

Accreditation Council on Orthopaedic Manual Physical Therapy Education



Policies and Procedures

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Table of Contents

Introduction.....	6
ACOMPTE.....	7
Scope of Accreditation.....	8
Establishing, Revising, and Implementing Accreditation Standards and Policies & Procedures.....	8
Communication with ACOMPTE	9
The Accreditation Process.....	9
Overview of Initial Accreditation Steps for New Programs.....	9
Content Expert (Or Subject Expert)	9
Council Liaison.....	9
Program Eligibility.....	9
Timelines for New Program Applications.....	10
Fee Schedule	10
Initial Review of the New Program Application.....	10
Admission of FiTs.....	11
Candidacy Status Disclosure.....	11
Candidacy Status Next Steps.....	11
Program Changes During the Candidacy Period.....	11
Changes in Program Director.....	12
Requests for Additional Information.....	12
Withdrawal from the Accreditation Process.....	12
Scheduling the Site Visit for New Programs.....	12
Renewal of Accreditation Process.....	12
Scheduling Site Visit Dates.....	13
Participant Satisfaction Survey.....	13
Self-Evaluation Report and Exhibits.....	13
Site Visits.....	13
New Program Site Visit.....	13

Renewal of ACOMPTE Accreditation.....	13
Requirements for Virtual Site Visits.....	14
Virtual Site Visit Process.....	14
Purpose of Site Visit and Role of Team.....	15
Site Visit Team Selection.....	15
Team Leader Responsibilities.....	15
Content Expert (or Subject Matter Expert).....	16
Council Liaison.....	16
Reviewer in Training (RiT or Trainee).....	16
Site Visit Team Responsibilities.....	16
Possible Compliance Findings.....	16
Site Visit Team Report	17
Program Response.....	17
DUAL Accreditation Pathways.....	18
Re-Accreditation Pathway #1.....	18
Re-Accreditation Pathway #2.....	18
ACOMPTE Accreditation Decisions.....	19
Initial and Renewal of Accreditation Decision.....	19
Date of Initial Accreditation.....	20
Appeals.....	20
Appealing the Council’s Adverse Decision.....	20
Written Statement.....	20
Appeal Panel.....	21
Consideration and Decision of the Appeal.....	21
Appeal Panel Decisions.....	21
Appeal Panel Hearing.....	22
Council Receipt and Implementation of Appeal Panel Decision.....	22
Notification and Public Disclosures of Accreditation.....	23

Initial and Renewal of Accreditation.....	23
Authorized Statement.....	23
ACOMPTE Accreditation Logo Use.....	23
Other Unaccredited Programs.....	24
Public Disclosure of Probation Decision.....	24
Public Disclosure of Adverse Decisions.....	24
Resigning or Voluntarily Withdrawing Accreditation.....	25
Accreditation Lapses.....	25
Scope of Public Information.....	25
Confidentiality of Records.....	25
Sharing Information with Government Entities and Other Accrediting Organizations.....	25
Authorized Disclosure of Information.....	25
Correction of Misleading or Inaccurate Information.....	26
Record Retention.....	26
Maintaining Accreditation.....	26
Interim Reports.....	26
Annual Reports.....	27
Failure to Submit Annual Report and Fees.....	27
ACOMPTE Review and Follow-Up Action.....	27
Focused Review.....	28
Complaints (Accredited Programs, Applicant Programs, and ACOMPTE).....	28
Definition of Complaints and Limitations.....	28
Required Publication of Complaint Process.....	29
Submitting Complaints.....	29
Records of Complaints.....	29
Complaints Against Accredited Programs.....	29
Complaint Actions.....	30
Complaints Against Applicant Programs.....	31

Complaints against ACOMPTE.....	31
Substantive Changes.....	31
Integrity Related to Program Closure and Teach-Out Plans.....	32
Force Majeure.....	33
Glossary.....	34

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 or The Academy) 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 distinguishes 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 clinical subspecialty expertise in OMPT, the FiT develops 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.

“Orthopaedic manual physical therapy is a subspecialty of physical therapy featuring a systematic active approach for management of a broad spectrum of physical disorders. Based on a patient-centered advanced clinical reasoning model taught in fellowship training. OMPT has key distinguishing characteristics that include expertise in hands-on interactive examination and treatment strategies inclusive of thrust and non-thrust manipulation. Essential to OMPT is a focus on continuous reassessment through all aspects of care, synergistic application of carefully designed and dosed exercise, and a patient-centered long-term mindset driven by the available scientific and clinical evidence, and the biopsychosocial framework of each individual patient.”

