

1 U.S. DEPARTMENT OF EDUCATION
2 OFFICE OF POSTSECONDARY EDUCATION
3 NATIONAL ADVISORY COMMITTEE ON INSTITUTIONAL QUALITY AND
4 INTEGRITY
5 (NACIQI)

6 WEDNESDAY, AUGUST 2, 2023

7 The Advisory Committee met at 9:00 a.m., at U.S. Department of
8 Education Headquarters, 400 Maryland Avenue, SW, Barnard
9 Auditorium, Washington DC, 20202
10 Claude Pressnell Jr., Chair, presiding.

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13 ADVISORY COMMITTEE MEMBERS PRESENT:

14 CLAUDE PRESSNELL JR., CHAIR

15 ZAKIYA SMITH ELLIS, VICE CHAIR

16 KATHLEEN ALIOTO

17 ROSLYN CLARK ARTIS

18 JENNIFER BLUM

19 WALLACE BOSTON

20 DEBORAH COCHRANE

21 JOSÉ LUIS CRUZ RIVERA

22 KEITH CURRY

23 DAVID EUBANKS

- 1 MOLLY HALL-MARTIN
- 2 ARTHUR KEISER
- 3 D. MICHAEL LINDSAY
- 4 ROBERT MAYES
- 5 MARY ELLEN PETRISKO
- 6 MICHAEL POLIAKOFF
- 7 ROBERT SHIREMAN
- 8 DEPARTMENT OF EDUCATION STAFF PRESENT:
- 9 GEORGE ALAN SMITH, NACIQI Executive Director, Designated Federal
- 10 Official
- 11 HERMAN BOUNDS, Director, Accreditation Group
- 12 LACO L.G. CORDER
- 13 PAUL FLOREK
- 14 MONICA FREEMAN
- 15 BRIAN FU
- 16 NICOLE S. HARRIS
- 17 CHARITY HELTON
- 18 DONNA MANGOLD
- 19 STEPHANIE MCKISSIC
- 20 NASSER PAYDAR
- 21 SCOTT PRINCE
- 22

- 1 REHA MALLORY SHACKELFORD
- 2 CHRISTLE SHEPPARD SOUTHALL
- 3 ANGELA SIERRA
- 4 KARMON SIMMS-COATES
- 5 MIKE STEIN
- 6 ADRIANNE WALKER
- 7 ANNMARIE WEISMAN
- 8 WESLEY WHISTLE
- 9
- 10 RENEWAL OF RECOGNITION:
- 11 COUNCIL ON ACCREDITATION OF NURSE ANESTHESIA EDUCATIONAL
- 12 PROGRAMS (COANAEP)
- 13 NACIQI PRIMARY READERS:
- 14 JENNIFER BLUM
- 15 MOLLY HALL-MARTIN
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- 1 DEPARTMENT STAFF:
- 2 PAUL FLOREK
- 3 AGENCY REPRESENTATIVES:
- 4 JOHN O'DONNELL, DrPH, MSN, RN, CRNA, CHSE, FSSH, FAANA, FAAN,
- 5 COA President
- 6 PAUL AUSTIN, PhD, CRNA, COA Vice President
- 7 FRANCIS GERBASI, PhD, CRNA, COA Chief Executive Officer
- 8 THIRD-PARTY COMMENTERS: Method Two Sign-ups To Be Announced
- 9 (if applicable)
- 10
- 11 RENEWAL OF RECOGNITION:
- 12 COMMISSION ON COLLEGIATE NURSING EDUCATION (CCNE)
- 13 NACIQI PRIMARY READERS:
- 14 DEBBIE COCHRANE
- 15 MICHAEL POLIAKOFF
- 16 DEPARTMENT STAFF:
- 17 KARMON SIMMS-COATES
- 18 AGENCY REPRESENTATIVE:
- 19 DR. JENNIFER BUTLIN, CCNE Executive Director
- 20 MR. BENJAMIN MURRAY, CCNE Deputy Executive Director
- 21 DR. PHILIP R. MARTINEZ, JR., Chair, CCNE Board of Commissioners
- 22

- 1 DR. ELIZABETH RITT, Immediate Past Chair, CCNE Board of
- 2 Commissioners
- 3 THIRD-PARTY COMMENTERS: Method Two Sign-ups To Be Announced
- 4 (if applicable)
- 5
- 6 RENEWAL OF RECOGNITION:
- 7 LIASON COMMITTEE ON MEDICAL EDUCATION (LCME)
- 8 NACIQI PRIMARY READERS:
- 9 MICHAEL POLIAKOFF
- 10 JOSÉ LUIS CRUZ RIVERA
- 11
- 12 DEPARTMENT STAFF:
- 13 LACO L.G. CORDER
- 14 AGENCY REPRESENTATIVE:
- 15 ANNETTE C. REBOLI, MD, LCME Chair; Dean, Cooper Medical School of
- 16 Rowan University
- 17 JERRY R. YOUKEY, MD, LCME Immediate Past Chair; Founding Dean
- 18 Emeritus, University of South Carolina
- 19 School of Medicine, Greenville
- 20 BARBARA BARZANSKY, PhD, MHPE, LCEM CO-Secretary
- 21 VERONICA M. CATANESE, MD, MBA, LCME CO-Secretary
- 22 JENNIFER A. SEMKO, JD, LCME Counsel, Baker and McKenzie

- 1 THIRD-PARTY COMMENTERS: Method Two Sign ups To Be Announced (if
2 applicable)
3
- 4 RENEWAL OF RECOGNITION:
5 NORTHWEST COMMISSION ON COLLEGES AND UNIVERSITIES (NWCCU)
6 NACIQI PRIMARY READERS:
7
- 8 DAVID EUBANKS
9 MARY ELLEN PETRISKO
10 DEPARTMENT STAFF:
11 STEPHANIE MCKISSIC
12 AGENCY REPRESENTATIVES:
13 DR. SONNY RAMASWAMY, President, NWCCU
14 DR. MARLEN TROMP, Chair, NWCCU Board of Commissioners;
15 President, Boise State University
16 DR. THAYNE MCCULLOH, Past Chair and Commissioner, NWCCU Board
17 of Commissioners; President, Gonzaga University
18 DR. SELENA GRACE, Executive Vice President, NWCCU
19 THIRD PARTY COMMENTERS:
20 DR. BRUCE KUSCH, President, Ensign College
21 DR. ANA MARI CAUCE, President, University of Washington
22 DR. FEDERICO ZARAGOZA, President, College of Southern Nevada
23

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1 PROCEEDINGS

2 9:00 a.m.

3 G. A. SMITH: Good morning and welcome
4 everyone. This is the second day of the National Advisory
5 Committee on Institutional Quality and Integrity Summer 2023
6 Meeting. I'm George Alan Smith, the Executive Director and
7 Designated Federal Official of NACIQI.

8 NACIQI was established by Section 114 of the
9 Higher Education Act of 1965 as amended, and it's also governed
10 by provisions of the Federal Advisory Committee Act as amended,
11 which sets forth standards for the formation and use of advisory
12 committees. Section 101-C and 487C-4 of the HEA, and Section
13 8016 of the Public Health Service Act, 42 U.S.C.

14 Section 2966 require the Secretary to publish a list
15 of state approval agencies, nationally accredited agencies, and state
16 approval and accrediting agencies for programs of nurse education,
17 that the Secretary determines to be reliable authorities as to the
18 quality of education provided by the institutions and programs they
19 accredit.

20 Eligibility of the educational institutions and
21 programs for participating in various federal programs, requires
22 accreditation by an agency listed by the Secretary. As provided in

1 HEA Section 114, NACIQI advises the Secretary in the discharge
2 of these functions, and it's also authorized to provide advice
3 regarding the process of eligibility and certification of institutions
4 of higher education, for participation in the federal student aid
5 programs authorized under Title IV of the HEA.

6 In addition to these charges NACIQI authorizes
7 academic graduate degrees from federal agencies and institutions.
8 This authorization was provided by letter from the Office of
9 Management and Budget in 1954 And this letter is available on
10 the NACIQI website along with all records related to NACIQI's
11 deliberations. Thank you for joining us today. And at this time I'll
12 turn the meeting over to the Chairperson Claude Pressnell.

13 CHAIR PRESSNELL: Thank you George. And I
14 want to also extend my welcome to all those who are able to attend
15 today's meeting. A special thanks again to the NACIQI members
16 for the hard work you did yesterday, and really appreciate all the
17 progress that was made there.

18 So today we just have review of agencies, and so
19 we don't have any subcommittee reports, so we're going to jump
20 right into it after introductions. And so let me first have the
21 members of the Committee introduce themselves. Just again, I'm
22 Claude Pressnell, fortunate to serve as the Chair of the Committee,

1 and my day job is President of the Tennessee Independent Colleges
2 and Universities Association, and Vice Chair Zakiya, I'll let you
3 introduce yourself.

4 Z. ELLIS: Thank you Claude. I'm Zakiya Smith
5 Ellis, a Principal at Education Council.

6 W. BOSTON: Wally Boston, President Emeritus of
7 American Public University System.

8 M. PETRISKO: Mary Ellen Petrisko, Educational
9 Consultant and Past President of the WASCUC Senior College and
10 University Commission.

