

CPRC POLICIES AND PROCEDURES

November 2018

PART I: CPRC POLICIES AND PROCEDURES

1.0 Committee Definition, Authority & Responsibility

1.01 Definition

The Cytotechnology Programs Review Committee (CPRC) is a standing Committee of the American Society of Cytopathology (ASC) that includes representation from other sponsor organizations that have a stake in cytotechnology education. The CPRC is recognized as a Committee on Accreditation of CAAHEP.

The primary charge is to conduct activities related to the accreditation of Cytotechnology training programs. The CPRC works with the Commission on Accreditation of Allied Health Education Programs (CAAHEP) to ensure that programs accredited by CAAHEP are in compliance with the Standards and Guidelines for the Accreditation of Educational Cytotechnology Programs.

Additional charges related to cytotechnology education accreditation may be assigned by the sponsoring organizations.

1.02 Authority

The sponsoring organizations and CAAHEP grant authority to the CPRC to act responsibly in the execution of the above stated functions.

The CPRC collaborates with CAAHEP as required in order to maintain its status as the initial review body of programs of cytotechnology.

CAAHEP is responsible for accreditation of cytotechnology programs. CAAHEP is recognized by the Council on Higher Education and Accreditation (CHEA) as a national accreditation agency.

All decisions made by the CPRC (ex. policies, procedures, accreditation recommendations) are separate and independent actions from those of the sponsoring organizations (ASC, ASCP, ASCT, and CAP). There should be no undue influence of sponsor boards in CPRC decisions/actions.

1.03 Committee Responsibilities

The CPRC is responsible for the following:

- The CPRC is responsible for the on-going review of all Cytotechnology programs to ensure compliance with the Standards. The review process consists of:
 - a. Reviewing the Program's Self-Study,
 - b. Coordinating site visits for evaluation teams,
 - c. Reviewing site visit reports,
 - d. Meeting in person or via teleconference to review results of self-study report review and site visit to determine compliance status with the accreditation **Standards and Guidelines**, and
 - e. Recommending the accreditation action to CAAHEP.

- The CPRC develops, periodically reviews and revises as necessary, documents related to the accreditation process, including, but not limited to:
 - a. Guide for self-evaluation and accreditation for use by Cytotechnology programs during their Self-Study review process
 - b. Self-study report template
 - c. Site visit report template
 - d. Annual Programs Data Survey
 - e. Annual Programs Data Survey Review Form
- The CPRC, in cooperation with CAAHEP, develops and periodically (not less than every 5 years) reviews and revises the **Standards and Guidelines** as required by CAAHEP.
- The CPRC develops, maintains and periodically reviews and revises the entry-level competencies upon which programs must base their curriculum. Entry-level competencies and other requirements related to curriculum are published in the document entitled, Curriculum in Cytotechnology.
- The CPRC develops, revises as necessary, distributes and reviews results of the Annual Reports, and makes recommendations to CAAHEP as necessary to ensure on-going compliance with the Standards and corresponds with programs regarding results.
- The CPRC, through its Chair and Coordinator, assists programs with interpretation of the **Standards and Guidelines** when requested by program officials and/or any other questions that may arise.
- The CPRC shares pertinent information with sponsoring organizations in a timely manner.
- The CPRC, through the Chair, requests budget requirements for operation of the CPRC from all sponsoring organizations mid-year.

2.0 Committee Membership

2.01 Composition

The CPRC's membership shall consist of:

- 2 Cytotechnologist members + 2 Medical members appointed by ASC (1 = ASC Commissioner to CAAHEP)
- 1 Cytotechnologist member + 1 Medical member appointed by ASCP (1 = ASCP Commissioner to CAAHEP)
- 1 Cytotechnologist member appointed by ASCT (1 = ASCT Commissioner to CAAHEP)
- 1 Medical member appointed by CAP (1 = CAP Commissioner to CAAHEP)

CPRC membership is equally represented by cytotechnologists and physicians. Each sponsor organization appoints their representative members for the ensuing year.

The CPRC Chair or former CPRC Chair may serve as Commissioner to CAAHEP, representing the CPRC as a member of the Committee on Accreditation (CoA). The CPRC Commissioner to CAAHEP is appointed by CPRC.

Each sponsoring organization appoints a cytotechnologist and/or a physician who serves as Commissioner to CAAHEP representing their respective organization. For sponsors with more than one CPRC representative, either of the

appointed representatives may serve as Commissioner to CAAHEP but only one sponsor commissioner may represent the organization at the annual CAAHEP meeting. Alternate commissioners may be selected in the absence of appointed commissioners, so long as alternate representative is currently serving on the Committee as sponsor representative of the same organization. A sponsoring organization's commissioner does not have to be a current CPRC member.

Only the eight CPRC members are eligible to vote on all CPRC matters, including but not limited to accreditation recommendations.

2.02 Committee Appointment

A. Appointment of CPRC Members

Recommendations for appointment to the CPRC are made by sponsor organization(s) as determined by vacancy position (CT or MD vacancy). It is highly desirable that potential candidates for CPRC membership possess:

- a. Experience in allied health education as it relates to cytotechnology education as evidenced by current or past roles as medical directors, program directors or education coordinators, faculty of cytotechnology training programs
- b. Knowledge of accreditation process and issues that may impact cytotechnology education
- c. A demonstrated interest in cytotechnology education

Preference should be given to individuals who:

- a. Have been members of the sponsor organizations in good standing
- b. Provide evidence of active ongoing continuing education in cytology
- c. Have been trained as an accreditation site visitor
- d. If individual is an active cytology educator, the program should have been previously accredited without *significant* concerns
- e. Active member of education-related committees
- f. Possess knowledge, skills and/or experience, which enhance the committee's ability to perform an accurate and contemporary accreditation review

Potential new members should be identified at least six months before the CPRC November meeting.

B. Appointment of Chair and Vice Chair

At least 3 months prior to the end of the current CPRC Chair term, the CPRC , through the Chair, submits to sponsoring representatives, a recommendation for appointment of the current Vice Chair as the new Chair to sponsoring representatives.

