be of concern. This limitation is particularly concerning given the issues noted in section 602.16(a)(1)(i) related to the agency's application of its student achievement standard.

Analyst Remarks to Response:

The agency has provided an explanation in its response regarding its use of "substantial compliance" versus "noncompliance." However, Department staff has continuing concerns that the judgment applied to the agency's curricula standard is unnecessarily broad, where clearly-written guidance and parameters may lend itself to more consistency. For example, it is still not clear why non-compliance with the agency's requirement for a comprehensive curricular review would result in a finding of "substantial compliance" versus "noncompliance." In addition, Department staff has continuing concerns regarding the agency's standard that an assessment regarding a "minimal" effect on student outcomes, would justify "substantial" versus "noncompliance," as the expectation is that the agency ensures that quality is maintained prior to a decline in student outcomes by applying its curriculum standards as they are written .

As the agency is required under section 602.15 to revise its process for selecting and training site visitors, the agency must also revise its process and procedures for executing its site visit reports under this standard and applying its curriculum standard to ensure consistency and clarity in its evaluation of curriculum.

(a)(2) The agency's preaccreditation standards, if offered, are appropriately related to the agency's accreditation standards and do not permit the institution or program to hold preaccreditation status for more than five years.

The agency has written requirements for preaccreditation (provisional accreditation) that are based on the agency's written standards for accreditation, and include a restriction that programs may not exceed five years on preaccreditation status. Though the agency has compliant policies with regard to restricting a program's preaccreditation (provisional accreditation) status to five years, the agency must provide more evidence to support that it adheres to its policy on preaccreditation.

Analyst Remarks to Response:

The agency has provided two examples that demonstrate that it does not permit programs to hold preaccreditation status for more than five years. However, one of the examples provided - and that is subject to some of the third-party comments - shows that the agency removed a program from preaccreditation status and placed the program on its "limited accreditation" status, which is effectively a probationary status that is applied when there are, "...specific deficiencies in one or more Standards that affect student outcomes or safety" (Exhibit 19, p. 1). The agency conferred an "accreditation" status to the program, though the program did not meet the agency's standards. The Secretary's definition for "accreditation" under section 602.3, "means the status of public recognition that an accrediting agency grants to an educational institution or program that meets the agency's standards and requirements." Therefore, removing a program from "preaccreditation" status, a status that means in accordance with section 602.3, "the status of public recognition that an accrediting agency grants to an institution or program for a limited period of time that signifies the agency has determined that the institution or program is progressing towards accreditation and is likely to attain accreditation before the expiration of that limited period of time," from a program is not compliant with the spirit of this section because the program did not attain accreditation within the provided time frame.

The agency must demonstrate that it effectively applies its policy on preaccreditation.

§602.17 Application of standards in reaching an accrediting decision.

The agency must have effective mechanisms for evaluating an institution's or program's compliance with the agency's standards before reaching a decision to accredit or preaccredit the institution or program. The agency meets this requirement if the agency demonstrates that it--

(f) Provides the institution or program with a detailed written report that assesses--

- (1) The institution's or program's compliance with the agency's standards, including areas needing improvement; and**
- (2) The institution's or program's performance with respect to student achievement;**

and

The agency provided sample site team reports that reflect that the site team report includes a descriptive narrative under each standard, though as explained under section 602.16(a)(1)(i) and (ii), it is not clear when the agency would designate a program out of compliance with an agency's standard thereby warranting a "limited accreditation" status. It appears from the agency's policy manual that "limited accreditation" is only applied in cases where deficiencies affect student outcomes or safety. It is not clear on what basis the COE would

make that determination. Therefore, areas of compliance or non-compliance with regard to the agency's student achievement and curriculum standard are not clearly stated.

As a result of the agency's policies and the inconsistencies between the site visit report templates and published standard, it is not clear that the agency provides the program with a detailed written report that assesses a program's performance with respect to student achievement. The agency's threshold, and a program's performance relative to it, is also not reflected in the agency's standard or site visit report.

Analyst Remarks to Response:

The agency's non-compliance under this section is related to its findings under section 602.16, which remedy includes more clearly written and detailed site visit reports, and written guidance to site visitors regarding findings of compliance and non-compliance. The agency uses the NAVLE pass rate as one outcome measure and analyzes five-year trend data for placement and completion.