11 R. SHIREMAN: Bob Shireman, Senior Fellow at
12 the Century Foundation.

13 D. COCHRANE: Debbie Cochrane, Bureau Chief
14 of California's Bureau for Private Postsecondary Education.

15 R. MAYES: Robert Mayes with Columbia
16 Southern Education Group.

17 M. POLIAKOFF: Michael Poliakoff, President,
18 American Council of Trustees and Alumni.

19 K. ALIOTO: Kathleen Sullivan Alioto, supporter of
20 community colleges, which educate 42 percent of the students in
21 college in America.

22 K. CURRY: Keith Curry, President and CEO of

1 COMTA College.

2 M. HALL-MARTIN: (Spoke In Native Language.)

3 Molly Hall-Martin, Director of W-SARA at the Western Interstate
4 Commission for Higher Education.

5 M. LINDSAY: I'm Michael Lindsay, I serve as the
6 President of Taylor University.

7 J. BLUM: Jennifer Blum with Blum Higher
8 Education Advising.

9 CHAIR PRESSNELL: All right. Thank you. Let's
10 go to those who are attending virtually. David?

11 D. EUBANKS: Good morning everyone. David
12 Eubanks with Furman University.

13 CHAIR PRESSNELL: Thank you. Jose?

14 J. L. CRUZ RIVERA: Jose Luis Cruz Rivera,
15 President of Northern Arizona University.

16 CHAIR PRESSNELL: All right. Very good.
17 Thank you very much. And let's go ahead and have the staff
18 agency go ahead and introduce Herman Bounds, introduce your
19 team.

20 H. BOUNDS: Good morning. Again my name is
21 Herman Bounds. I'm the Director of the Accreditation Group, and
22 we'll start with the staff that are present here. Nicole would you or

1 Stephanie?

2 S. MCKISSIC: Good morning. I'm Dr. Stephanie
3 McKissic, an Accreditation Analyst.

4 N. HARRIS: Good morning, I'm Dr. Nicole S.
5 Harris. I'm an Analyst with the Accreditation Group. Just before
6 the rest of the staff I want our intern, who was not introduced
7 yesterday to introduce yourself. She's online.

8 N. PATHAK: Good morning everyone. My name
9 is Nehi Pathak, and I am a student intern here with the
10 Accreditation Group.

11 H. BOUNDS: Thank you. And I want to apologize
12 for leaving you out yesterday, so thanks Nicole for introducing
13 yourself, or having her introduce herself. Yeah, we'll get to the
14 group that are online, so we'll start with Reha.

15 R. SHACKELFORD: Hello everyone. Reha
16 Mallory Shackelford, Analyst with the Accreditation Group.

17 H. BOUNDS: Mike?

18 M. STEIN: Good morning everyone. Mike Stein,
19 Staff Analyst with the Accreditation Group.

20 H. BOUNDS: L.G.?

21 L. CORDER: L.G. Corder, Analyst with the
22 Accreditation Group.

1 H. BOUNDS: Paul?

2 P. FLOREK: Good morning. Paul Florek, Analyst
3 with the Accreditation Group.

4 H. BOUNDS: Beth? Beth I think you're muted.

5 E. DAGGETT: I'm here. Good morning
6 everybody. Elizabeth Daggett, Analyst with the Accreditation
7 Group.

8 H. BOUNDS: Charity? I think you're muted too,
9 or maybe your headset is causing the issue. Okay. All right.
10 That's Charity Helton, she's an Analyst with the Accreditation
11 Group, and I don't know if Adrienne is here on online today, she's
12 our staff assistant. And then we have Monica Yassa, and I don't
13 know if Monica is here today. Monica is our records manager and
14 our e-recognition troubleshooting expert, oh there she is. Monica
15 please go ahead and introduce yourself.

16 M. YASSA: Good morning everyone. Yes. I'm
17 Monica Yassa, I'm the EREC, Records Manager with the
18 Accreditation Group.

19 H. BOUNDS: And I have to apologize I didn't
20 recognize Monica yesterday, so Monica please forgive me. And
21 yeah, and Karmon are you there?

22 K. SIMMS-COATES: Good morning everyone.

1 Karmon Simms-Coates, I'm an Analyst with the Accreditation
2 Group. Happy to be here.

3 H. BOUNDS: All right. I think I got everybody.

4 CHAIR PRESSNELL: Thank you Herman. And
5 George, do you want to introduce your team?

6 G. A. SMITH: I'll let you introduce yourself
7 Monica.

8 M. FREEMAN: Good morning. I'm Monica
9 Freeman. I'm the Management and Program Analyst with OPE.

10 A. SIERRA: Good morning. I'm Angela Sierra
11 from the Department's Office of the General Counsel, and also
12 from the Office of the General Counsel we have Donna Mangold,
13 and Christle Sheppard Southall participating virtually. Thanks.

14 CHAIR PRESSNELL: All right. Thank you all
15 very much, and again thank you for all the work that you do to
16 make this possible. I really do appreciate it. So like I said we're
17 going to move into reviews, but let me first review the standard
18 procedures for the review of the agencies.

19 First, the primary readers off of the NACIQI group
20 will introduce the agency application, followed by the Department
21 staff, who will give us a briefing on the report. The agency
22 representatives then will be allowed to provide comments, and then

1 there will be a Q and A between NACIQI members and the
2 agency.

3 We will then entertain third party comments if there
4 are any at that point. The agency will then be afforded the ability
5 to respond to the third party comments. Then at the end the
6 Department staff will respond to the agency's comments as well as
7 third party comments. And then finally there will be a discussion
8 among the membership, and a motion filed and a vote then on the
9 motion.

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1 Renewal of Recognition: Council on Accreditation
2 of Nurse Anesthesia Educational Programs
3 (COANAEP)

4 So we'll go ahead and get started. So we're going to
5 start off with the Council on Accreditation of Nurse Anesthesia
6 Educational Programs, and Jennifer Blum and Molly Hall-Martin.
7 I see Jennifer, thank you.

8 J. BLUM: Good morning everybody. The Council
9 on Accreditation of Nurse Anesthesia Educational Programs,
10 COA, accredits institutions and programs that prepare nurses to
11 become practicing nurse anesthetists. The agency currently
12 accredits 127 programs, and one single purpose freestanding
13 program in nurse anesthesia for which the agency's accreditation
14 could enable access to HEA funds, and thus serves as the agency's
15 federal link.

16 The agency's accredited hospital-based programs
17 and institutions may participate in Title IV HEA programs, and
18 therefore the agency must meet the Secretary's separate and
19 independent requirements or seek a waiver. Currently, one
20 hospital based program is enabled by the agency's accreditation to
21 access federal funds in accordance with the agency's present, so by
22 recognition.

23 Accredited programs also use the agency's

1 recognition to participate in non-HEA programs that include the
2 Department of Health and Human Services grants to in advanced
3 nurse education. There have been no complaints since the last
4 recognition period, or third party comments submitted about the
5 agency.

6 CHAIR PRESSNELL: All right. Thank you
7 Jennifer. We'll call on Paul Florek to give us a report on the
8 briefing document please.

9 P. FLOREK: Good morning Mr. Chair and
10 members of the Committee. My name is Paul Florek. I am
11 providing a summary of the review of the Petition for Renewal of
12 Recognition and request for change of scope for the Council on
13 Accreditation of Nurse Anesthesia Educational Programs hereafter
14 referred to as the agency.

15 The agency is both an institutional and
16 programmatic accreditor currently recognized by the Department.
17 The staff recommendation to the Senior Department Official for
18 this agency is to renew the agency's recognition for five years, and
19 require the agency to submit a monitoring report within 12 months
20 on two issues of substantial compliance.

21 Additionally, Department staff recommends
22 approval of the agency's requested change for scope of recognition,

1 which amends the agency's scope to include the accreditation of
2 post-doctoral certificates.

3 The amended scope would read, "The accreditation
4 of institutions and programs of nurse anesthesia at the post-
5 master's certificate, post-doctoral certificate, master's for doctoral
6 degree level, including programs offering distance education with
7 the geographic area of accrediting activities being the United
8 States."

9 The first outstanding substantially compliant issue
10 is related to the agency's lack of a definition of significant
11 enrollment growth in accordance with the requirements of 602.19-
12 D. The agency reviews any and all growth in student enrollment,
13 but must establish a definition in accordance with this regulation.

14 The second outstanding substantially compliant
15 issue is related to agency policy language for voluntary
16 withdrawals and lapses in accreditation. Specifically, this
17 language must include accredited institutions, in addition to
18 accredited programs, and in line with the agency's scope of
19 recognition and the requirements of 602.26-F.

20 In addition for the record, the agency provided
21 response to the section deemed compliant in the draft analysis in
22 602.15-A2, that was relevant to, and analyzed in Section 602.15-

1 A1, this recommendation is based on the review of the agency's
2 petition and its supporting documentation. The observation of a
3 Commission meeting, virtual orientation and work group sessions,
4 and a virtual site visit conducted by the agency in addition to a file
5 review.