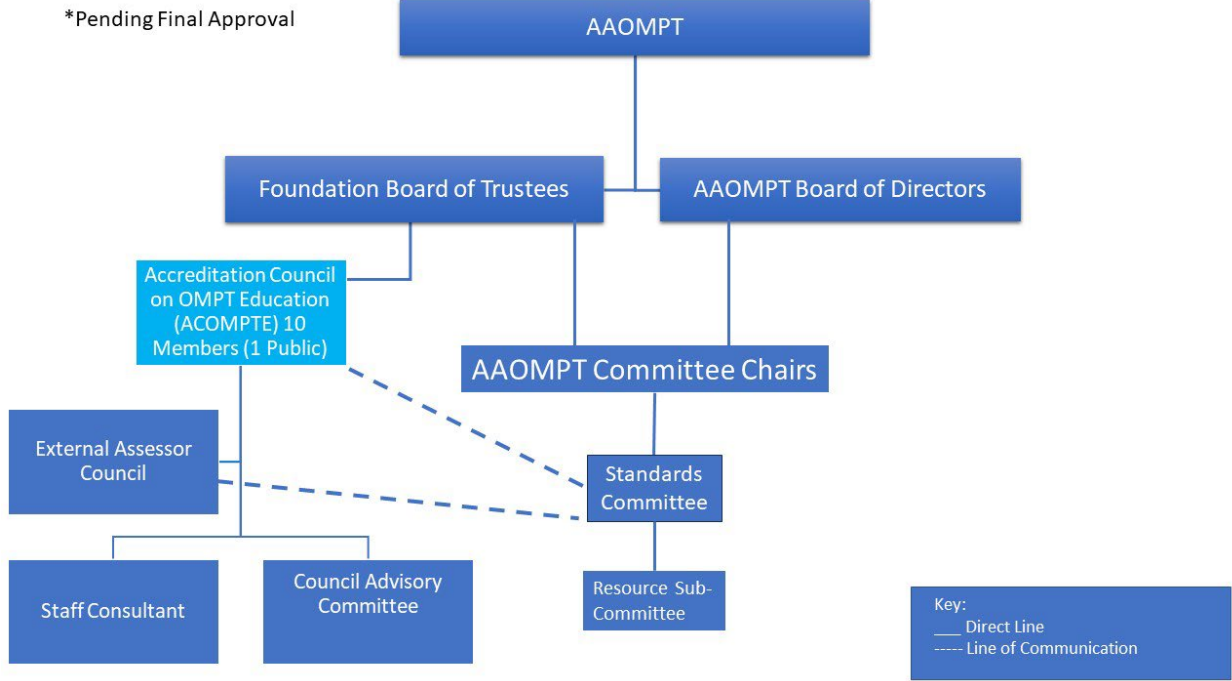
(Silvernail JL, Deyle GD, Jensen GM, Chaconas E, Cleland J, Cook C, Courtney CA, Fritz J, Mintken P, Lonnemann ME. Orthopaedic Manual Physical Therapy: A Modern Definition and Description. *Phys Ther*. 2024 Mar 8;pzae036. doi: 10.1093/ptj/pzae036. Epub ahead of print. PMID: 38457654.)

Accreditation Council for Orthopedic 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 administrative support for ACOMPTE is referred to as the ACOMPTE staff.

The American Academy of Orthopedic 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 etc. but keeps the AAOMPT separate from the decisions of ACOMPTE.



Scope of Accreditation

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

- Meet the ACOMPTE interim standards published in 2020;
- 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 (ACOMPTE Interim 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.

Communication with ACOMPTE

Any formal or informal communication that needs to be addressed by ACOMPTE (i.e. reviewers or council members) must be sent to the ACOMPTE staff. This includes electronic or phone call outreach from Program Directors, Fellows of the Academy, members of the Academy, the public, or any other party who wishes to reach out to ACOMPTE. The ACOMPTE staff will forward all communication to ACOMPTE or the appropriate party to address the questions, comments or concerns.

The Accreditation Process

Overview of Initial Accreditation Steps for New Programs

While each member of the site visit team should understand all aspects of the program and the submitted Self Evaluation Report (SER), the Accreditation Report Rubric focus for the Team Lead includes Sections 1,4, and 5.