Though the agency has made minor changes to its policies, Department staff still finds the wording of its policies unclear. Section 17.5 for example states that "ideally" all standards are met and exceeded, but that in "reality," compliance with a given standard may be "partial," and that "full accreditation" status will be awarded even if standards are found in substantial compliance. The policy further states that if minor deficiencies are identified, the Council may determine that a college is in substantial compliance, seemingly equating partial compliance with minor deficiencies. In its Policy 10.3, the agency states that full accreditation is granted when a college is in compliance with all but one or two Standards "and the Council is convinced that student outcomes are minimally affected." Policy 10.3 further states that areas of full compliance could be deemed to be fragile and designated as "At Risk" and that "only potential deficiencies that are expected to impact the educational outcomes are placed in this category." Limited Accreditation is granted (policy 10.4) to a college that "has specific deficiencies in one or more Standards that affect student outcomes or safety."

Department staff finds that the agency's different categories of what constitutes "substantial compliance" versus "non-compliance" are not clearly defined in written guidance. By remedying these ambiguities in its policies and site visit reports, the agency may also be able to provide a detailed written report that assesses a program's performance with respect to student achievement.

§602.20 Enforcement of standards

(a) If the agency's review of an institution or program under any standard indicates that the institution or program is not in compliance with that standard, the agency must--

(1) Immediately initiate adverse action against the institution or program; or

(2) Require the institution or program to take appropriate action to bring itself into compliance with the agency's standards within a time period that must not exceed--

(i) Twelve months, if the program, or the longest program offered by the institution, is less than one year in length;

(ii) Eighteen months, if the program, or the longest program offered by the institution, is at least one year, but less than two years, in length; or

(iii) Two years, if the program, or the longest program offered by the institution, is at least two years in length.

The agency has policies which require a program to take appropriate action to bring itself into compliance with the agency's standards within a time period that must not exceed two years. However, the way that the agency's standards are written and applied, it is not clear whether a program that has been awarded full accreditation and substantial compliance, is subject to the two year requirement. Though the agency's decision letters reflect that programs must respond to substantial compliance deficiencies within two years, as evidenced by some of the interim reports provided, programs are not always able to resolve the deficiencies upon submission of an interim report, and are then required to submit another interim report. It is not clear the timeframe under which such cases are resolved, and if they are resolved within the two-year time frame. A program could conceivably be out of compliance with an agency's standard, (not in full compliance), and continue to be out of compliance indefinitely.

Additionally, despite what the agency's policy manual states, the agency's narrative states that only those programs under limited accreditation or terminal accreditation are subject to the two-year rule. As evidenced by some of the site visit reports submitted, the agency has not clearly defined compliance or non-compliance for its standards, or, rather, the agency has limited its ability to find a program out of compliance and placed on limited accreditation status for cases in which the deficiencies "affect student outcomes or safety," a narrower construct of educational quality then, for example, some of the agency's standards in and of themselves, which may have a more indirect relationship with student outcomes or safety.

Analyst Remarks to Response:

The agency has provided evidence of its adherence to a practice of enforcement timelines, but the agency's practice and the agency's policies are discrepant. Though the agency's policies state that "substantial compliance" subjects programs to the two-year time frame, the agency's original narrative states that only "limited accreditation" and "terminal accreditation" are subject to the time frame. It is also not clear whether the agency enforces its time frames on a consistent basis. The agency must ensure that it requires programs to take appropriate action within the time frames required under this section .

(b) If the institution or program does not bring itself into compliance within the specified period, the agency must take immediate adverse action unless the agency, for good cause, extends the period for achieving compliance.

The agency provided evidence of a program that was placed on limited accreditation, and where limited accreditation was continued for an additional two years based on good cause. However, the agency has no written policies to guide decision-makers on cases that would constitute good cause, or to ensure that it is infrequently applied in accord with the spirit and requirements of this section. Additionally, the agency's written policies on enforcement - as elucidated in the previous section - raise concerns regarding the agency's enforcement action and applications of good cause.

Analyst Remarks to Response:

The agency has since implemented written guidance regarding its use of good cause extensions and has indicated in its narrative that extensions for good cause are rare. The agency's policies provide for an extension for good cause of two years and for further extensions at the end of an assigned period of limited accreditation based on the Council's evaluation, but without an indication of the duration of further extensions, nor the number of extensions that could be granted. The documentation provided of a program placed on limited accreditation in 2008 shows that the agency granted a 2-year extension for good cause in 2010, and then extended that for an additional year (until 2013). The agency's actions are in accord with its policies, as the program is involved in a major renovation of facilities. Nonetheless, the program has already been out of compliance with the agency's standard for 4 years, and is not expected to be in compliance for at least another year. The open-ended nature of the policy raises concerns about the effectiveness of the agency's enforcement of its standards. The agency must develop and adhere to clearer guidance regarding its good cause extensions to ensure that programs do not remain non-compliant with the agency's standards indefinitely.