6 The Department received no complaints for third
7 party comments in connection with the agency's petition for
8 continued recognition. There are representatives from the agency
9 that are here today to respond to your questions. Thank you.

10 CHAIR PRESSNELL: Thank you Paul. And so
11 we'll call up the agency representatives. I have on my list John
12 O'Donnell, Paul Austin and Francis Gerbasi. I'm sorry, yeah, do
13 you have a clarification question. I'm sorry. Go ahead Jennifer.
14 I'm sorry I missed you. Paul if you could come back on.

15 J. BLUM: Sorry. I do have a couple questions for
16 Paul. And the first is on separate -- and I just want to understand
17 something on separate and independent. I did see, and I think that
18 they've ended, but I did see that they received grants from the
19 association from the trade association, like \$500,000.00 every year.

20 And so I was just it looked like those were ending,
21 but I was curious about the fact that they received grants. Those
22 aren't service agreements, those are -- it seemed like they were just

1 it was just money. So how does that factor in into the separate and
2 independent determination?

3 P. FLOREK: Sure. Happy to speak to that. So my
4 understanding of the situation with the grants is that this is a
5 reducing grant over the next five years. I believe in 2022 it was a
6 grant for \$500,000.00 and through 2027 that will end. This grant
7 is not a grant that reflects any sort of control by the associated
8 association, and so because of that it doesn't impinge upon the
9 independence of the accrediting body in any way.

10 J. BLUM: Okay. I'm going to obviously be asking
11 the agency about it too, but I was just curious on your perspective
12 on that. The second question that I have for you, and this is
13 something I've brought up in prior meetings too. It's a little bit of a
14 process issue.

15 So we're finding, which I agree with the finding of
16 substantial compliance, but there were two other areas where you
17 found noncompliance initially, and then found through additional
18 conversation, or you know, disclosures or whatever that they met.
19 One of them for example was on their complaint policy. They had
20 a complaint policy that didn't seem to require that their institutions
21 maintain complaint records.

22 They changed the policy to come into compliance,

1 but to me the demonstration of compliance is whether actually
2 their institutions, whether they're enforcing that standard that they
3 just sat. So I'm just curious why that might -- wouldn't be part of
4 the substantial compliance monitoring report?

5 P. FLOREK: That's a great question. So I believe
6 they submitted, and I think I put this in the petition as an analyst
7 exhibit, they included a site visit report since the change in policy
8 that demonstrated a review of those held complaints.

9 J. BLUM: Okay. I must have -- I probably missed
10 that. So I knew it must be something like that. There were two
11 other situations like that, but I assume that those, it's similar. I
12 think there was one on Title IV responsibilities, and another one
13 relating to enforcement policies.

14 But I assume that same situation where they
15 demonstrated that not just had they changed the policy, but that
16 they were actually enforcing the policy that they just created. Not
17 for the Title IV aspect because of the way the Title IV timeline
18 would have worked. I don't think they would have the opportunity
19 to review that as part of a site visit, as part of a self-study
20 comprehensive review for a number of years.

21 J. BLUM: Okay. Okay. Well that makes sense
22 too, okay. All right. Thank you.

1 CHAIR PRESSNELL: Thanks Jennifer, I
2 apologize. Bob?

3 R. SHIREMAN: Thanks Claude, and thanks Paul.
4 So the Council, I have noted that they were a programmatic
5 accreditor only, but then you reminded me in your presentation
6 that they do have the okay for approving as an institutional
7 accreditor. We had one yesterday the art and design accreditor,
8 where there are separate art schools, art colleges that are Title IV,
9 that are institutionally accredited.

10 Is that the type of things that we've got here nurse
11 anesthesia colleges? A separate college? Or is it just for
12 practicums or things like that? And is Title IV involved in those
13 separate institutions?

14 P. FLOREK: Yeah, it's a great question. So they
15 have one freestanding institution. It's the Middle Tennessee
16 School of Nurse Anesthesia, and it is a freestanding institution
17 only in nurse anesthesia, for which the agency's accreditation could
18 serve to facilitate the access of Title IV funds. That being said, the
19 agency does not -- the institution does not use the agency's
20 accreditation for that purpose.

21 And if I give too much information in terms of the
22 separation and independent question, this situation is a little bit

1 different because this agency's principal purpose is not the
2 accreditation of institutions of higher education, given firstly that it
3 only has one.

4 And secondly that it's different from the other
5 agency because this agency requires all programs at institutions to
6 also seek what was formerly known as regional accreditation. So
7 in essence, any of these freestandings are going to be holding dual
8 accreditation in this regard.

9 R. SHIREMAN: Thank you. That's helpful. So it
10 really does seem more like a programmatic accreditor with this one
11 little odd, unusual tweak. Thanks.

12 CHAIR PRESSNELL: Very good. Any other
13 questions? I got ahead of myself there. All right. So we will now
14 invite the agency representatives, and John O'Donnell, I assume
15 you're going to take the lead. To you. You're muted. Try it again.

16 J. O'DONNELL: Thanks very much. Yes, I will be
17 speaking, but Dr. Gerbasi will start with our remarks. He is our
18 CEO.

19 F. GERBASI: Thank you. Good morning Chair,
20 and members of NACIQI, on behalf of the Council on
21 Accreditation for Nurse Anesthesia Educational Programs, and the
22 133 nurse anesthesia programs it accredits. My name is Francis

1 Gerbasi. I serve as a Chief Executive Officer for the COA for the
2 past 20 plus years.

3 With me today is the President of the Council, Dr.
4 John O'Donnell. Dr. O'Donnell is a Program Administrator for the
5 University of Pittsburgh School of Nurse Anesthesia program.
6 Also with me today is Dr. Paul Austin. Paul Austin is the Vice
7 President of the Council.

8 Dr. Austin is a member on the faculty at the Texas
9 Westling University Graduate Program of Nurse Anesthesia. We
10 appreciate the opportunity to appear virtually before you today in
11 support of the Council's Petition for Continued Recognition. We
12 want you to know the students -- we ensure students have a high-
13 quality education.

14 Today all nurse anesthesia programs are at the
15 doctoral level, and must meet rigorous educational standards
16 required by the Council. We would like to thank Paul Florek,
17 Monica Freeman and Herman Bounds for their assistance in
18 providing guidance in the review process. The Council received
19 its final staff analysis report on June 30th.

20 The final staff report indicates the Council is in
21 substantial compliance with the recognition criteria with two issues
22 that can be addressed by making amendments to the Council's

1 policies and procedures. The Council appreciates the thorough
2 review, and anticipates no difficulty in addressing the identified
3 issues.

4 The Council would like to take this opportunity to
5 provide the information on three key areas the Council has
6 addressed during this review period. We each have taken a topic
7 to discuss. I'd like to start with the Council's activity related to the
8 two recognition criteria identified in the staff analyst's report.

9 Dr. Austin will address the Council's action related
10 to COVID-19, and Dr. O'Donnell will conclude by identifying the
11 Council's activities and assessing program outcomes and
12 improving quality. In the interest of time we will keep our
13 responses brief, and welcome any questions at the conclusion of
14 our presentation.

15 So in regard to recognition criteria 602.19-B, the
16 Council wants to ensure NACIQI that it is closely monitoring
17 enrollment of nurse anesthesia programs to ensure they have
18 sufficient resources to support the number of students enrolled.
19 The Council collects individual programs, headcount enrollment
20 data through their annual reports and verifies that information
21 through the National Board of Certification and Recertification for
22 Nurse Anesthetists.

1 The Council follows its policies in approving the
2 size of program enrollments and any proposed increases. The
3 Council approval is based on programs' resources, including
4 faculty and clinical, and the outcome indicators. The Council
5 requires programs to submit an application for increasing class size
6 for review and approval.

7 Programs cannot increase enrollment prior to
8 approval by the Council. To address the concerns that were
9 identified under 602.19-B, the Council will include a definition for
10 significant enrollment growth consistent with its policy. In regard
11 to 602.26-F the Council did modify its policies to be consistent
12 with the required notifications of an accredited institution, or a
13 program that decides to withdraw voluntarily from accreditation,
14 or let its accreditation lapse.

15 As noted in the staff analyst report, the Council
16 amended sections of its policy to align with requirements for this
17 criteria. However, as noted, the language in the policy refers to
18 accredited program and does not specifically reference institutions.
19 The Council would like to note the glossary definition in the
20 accreditation policies and procedures manual states the word
21 program is used for all types of nurse anesthesia programs,
22 including institutions.

1 To address a concern in 602.26-F, the Council will
2 add language to the identified policies that confirm they are
3 applicable to the institutions accredited by the Council. Now, Dr.
4 Austin will discuss our next topic.

5 P. AUSTIN: Thank you. Thanks for the
6 opportunity to appear on behalf of the Council and share the key
7 activities taken during this recognition period in response to the
8 COVID-19 pandemic. I would first like to note that the pandemic
9 had a significant impact on nurse anesthesia program's delivery of
10 their didactic and clinical curricula.

11 Many of the CRA faculty and students provided
12 care for patients with COVID-19 in intensive care units and
13 surgery in addition to their educational responsibilities. The
14 Council immediately responded to the COVID-19 pandemic by
15 holding virtual board meetings to determine the impact on
16 programs.