At least 3 months prior to the end of the current CPRC Chair term, the CPRC, through the Chair, also submits to sponsoring representatives, a recommendation for appointment of a new CPRC Vice Chair.

Recommendations are based on the following criteria:

- Currently serves on the CPRC
- Demonstrates solid body of knowledge of:
 - Cytotechnology education accreditation process
 - CAAHEP and CPRC policies and procedures
 - Standards and Guidelines
 - Committee structure, policies and procedures and bylaws

- Completes all assignments and/or requests in a thorough manner within the specified time frame
- Conducts thorough reviews of all self-study reports and/or program reviews, including annual survey
- Actively participates during conference calls and other meetings, and considers all points of views and gives thoughtful responses to issues being discussed
- Demonstrates initiative (i.e., contributes to CPRC News by writing articles, monitors and responds on Cytotechnology programs listserv, volunteers for special assignments as requested by the Chair, etc.)
- Demonstrates ability to proactively recognize and respond to situations or issues of concern that have the potential to affect the Committee and/or accreditation process
- Has effective verbal and written communication skills, interpersonal and human relations skills
- Is able to engage others in conversation and action
- Is able to attend required meetings and give presentations as necessary

C. Appointment of Ad-hoc Members (Sponsor Commissioners and Alternate Commissioners to CAAHEP)

When a vacancy for the position of sponsor Commissioner to CAAHEP occurs, the representative organization (ASC, ASCP, ASCT or CAP) selects potential candidates for appointment based on recommended guidelines and criteria for appointment process as outlined above in Section 2.0.

The outgoing Chair may serve as alternate Commissioner to CAAHEP representing the CPRC in the absence of CPRC (Chair or Vice-Chair).

2.03 Committee Member Terms

A. Committee Chair / Vice Chair Term

The term of the CPRC Chair will be up to two (2) years, annually renewable but may be extended to three (3) years.

The term of the CPRC Vice Chair will be two (2) years but may be extended to three (3) years.

B. Committee Member Terms

Each representative member is appointed for a three-year term except when completing the term of a member who has left the committee (resignation, death, dismissal, etc.).

The term of appointment of CPRC members begins at the conclusion of the November ASC Meeting.

No member shall serve for more than two (2) consecutive terms, unless if selected, may serve a third term as CPRC Chair or Vice Chair.

C. Ad-hoc Members (Sponsor Commissioner and Alternate Commissioner)

Sponsor Commissioners are appointed to a 3-year term, according to CAAHEP by-laws. If sponsor Commissioners are elected to CAAHEP Board of Directors, the Commission appointment shall be maintained for the duration of the terms of the CAAHEP Board of Directors, up to two (2) three (3) terms or six (6) years.

The term of the appointment of the sponsor Commissioner will begin at the beginning of CAAHEP fiscal year (July 1) and end at the conclusion of the fiscal year (June 30), except when an appointment is made to fill a term. At such time the Chair will decide the beginning of the term.

2.04 Orientation of New CPRC Members

New CPRC members will receive a copy of the CPRC Orientation Manual, Policies and Procedures, samples of CPRC documents, and a copy of the Standards and Guidelines to help assist new members with their CPRC duties; thereafter, they will conduct CPRC business accordingly.

New CPRC members will be required to complete some type of self-assessment tool such as the CAAHEP Site Visitor Quiz and Your Accreditation Mentor (YAM) as part of their orientation to CPRC and CAAHEP.

2.05 Dismissal or Resignation

A member may be asked by the Chair to withdraw from the committee for failure to perform required duties including performing self-study reviews, participating in at least 50% of announced meetings, reviewing site visit reports and assisting in the accomplishment of required business as determined by the Chair.

The CPRC member shall receive written notification from the CPRC Chair of non-performance of duties 30 days prior to discussing the recommendation of removal by the Committee.

Any CPRC member may resign by submitting written notice of such resignation to the CPRC Chair and the organization sponsor they represent.

In the event of a vacancy of the Chair due to incapacitation, death, resignation, or any other reason, the Vice Chair will assume the remainder of the Chair's term. In the event of vacancy of the Vice Chair position, the Committee will vote to recommend a current Committee member to the position based on guidelines and criteria as outlined in CPRC policies and procedures Section 2.02 B.

3.0 Individual Responsibilities

3.01 Chair Responsibilities

Responsibilities of the Chair include:

- Serve as CPRC Alternate Commissioner to CAAHEP
- Oversee, and in collaboration with CPRC Coordinator, coordinate all CPRC projects and activities
- Review all accreditation related communications to and from programs and generate responses as necessary
- Review any issues that arise and develop action plan / response as necessary
- Review findings of self-study reviewers and site visitors; review and revise as necessary summary letters to programs
- Conduct self-study and annual survey reviews as necessary
- In collaboration with the Vice Chair and Coordinator, develop agenda for CPRC conference calls and face-to-face meetings and conduct conference calls and face-to-face
- Attend and participate in CAAHEP meetings as CPRC Commissioner to CAAHEP, including giving presentations when requested by CAAHEP and provide summaries of the meetings to the Committee
- Review CPRC P&P and assess if changes need to be made in collaboration with Vice Chair, Coordinator & Committee
- Contribute articles and ideas for CPRC News on a regular basis
- Delegate projects and/or responsibilities to other committee members as appropriate
- Maintain close communications with the Coordinator, Vice Chair and other committee members to ensure effective operation of the committee
- Maintain close communication with CAAHEP

- Prepare and present annual report of CPRC activities to the ASC Executive Board and other sponsors, and the Program Faculty Seminar at the ASC Annual Meeting and other meetings as needed
- Respond to inquiries and directives from the ASC President
- Stay abreast of CAAHEP-related issues and communicate them to the Committee and ASC Executive Board as appropriate
- Mentor the Vice Chair to prepare him/her for transition to Chair

3.02 Vice Chair Responsibilities

Responsibilities of the Vice Chair include:

- Upon approval of the ASC President, assume duties of Chair if, for any reason the Chair becomes incapacitated for an extended period of time
- Review all program changes and relevant documentation (administrative changes, changes in required program personnel, transfer of sponsorship) and forward a summary letter and recommendation to Coordinator and Chair
- Conduct self-study and annual survey reviews as necessary and submit reports to the Coordinator
- Participate actively in all conference calls and meetings, at which time official business is conducted and present Vice Chair reports as appropriate
- In collaboration with the Chair and Coordinator, develop agenda for conference calls and meetings, and in the absence of the Chair, conduct conference calls and meetings
- Keep abreast of CAAHEP communications
- Assist in reviewing CPRC P&P and assess if changes need to be made in collaboration with Chair, Coordinator & Committee
- Assist the Chair in coordination of Committee activities and delegation of tasks, as directed by the Chair
- Respond to inquiries and directives from the Chair
- Contribute articles and ideas for CPRC News on a regular basis
- Attend and participate in CAAHEP meetings as needed and/or requested by the Chair
- Assist Chair in overseeing and direct annual CPRC workshop

3.03 Committee Member Responsibilities

Individual Committee members' responsibilities include:

- Maintain awareness of CAAHEP policies and procedures
- Review program changes and relevant documentation (administrative changes, changes in required program personnel, transfer of sponsorship) and forward a summary letter and recommendation to Coordinator in a timely manner
- Conduct self-study and annual survey reviews as necessary and submit reports to the Coordinator in a timely manner
- Participate actively in all conference calls and meetings, at which time official business is conducted and present Vice Chair reports as appropriate
- Participate in CPRC projects and activities
- Participate in CPRC workshop and attend CPRC presentation at Program Faculty Seminar
- Keep abreast of CAAHEP communications
- Respond to inquiries and directives from the Chair
- Contribute articles and ideas for CPRC News on a regular basis
- Assist in monitoring and participate in Educators listserv

3.04 CPRC Cytology Education Coordinator

The Coordinator is responsible to the Secretary –Treasurer and Executive Director of the ASC and comparable designees of the ASCP, ASCT and CAP, and reports directly to the CPRC through its Chairperson.

Responsibilities of the Coordinator include:

- Maintain and retain records of CPRC business including but not limited to CPRC policies and procedures, minutes, and official correspondence relating to accreditation of Cytotechnology programs in accordance with applicable standards as established by the ASC Secretary-Treasurer and comparable representatives of ASCP, ASCT and CAP, and CAAHEP.
- Respond to "non-technical/medical" and "non-sensitive" administrative questions and forwards "technical/medical" and "sensitive" administrative questions and issues to Chair
- Forward all complaints (oral and written) received about a program or issue related to a program to the Chair for response
- Communicate regularly with the Chair on any issues that may impact the Committee
- Coordinate publication and distribution of CPRC News and maintain records relating to CPRC News
- Attend annual meetings of CAAHEP

In the event of an unexpected vacancy in this position, there is a Procedure Manual, and all log-in information (usernames and passwords) are well documented within the Coordinator's Manual and computer files. It will be up to the CPRC sponsors to perform a search for a replacement Coordinator; however, in the short term, sponsors may appoint an interim individual to help maintain stability.

4.0 Reporting of Committee Actions

Official minutes are taken and recorded of all pre-announced meetings of the CPRC, including teleconferences. These minutes are forwarded to CPRC members for their review prior to the next call or meeting, when they are approved.

All recommended actions regarding accreditation of Programs of Cytotechnology are forwarded, as completed, to CAAHEP as required.

The reporting process and records of actions taken may periodically change to comply with requirements of CAAHEP and CHEA.

5.0 Standards of Practice

5.01 Confidentiality

CPRC members who participate in the accreditation review process by virtue of their experience, training and orientation are presented with opportunities to provide information to and receive information from faculty, staff, administrators, students and other parties. Members of the CPRC shall not discuss matters, disclose or use information specific to an institution or program of which they have knowledge by virtue of involvement in the accreditation process, except when officially participating in this capacity. Unauthorized disclosure or use of verbal or written information is a serious breach of confidentiality and can be the basis for disciplinary action and dismissal from the Committee.

CAAHEP requires that its accreditation procedures, and those of the CoAs, be sensitive to the need to maintain confidentiality in the accreditation process while also disclosing certain information to serve and protect the public interest.

In order to comply with this requirement, the CPRC will hold as confidential the following documents and the information contained therein:

- a) Self-Study Report
- b) Site Visit Report
- c) All Progress and Annual Reports
- d) All correspondence between CAAHEP, the CPRC, site visitors, and the programs, which relates to the accreditation process (including the appeals process, if any).

Official documents are maintained by the CPRC Coordinator. All other documents are considered copies. All copies of documents must be destroyed once an individual is no longer affiliated with the CPRC.

CPRC members and any other individuals involved in the review process may not use any knowledge gained through the accreditation process for any purpose other than conducting CPRC business. Institutions may release any of the above information, at their discretion. Except in the case of a program that has been placed on academic probation, the CPRC will not make public any of the above documents without the permission of the institution, unless an institution misrepresents the information either through public statements or release of selected sections of documents.

This requirement will be waived for any of the above listed documents when the CPRC or CAAHEP is required to turn over information by a bona fide judicial or governmental process.

Documents used by the reviewers (such as the self-study report and site visit report) shall be destroyed or returned to the CPRC Coordinator once an accreditation decision has been determined by CAAHEP.

5.02 Conflict of Interest

Conflict of interest refers to any situation in which a CPRC member or other individual that participates in the review process upon the request of CPRC stands to gain materially from his or her association with CPRC.

A conflict of interest may also exist when a member of the CPRC (or immediate family) is directly associated with or stands to realize financial or similar tangible personal or proprietary gain as a result of any action of the CPRC.

Potential conflicts of interest will be evaluated on a case by case basis, but some examples of conflict of interest include, but are not limited to:

- Reimbursement or pay for consultation to any program, developing or established, for purposes of that program to acquire CAAHEP accreditation during the time of their term of membership. CPRC members must divest themselves of such activities within the first six months of their term of appointment.
- Personal compensation for Committee-related speaking engagements, consulting services or other activities.
- Gifts, entertainment or other favors from an outside institution/program that is seeking accreditation of their cytotechnology educational program with the CPRC.
- Financial interest in a vendor from which the CPRC purchases goods or services.
- Representation of the CPRC in any transaction in which the member (or immediate family) has a substantial interest.