§602.21 Review of standards.

(a) The agency must maintain a systematic program of review that demonstrates that its standards are adequate to evaluate the quality of the education or training provided by the institutions and programs it accredits and relevant to the educational or training needs of students.

(b) The agency determines the specific procedures it follows in evaluating its standards, but the agency must ensure that its program of review--

(1) Is comprehensive;

(2) Occurs at regular, yet reasonable, intervals or on an ongoing basis;

(3) Examines each of the agency's standards and the standards as a whole; and

(4) Involves all of the agency's relevant constituencies in the review and affords them a meaningful opportunity to provide input into the review.

The agency's program of review entails an annual review of four of the agency's standards. Though the agency provided evidence of the results of its most recent review in 2012, and notifications for comments in 2010 and 2011 suggesting that the agency's program review occurs at regular intervals, the agency's method of focusing on four standards does not comply with the requirements of subsection (3) above that the agency examine the standards as a whole. Though the agency has provided evidence of its survey instrument and the comments it has received from its survey, it is not clear how the information is integrated into the agency's program of review, thereby calling into question the comprehensive scope of its program of review in accordance with (1) above, and its involvement of the agency's relevant constituencies in the review in accordance with (4) above.

Analyst Remarks to Response:

The agency provided the results of a survey instrument as evidence of a comprehensive review, however, it appears that the survey focused on the breadth of interpretation of each standard to quantify results, and did not solicit substantive changes or feedback to the standards. The agency must demonstrate that it has and abides by policies that require a systematic program of review in accordance with subsections (1), (3), and (4) of this section.

(c) If the agency determines, at any point during its systematic program of review, that it needs to make changes to its standards, the agency must initiate action within 12 months to make the changes and must complete that action within a reasonable period of time. Before finalizing any changes to its standards, the agency must--

- (1) Provide notice to all of the agency's relevant constituencies, and other parties who have made their interest known to the agency, of the changes the agency proposes to make;**
 - (2) Give the constituencies and other interested parties adequate opportunity to comment on the proposed changes; and**
 - (3) Take into account any comments on the proposed changes submitted timely by the relevant constituencies and by other interested parties.**
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The agency has provided evidence of its proposed changes and solicitation of comment from deans of colleges, which are also posted on the agency's website for the public and interested constituencies. The agency provided evidence that its constituencies respond to the agency's solicitation for comment. However, it is not clear whether and how the agency took into account any comments on the proposed changes submitted timely by the relevant constituencies and by other interested parties in accordance with subsection (3) above. Though the agency has stated in its narrative that all comments are considered during the Council's next meeting and final adoption of the revised standard, the 2012 minutes that the agency provided only reflect the adoption of the changes and does not reflect any discussion or consideration of the many comments that the agency received regarding the proposed changes.

Analyst Remarks to Response:

The agency is adopting measures to better document its revision of standards process to reflect that it takes into account any comments on the proposed changes submitted timely. The agency has responded in its narrative that it will ensure to include salient discussion points in its meeting minutes regarding standards revision. Though the agency has pointed out examples where it dropped proposed changes due to commenters' concerns, the agency has responded that it will better document such changes for the future, and make the changes to its review of standards process in the previous section. Therefore, the agency must provide evidence of its revised documentation to demonstrate that it takes into account any comments on the proposed changes submitted timely by the relevant constituencies and by other interested parties.

§602.23 Operating procedures all agencies must have.

(b) In providing public notice that an institution or program subject to its jurisdiction is being considered for accreditation or preaccreditation, the agency must provide an opportunity for third-party comment concerning the institution's or program's qualifications for accreditation or preaccreditation. At the agency's discretion, third-party comment may be received either in writing or at a public hearing, or both.

The agency has and abides by policies to provide public notice that a program subject to its jurisdiction is being considered for accreditation or preaccreditation, and publishes requests for third-party comment from the public, via its AVMA print journal, and through a news bulletin sent to AVMA members via e-mail. The AVMA print journal is a subscription journal, and the news bulletin includes notice only to AVMA members. The agency's policy and practice does not constitute notice to the public given that it is targeted only to subscribers of its print journal and its AVMA members.