17 These meetings, along with frequent
18 communication with the Council stakeholders, resulted in the
19 following activities. First, the establishment of an alternative
20 method to meet clinical experiences requirements which granted
21 approval for programs to meet up to 20 percent of certain clinical
22 case requirements using simulated experiences.

1 Second, the development of temporary policies and
2 procedures for conducting virtual accreditation reviews, which
3 enabled the Council to conduct 22 multi-day virtual accreditation
4 reviews during the COVID-19 pandemic, preventing major
5 disruption to program's accreditation cycles.

6 Third, the granting of an exception to the Council's
7 typical distance education application review and approval process,
8 which allowed programs to implement or increase distance
9 education courses, provided they notified the Council of their
10 intent to do so.

11 The waiving of the requirements for programs to
12 conduct annual in person visits to establish clinical sites and allow
13 for virtual visits to do clinical sites was also done. And an
14 extension of the Council's method three calculation of program
15 pass rates to account for COVID-19 interruptions, such as state and
16 local restrictions, and test site closures that resulted in graduate's
17 inability to sit for the national certification examination.

18 The follow-up to these actions, and the listing of the
19 national emergency, the Council is pleased to report it has returned
20 to the previous requirements related to clinical experience, clinical
21 site visits, and certification exam pass rate requirement timeframe.
22 Also, the required in person onsite reviews have been completed,

1 and programs that require Council approval of new distance
2 education offerings have done so.

3 All visits to programs are now occurring in person.
4 The Council is conducting one of its three annual board meetings
5 virtually, and using more online offerings for its training activities
6 as a result of our experiences during the pandemic.

7 Now Dr. O'Donnell will discuss our last topic.
8 Thank you.

9 J. O'DONNELL: Thank you. I also appreciate
10 having the opportunity to appear before you today on behalf of the
11 Council, and as in all good presentations, hopefully we have saved
12 the best for last. It's my pleasure to assure NACIQI the Council
13 has established effective standards and accreditation policies and
14 procedures to assess student achievement and improve quality.

15 Programs can establish their own student
16 achievement indicators however, all programs must meet the
17 Council's required indicators, including national certification
18 examination or NCE pass rates, attrition and employment rates.
19 Through the Council's annual reports process, programs report
20 their attrition and employment rates.

21 The Council obtains programs NCE pass rates
22 directly from the National Board of Certification and

1 Recertification for Nurse Anesthetists, or the NBCRNA. And the
2 NBCRNA is the only organization that administers a national
3 certification exam for nurse anesthetists.

4 The Council sets standards and policies for the
5 assessment of programs, NCE pass rates for almost 20 years.
6 During this time revisions have been made on the Council's
7 ongoing assessment of the program's data. In 2016, the Council
8 revised the requirements, and established three methods for
9 programs to calculate the NCE pass rate.

10 The established mandatory pass rate is 80 percent of
11 all first time test takers. The second method is 80 percent of first
12 time test takers when considering the three most recent graduation
13 cohorts. And the third method, includes the first time test takers
14 and graduates who pass on their second attempt within 60 days of
15 program completion.

16 Programs that do not meet the Council's mandatory
17 benchmarks are placed in monitoring. While in monitoring,
18 programs must conduct a causal analysis designed to improve their
19 graduate's ability to pass the NCE, and provide the Council with
20 annual status reports. Programs must have two consecutive years
21 at or above the mandatory benchmark to come off monitoring.

22 Programs identified as being out of compliance with

1 the standards must come into compliance within 36 months. Since
2 this policy has been implemented, programs on monitoring have
3 been able to make changes that have improved their pass rates, so
4 no programs have yet received an adverse action related to their
5 NCE pass rates.

6 I am pleased to report nurse anesthesia programs
7 completion and employment rates are very high. The national
8 average for program completion is 96 percent, and most programs
9 report 100 percent of their graduates are employed as CRNAs
10 within six months of program completion.

11 The Council appreciates having the opportunity to
12 appear before NACIQI, and would be happy to entertain any
13 questions you may have at this time.

14 CHAIR PRESSNELL: Very good, thank you for
15 your presentation, and so we'll move into the Q and A. Jennifer?

16 J. BLUM: Yeah. I have a few questions, but I'm
17 actually going to Molly, and I have been talking, we have some
18 questions that I'm going to let Molly lead on. I'm sure I'll chime in,
19 so actually it's Molly.

20 M. HALL-MARTIN: First of all thank you for
21 being here this morning, and for your remarks. Could you explain
22 the decision to require all students to earn a doctoral degree for

1 entering to practice when up until very recently a master's degree
2 has been enough? We've seen this from a number of programmatic
3 accreditors recently, and I wonder about your decision making in
4 this regard as you're the only recognized accrediting agency for
5 nurse anesthesia programs.

6 P. AUSTIN: Thank you. And thanks for the
7 opportunity to respond to that question. In 2004 the American
8 Association of Colleges of Nursing released a position statement
9 that support all APRNs education transition to the doctoral level
10 for entering to practice.

11 And the majority of nurse anesthesia programs are
12 housed in colleges of nursing. So the profession of nursing
13 anesthesia took a look at this and following a year and a half of
14 triple assessment, in 2007 the Association, the American
15 Association of Nurse Anesthetists released a position statement
16 supporting doctoral education for entry into practice by 2025.

17 Factors supporting the move included the
18 advancement of the profession, awarding degrees commensurate
19 with the credits earned, parity with out similar professions, and the
20 opportunity to increase knowledge of advanced practice nurses in
21 ever increasingly complex healthcare system.

22 M. HALL-MARTIN: Thank you. As a follow-up

1 to that, if a doctoral degree is required to entry into practice, why
2 continue to accredit master's degrees if they aren't sufficient for
3 entry into practice? This seems a bit problematic given that one of
4 your bright line outcomes measures is graduate employment rate.

5 P. AUSTIN: Again, Dr. Gerbasi, if you would.

6 F. GERBASI: As far as the accreditation of
7 programs that are still awarding master's degrees, the Council
8 established in light of the requirements that Dr. Austin has
9 identified, the Council established a requirement that all the
10 programs transitioned to award the doctoral degree by January 1,
11 2022.

12 So over that period of time, which was about 12
13 years that transition has occurred, and as of last year 2022 all of the
14 nurse anesthesia programs have now been approved to award
15 doctoral degrees. This meets the professional association's goal of
16 having all the graduates from nurse anesthesia programs awarded a
17 doctoral degree by 2025, seeing our programs are a minimum of
18 three years in length.

19 We do have programs that still have students
20 receiving a master's degree, but they're in their last year or two of
21 the program, so that those students will no longer be in the
22 program, and there will be no more master degree programs after

1 2025.

2 M. HALL-MARTIN: Thank you. I have a few
3 more questions later, but I will turn it back to Jennifer for now.

4 J. BLUM: So I have a follow-up. So this is based
5 on something that occurred in 2004, which was 19 years ago, and
6 in the interim we've seen, and this is more maybe of a policy
7 conversation, so I won't belabor it. But we've seen incredible debt
8 levels at the graduate level, and particularly at the doctorate level.

9 How many of your programs do you know how
10 many students in these programs are taking Title IV?

11 F. GERBASI: No. We don't know. That is not
12 something the Council would monitor as far as that. We do
13 through our annual report, we know that, you know, students do
14 certainly apply for loans as you indicated, you know, nursing
15 anesthesia programs are expensive, and transitioning from the
16 master's to the doctorate obviously added more time onto their
17 program, and increased the cost associated with the additional
18 time.

19 So, we know that the most frequent programs that
20 they participate in are really the Title VIII division of nursing
21 grants that are available to nurse anesthesia students, although they
22 still also apply for individual grants as well. So that helps, but the

1 other factor, you know, that factors into it and certainly at this
2 time, is supply and demand factor, where we have a significant
3 demand for nurse anesthesia.

4 And what we are seeing as employers are actually
5 supporting students to go to school, and you know, with that type
6 of support, plus sign on bonuses, plus various things that are
7 incentives, the cost is offset to a large extent.

8 J. BLUM: So -- no go ahead.

9 F. GERBASI: I'm sorry. If I could add these are
10 students coming in are registered nurses, licensed and have been
11 practicing for a number of years. And fortunately nursing salaries
12 have increased, and nursing anesthesia salaries even for entry level
13 nurse anesthetists are quite high, and so they have the opportunity
14 for their earnings to be significantly higher than someone for
15 instance coming into an undergraduate program.

16 J. BLUM: Okay. That's helpful. I assume though
17 that also the tuition obviously has gone up, but I do have one other
18 question about sort of the programs, the institutions and the
19 programs being offered. Does it put more financial stress on them
20 that they're teaching for -- and I assume it's almost twice as long a
21 program as well, so from a resource standpoint.

22 And I am hoping that the tuition is not double, but

1 so have you seen changes in financial capacity on the part of the
2 institutions to be able to adjust to doctoral?

3 F. GERBASI: The average for the master's
4 programs, the average length was 27 months, so now with the
5 transition to the doctorate they've increased to 36 months. So you
6 know, basically it's no. And that was part of the rationale for the
7 transition because what we saw with master's programs with credit
8 loans that were almost at the doctoral level because they have
9 added so many courses, and so many materials to it, but had stayed
10 at the master's level.