Content Expert (or Subject Matter Expert)

The Content Expert is always a FAAOMPT who looks closely at the curricular content of the program along with any specific standards related to hours, testing/examinations, syllabi details, etc, as they relate to Dimensions 1-10, and the observed mentoring session(s) of the accreditation or re-accreditation. While each member of the team should understand all aspects of the program and the submitted SER, the Accreditation Report Rubric focus for the Content Expert includes Sections 2, 3 and 5.

Council Liaison

For each program undergoing new program or renewal of accreditation, one member of the Council will serve as a liaison to the site team to provide consultation as questions arise, participate in the site visit as needed, and provide a summary of the site visit findings to ACOMPTE.

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 the standards or if the administrative load requires additional support. (Part III 3.5).
- **Curriculum:** Developed from and addresses the most recent version of the Description of Advanced Specialty Practice (DASP), and/or ACOMPTTE 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.

Timelines for New Program Applications

Newly developing programs and programs which have never been accredited by ACOMPTTE will undergo the new program application processes. - Starting in 2025, new program applications can be submitted on April 1 and September 1 of each year.

Fee Schedule:

https://aaompt.org/Foundation/Foundation/ACOMPTE/Program_Information.aspx?hkey=da9f7768-22ae-4f13-8fde-b33b1a210b9a

Initial Review of the New Program Application

New programs must complete the New Program Application for Accreditation. The application, and any supporting documentation, is submitted to the ACOMPTTE. The ACOMPTTE staff notifies the ACOMPTTE Chair who works with the External Assessor Council Co-coordinators to distribute the application to a minimum of one Council member for initial review of compliance with the eligibility requirements, using the New Program Application Checklist. The selected Council member reviews the program’s application and provides 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. This review is completed no later than 6 weeks following submission of the completed application. The ACOMPTTE staff forwards the formal ACOMPTTE Candidacy Application Checklist to the new program.

If concerns are identified during the initial review, the program has up to eight weeks to address the reviewer concerns and resubmit the application to ACOMPTTE, and the process is repeated. This is intended to be a consultative process. When the application is satisfactory to Council reviewers or after the application has been resubmitted twice using this process, the application is considered by the full ACOMPTTE for a final decision about Candidacy status at the next monthly meeting. In the event that the

program needs more time to address reviewer comments, it must request an extension from ACOMPTE through the ACOMPTE staff.

If the application is accepted, the candidacy 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 Fellows-in-Trainings

Fellows-in-training (Fs) may be admitted to the program after the program has met the initial eligibility criteria as defined above and has been notified that they have been approved to move into Candidacy status. The site visit typically occurs when the participant(s) have been in the program for a minimum of 4-6 months. Refer to the section below on scheduling the site visit.

Candidacy Status Disclosures

A developing program publishes the following disclosures on its website and/or marketing materials, provides them to program participants, and documents that participants received notice of these disclosures. Granting of candidacy 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 candidacy status fails to publish the required disclosures, listed immediately below in italics, ACOMPTE will suspend consideration of the program.

[Name of Program] has achieved candidacy status for accreditation with ACOMPTE. Achieving candidacy status is not an indication that ACOMPTE will grant initial accreditation. If granted initial accreditation, the effective date of such accreditation will be the date of the site visit upon which the successful accreditation decision was based.

Candidacy Status Next Steps

After achieving candidacy status, a program has up to four (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 twelve (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 Candidacy Period

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

Changes in Program Director

If the director of a program in candidacy unexpectedly leaves the role, the 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 a program in candidacy 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

A 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.

Scheduling the Site Visit for New Program Applications

Programs undertaking the initial accreditation process will host an in-person site visit by site team members. The site visit team will be selected, and the site visit dates will be scheduled at a mutually acceptable time for both the program and the site visit team members. A program submits the final SER with exhibits and a proposed site visit agenda at least eight (8) weeks prior to the scheduled onsite visit. Programs should review in detail the ACOMPTE Program Director Site Visitor Manual, SER, and required exhibits to ensure that all required documents are being prepared for submission. Failure to submit materials within this timeframe may result in cancellation of the site visit at the program's expense. The number of site visits to be scheduled for a program will be determined by the guideline document entitled: Clarifying information for ACOMPTE accredited programs re in-person / virtual site visits, December 2021.

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 SER, exhibits, and proposed site visit agenda at least eight (8) weeks prior to the scheduled onsite visit. Programs should review the ACOMPTE Program Director Site Visit Manual, the SER and related exhibits in detail to ensure that all required documents are being prepared for submission. Failure to submit materials within this timeframe may result in cancellation of the site visit at the program's expense.

Scheduling Site Visit Dates

The ACOMPTE staff will notify the program as to how many practice site observations and mentoring observations that need to be scheduled.