- Affiliation, current or within the past 3 years, with a Program that is being considered for an accreditation recommendation, or affiliation with program that is in the competing geographic area of a program being considered for an accreditation recommendation.

If a CPRC member (voting or non-voting) has a conflict of interest in any matter that is brought before the CPRC for vote, the member must declare the conflict of interest before any discussion begins. Any other members may also share their concern about a potential conflict of interest of other members prior to beginning any discussion.

When considering accreditation recommendations, CPRC members deemed to have a conflict of interest must absent themselves from the discussion and/or voting.

When considering non-accreditation recommendations, any individual with a potential conflict of interest, voting or non-voting, must refrain from participating in discussion and voting.

Each member of the CPRC will sign annually a confidentiality and conflict of interest statement. Site visitors will sign such a statement previous to each site visit. The CPRC Coordinator maintains signed statements.

5.03 Due Process

The CPRC assures due process in its accrediting procedures through the following measures:

- The CPRC follows the core elements established by CAAHEP for the review of Programs.
- Site visit report is reviewed in the presence of a member of the team, whenever appropriate, either (1) in person at the face to face CPRC meeting held during the ASC annual meetings (if cost and working schedules permit) or CPRC conference calls held to evaluate programs for accreditation recommendations, or (2) via telephone call, into the in-person CPRC meetings held during the ASC annual meetings.
- Two CPRC members are assigned to independently review Self Studies, program changes and annual report results before final decisions are made.
- After receiving the Site Visit Report, Programs are provided up to 30 days to respond to the site visit report.

CPRC review for recommendation of accreditation occurs as soon as possible after the 30-day period; after CPRC recommendation for accreditation is submitted to CAAHEP, notification of the accreditation action to Programs by CAAHEP occurs approximately one week after the next scheduled CAAHEP meeting.

Document control: When CPRC members rotate off the CPRC, or when an initial or continuing accreditation cycle has been completed, all relevant documentation, whether in print or electronic, must be destroyed and discarded by involved individuals. The Coordinator will oversee this process, ensuring that former CPRC members, self-study reviewers and site visitors follow through with this procedure.

Complaints Regarding CPRC and Accredited Programs

The CPRC follows due process procedures when written and signed complaints are received by CAAHEP or the CPRC alleging that they or an accredited program are not following established policies or CAAHEP Standards. CAAHEP and the CPRC maintain indefinitely a record of all complaints received.

- A. To receive formal consideration, all complaints will be submitted in writing and signed. The complaint will demonstrate that reasonable efforts have been made to resolve the complaint, or alternatively that such efforts would be unavailing.
- B. When received by CAAHEP, complaints are transmitted within five (5) working days to the chairperson and staff of the CPRC for consideration. When received by the Chair or staff of the CPRC, a copy is forwarded to the CAAHEP office within five (5) working days.
- C. Following consultation among staff of the CPRC and CAAHEP, the Chair of the CPRC determines whether the complaint relates to the manner in which the program complies with the Standards or follows established accreditation policies.
 - 1. If the complaint does not relate to the Standards or to established policies, the person initiating the complaint will be notified accordingly within 20 working days following receipt of the complaint by the CPRC. A copy of this correspondence will be shared with CAAHEP.
 - 2. If the complaint does relate to the Standards or to established policies, the chair or representative of the CPRC will acknowledge receipt of the complaint within 20 working days and share with the filing party a description of the process and policies which pertain to handling such complaints.
 - a. The Chair or representative of the CPRC will notify the program director and the chief executive officer of the sponsoring institution of the substance of the complaint and will request a preliminary investigation and report on the findings within 30 days of the sponsoring institution's receipt of the letter of notice.
 - b. The Chair or representative of the CPRC may request further information or material relative to the complaint from the complaining party, the institution, or other relevant sources.
 - c. The CAAHEP office should receive copies of this correspondence.
 - d. The identity of the complaining party will be kept confidential, unless the complainant authorizes disclosure of his/her identity, or unless such disclosure is required by legal process in a subsequent proceeding.
- D. On receipt of the responses referred to above, the CPRC will consider the complaint and all relevant information obtained in the course of investigation and formulate an appropriate action according to the following guidelines:
 - 1. If the complaint is determined to be unsubstantiated or unrelated to the Standards or established accreditation policies, the complaining party, officials of the program in question, and the appropriate official of the sponsoring institution, will be so notified within ten business days of the completion of the investigation.
 - 2. If the investigation reveals the program may not be or may not have been in substantial compliance with the Standards or may not have been following the established accreditation policies, one of two approaches will be taken.
 - a. The program must submit a report and documentation within 30 business days following the investigation demonstrating the manner in which the substantiated complaint has been corrected. Should the CPRC be satisfied with the response, the program, its sponsoring institution, and the party

filing the complaint will be notified of the CPRC's satisfaction with the resolution of the matter and notice that the program's accreditation status remains unaffected by the complaint.

b. Should the CPRC judge the program or sponsoring institution's response to the complaint inadequate and lacking in evidence of the program's continuing substantial compliance with the Standards or adherence to accreditation policies, the CPRC may request and arrange for a return site visit of the program as soon as reasonably feasible, but not more than 30 business days following the investigation. The purpose of the return site visit will be primarily focused on an investigation of the complaint and the manner in which it affects compliance with the Standards or with accreditation policies. The cost of the return site visit will be borne by the CPRC.

1.) Should the CPRC, on evidence received through the return on-site evaluation, consider the program to remain in substantial compliance with the Standards and in adherence with accreditation policies, the program, its sponsoring institution, and the complaining party will be notified of this assessment and the fact that the program's current accreditation status remains unaffected by the complaint.

2.) Should the CPRC consider the evidence of the site visit to indicate the complaint is valid and the program is not in substantial compliance with the Standards or with accreditation policies, CPRC will recommend a change in accreditation status to CAAHEP.