11 J. BLUM: That's helpful, thanks. I have more
12 questions, but I don't know if Bob?

13 CHAIR PRESSNELL: Well we have -- go ahead.
14 Primary readers have --

15 J. BLUM: Okay.

16 CHAIR PRESSNELL: And then we'll get either --
17 Bob, and we have Michael.

18 J. BLUM: Okay. So I asked a couple minutes ago
19 about students and Title IV. I am curious, do you happen to know
20 how many of your programs do take Title IV?

21 F. GERBASI: No. We don't track that for
22 programs, no.

1 J. BLUM: Okay. I was just curious.

2 F. GERBASI: I don't know how many. I'd be
3 surprised. I would suspect the majority probably do through their
4 regional, or their institutional accreditor.

5 J. BLUM: Okay. It just wasn't clear on the records,
6 and so I had a follow-up question, but I don't need to ask it because
7 it sounds like that would be more than not. So then I'm moving on
8 to student achievement. So I do like -- so I applaud the fact that
9 you have sort of what I would call sort of a hybrid approach where
10 you have the programs setting somewhat their own expectations
11 that aren't necessarily the benchmarks for their own student
12 achievement, but then have the benchmarking.

13 I am a little curious, and I know there was some
14 back and forth in the records with the Department, which was also
15 helpful. But I would like to hear, and I also like that you have
16 optionality on the licensure rates. I am curious how you landed on
17 80 percent. It wasn't 100 percent clear to me how you actually --
18 what your methodology was for coming up with the actual rates, so
19 it would just be great if you could share that on each of the
20 benchmarks.

21 J. O'DONNELL: Okay. Well thank you, and so
22 our three primary benchmarks are the national certification exam

1 pass rates, as I indicated. Attrition, which we defined as a measure
2 of students no longer enrolled in the program against the number
3 enrolled as reported on the Council's annual report, and then finally
4 the graduate employment rates, which we define as occupational
5 engagement, and/or the offer of occupational engagement in any
6 setting that requires performance of duties within the scope of
7 practice of a nurse anesthetist as a condition of employment.

8 As far as establishing the thresholds for the national
9 certification examination, and the other benchmarks, we've
10 undergone national certification exam, policy changes over the
11 years. The most recent was a call for comments in 2016. And we
12 received comments from our community of interest relative to their
13 student performance, and we also further analyzed the data from
14 the National Board for certification and recertification for nurse
15 anesthetists.

16 The first time pass rates for the NBCRNA have
17 over the years adjusted slightly as the exam has been recentered
18 through analysis by that group. But over the past five years, the
19 pass rate for first time takers has hovered at approximately 84
20 percent. And so we felt that the 80 percent benchmark was not too
21 difficult to meet.

22 We further after looking at those pass rates, have

1 continued to monitor the pass rates for all of the programs as
2 indicated, and those which cannot meet the three measures that I
3 talked about earlier, are those programs which go on monitoring.
4 And typically, through their causal analysis, they identify
5 curricular areas that require adjustment from the standpoint of the
6 actual exams themselves, the National Board for Certification and
7 Research provides a detailed report of both the actual exam, and a
8 practice exam, which students take.

9 And so programs can use that data to identify
10 curricular areas of weakness, so that they can improve their
11 quality. And typically that's what we see is that programs,
12 specifically focus on those domains.

13 As far as attrition, we base that on historical data
14 from the Council's annual report survey and study findings, and
15 that attrition rate data is verified by the National Board of
16 Certification and Recertification. And the way that's done is that
17 programs enter their students into the NBCRNA and AANA
18 beginning program, so that we understand who has registered, and
19 then we can see who finally takes the national certification exam
20 through the data released by the NBCRNA.

21 In practice, the Council generally requires status
22 report submissions from any program reporting an attrition rate of

1 10 percent or higher, or trends that suggest an increase in attrition
2 over the past three years, so we're very interested to make sure that
3 programs are taking qualified applicants, and making sure that then
4 the program curricular activities are sufficient for them to meet the
5 national certification exam.

6 As far as graduate employment rates, the third
7 primary benchmark of those thresholds are based on workforce
8 study data, including supply and demand, and programs are
9 required to monitor the employment rate of each cohort of
10 graduates six months after graduation.

11 And then employment rates less than 80 percent
12 averaged over the most recent five years require submission of a
13 status report for Council review. And employment rate data
14 indicate that over 85 percent of all CNAs are members of the
15 AANA, and so we are able to understand from their data as well,
16 how many of our members are actually employed.

17 It's important to note that programs are provided the
18 opportunity to comment on all the proposed thresholds prior to
19 Council approval, and the Council will review and may change
20 established thresholds as data is submitted and assessed on an
21 ongoing basis.

22 P. AUSTIN: And if I could add, I'm sorry, if I

1 could add that 80 percent benchmark that the Council uses and has
2 used for a number of years, what the Council also does is in a
3 systematic evaluation plan, is surveys of employers and surveys of
4 graduates, and looking at is the employer satisfied with the
5 performance of the graduate?

6 And so, that -- those surveys have indicated that
7 employers and graduates are satisfied, very satisfied with the
8 education of the graduate, and so that helps to support that 80
9 percent benchmark that the Council has had for a number of years.

10 J. BLUM: So this is really helpful. Part of the
11 reason I wanted you to talk through it is I had the -- I mean as I
12 said when I started, I was impressed by the sort of hybrid AN, but I
13 wasn't 100 percent clear on the methodology pieces, and I just
14 think it's a good demonstration of looking at student achievement
15 in a robust way.

16 So I applaud that. I do have -- you also answered a
17 question that I was going to ask about enforcement. You answered
18 it in your presentation that you've had over a few year period your
19 schools are able to come into compliance. It sounds like they may
20 not, you know, meet one of the benchmarks right off the bat, but
21 within your time period, and that there's monitoring and processes
22 to get into compliance, and that they then do.

1 So, you've had no institutions on adverse action for
2 this or any other it sounds like reason. I wasn't clear. Do you have
3 any institutions that have had an adverse action taken maybe on
4 issues other than student achievement because that wasn't clear in
5 the records?

6 F. GERBASI: Not during this recognition period.
7 Previous recognition periods we have had programs that have had
8 adverse action related to the outcome indicators, but not during this
9 recognition period.

10 J. BLUM: Okay. And then I just have one more
11 related question to this. So if an institution doesn't meet the mark
12 on the benchmarks in year one of their processes, you know, in a
13 cohort period or something, because there's no adverse action is it
14 public so the students know how a school is faring on the outcomes
15 metrics, regardless of the fact that it doesn't have to be disclosed
16 necessarily? Yes?

17 J. O'DONNELL: In answer to that, the outcome
18 data has to be disclosed on all programs websites, and in fact, on
19 the landing page for each program within one click, you must be
20 able to find the attrition data, the employment data, and the
21 national certification first time pass rate data.

22 And then the staff here at the COA monitors that

1 annually, and then the programs are required to report that as well
2 annually, through the annual report process. And so I would just
3 say as a program administrator myself, I share with all the other
4 administrators around the country the concern that our program
5 would have a student or two who might not take the exam as
6 seriously as we might like.

7 And so I think we all strive to meet those
8 thresholds. From the standpoint of attrition, I think that's largely
9 changed greatly over the years where programs really are focused
10 on assuring that students are A, qualified to come into programs,
11 and then have all the ICU experience and all the educational
12 background necessary to complete a high level doctoral program.

13 And then as far as employment, the market is such
14 that students around the country really have their choice of jobs,
15 and so they could work locally in most cases, but if not, there
16 certainly are jobs all over the United States and employers are
17 clamoring for these highly trained professionals.

18 J. BLUM: It's really interesting. Thank you. That's
19 very helpful. So I just my last question, which you probably heard
20 me ask the staff is about the grant that you receive from the
21 professional association. And I would like to understand, even if
22 that grant for some reason isn't related to your operations, I guess I

1 have a really basic question, which is but for that grant, what
2 would the financial position be of the accrediting agency?

3 F. GERBASI: Well the unrestricted grant has been
4 in place since the Council was established back in 1975. The grant
5 obviously was there to help support the activities of the Council,
6 and offset some of the costs that would otherwise be passed on to
7 the programs.

8 The grant is an unrestricted grant, and therefore
9 there's no ties to that money. There's no oversight of how that
10 money is spent. It's monies that the professional association gives
11 -- has given to the Council to support its activities because of
12 support for what the Council does.

13 As Paul Florek had noted, we've gone through this
14 last year, 2022, we went through some significant changes. In 21,
15 we had -- the Council brought on an outside consultant to do a
16 business analysis for the Council to identify how if there were
17 opportunities for the Council to be more efficient in its operations,
18 and business processes. And as part of that recommendation from
19 that outside consultant was to number one, look at possibly look at
20 other opportunities for the services that we were purchasing.

21 And at that time we purchased those services from
22 the professional association, the AANA, so look at those services

1 that are being purchased, and to work towards reducing, and
2 eventually eliminating dependence on the grant. And in 21 the
3 Council developed a strategic plan for moving forward with those
4 recommendations.