Analyst Remarks to Response:

Though the agency demonstrates that it announces upcoming site visits on its public website, it does not appear that the agency provides an opportunity for third-party comment concerning the program's qualifications for preaccreditation or accreditation. The agency must demonstrate that it provides an opportunity for third-party comment concerning the program's qualifications for preaccreditation and accreditation in providing public notice that a program subject to its jurisdiction is being considered for accreditation or preaccreditation.

§602.26 Notification of accrediting decisions

The agency must demonstrate that it has established and follows written procedures requiring it to provide written notice of its accrediting decisions to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public. The agency meets this requirement if the agency, following its written procedures--

(b) Provides written notice of the following types of decisions to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution or program of the decision, but no later than 30 days after it reaches the decision:

- (1) A final decision to place an institution or program on probation or an equivalent status.
- (2) A final decision to deny, withdraw, suspend, revoke, or terminate the accreditation or preaccreditation of an institution or program;
- (3) A final decision to take any other adverse action, as defined by the agency, not listed in paragraph (b)(2) of this section;**

The agency's policy and practice for notification to the public and to State licensing authorities is to update its directory listing posted on its website. This does not constitute a notification under this section; the agency must demonstrate that it notifies the public and State licensing authorities in accordance with the requirements of this section. The agency's policy states that it will notify the appropriate entities within 24 hours of its notification to the program, though the requirements under this section state that such notification must occur "at the same time."

The agency must ensure that it has and adheres to policies that require "same time" notification under the requirements of this section. The agency must also ensure that it notifies the public and State licensing authorities in accord with the requirements of this section.

Analyst Remarks to Response:

Though the agency has issued its probationary status to programs, it has not provided evidence of its notification as required under this section. ("Limited accreditation" decision letters provided under section 602.17(f) of this petition do not include notifications to the public and State licensing authorities as required under this section.) The agency also has not addressed in its narrative, the requirement for a "same time" notification.

(c) Provides written notice to the public of the decisions listed in paragraphs (b)(1), (b)(2) and (b)(3) of this section within 24 hours of its notice to the institution or program;

The agency has compliant policies under this section. Staff attempted to confirm that the agency posts information to its website regarding commission actions, but was unable to find such information. The agency does post a list of accredited programs, but the list does not include the accreditation status or information about when the program was reviewed. Under this criterion, an agency has to make information available to the public regarding its positive and negative accrediting decisions within 24 hours of its notice to the program. To do so, it must associate the notification with a specific decision-making meeting.

Analyst Remarks to Response:

The agency has provided the link to its website which provides notification of positive decisions to the public. The agency has stated that it will include negative decisions on this link as well. However, though the agency has issued its probationary status to programs, it has not provided evidence of its notification as required under this section.

PART III: THIRD PARTY COMMENTS

Staff Analysis of 3rd Party Written Comments

A total of 13 written third-party comments were received regarding this agency. All of the comments recommend against the agency's continued recognition. One of these comments was from a member of the general public and questioned broadly the sufficiency of the ethics training in preparing veterinarians. The agency does require under its curriculum standard that schools provide, "opportunities throughout the curriculum for students to gain an understanding of professional ethics."

The remaining 12 comments are related and are all from scholars of veterinary medicine, five comments of which represent educators and administrators in five of schools that the agency currently accredits. One of the comments received includes signatures from seven professors and researchers from schools of medicine, schools of veterinary medicine, a school of public health, and an adviser of toxicology and human health risk analysis. Two comments are from a retired CEO of an animal hospital, and a practitioner. Attachments to the comments include published scholarly articles regarding the agency's application of standards in the case of for-profit schools, and workforce needs in the veterinary profession.

The comments express concern regarding the agency's independence from the association and thereby its ability to reach impartial accrediting decisions. The comments also allege that the agency represents a commercial bias that favors corporate veterinary practice. Commenters assert that such a focus has compromised the rigor of veterinary education and has deteriorated the quality of the veterinary profession's research and scientific contributions. The comments also allege that the agency does not apply its standards as they are written and that the agency does not apply its standards consistently; asserting that the agency is out of compliance with the Secretary's criteria under sections 602.15, 602.17, and 602.18. The comments also object to the agency's accreditation of four for-profit schools (three foreign, one domestic), for which the commenters allege that the schools were granted accreditation despite not having met the agency's standards. Commenters also expressed concern regarding the agency's responsibilities in monitoring enrollment data and contend that the agency's lack of oversight has contributed to a supply and demand problem in the profession, leading to graduates unable to repay their student debt, and a stagnation of wages in the profession. Finally, one of the comments asserts that the agency does not demonstrate wide acceptance among educators, educational institutions, practitioners, and employers as required under section 602.13.