The ACOMPTE staff provides the accredited program with a scheduled site visit date within four to six (4-6) months after the renewal of accreditation notification is sent to the program. 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 in accordance with 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 six weeks prior to the scheduled onsite visit. Providing a secure link is also an acceptable method of document transmission.

Site Visits

New Program Site Visit: A comprehensive site visit is conducted to assess the program's full compliance with ACOMPTE Standards. For accreditation of a newly developed program or one that has not previously been accredited by ACOMPTE, site visits are two (2) days in length: one (1) day in person, on-site; and one (1) day of virtual meetings.

Renewal of ACOMPTE Accreditation: 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 of ACOMPTE and the Team Lead). 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 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 Lead 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 Lead 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 – he/she is 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 Lead, 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 is demonstrating 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

The site visit team will be composed of a minimum of three members 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, an OMPT program Content Expert, and the ACOMPTE Liaison. One of the team members must be an FAAOMPT. The Council Liaison may or may not be in attendance at the site visit but continues to oversee the entire accreditation process. One or two Reviewers in Training (RiT) may be added to the team, as necessary, for training purposes. Each team member signs a conflict of interest and confidentiality policy form prior to service on a site visit team. The program works with the ACOMPTE staff to notify ACOMPTE within 10 calendar days of any perceived conflicts of interest that may be of concern to the program based on the list of External Assessors. The selected site visit team members will be identified to the program following selection.

Team Lead Responsibilities

The Team Lead 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 Lead assigns primary responsibility for certain standards to each team member for review. The Team Lead ensures all team members submit their individual Accreditation

Report Rubrics on time and compiles the team's reports to provide ACOMPTE with a clear representation of the program's compliance with published standards. While each member of the team should understand all aspects of the Program and the submitted SER, the Accreditation Report Rubric focus for the Team Lead includes Sections 1,4, and 5.

Content Expert (or Subject Matter Expert)

The Content Expert is always an FAAOMPT who looks closely at the curricular content of the Program along with any specific standards related to hours, testing/examinations, syllabi details, etc., as they relate to Dimensions 1-10, and the mentoring session(s) of the accreditation or re-accreditation. While each member of the team should understand all aspects of the Program and the submitted SER, the Accreditation Report Rubric focus for the Content Expert includes Sections 2, 3 and 5.

Council Liaison

An ACOMPTE Council member is assigned to each accreditation and re-accreditation team. His/her role is to fully understand the Program's submissions (SER and exhibits) and be available to the Team Lead for consultation on any areas of concern prior to, during or after the site visit. He/she does not have to add to the documentation in the rubric. Once all aspects of the new program accreditation or reaccreditation rubrics are completed by the site team, the Council Liaison has four (4) weeks to review the findings. This review may or may not include further consultation with the Team Lead. On completion of this process the Rubric is sent to the Program Director to review and respond. Program Director has (6) weeks to respond to any outstanding issues and requirements for additional documentation. Once the rubric and findings are finalized, the Council Liaison presents the findings to the ACOMPTE Council with recommendations for accreditation, re-accreditation or other accreditation decisions.

Reviewer in Training (RiT or Trainee)

A RiT is part of the team to learn the accreditation and re-accreditation process from start to finish. This training is step one in mentoring and preparation to take on a larger role on the team, first as Content Expert and with time and skill development, as a Team Lead. He/she is not expected to document in the rubric, but are to be present at all pre-, during and post site visit meetings. The RiT can assist in the interviews during the site visit based on prior experience and comfort level.

Site Visit Team Responsibilities

Prior to the site visit, each team member carefully reviews the program's SER and exhibits. 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 follows:

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 with respect 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

Four (4) weeks following the site visit, the site team members submit written reports to the Team Lead. Two (2) weeks after receiving the draft rubric from the Content Expert and other reviewers, e.g., reviewers-in-training, the Team Lead submits a final rubric to the Council Liaison and the ACOMPTE staff. The Council Liaison reviews this document within four (4) weeks. Once the Council liaison reviews the rubric and deems it ready to be forwarded to the program, the ACOMPTE staff forwards the team’s report/rubric to the program for a response.

Program Response

Upon receipt of the team’s report, the program has six (6) weeks to provide a formal response and supporting evidence regarding 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 standard(s) in question. The program may submit new or supporting information or correct any incorrect statements made in the accreditation report. The program must submit a formal response to the accreditation or re-accreditation rubric/report which is then reviewed by the Council Liaison. The response can be:

- If findings are “met” or “met with commentary,” the program response must acknowledge receipt and agreement with rubric findings. If they wish to respond to “met with commentary” they can do so. If not, the program generates a formal written response letter that accepts the findings as they are and sends this to the ACOMPTE staff.