5 And last year, in 22 we implemented the transition
6 of the business services that were being purchased to other entities
7 that could provide those services, and we found that we have been
8 able to secure services actually at a much better price, and certainly
9 the same quality, if not better quality. So that's been positive.

10 And we also established in a very cooperative
11 agreement with the professional association plan to eliminate that
12 grant over the next five years. And so far things are progressing in
13 a very positive direction for the Council to do that. So as far as a
14 separate and independent, I think the Council has taken some
15 major, major steps to really move to even a more separate and
16 independent status than it's had in the past.

17 J. BLUM: That's really helpful. I think my follow-
18 up will probably be with Department staff and not with you all.
19 I'm done with my questions. I'm really actually quite impressed
20 with your operation, so thanks.

21 CHAIR PRESSNELL: Jennifer are you passing?
22 Okay. So Michael Poliakoff?

1 M. POLIAKOFF: I share Jennifer's esteem for
2 what we've heard. Could you repeat the statistics that you gave for
3 the actual outcomes for hiring and pass rates? It went by fast, but
4 they sounded significantly higher than what the benchmarks are.

5 J. O'DONNELL: The last -- let me see. So can you
6 repeat the question please? I'm sorry.

7 M. POLIAKOFF: Yes. I rather remember hearing
8 that your higher rates are closer to 100 percent than 80 percent, and
9 pass rates were well above the 80 percent benchmark.

10 J. O'DONNELL: Yeah.

11 M. POLIAKOFF: I just can't remember the exact
12 numbers.

13 J. O'DONNELL: Yeah. So the NCA pass rates
14 first time test takers for the past five years have been
15 approximately 84 percent. It's 84.3, 84.4, 85.1, 84.1; 83.4, and
16 that's for people who take it the first time. That doesn't count as
17 individuals who take it within 60 days if they should in fact have to
18 retake the exam. And I didn't mention this, but one of the things
19 that we are always mindful of is that we have a range of programs
20 that are very small to quite large.

21 And so, you know, for those small programs, a
22 single student not being successful in the exam, could in fact make

1 their pass rate quite low. And so we're sensitive to that, but those
2 are the stats for first time takers. As far as the attrition rate
3 nationally, the average is 4 percent, with a standard deviation of 5
4 percent.

5 And then we monitor that to see if anyone is above
6 10 percent, and in that case we would require a progress report,
7 and query for the reasons why and how the program is planning to
8 address that. And then from the standpoint of employment, we
9 would estimate that the vacancy rate nationally for nurse
10 anesthetist right now is probably somewhere around 10 percent.

11 And so there are many, many open positions
12 nationally. And there's been great interest in making sure that
13 facilities that provide surgical and procedural services, have
14 qualified anesthesia providers. It really for hospitals represents
15 how they often primarily fund their operations, is through their
16 operating rates.

17 And so these providers are considered critical to the
18 function of facilities around the country.

19 M. POLIAKOFF: Could you give us the average
20 starting salary for a newly minted graduate, and then the salary
21 further on in the profession, say after five years or so.

22 J. O'DONNELL: I can -- so I'm going to provide

1 information from my own nurse anesthesia program because there
2 are differences regionally as well as nationally, of course,
3 depending on things such as cost of living and so forth. But within
4 the western Pennsylvania area the starting salaries are between
5 \$165,000.00 and \$170,000.00 for the new graduates.

6 In the last AANA annual report the mean and
7 median salaries were pretty close reported from approximately
8 5,500 CRNAs nationally who responded to the survey, and it was
9 approximately \$175,000.00 overall. Typically, people who are out
10 of the profession for longer are making more than that, and so
11 they're making in the low to mid \$200,000.00's once they're fully
12 matured in their careers.

13 M. POLIAKOFF: Thank you. And finally when a
14 program is essentially put on corrective action, or warning, could
15 you give us a sense of the improvement that happens with their
16 average pass rates?

17 F. GERBASI: As far as Dr. O'Donnell had
18 indicated when a program doesn't meet the benchmark they go on
19 monitoring, and from that point they have to submit -- they have to
20 conduct a causal analysis, and then work on bringing that up. So
21 what we see is that programs, and I think it was mentioned, you
22 know, they look at the data that they have, they review their

1 curriculum. They look for where there could be improvements to
2 bring that -- adjust that curriculum, adjust the educational offerings
3 to account for bringing that pass rate up.

4 And they provide reports back to the Council on
5 what those activities are. And based on that input that's how
6 programs improve their pass rates.

7 M. POLIAKOFF: And can you give us a sense of
8 how effective that protocol has been?

9 F. GERBASI: Very effective, yeah.

10 P. AUSTIN: In a reporting period programs which
11 have been placed on monitoring, they have the corrective action
12 resolved in meeting the Council's standards regarding the first time
13 pass rate, yeah.

14 M. POLIAKOFF: Well thank you all very much.

15 CHAIR PRESSNELL: All right thank you. Let me
16 tell you where I am. So Molly, we'll go back to you as primary, so
17 I apologize for that. Then we'll go to Wally, then Kathleen.

18 M. HALL-MARTIN: As a follow-up to Michael's
19 question, approximately how many programs do you have on
20 monitoring right now?

21 F. GERBASI: You know, I would have to -- this is
22 my ballpark. I would say we probably have maybe six. Five or six

1 of them, yeah, I would think five or six programs that are currently
2 on monitoring.

3 M. HALL-MARTIN: Thank you. Wholly
4 unrelated, there are noted health disparities between white folks
5 and people of color, and of particular relevance to your program
6 area perceptions of how folks of color, and black people
7 specifically feel pain.

8 How do you ensure that the curricula of the
9 programs you accredit are preparing future members of the nurse
10 anesthetist community to equitably serve all patients and address
11 some of these disparities?

12 P. AUSTIN: Thanks, and thank you for that
13 question, the opportunity to respond. The Council has a standard,
14 and has had this standard for a number of years. Standard D-6 for
15 the graduate must demonstrate the ability to deliver all three
16 competent anesthesia care.

17 And with that there's a definition of culturally
18 competent, where it is demonstrated by effectively utilizing
19 approaches and assessing, planning, implementing and
20 administering anesthesia based on culturally relevant information.
21 That is the standard. Programs are required to show compliance
22 with that standard, and it filters down to the students daily

1 evaluation where that is a piece of that evaluation to assess
2 compliance with the standard.

3 M. HALL-MARTIN: Thank you. That's all I have.

4 CHAIR PRESSNELL: Thank you, Wally?

5 W. BOSTON: Thanks Claude. So this is going to
6 be a little bit of an introductory piece before I get to my question,
7 but as you may or may not know, we spent the past year and a half
8 looking at the dashboards that were instituted for our agencies, and
9 in some cases more specifically, agencies that accredited programs
10 more so than standalone institutions, those dashboards were
11 lacking.

12 And we implemented new dashboards this summer.
13 There is not a dashboard specifically for your agency. However,
14 there is data for your agency if you go to the NACIQI web page
15 under accreditor dashboards, there's data under programmatic plots
16 and programmatic accreditation data, both of those are dated
17 August of 2023 on the website.

18 And your comment about the average starting salary
19 in response to Michael of \$165,000.00 doesn't exactly meet up
20 with the data that we have in both the plot and the accreditation
21 data, and I'll read you. We have a ratio that we're tracking in the
22 plots of debt to earnings.

1 And the mean debt to earnings with 77 programs
2 reporting data on the master's, which is being phased out, is 4.5, so
3 the debt ratio to earnings is 4.5. So if it's really \$165,000.00 for a
4 starting salary, that implies a huge debt load. And you know, with
5 the standard deviations to, and the median by the way is 4.0. And
6 for your doctoral programs the mean is 3.7, with a median of 3.0.

7 So clearly people with doctoral programs, there's
8 only 12 currently that we have data for, or the Department has data
9 for. But I'm assuming they're still at the same debt load, but must
10 be earning a little bit more. So I guess, you know, to the extent
11 that this may be a surprise because maybe you didn't even look at
12 this data since it was just published this summer.

13 I want to know what activities you're taking to look
14 at these debt to earnings ratios, because it just seems to me that it's
15 crazy to have, you know, 4.5 or 3.7 as a mean debt to earnings
16 ratio for any profession. I don't care whether they're high earning
17 or not, it's still going to take a long time to get your life back in
18 order if you have that kind of ratio to earn a degree versus what the
19 starting salaries are.

20 And I'm wondering if perhaps the explanation for
21 this is either that your starting full-time salary doesn't represent the
22 fact that maybe some of the people are starting part-time, and not

1 earning as much, so thank you.

2 F. GERBASI: Well thank you, and we appreciate
3 the data that you've established, and I know this is if my
4 understanding is correct, a kind of work in progress that NACIQI
5 has worked on developing the database.

6 Based on the information I think, Brian Fu had
7 provided initially on the information, and I could certainly have
8 misinterpreted that, but I understand the calculation code it was a
9 four digit code that could have included registered nurses, nurses
10 administration, research nurses and clinical nurses.