As elucidated in this staff analysis, Department staff does have concerns regarding the agency's application of its student achievement and curriculum standard, related to the agency's enforcement obligations under section 602.20 of the Secretary's criteria. Furthermore, because representatives of five of the 28

accredited schools commented against the agency's continued recognition, Department staff also questions the agency's wide acceptance among educators and educational institutions (section 602.13), particularly those peer educators for whom it fulfills its accrediting function. Related, Department staff also has concerns regarding the agency's systematic program of review and the process it adopts to ensure that it takes into account the comments it has received regarding its standards (section 602.21). And though Department staff found that the agency did provide evidence that it reviewed programs with increases in enrollment data, the agency does not have written procedures to guide reviewers in their analysis of enrollment growth as required under section 602.19(c) of the Secretary's criteria.

The commenters did not specify the subsections for the respective sections of alleged noncompliance. Because the agency is a non-Title IV accrediting agency, it is not subject to separate and independent provisions. Department staff found that the agency had clearly stipulated procedures for the selection of its Council members from representatives from the field of veterinary medicine to include educators and practitioners in accord with section 602.15; such selection procedures include sixteen appointments from the association. Because the agency is a programmatic accreditor, the association's appointments - in and of themselves - are not prohibited by the regulations.

Department staff also found that the agency had written conflict of interest guidelines and that the agency had provided evidence of its application, for example, by documenting recusals during a decision meeting. However, as elucidated under section 602.15(a)(6)(ii) and (iii), Department staff has concerns regarding the agency's policy and practice of having Council members represent the majority of the site visit team as well as participate in the decision-making process of a program, thereby introducing a potential conflict of interest into the accreditation process and significantly limiting participation of the membership in the accreditation review/approval process. Given the agency's narrative and provision of evidence, Department staff found the agency substantially in compliance under sections 602.17 and 602.18.

However, as stated previously and within the respective sections of this analysis, Department staff believes that many of the commenters' concerns may be addressed by the noncompliance findings of this analysis, particularly with regard to conflict of interest, enforcement action, student achievement, curriculum, wide acceptance among educators, monitoring of enrollment growth, and systematic program of review. In the absence of supporting information, Department staff could not make an assessment on the agency's alleged misapplication of standards in the case of the for-profit schools in question. The agency's foreign accrediting activities are outside the scope of the agency's review for continued recognition. And, as stated previously, the agency is not subject to separate and independent provisions as a programmatic accrediting agency.

In sum, the agency must respond to the following issues raised by the third-party commenters:

1) One commenter alleges that employees of the Association participate in the decision-making process of the Council, though the Council roster does not reflect their participation. Section 602.14(a)(2), the agency's category, stipulates that the agency is constituted by a volunteer membership. Please explain whether and how Association employees participate in the agency's accreditation process.

2) The same commenter alleges that Council members were not apprised of the agency's submission for continued recognition and that documents submitted on behalf of the Council to the Department were withheld from the membership. Please describe how the agency prepares its submission to the Department and how Council members - as the recognized entity - participate and prepare such submission.

3) Another commenter alleges that the Western University of Health Sciences College of Veterinary Medicine (Western) was granted accreditation and found in compliance with agency standards despite violating standards 4, 6, 8, 9b, and 10. Please describe the agency's application of these standards in the case of Western.

Agency Response to 3rd Party Comments

1) COE staff members attend Council meetings and site visits to support the members. The responsibility of staff is not to create policy or to make accreditation decisions. Rather, it is to provide sufficient background information to allow members to make informed decisions and to execute those decisions. Staff serve an administrative role. They have no vote and limited voice during Council meetings. Staff provide a source of institutional memory and member training to ensure continuity and consistency in the accreditation process.