- E. Should D.2. (b)(2) pertain, all information regarding the complaint, a full report of its investigation, and the CPRC's recommendation will be transmitted to CAAHEP for consideration and action.
- F. CAAHEP and the CPRC emphasize that they will not intervene on behalf of individuals or act as a court of appeal for faculty members or students in matters of admission, appointment, promotion or dismissal. They will act only when it believes practices or conditions indicate the program may not be in substantial compliance with the Standards or with established accreditation policies.

6.0 Standard Operations Procedures

6.01 Guidelines for Making Recommendations to CAAHEP for Continuing Accreditation Actions

A. Criteria for 7-year Accreditation

For a Program to be recommended for 7-years Continuing Accreditation, a Program must meet the following criteria:

- No deficiencies cited or significant concerns identified;
- Program has consistently submitted its outcomes data, analysis and action plan(s) as result of outcomes assessment;
- All 3-year average outcomes, since last accreditation review, meet the CPRC-established thresholds, or a reasonable rationale (as determined by the CPRC) has been given in the analysis for any outcomes falling below threshold(s);
- Annual reports have been complete, including resources assessments with analysis and action plan(s), and submitted in a timely manner;
- All administrative requirements have been met (i.e. all fees paid, timely notification to CPRC of substantive changes, all reports (self-study report, annual report/surveys, progress reports) filed in a timely manner, etc.).

Failure to meet one or more of the aforementioned criteria may result in an accreditation recommendation of 5 years or 3 years. In such instances, the CPRC may request additional information from the program in the form of a “progress report,” in order to review the status and progress of a program sooner than the maximum review cycle would allow.

B. Criteria for 5- or 3-year Accreditation

Criteria that may lead to a 5- or 3-year Continuing Accreditation recommendation include but are not limited to:

5-year Accreditation:

- All 3-year average outcomes, since last accreditation review, meet the CPRC-established thresholds, or a reasonable rationale (as determined by the CPRC) has been given in the analysis for any outcomes falling below threshold(s);
- Annual reports have consistently had missing data, but Program has demonstrated good faith effort to obtain, analyze and submit data;
- Concerns identified during self-study process, but Program has demonstrated willingness to develop and implement an action plan to resolve issues;
- Program has history of progress reports, but has demonstrated resolution of issues.

3-year Accreditation:

- Any one or more of the 3-year average outcomes, since last accreditation review, are below CPRC-established thresholds and/or Program has not consistently submitted its outcomes data, analysis and action plan(s) as a result of outcomes assessment, but has demonstrated good faith effort to resolve issues and has shown improvement;
- Annual reports have consistently had missing data but Program has demonstrated good effort to obtain, analyze and submit data;
- Program has history of progress reports that are on-going, but has demonstrated good faith effort to resolve issue and has shown improvement.

The CPRC may extend a Program’s accreditation period for a longer time period if a Program’s progress report is submitted in a timely manner and is determined to be satisfactory, at the discretion of the CPRC, to maintain accreditation status.

If a Program is Inactive, procedures must be followed as usual to maintain compliance with the Standards, i.e. Annual Reports must be submitted annually and all fees must be paid.

6.02 Guidelines for Making Continuing Accreditation Cycle Extensions

In an effort to recognize the on-going pursuit of compliance and self-improvement of cytotechnology education programs, the CPRC has developed criteria for the potential extension of a given program’s current accreditation cycle.

This process is akin to similar progressive and innovative policies, which exist in ACGME program review and accreditation. As such, it allows each program the opportunity for recognition of interval improvements and progress in outcomes data, documentation, deficiencies, or other previously stated CPRC concerns, etc., and when appropriate, the potential for accreditation cycle extension.

The caveats of the accreditation cycle extension policy and its relationship to the current 3-, 5-, and 7-year accreditation recommendation criteria are as follows:

- Approximately 18 months prior to the deadline for e-SSR receipt (or 6 months prior to the standard 1-year program notification by the CPRC for pending e-SSR submission), the CPRC will formally review the status of each program in conference call format.
 - At this time, determination will be made as to whether an accreditation cycle extension is appropriate (criteria detailed below).
 - If specific additional information and/or documentation are needed at the time of committee review, a request for such may be made to the program of interest.
 - The potential accreditation cycle extensions are limited to 3- to 5-years, 5- to 7-years, and 7- to 10-years only (accreditation extensions of 3- to 7-years or 10 years and 5- to 10-years are not possible).
 - If accreditation cycle extension is approved, the respective program will be notified in writing by the CPRC Chair.
- No program may achieve an accreditation cycle greater than 10-years (comprehensive review with site visit and accreditation recommendation to CAAHEP required at a maximal 10-year interval per CAAHEP requirements).

A. Criteria for 3- to 5-year Continuing Accreditation Cycle Extension:

3 year cycle criteria

- Any one or more of the 3-year average outcomes, since last accreditation review, are below CPRC-established thresholds **and/or** Program has not consistently submitted its outcomes data, analysis and action plan(s) as a result of outcomes assessment, but has demonstrated good faith effort to resolve issues and has shown improvement;
- Annual reports have consistently had missing data but Program has demonstrated good effort to obtain, analyze and submit data;
- Program has history of progress reports that are on-going, but has demonstrated good faith effort to resolve issue and has shown improvement;

A program currently in a 3-year accreditation cycle, based on the above criteria, ***may be considered for accreditation cycle extension if all 5-year criteria have been met:***

5 year cycle criteria

- All 3-year average outcomes, since last accreditation review, meet the CPRC-established thresholds;
- Annual reports have consistently had missing data, but Program has demonstrated good faith effort to obtain, analyze and submit data;
- Concerns were identified during self-study process, but Program has demonstrated willingness to develop and implement an action plan to resolve issues;
- Program has history of progress reports, but has demonstrated resolution of issues.