- If findings are “partially met” or “not met,” the program must address areas of deficit with supporting documentation, as necessary, demonstrating a plan to meet ACOMPTE standards. This formal response letter is sent to the ACOMPTE staff.

Dual Accreditation Pathways - Interim Pathways

For programs that are dual accredited with the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) and ACOMPTE, there are two potential processes:

Re-Accreditation Pathway #1: ABPTRFE Review Performed with a FAAOMPT on the EA Accreditation Team

- Use the rubric from ABPTRFE to document into ACOMPTE accreditation report rubric based on document review, interviews, mentoring observation.
- Address IFOMPT Dimensions 1-10 by full review of courses/syllabi.
- Document findings with commentary in the IFOMPT column of the ACOMPTE rubric.
- Document in Sections 7 and 8 of the ACOMPTE rubric addressing the IFOMPT summary.
- Review team to address the same **aspects of** ACOMPTE rubric based on their ABPTRFE Role.
- A document outlining this pathway in more detail can be requested from the Foundation office.

Re-Accreditation Pathway #2: ABPTRFE Review Performed with FAAOMPT NOT on the EA Accreditation Team

- Review ABPTRFE SER and completed rubric.
- Reference the ABPTRFE rubric to transfer concomitant/similar information into the ACOMPTE rubric.
- Interview the program director using the ACOMPTE site visit interview questions.
- View one to two mentoring sessions in video format with appropriate pre- and post-mentoring discussions, documenting these in the rubric.
- View redacted documents for live patient exams (LPE), written exams, techniques exams, and any other materials that demonstrate program outcomes (e.g., capstone project or research).
- Address IFOMPT Dimensions 1-10 through full review of courses/syllabi.
- Document into the EA/IFOMPT Column findings with commentary
- Document in sections 7 and 8 of the ACOMPTE rubric the IFOMPT summary.
- A document outlining this pathway in more detail can be requested from the Foundation office.

ACOMPTE Accreditation Decisions

Initial and Renewal of Accreditation Decision

After the program has responded to the site visit 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 (5) 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 (5) or 10 years, respectively, if the Council deems it necessary to assure continued compliance with all criteria.

Accredit with 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 re-accreditation review. This status is conferred for a specific length of time and may not exceed three (3) 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 during which the 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 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 (e.g., 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 as 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

A 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 or was not supported by the record, or was consistent or inconsistent with ACOMPTE policies and 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 and procedures.

The Appeal Panel consists of three (3) 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 site visit 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 or was not supported by the record or was consistent or inconsistent with ACOMPTE policies and 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 ACOMPTE 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 ACOMPTE 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 that are not accredited by ACOMPTE.

If ACOMPTE staff determine 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 twenty-four (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 twenty-four (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 thirty (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 potential applicants, about accredited fellowship programs:

- Program name, address, telephone number, email address, and website;
- Name of program director and program coordinator, if applicable;
- Current program status (candidacy, 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 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, site visit teams' accreditation report(s), the response to report(s), 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 the accreditation process with ACOMPTE regarding accreditation and substantive change decisions, including all correspondence significantly related to those decisions; and
- Minutes of all ACOMPTE meetings.

Maintaining Accreditation

A program maintains accreditation on an ongoing basis by remaining in continuous compliance with all ACOMPTE standards, policies and procedures, and eligibility requirements. A 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 standards, the Council will typically require an interim report. The request for an interim report will specify the area(s) 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 it. Interim reports are accepted if the Council concludes, based on evidence provided, that the program has demonstrated full compliance with standards. If the program has not fully resolved the cited deficiencies within the timeframe specified by the Council, the Council will act to not accept the interim report and will a) withdraw the program's accreditation; or b) extend, for good cause, the time period within 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 March 31. The annual report and all supporting documentation are submitted via email or electronic platform 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. The program updates all faculty professional development.

Participant Practice Sites: A program reports any increase or decrease in participant practice sites in the previous calendar year, as well as providing a list of all practice sites.

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 report 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 March 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(s).