11 So I'm wondering how clean that is for nurse
12 anesthesia. That's the first question. I think the Council fully
13 supports obtaining this information and collecting it in an accurate
14 way, but we're not exactly sure. And like you said, we haven't
15 analyzed it to any great extent, but that was one question that came
16 up when we didn't review the data.

17 The Council is certainly concerned with the data
18 that students accumulate during anesthesia programs. It's not
19 something that we at this point collect the information on, but I
20 know some programs do monitor that, and I know Dr. O'Donnell
21 you monitor that, and I don't know if you want to say a few words
22 about it.

1 J. O'DONNELL: Right. We've been monitoring
2 the debt of our students and their reported income in our end of
3 program evaluation, and all programs have their students complete
4 such an evaluation at the end of the program. And the trend that I
5 have seen from my own program over the years, which we admit
6 40 students annually, has climbed above \$100,000.00 per student
7 in debt.

8 Now, that seems like a high number. It doesn't
9 represent the debt that they accrued primarily during their nurse
10 anesthesia education. It represents the cumulative debt from that
11 as well as any other undergraduate programs. And one of the
12 things that we've noticed over the years has been an increase in the
13 number of students who originally trained with a degree in another
14 area, who then have gone back through an accelerated nursing
15 program, and got a nursing degree, then had gone on to qualify for
16 their nurse anesthesia education.

17 And so that overall debt tends to fall into the
18 graduate program, and that's what they report. Secondly, we
19 also looked as I noted, at the reported income of the positions that
20 they've accepted. And I think that the data that you have
21 represents as we were transitioning from masters to doctorate.

22 And also, I think that what we're going to see is

1 what has happened through, and post-pandemic has been a really
2 big jump in salaries for nurse anesthetists, and that's primarily been
3 a result of the market as there have been more and more need for
4 surgical and procedural services, and as facilities around the
5 country have expanded those needs, so too has expanded the need
6 for CRNAs to enter the field.

7 And so, I would say that debt load is something that
8 we should all be concerned about, and you know, I think one first
9 step would be monitoring that more carefully, and as Dr. Gerbasi
10 pointed out, making sure that the data that we have is purely from
11 nurse anesthesia education.

12 CHAIR PRESSNELL: Okay. All right. Kathleen
13 and then Jennifer.

14 K. ALIOTO: Thank you very much for your
15 presentation. I wondered if you could give me the numbers. How
16 many nurse anesthetists are there in the country?

17 P. AUSTIN: There's yeah, there is over -- well over
18 55,000 nurse anesthetists in the country. And so, it's kind of a
19 moving number because it's a number that graduate and a number
20 that retire or leave the profession. But it's well over 55,000.

21 F. GERBASI: Yeah. And as far as enrollment, the
22 average enrollment per year is between 2,500 and 2,800, and we

1 have a three year program, so you're looking at around 7,000 to
2 8,000 total students.

3 K. ALIOTO: And you had spoken about there
4 being a large number of openings since your last presentation to us.
5 How have the programs increased to meet that need? How have
6 your numbers increased to meet that need?

7 J. O'DONNELL: Well I think the answer is two-
8 fold. One is new programs, and there have been a number of new
9 programs approved last year, and there are a number of programs
10 in capability review now. So one way that universities and
11 educational institutions have moved towards meeting the need, has
12 been to establish new programs.

13 Very often in partnership with academic health
14 centers, or clinical facilities that have capacity to train students.
15 And so, that you know, obviously those institutions have an
16 interest in making sure that they have a highly qualified, well-
17 training anesthesia workforce. The second way that the programs
18 around the United States have attempted to meet the need have
19 been through increased enrollment numbers.

20 And you know, the applications for increase are
21 required. It's part of the policy of the COA. If you do decide that
22 you want to increase your enrollment, that you have to make

1 application to the COA for consideration, and within that
2 consideration you must show that you have the adequate, both
3 clinical and academic resources to be able to sustain the increased
4 number of students.

5 And then those proposals are deliberated by the full
6 Council, and then approved if the resources are deemed to be
7 adequate.

8 K. ALIOTO: Basically my question is how have
9 the numbers increased? How many more students are there now
10 than the last time you were before us?

11 F. GERBASI: I'll take that because I'm the
12 historian of the group, and been here the longest. You know, I will
13 say when I initially started it was 20 years ago, we had 85
14 programs, and the number of graduates per year was around 1,000
15 graduates a year.

16 Today we have 133 programs, and we graduate
17 around 2,500 students. So over double in that period of time the
18 number of graduates, and the number of programs has increased
19 significantly as well.

20 K. ALIOTO: I was pleased at the last meeting that
21 you had spoken about the opioid sparing policies that you were
22 implementing, and also the focus on oral education, and inner-city

1 assistance to hospitals and programs. And interfacing with what
2 you have now been doing with COVID, I wonder if there were any
3 programmatic changes that you implemented over the last five
4 years?

5 P. AUSTIN: There have been standards changes
6 that the Council has gone through its process of looking at the
7 standards, and revision. One example is now a standard regarding
8 point of care ultrasound that is used for placing nerve blocks that
9 go into an opioid sparing anesthesia technique.

10 So that's one example of how the Council has
11 responded to a need for an education of the student to engage in
12 these practices that provide higher quality care.

13 J. O'DONNELL: I would add also that the nurse
14 Title VIII grant process, the nurse anesthesia training ship process,
15 which most programs tend to participate in and apply for, has
16 focused on opioid use disorder and substance use disorder
17 education.

18 And so as a condition of that work the need to do
19 curriculum modification to make sure that your students are
20 prepared both clinically, and from the standpoint of knowledge
21 how to work with those kind of patients, especially important, as
22 we all know, that the epidemic spiked during the COVID

1 pandemic as people were more at home.

2 And then two, to support what Dr. Austin said, we
3 always are teaching about opioid sparing anesthetic techniques
4 because of our awareness of the opioid epidemic. And so things
5 such as enhanced recovery after surgery or ERES protocols are
6 now used widely across the United States.

7 And I would add that in our doctoral programs
8 students often focus on things like ERES and how we can better
9 implement ERES protocols as part of their scholarly endeavors.
10 They lend themselves to quality improvement types of projects,
11 which are typically what the NP or Doctorate of Nursing Practice
12 projects look like, and so we can at single institutions, make
13 changes to adhere to what are considered to be best practices for
14 reducing the exposure of patients who might become addicted to
15 opioids.

16 And so, you know, in my own system that has been
17 a widespread adoption, and we've had multiple students do work in
18 that area, and I think that Dr. Austin and Dr. Gerbasi can support
19 that in many programs around the country they have a similar
20 focus, and I'm working on those things with their own healthcare
21 institutions.

22 P. AUSTIN: And Texas Wesleyan and Fort Worth,

1 the experience mirrors that that Dr. O'Donnell described where the
2 student at the clinical site is really part of practice change to
3 improve quality care in many institutions, and these can be inner-
4 city, they can be rural, it's really across the spectrum.

5 K. ALIOTO: And finally with the 55,000
6 nationally, and the 2,500 to 2,800 that you're graduating yearly,
7 what is the percentage of women?

8 J. O'DONNELL: I don't have that number.

9 K. ALIOTO: Let's just take you. How many of
10 your 2,800 are women?

11 J. O'DONNELL: Well, I'll give a snapshot of that.
12 So just in general in the nursing profession, somewhere between 5
13 to 8 percent of the profession is men, so within the overall nursing
14 profession men are significantly under represented. However, in
15 the nurse anesthesia profession, historically men have represented
16 somewhere between 30 and 40 percent of the profession. So
17 women make up approximately 60 to 70 percent of the profession.
18 I believe that is fairly accurate.

19 F. GERBASI: Yeah. I don't have the exact data
20 either, but I do believe certainly, you know, men make up a greater
21 percentage of the profession for nurse anesthesia than in general
22 nursing, there's no doubt.

1 K. ALIOTO: Well I hope in five years when you
2 come back there might be one woman representing. I mean I enjoy
3 seeing you again, but perhaps one of the 65 percent could be up
4 there too. Thank you.

5 P. AUSTIN: And we do have a number of women
6 on the Council.

7 F. GERBASI: Yes, certainly representative on the
8 Council.

9 K. ALIOTO: Thank you.

10 CHAIR PRESSNELL: Jennifer?

11 J. BLUM: Good point Kathleen. I just wanted to
12 go back just really briefly on Wally's questions. I'm so glad you
13 raised it, because that's actually -- I should have actually
14 affirmatively said that I looked at that data, and ignored it because
15 I knew that it couldn't be -- like it's just, and it is the CIP code
16 issue, so I think there's a lot more work to be done, and we have to
17 just be super careful in fields like nursing and education even,
18 where we're going to see some senior level, you know, some more
19 senior type education positions that actually would pass but for
20 their grouping.

21 You know they would look better but for their
22 grouping in the forces at CIP. So I just think we need to be super,

1 super careful on that, and there's a lot of work. I wrote down a
2 couple notes, so we can side bar for I have questions for Brian
3 now. Thanks.

4 CHAIR PRESSNELL: All right. Any other
5 questions for the agency? Zakiya?

6 Z. ELLIS: One, it's not the last question, but for
7 now. I'm following-up on your -- I appreciate your response about
8 cultural competency within the standards, and I saw that you do
9 have as a value within the accreditation standards diversity, equity
10 and inclusion.