Staff is obligated to follow COE policies and procedures first and foremost when carrying out their responsibilities. If there is any question about the interpretation of COE policies and procedures or a COE decision, the Chair is consulted. If the issue is time sensitive and the Chair believes the decision or interpretation of existing policy requires wider input, the COE Executive Committee is consulted. If the Chair and/or the COE Executive Committee believe the situation calls for consultation with the entire Council, then e-mails are sent or a conference call is scheduled. Staff notifies the full Council of any significant decisions or actions taken between meetings at the direction of the Chair. Decisions that are not time sensitive automatically go on the agenda for consideration by the full Council at the next regularly scheduled meeting.

2) It is not always apparent to every member that staff works through the Chair and Executive Committee to serve the Council on a day to day basis, which can lead to unfortunate misperceptions regarding how staff functions. Preparation of the USDE submission for recognition renewal was a time consuming task - well beyond any reasonable expectation for volunteers with active, full-time responsibilities outside the COE. It took multiple staff more than over 200 hours

to assemble the current submission and many more hours devoted to meetings and workshops to understand the statutes, regulations, and guidelines attendant to the process. The entire document, including evidence, was reviewed and approved by the Council Chair prior to submission and placed on the next COE agenda for your review. Staff is responsible for ensuring that all COE policies and procedures are in complete alignment with USDE and CHEA recognition guidelines and followed to the letter.

3) The commentary in the Journal of the American Veterinary Medical Association written by the dean of the Western University of Health Sciences, College of Veterinary Medicine in response to the commenter's earlier commentary in the same journal eloquently and accurately addresses many of commenter's concerns. The primary difference between the Council's assessment and the commenter's is mentioned by Dean Nelson. The COE has visited the College and its core distributed sites many times over the last 10 years. The commenter has not. The College has acted on every recommendation provided by the Council and moved from Provisional to Limited to Full accreditation during that span.

Briefly, the college is compliance with Standard 4, Clinical Resources, because a sufficient number of normal and diseased animals is available for student instruction; students are intimately involved in all aspects of healthcare management; and medical records are comprehensive and retrievable. The college is in compliance with Standard 6, Students, because the number of professional degree students is consistent with the resources and mission of the institution; student support services are readily available; post-DVM training programs are offered that complement and strengthen the veterinary professional training program; appropriate enrollment and licensure information is available; and a method is available for collection of anonymous student comments regarding accreditation. Standard 8, Faculty, is in compliance because the number and qualifications of faculty are sufficient to deliver the educational program and fulfill the mission of the institution; faculty development opportunities are available and the criteria for evaluation and advancement are fair; and processes are in place to ensure faculty stability and continuity of instruction. Standard 9, curriculum is in compliance because the curriculum includes a minimum of one year of hands-on clinical instruction; students acquire understanding of basic biological principles and applied clinical applications of veterinary medicine; the scope and sequence of coursework, and rigor and content of the curriculum are appropriate; the curriculum is the purview of the faculty; the institution has a central curriculum committee, the majority of whose members are full-time faculty members, that manage and regularly reviews the entire curriculum; and the grading system is relevant and applied fairly and uniformly. Standard 10 is in compliance because high-quality research programs are supported by the institution that integrate with and strengthen the veterinary teaching program. The NAVLE pass rate for the institution in question was 98% in 2011, three percentage points above the average for all accredited schools. In summary, the institution in question has been thoroughly reviewed by the COE and found to be in compliance with the Standards. The institution employs a

non-traditional, distributive model for clinical education that the COE determined to be innovative, effective, and compliant with the expectations established in the Standards for Accreditation.

Staff Analysis of Agency Reponse to 3rd Party Comments

The agency has responded to #1 above with respect to COE staff and not Association staff. The third-party comments refer to the participation of AVMA staff members other than COE staff in the decision-making process.

The agency has responded that COE staff has worked primarily with the Chair and Executive Council with regard to preparing the petition for continued recognition which may have led to "unfortunate misperceptions" regarding how the staff functions. Department staff expects that requirements regarding the Secretary's criteria are appropriately and expeditiously relayed to decision-makers as they are the recognized entity.

The agency has provided a narrative response with regard to #3, which, in the absence of a site visit report and decision letters, prevent Department staff from fully analyzing the agency's application of standards with respect to the sections raised by third-party commenters. Furthermore, as elucidated under section 602.16(a)(2), the agency's practice - as in the case of Western - to grant preaccreditation, then award an accreditation status that is probationary in effect, is non-compliant with the Secretary's criteria.

As stated previously, the agency must remedy the noncompliance findings (which sometimes overlap with third-party commenters' concerns) as outlined by this analysis.