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 would be 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 to the ACOMPTE staff 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, and 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 and standards or about agency conduct inconsistent with good accreditation practices, may be forwarded to the ACOMPTE staff. Complaints must be in writing, must be specific and must be signed by the complainant. The 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
- A change/addition of clinical practice sites and/or mentors

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 the 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

GLOSSARY (adapted from the ACOMPTTE Glossary)

Admissions Offer Disclosures Checklist: An ACOMPTTE-created checklist that identifies the required items programs must incorporate in the FiT contract and handbook. The Admissions Offer Disclosures Checklist outlines the policies that must be disclosed to FiTs prior to, and as a part of, FiTs' offer of admissions. This checklist is Exhibit 5 and submitted as a part of the program's Self-Evaluation Report.

Annual Report: The ACOMPTTE requires all accredited fellowship programs to submit a report and fees annually by March 31st.

Assessment: A form of measuring FiTs' advancing mastery of major components within the curriculum and achievement of program outcomes.

Asynchronous: A method of using technology to provide distance or online educational methods, instruction, and learning when FiTs do not engage in activities in the same place at the same time for all FiTs (e.g., email, discussion boards, etc.).

Candidacy Period – After a program has met the initial eligibility criteria for ACOMPTTE accreditation, the program will be approved to move into the 'candidacy' period, during which the program will submit the SER and related exhibits prior to a site visit. Typically, the program does not accept fellows-in-training until they have been approved for the candidacy period; this is a choice of the program.

Clinical Practice Hours: Hours that are designed to assist the FiT to integrate didactic and clinical components of the curriculum and advance his/her skills and knowledge related to a broad spectrum of patient diagnosis/interventions as described in the DASP. Clinical practice hours may include observation of another non-FAAOMPT professional like a dentist, orthotist or certified hand therapist. If a non-FAAOMPT PT were mentoring a FiT, this would be counted as mentoring hours beyond the required minimum of 1:1 150 hours.

Defined Area of Practice: A program's curriculum encompasses the essential knowledge, skills, and responsibilities of an advanced physical therapist which is based on the results of an AAOMPT-approved analysis of practice as published within The AAOMPT Description of Advanced Specialty Practice (DASP).

Didactic/cognitive/theoretical: Description of course work that may include elements from the applied sciences related to clinical, medical, and behavioral sciences such as statistics, research design, biomechanics, neurobiology, etc. Refer to IFOMPT/ACOMPTTE Dimensions 1-5.

Educational Methods: Refers to the various learning activities a program can use to deliver instruction (e.g., didactic classroom instruction, journal club/reflection, discussion forums, home or independent study courses, problem solving sessions, and other planned educational experiences).

Educational Hours: Program hours not specific to direct patient care activities (e.g. didactic coursework, self-study, continuing education coursework, required readings, journal club, research, observation, etc.).

Fellow-in-training (FiT): an individual who is currently participating in an ACOMPTTE-accredited fellowship program.

Fellow-in-training (FiT) Achievement: Data collected by the program that demonstrates FiTs gained the knowledge, skills, and affective behaviors as published in the program outcomes. A program evaluates FiT achievement data throughout and at the end of the program to inform continuous improvements.

Fellowship Program: A post-professional planned learning experience comprising a curriculum that encompasses the essential knowledge, skills, and responsibilities of an advanced physical therapist within a defined area of subspecialty practice. A Fellow of the AAOMPT has completed an ACOMPT-accredited program.

Formative Evaluation: Assessment methods used to monitor FiT learning and provide ongoing feedback to FiTs during the learning experience. Results can be used by faculty to improve their teaching and by FiTs to adjust their learning style. These assessments are used as one indicator to predict final FiT evaluation results.

Goals: Describe the general aims or purposes of the program administration and its curriculum. Effective goals are broadly stated, meaningful, achievable, and lead to measurable outcomes. Goals provide a framework for determining the more specific educational program outcomes and are consistent with the mission. This framework informs curriculum development, continuous improvement efforts, financial stability, strategic planning, and program sustainability.

Hybrid: Educational methods that occur with a combination of in-person and virtual methods.

In-Person: Educational methods that occur face-to-face/on-site and in the physical presence of the faculty and FiT(s). In-person may also be used to refer to a site visit in which the site team performs an accreditation assessment of the program at the program's location.

Interim Report: A document supplied to an accredited program by its accrediting body within an accreditation cycle, indicating areas requiring development or improvement in order to meet accreditation standards. Refer to the ACOMPT Policies and Procedures manual for the requirements of the Interim Report.

Key Indicators: Types of measurable performance metrics identified by the program to gauge its performance over time. The program identifies quantitative and qualitative metrics that best communicate achievement of its mission, goals, and outcomes. The program identifies corresponding data that supports the key indicators which are regularly collected and evaluated. The results of this data inform continuous improvement efforts.