B. Criteria for 5 - to 7-year Continuing Accreditation Cycle Extension:

A program currently in a 5-year accreditation cycle, based on the above criteria, ***may be considered for accreditation cycle extension if all 7-year criteria have been met:***

7-year cycle criteria

- No deficiencies cited or significant concerns identified;
- Program has consistently submitted its outcomes data, analysis and action plan(s) as result of outcomes assessment;
- All 3-year average outcomes, since last accreditation review, meet the CPRC-established thresholds, or a reasonable rationale (as determined by the CPRC) has been given in the analysis for any outcomes falling below threshold(s);
- Annual reports have been complete, including resources assessments with analysis and action plan(s), and submitted in a timely manner;
- All administrative requirements have been met (i.e. all fees paid, timely notification to CPRC of substantive changes, all reports (self-study report, annual report/surveys, progress reports) filed in a timely manner, etc.).

C. Criteria for 7- to 10-year Continuing Accreditation Cycle Extension:

A program currently in a 7-year accreditation cycle, based in the above criteria, ***may be considered for accreditation cycle extension if the following additional criteria have been met:***

- The prior two accreditation cycles were 7 years.
- The Program Director and Medical Director have each been in place for at least 3 years.
- Either the current Program Director or the current Medical Director was in place and involved in the prior self-study review process.

6.03 Guidelines for Making Recommendations to CAAHEP for Other Accreditation Actions

A. Criteria for Probation

Probationary accreditation is a temporary status of accreditation imposed when a Program does not continue to meet accreditation **Standards** but should be able to meet them within the specified time.

A Program should be considered for Probation status if the:

- Program has on-going substantial unresolved issues of non-compliance and has demonstrated no good faith effort to correct issues or has not been able to improve issues;
- Program's 3-year outcomes consistently are below CPRC established thresholds and Program has not been able to demonstrate improvement on a consistent basis. Through the Annual Report, the Program must describe an action plan for any outcome that is below threshold. The Program may be recommended for probation if the threshold has not been met for 3 consecutive years. The CPRC may consider allowing additional time to achieve compliance if the Program has demonstrated good faith effort and has demonstrated some improvement in thresholds within a timeframe specified by the CPRC.
- **Special Procedures for Recommendations Requiring Due Process (CAAHEP Policy 206 A.7)**
 - a. If a recommendation requires due process (withhold/withdraw/probationary accreditation) the CoA must first notify the program by certified mail/return receipt requested that a negative decision is being recommended to CAAHEP. The letter must describe those areas that are deficient and what program modifications are required to bring the program into compliance

with the Standards. The letter must inform the program of its right to request reconsideration or voluntarily withdraw. Included in the letter is a reasonable timeline for requesting reconsideration and responding to the accreditation recommendation and deficiencies, as well as for submitting additional materials if they so choose.

- b. Reconsideration: If a program requests reconsideration then the negative recommendation is not forwarded to CAAHEP until the CoA has reviewed all additional materials (including evidence of corrected deficiencies) and it has been determined that the program is still not in substantial compliance with the Standards. The CoA should notify the program of its decision following reconsideration. If a program does not request reconsideration then the accreditation recommendation is forwarded to CAAHEP as initially voted. In either case, such recommendations to the CAAHEP Board of Directors must be accompanied by written evidence that confirm the program was notified of its rights and that due process was followed.
- c. Except as otherwise provided in this paragraph, no recommendation for withdrawal of accreditation should be forwarded to CAAHEP unless the program has first been placed on probationary accreditation and given sufficient time to come into compliance with the Standards. If a CoA believes that there is sufficient reason to recommend withdrawal without having first placed the program on probationary accreditation, the CoA should submit a rationale for such action along with the recommendation for withdrawal.

B. Criteria for Administrative Probation

- Annual reports consistently are incomplete or have not been submitted and Program has demonstrated no cooperation in providing complete data.
- All administrative requirements have not been met (i.e. all fees paid, timely notification to CPRC of substantive changes, all reports (self-study report, annual report, progress reports) filed in a timely manner, etc.) despite repeated requests.

C. Criteria for Withhold or Withdraw Accreditation

- Program has failed to meet requirements set forth in probation plan.
- Program has failed to meet administrative requirements.

6.04 Guidelines for Reviewing Annual Reports

All Programs must submit an Annual Report each year as instructed by the Cytology Education Coordinator. The form must be submitted electronically.

- Programs are given up to two months to submit their Annual Reports.
- Programs will receive an email indicating general instructions and areas of concern, if any, from the previous Annual Report.

The CPRC reviews Annual Reports in “teams of two” and at an assigned meeting, teams report their findings.

- Programs with Outcomes that meet or are above thresholds for a 3-year average, have Resources sufficient to ensure the achievement of Program goals and outcomes and are in compliance with all areas of the Standards are “approved” together. These Programs will receive a letter/email from the Cytology Education Coordinator, congratulating them their reporting.

- **Failure to Meet Established Thresholds, Resources Issues, Standards noncompliance:**
 - Failure to meet the established thresholds will result in recommendations from the CPRC and require an Action Plan be developed by the Program and submitted to the CPRC. The Action Plan should provide documentation regarding how the deficiencies will be corrected. Non-compliance, inability to correct deficiencies in a timely manner, or serious deviation from the threshold in any particular measure may trigger an unscheduled comprehensive review, Progress Report, or a change in the Program's accreditation status.
 - Resources: If a Program is experiencing uncontrollable budgetary issues that affect Resources (program faculty, clerical/support staff and laboratory facilities), Program should provide updated and detailed Analyses and Action Plans for all areas with issues.
 - **Standards, Advisory Committee meetings:** Standards require that Programs have an Advisory Committee meeting annually, not necessarily every 12 months. Please provide specific dates for the Advisory Committees, as well as your progress in obtaining all needed representatives for communities of interest, if needed. *See Standard II.B. Appropriateness of Program Goals and Learning Domains, pages 17-18*
 - Programs will be given sufficient time to submit updated information.

6.05 Meetings to Conduct CPRC Business

Meetings to discuss the business of the CPRC are called at the discretion of the Chair, but will include not less than an annual in-person meeting to coincide with the Annual Scientific Meeting of the ASC. All scheduled meetings will have a pre-announced agenda as determined by the Chair and distributed by the Coordinator.