Live Patient Practical Examinations: A method of focused observation and evaluation of FiTs demonstrating their knowledge, clinical reasoning, and psychomotor skills in patient management during an in-person patient care encounter. Does not include simulated or mock scenarios.

Mentoring: Instructional guidance provided by advanced and experienced physical therapists as a part of a residency or fellowship program in a defined area of practice. Mentoring focuses on advancing FiTs' knowledge and expertise in a defined area of practice and is delivered as a continual learning experience provided on an ongoing basis throughout the duration of the program.

Mentoring models for delivery:

- **In person:** FiT and mentor are physically in the same room as the patient-client

- **Asynchronous:** FiT and mentor are receiving and giving feedback that has a time delay (e.g., text, phone message, email, video, WhatsApp, etc., not immediately answered)
- **Synchronous:** FiT and mentor are receiving and giving feedback immediately, in “real-time” (e.g., in person or live WebEx®, Skype®, Facetime®, etc.)
- Programs should strive for synchronous 1:1 in-person mentoring as the primary model of mentoring.
- **Virtual:** fellow-in-training and mentor are communicating but physically NOT in the same room as the patient-client. A virtual site visit may be conducted with the site team observing all or most aspects of the site visit online.

Mission Statement: A formally adopted statement of the fundamental reasons for existence, shared purposes, and values, including the defined area of practice and FiT population served. The mission guides growth, continuous improvement, and strategic initiatives.

Multi-Facility Program: A program instructional delivery method that uses more than one FiT practice site to conduct educational methods wherein every FiT rotates to each practice site over the course of the program (rotation).

Multi-Site Program: A program instructional delivery method that uses more than one FiT practice site to conduct educational methods wherein FiTs do not rotate to each practice site over the course of the program (no rotation).

Outcomes: Concise statements that flow from, and support, achievement of the program’s mission, goals and program objectives or key indicators. Program outcomes reflect the defined area of practice. Program outcomes reflect the specific knowledge, skills, and affective behaviors graduates demonstrate upon completion of the program. Program outcomes are observable, measurable, and focus on learning outcomes rather than curriculum inputs.

Patient-Care Clinic Hours: FiT time spent in patient care, documentation of patient care, direction and supervision of a physical therapist assistant or student during patient care, and conference/rounds on patient care. Mentoring hours are inclusive of the patient-care clinic hours (whether a program meets the minimum mentoring hours or exceeds the minimum mentoring hours).

Performance-Based Evaluations: A method of focused observation and evaluation of FiTs demonstrating their knowledge and skills in a defined area of practice.

Program Completion Rates: Annually, programs document their completion rates for the previous year for all FiTs in the Annual Report. The completion rate benchmark for all programs is an average of 80% over 5 years.

Program Type: A program is categorized as single-site, multi-facility, or multi-site. See respective definitions for Single-Site Program, Multi-Facility Program and Multi-Site Program.

Program Assessment: The collection of data used to analyze the program’s overall effectiveness and document achievement of the mission, goals, and outcomes.

Program Effectiveness: The extent to which programs are achieving the mission, goals, and outcomes indicative of an ACOMPTE-accredited fellowship program.

Self-Evaluation Report (SER): ACOMPTE requires programs seeking initial or renewal of accreditation to complete a template (the SER) demonstrating compliance with all published ACOMPTE Standards.

Single-Site Program: A program that uses one FiT practice site to conduct educational methods and all FiTs are located at this practice site for the duration of the program.

Sponsoring Organization: An institution (e.g., university, hospital, private practice, or professional continuing education corporation) that is responsible for oversight and resource support of a residency or fellowship program. The sponsoring organization monitors and measures the effectiveness of the residency/fellowship program to ensure continued alignment with its mission. As a sponsoring organization, the mission and goals vary from the residency or fellowship program's mission and goals, but demonstrate alignment based on the affiliation.

Summative Evaluation: Assessment methods used at the end of educational methods that focus on FiT performance and achievement of program outcomes.

Support Services: Resources available to program FiTs and faculty to achieve the program outcomes. These may include space for program activities, equipment, educational resources, research databases, computers, and other resources determined useful to support successful FiT completion and faculty instruction.

Synchronous: A method of using technology to provide distance or online educational methods, instruction, and learning that occurs at the same time without delay for all FiTs (e.g., Skype, Facetime).

Technique Examination: A practical exam devoted to assessing the manual handling skills for examination and treatment techniques for both assessment and skilled application of joint and soft tissue techniques by the FiT.