A quorum is defined as the presence of greater than 50% of the eligible voting members of the CPRC, including the Chair. Once quorum is attained, all business conducted thereafter is considered legitimate, even if less than a quorum remains until adjournment.

All business conducted during scheduled meetings will be conducted according to *Robert's Rules of Order*, except where specifically noted in these Committee Policies and Procedures.

6.05 Procedure for Conducting Review of Standards and Guidelines

- a. CPRC reviews the **Standards and Guidelines** no less than once every five (5) years and provides the CAAHEP Board of Directors with a written report on the outcome of the review (i.e., no revisions deemed necessary, revisions are underway).
- b. In the event the CPRC determines changes are necessary, the CPRC solicits input from its communities of interest. Per CAAHEP policy, communities of interest include practitioners, educators, employers, related professionals, students, institutional administrators (e.g., deans, medical directors and program directors), national societies and agencies and the public. Solicitations may be made via media announcements, correspondence, postings, annual meetings, special hearings, etc.
- c. The CPRC reviews this input and incorporates suggestions from communities of interest (as it deems appropriate) as progressive drafts are developed in consultation with sponsoring organizations. The draft must follow the current CAAHEP Standards template. Any deviations from the template must be accompanied by a rationale when submitted to CAAHEP for review.

- d. The CPRC submits drafts to the CAAHEP Executive Director and requests formal review by the CAAHEP Standards Committee. Drafts should be submitted to CAAHEP before the final draft is submitted to the sponsoring organizations for approval.
- e. The Standards Committee will review drafts for consistency with the current Standards template, proposed wording variations from the template along with rationale to determine if an exception is warranted, and consistency with CAAHEP policies and procedures.
- f. The CPRC will work with the Standards Committee until a final draft is achieved.
- g. The final draft is submitted to the all sponsors for formal endorsement.
- h. The final draft, endorsement and explanation of how input from communities of interest was solicited and incorporated into the Standards are submitted to CAAHEP.
- i. CAAHEP will give at least 30 days' notice of a public Open Hearing and subsequently hold an open hearing on the proposed Standards per CAAHEP policies and procedures. CPRC must be present at this open hearing.
- j. Immediately after the hearing, the Standards Committee panel meets to assess any comments received and which, if any should be incorporated.
- k. The Standards Committee, after consulting with CPRC will forward the results of the hearing and a recommendation to the CAAHEP Board of Directors.
- l. The Board of Directors takes action on the **Standards** and notifies CPRC of its decision.

7.00 Site Visitors and Site Visits (separate document entitled "The Site Visit Process")

8.00 Review of Committee Policy and Procedures

These CPRC Policies and Procedures are reviewed and documented at least once annually at a scheduled meeting of the CPRC, even if no changes are contemplated. Any suggested changes to the Policies and Procedures, passed by a two-thirds majority of the voting members of the CPRC, will be forwarded to the sponsoring organizations. A current copy of the CPRC Policies and Procedures will be maintained by the CPRC Coordinator and forwarded to reviewing bodies, as appropriate.

PART II: CPRC Policies & Procedures pertaining to the Standards and Guidelines *for the Accreditation of Educational Programs in Cytotechnology and Curriculum in Cytotechnology: Entry-Level Competencies*

1.0 Sponsorship (Standard I)

2.0 Program Goals (Standard II)

2.01 Advisory Committees: Standards II.A (Program Goals and Outcomes) and II.B. (Appropriateness of Goals and Learning Domain)

- A. *Purpose:* The Advisory Committee plays an important role in cytotechnology education programs. The main function of the Advisory Committee is to assist the program in monitoring needs and expectations of program stakeholders and to ensure program goals and learning domains continually meet needs and expectations by identifying potential areas for change and evaluating effectiveness of the changes.
- B. *Composition:* The Standards specify that there must be at least one individual representing each of the following communities of interest (COI) on the Advisory Committee:
 - Student: The student must be a *current* member of the cytotechnology program.
 - Graduate: Must be a graduate of the cytotechnology program.

- Faculty: The faculty member(s) can be employed by the institution or may be adjunct faculty, appointed at the discretion of the program/institution.
- Sponsor Administration: The sponsor administration member may be a department chair, dean or other administrative representative employed by the institution.
- Employer: The employer should employ/have employed graduates of the cytotechnology program.
- Physician: The programs' Medical Director can serve as the physician member.
- Public Member: The public member should be a person who has valuable input to the program. The public member cannot be a current or former employee of the sponsoring institution, clinical affiliate, current or former student of the program, or current or former health care provider.

One individual may serve as representative of two COI on a given Advisory Committee. For example, the Medical Director may serve as both faculty and physician if he/she can adequately represent the needs of each.

- C. *Frequency*: The Advisory Committee must meet at least once annually, as based on the calendar year. Electronic/teleconference meetings are fine. Meetings should include review of all minimum competency requirements, achievement of goals, and analysis of the goals, action plans and results of action plans where appropriate, and review of the Annual Report and other objective data that supports program evaluation. The Advisory Committee should make recommendations for change and improvement, but ultimately it is up to the program to take action and enforce change.
- D. *Advisory Committee Minutes*: Minutes of every meeting must be maintained to demonstrate compliance with the Standards. Additional documents, such as communications with COI, particularly when not all members are present, may be helpful. Minutes should contain:
- Date of the meeting
 - Advisory Committee members with identification of their respective COI, and whether she/he was present or absent.
 - Agenda and summary of discussion that include review of:
 - Advisory Committee goals
 - Program goals and learning domains
 - Student/graduate outcomes from previous classes
 - Results of any surveys or other instruments used to obtain feedback regarding COI needs and expectations
 - Previous changes made to Program and impact, if any; if suggested changes were not made, discuss why.
 - Need for new changes, if any; plan for implementation of changes.