Virtual Education: Refers to a variety of teaching formats that do not involve students and instructors collaborating in person. Some of these forms of education do involve synchronous, real-time meetings, with the teacher and student in different locations and connected via computer to each other. Moreover, not all forms of virtual education feature real time connections. Asynchronous education may involve educational materials prepared in advance with discussion occurring with time delays, such as discussion over email or another software platform.

Written Examination: A written demonstration of an identified level of theoretical and clinical knowledge by the FiT based on achievement of program outcomes.

APPENDIX

Summary of Timelines for New Program Accreditation and Reaccreditation

NEW PROGRAM/CANDIDACY ACCREDITATION TIMELINES

NEW PROGRAM APPLICATION REVIEW

- Programs submits New Program Application and pays fees.
- Receive Next Steps Email from ACOMPTE with instructional resources and Self-Evaluation Report (SER) instructions with deadline.
- EA Co-coordinator selects an ACOMPTE member to review New Program Application.
- Review is done within 6 weeks following submission of New Program Application.
- If eligibility criteria are met, ACOMPTE staff sends the New Program Application checklist to the program.
- If 'Not Met' see steps below

CANDIDACY PERIOD

- Program can now start accepting applicants.
- EA Co-coordinator, in conjunction with the Foundation staff, works with the program to determine if there are any conflicts of interest with the available External Assessors. Once the site team is selected, Program notifies ACOMPTE of any conflicts of interest within 10 days of that notification.
- Participants must be within the program a minimum of 4-6 months before the site visit occurs.
- A site visit date will be selected based on a mutually agreed time between the program and the site visitors.
- After the program has entered the Candidacy Period, a site visit date will be scheduled, typically within 4-6 months.
- Program may request an extension of up to 12 months if program participants have not been selected.
- Program participants must have been in attendance for a minimum of 4 to 6 months at the time of scheduled site visit.

- Thereafter, the Candidacy Period will expire if this process has not been completed.

PREPARATION FOR SITE VISIT

- The program is contacted by ACOMPTE will be informed as to whether a virtual or in-person site will occur.
- (8) weeks prior to site visit Self-Evaluation Report (SER), Exhibits Due and proposed interview agenda are due.
- (6) weeks Post Site Visit: Team Leader submits ACOMPTE Accreditation Report Rubric to ACOMPTE Council Liaison
- Within (4) weeks Council liaison submits a report to ACOMPTE and sends ACOMPTE Accreditation Report Rubric to the program.
- (8) Weeks Post Accreditation Report Rubric submission: Program response is sent to ACOMPTE Council Liaison.
- Council Liaison reviews program response within (4) weeks and submits summary, SER and Exhibits to ACOMPTE.
- The program accreditation status will be discussed at the next available ACOMPTE meeting.
- Within 1 Week Post ACOMPTE Meeting: Final decision communicated to Program.
- ACOMPTE will invoice program for site visit fees after site visit has occurred. Payment due within 30 days after site visit.

PROCEDURES if Program Does Not Meet Initial Eligibility

Criteria on New Program Application:

- If eligibility criteria are 'not met,' Council reviewers will send feedback to the program. Program has 8 weeks to address reviewer concerns.
- If a program requires additional time, the program must request a time extension.
- If application is not accepted, the program must wait 6 months before resubmission.
- After two unsuccessful resubmissions the Council reviewer(s) will present the application and any concerns to ACOMPTE. A decision will be made about applicant status.

REACCREDITATION TIMELINES

PROGRAM NOTIFICATION

- Program is notified 15 months before program accreditation expires that program will undergo a site visit and re-accreditation process.

PREPARATION FOR THE SITE VISIT

- Program will be contacted by ACOMPTE to arrange a site visit date and will be informed as to whether a virtual or in-person site will occur. Notification of a site visit date will occur a minimum of 4-6 months before the site visit.
- Site Team will be selected. Program must notify ACOMPTE of any conflicts of interest within 10 days of notification.
- (8) weeks prior to site visit, the Self Evaluation Report (SER) and Exhibits are due.
- (6) weeks post site visit, team leader submits report to Council Liaison.
- (4) weeks after Council Liaison receives the Rubric, Rubric is sent to the program for review and commentary.
- (6) weeks after receiving the Rubric, the program will provide a formal response back to the ACOMTPE office.
- (4) weeks after receiving program response to Rubric, the Council Liaison will present site visit findings and recommendation at the next available ACOMPTE meeting.
- Within (1) week post ACOMPTE Council Meeting, Final decision will be communicated to the Program.