3.0 Resources (Standard III)

3.01 Vacancy and Temporary Staffing of Program Faculty (Standard. III.B.)

- A. In the event of a vacancy in the Program Director or Medical Director position, when the Program is Active or Inactive, the sponsoring institution must notify the CPRC in writing or via e-mail within 10 working days. Vacancies must be filled on either a permanent, temporary or acting basis within 60 days of the effective date of the vacancy. The "temporary" or acting Program Director or Medical Director should meet most of the requirements for the specified position.
- B. The Medical Director may step in as temporary or acting Program Director; however, appointment of a

permanent Program Director should occur within 6 months. If the position cannot be filled within 6 months, the CPRC will re-assess the situation at that point.

The Education Coordinator of the sponsoring institution or another qualified individual may step in as temporary or acting Program Director provided that all qualifications of Std. III.B.1.b. are met and CPRC approves appointment. The appointment of a permanent Program Director should occur within 6 months. If the position cannot be filled within 6 months, the CPRC will re-assess the situation at that point.

In the event of a vacancy in the Medical Director position, a temporary or acting Medical Director may be appointed, provided that all qualifications of Std. III.B.2.b. are met and CPRC approves appointment. Appointment of permanent Medical Director should occur within 6 months. If the position cannot be filled within 6 months, the CPRC will re-assess the situation at that point.

If a Program is Inactive when a Program official (Program Director, Education Coordinator, Medical Director) retires, as per Standard III. Resources, Personnel, the sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in the documented job description and to achieve the Program's stated goals and outcomes, **prior to the Program's reactivation.**

3.02 Resource Assessment: *In process*

4.0 Student Evaluation and Graduate Evaluation/Assessment (Standard IV) *In process*

5.0 Fair Practices (Standard V)

5.01 Retention of Student Records (Standard. IV.A. & V.D.)

As per the **Standards & Guidelines**, transcripts must be maintained permanently.

Academic records including:

- documents pertaining to admission
- attendance
- exam scores/grades
- microscopic performance
- clinical rotation performance
- staff evaluations
- graduate / employer surveys
- documentation of suspension, leaves of absence, probation or withdrawals, if any
- records of scholarships, awards or citations
- record of graduation

must be maintained by the sponsor since its last full accreditation cycle in a safe and accessible location. Completed tests, completed screening and performance evaluation forms are not required; however, samples of evaluation tools should be maintained.

Storage of information in electronic format is an acceptable means of archiving academic records. Records systems, whether manual or electronic, should reflect enough detail to document learning progress and achievements of students.

Records may be located in multiple offices (i.e. registrar's office, departmental offices) across the sponsoring organization including sponsor satellites. Copies of official records (whether manual or electronic) that are maintained off-site of the sponsoring institution should be readily available if requested for any reason by the CPRC.

5.03 Publications and Disclosures (Standard. V.A.4. Fair Practices)

As per the Standards, admission of students, including advanced placement or credit for experiential learning, shall be made in accordance with clearly defined and published practices of the Program's institution. These policies must be readily accessible to prospective students and requirements for previous education or work experience shall be provided and readily accessible. The procedure should not be designed to accommodate an individual but rather be a systematic, well-documented Program within the institution to which any student can make application. A detailed description should be outlined addressing 1) how any student segment/experience is incorporated into the curriculum and 2) how the competency is assessed.

In accordance with this Standard, "the sponsor must maintain, and make available to the public current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these Standards."

Programs must publish, preferably in a readily accessible place on their web sites, the 3-year average credentialing examination first time pass rate, and submit an active link to its published outcome in its Annual Report. The Programs may publish additional outcomes, such as positive placement rates. The data to be published should be consistent with the most recent Annual Report filed by the Program and updated annually. **Programs that do not maintain and publish required 3-year outcomes could be subject to eventual probation.**

5.04 Substantive Change: Satellite Programs (Standard. V.E. & F)

A satellite program or branch campus is defined as a site in which >50% of the academic and clinical program offered by a CAAHEP accredited cytotechnology program is administered off-site in a different location and facility than the primary sponsoring institution.

In a Satellite Program:

- Compliance with minimum standards of quality as outlined in the **Standards and Guidelines for the Accreditation of Educational Programs in Cytotechnology** must be maintained. The primary sponsoring institution is responsible for ensuring compliance at both the primary site and satellite(s).
- Administrative responsibilities including financial, physical and human resources are the responsibility of the primary sponsoring institution.
- Resources must be comparable at both the primary and satellite sites and must be adequate as specified in the Standards. An on-site co-Medical Director, co-Program Director and/or co-Education Coordinator must be assigned at the satellite(s) to monitor students and facilitate communication with program faculty of primary sponsoring institution. These individuals must meet the minimum credentials outlined in the Standards.
- All Program policies and procedures of primary sponsoring institution apply (including Program goals & outcomes, selection of students, curriculum, student evaluation tools and methods, publications and disclosure, lawful and non-discriminatory practices, safeguards, and maintenance of student records).
- Graduate degree or certificate is granted by primary sponsoring institution.

Accreditation of satellite programs is maintained under CAAHEP accreditation of primary sponsoring institution. The satellite program will be evaluated as a component of the primary sponsoring institution. If the primary sponsoring institution loses accreditation, the satellite program will automatically be suspended from offering its educational program.

During the initial/re-accreditation process or if a significant difference in outcome parameters arises between the two programs, the CPRC may require a separate site visit of the satellite program.

Any accredited program that establishes a satellite program must report this to the CPRC at least 12 months before the enrollment of students in the program as per Standard V.E.3. (Substantive Change – change in method of curriculum delivery). The report must describe how the education provided to students in the satellite program will meet all accreditation standards and describe the impact of the satellite program on the existing accredited program.

If a satellite program meets all the minimum standards of quality as outlined in the **Standards and Guidelines for the Accreditation of Educational Programs in Cytotechnology**, and wishes to grant students a degree/certificate in cytotechnology separate from the primary site the program must apply for separate accreditation.

6.0 Curriculum in Cytotechnology: Entry-level Competencies

6.01 Minimum Academic Requirements

These aforementioned requirements are minimum requirements. Some Programs may require specific courses prior to entry into their Program. Program faculty, at their discretion, may determine whether specific courses (Biostatistics) meet these minimum requirements.

Entry-level competencies must be incorporated in the curriculum:

- With documentation of where the competencies are located in the curriculum, and
- How the competencies are assessed.

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