11 And I'm wondering how, if at all, you encourage
12 diversity of all types. Kathleen's talked about gender diversity, but
13 diversity of all types, including racial and ethnic diversity within
14 the institutions that you serve? Thank you.

15 P. AUSTIN: Great. Thank you. The Council does
16 support activities related to diversity in nurse anesthesia. The
17 Council does collect information on the diversity of equity and
18 students through the annual report data.

19 And the Council does have onsite reviewer training
20 that covers the standards, including the mission and the values of
21 the association, of the Council, excuse me, the mission and the
22 values of the Council which are diversity, equity, inclusion is part

1 of that piece.

2 F. GERBASI: We also participate or support some
3 of the workshops that are provided related to that diversity,
4 encouraging diversity. These are workshops that the professional
5 association has, but we participate in those in promoting and
6 supporting minority students that are applying to nurse anesthesia
7 programs, and providing guidance and assistance to help them
8 prepare for their education.

9 Z. ELLIS: Thank you. I will just say for the record
10 I appreciate that, and that the idea of both encouraging anyone,
11 who is entering the nurse anesthesia profession, no matter their
12 background, to have cultural competency as one piece, and then
13 having diversity including racial and ethnic diversity of the actual
14 students, faculty and staff is another plus. So I appreciate you
15 answering both of those.

16 CHAIR PRESSNELL: All right. Thank you
17 Zakiya. Any other questions for the agency? All right. Seeing
18 none, we'll invite Paul Florek back to respond.

19 P. FLOREK: I'll just say I understand Jennifer
20 might have a follow-up question for me. I'm happy to take that
21 question.

22 J. BLUM: I do. On the -- so I'm just going to use a

1 really, really sophisticated word that Bob used yesterday in our
2 report. I feel like separate and independent, both statutorily,
3 regulatory and in practice, is a bit of a mess.

4 I, and this is not reflective of the agency, but I do
5 want to -- on a go forward, I feel like they're making really
6 tremendous steps to be, I think one of the agency reps said, "even
7 more separate and independent," which sort of implies that they
8 weren't entirely separate and independent.

9 And again, I'm not trying to make this about this
10 agency per se, but I have to admit to being confused that if they
11 were receiving, and it is good that it was unrestricted, it was an
12 unrestricted grant, but a half a million unrestricted grant year after
13 year, to me says something about lack of independence.

14 So I don't understand why this agency didn't --
15 hasn't sought, or the Department hasn't just provided a waiver. So
16 I have a procedural question of why this agency wouldn't just be
17 eligible for a waiver, and why they are trying to meet. I think they
18 will meet separate and independent. They're taking all the right
19 steps.

20 But I don't understand why this isn't a waiver
21 situation. So I'm hoping that you can help on that Paul.

22 CHAIR PRESSNELL: And Paul, after you're done,

1 Herman one comment on this, just so you know.

2 P. FLOREK: I'm happy to let Herman start if

3 Herman would like to start.

4 CHAIR PRESSNELL: I thought that might be the
5 case, and that's why go ahead Herman.

6 H. BOUNDS: All righty. So Jennifer, when we
7 look at for this particular agency, or any agency, when we look at
8 separate and independent, you know, and again I think we all know
9 that it can be up for interpretation. But when we look at the
10 602.14-B and then there are the five things there that the agency
11 has to demonstrate.

12 So we all would agree that B-1, there's no issues
13 with the agency's decision making body being elected by
14 somebody from some sort of membership organization, or related
15 trade association, so they meet one. Two is at least one member of
16 the agency's decision making body is a representative of the public,
17 and then at least one-seventh of that body consists of a
18 representative of the public.

19 We know we meet two. Three, establishes its own
20 guidelines for the decision making, so we know they meet three.
21 Four, is the agency's dues are paid separately from any dues paid to
22 any related associated, or affiliated trade association. And then

1 five is where we talk about the budget.

2 And the only thing that five says is that the agency
3 develops and determines its own budget with no review, or
4 consultation with any other entity or organization. So they get --
5 they get a grant from folks, but those folks that provide the grant
6 have no say so in how the budget for the agency is developed.

7 That's the way we determine if they meet five. Now
8 somebody else may say that's not the case, and you know, we don't
9 have any issue with someone else interpreting that in a different
10 way.

11 But when we read five it just says that they develop
12 and determine its own budget with no review or consultation with
13 any other entity or organization, and that's why we determine that
14 they met separate and independent.

15 J. BLUM: Can I give an example of how they may
16 have, and again I want to be really careful because I'm really
17 impressed by this agency, so I just want to be really careful. But
18 can I give an example of how they may have been? They just
19 moved from master's to doctoral because the association in 2004
20 said so.

21 H. BOUNDS: But that's a little different from what
22 four is. That's not a --

1 J. BLUM: But that's five. They have a budget
2 that's \$500,000.00 dependent on a grant that they receive every
3 year, and then an association in 2004 says you need to move from
4 master's to doctoral. That to me says that there's some -- and I'm
5 not necessarily equating the money and the decision making, but it
6 just -- and again I'm talking a little bit historical, so I want to be
7 careful about today.

8 But it just feels to me like how we maybe we should
9 have put this into the report. And this is regulatory, the statute
10 language is different. This feels like this needs adjusting.

11 H. BOUNDS: I mean it could, but you could look
12 at two previously before they had the doctoral degree they were
13 still getting that grant money. I'm just saying are you trying to link
14 that situation?

15 J. BLUM: I agree. I just think that \$500,000.00
16 every year does -- and even the agency sort of hinted at it
17 themselves, I mean they're seeking further independence now.
18 And so I just feel like, and again my question isn't whether they
19 should be accredited or not accredited, my question was more
20 again about process of why aren't they waiver worthy? They feel
21 more waiver worthy to me than the one yesterday.

22 So this is more of a process point, just food for -- I

1 mean and I'm just saying it from a recipient as a NACIQI member
2 that I'm not seeing, I'm not understanding when to expect to see a
3 waiver request, or a waiver, you know, situation, and then the
4 proving of the separate and the independent.

5 H. BOUNDS: Yeah, I mean again, that was our
6 determination based on the reading of the regulation. I guess if we
7 would have saw a case where -- saw evidence that the trade
8 association said okay, here is the money, and now this is how you
9 have to spend the money.

10 This is how you have to establish how you use the
11 funds. If we would have saw some evidence of that we would
12 have said there's clear influence on how they develop and use the
13 funds that they receive. Again, with the money being unrestricted,
14 that's the way we thought.

15 Again, have -- that's our determination. I think
16 regulations can be interpreted either way, so if NACIQI thinks
17 other than that, I mean I wouldn't stand up here on a chair and say,
18 you know, that's crazy, it doesn't make any sense. I'm just saying
19 in this particular situation that's how we came up with our
20 decision.

21 CHAIR PRESSNELL: All right. Bob?

22 R. SHIREMAN: Thanks, I wanted to follow-up a

1 little bit.

2 P. FLOREK: Can I interrupt Bob? I'm very sorry,

3 Bob. Can I go back to Jennifer's question just very quickly? I

4 want to just point out three things. Firstly, a waiver request comes

5 from the agency, and the agency didn't request a waiver.

6 Secondly, as Dr. Gerbasi noted in his oral report,

7 what we're talking about is the subsidizing of in essence, member

8 dues. So how would the agency replace that grant funding? It

9 would increase member dues, which would increase costs for

10 institutions to be reviewed, which would increase student payment

11 in essence.

12 So in essence, what the professional association is

13 doing is subsidizing the cost of student education for the benefit of

14 students. And the third aspect is I just want to address that kind of

15 murky idea of a possibility of quip pro quo, reviewing the agency's

16 operations and its independence from the professional association,

17 I think there's something about being there in the Commission

18 meeting, and seeing how the Commission discusses things, and

19 seeing how the Council discusses its issues.

20 And seeing how they have an entirely separate, very

21 brief meeting with the association representative, which is -- has its

22 own time, has its own privacy rules, it's apart from, and separate

1 from the Council's deliberation.

2 And I think that's what the agency would probably
3 offer to you is that that deliberation on the adjustment for master's
4 doctoral was entirely independent of the association's
5 recommendation papers on moving towards that 2025 approach to
6 have a doctoral degree.

7 But like Herman, I won't stand on any chairs either,
8 so.

9 CHAIR PRESSNELL: Are you okay?

10 J. BLUM: Well so I agree totally on the last point.
11 On the first point actually, and I don't want to belabor this, but this
12 is why it's partially a mess. The statute actually says that the
13 Secretary may grant a waiver. The statute actually doesn't require
14 the agency to seek the waiver.

15 So, and of course I feel like staff, if staff feels like a
16 waiver is needed you could also just say hey agency, seek a
17 waiver, so on that first point. And then on the second point, I
18 don't, I mean Paul with all respect, if we have the philosophy that
19 it's okay for a professional association, or anyone else for that
20 matter to start providing grants in order to not collect the
21 appropriate level of dues to stand on your own two feet as an
22 accrediting agency, we have a problem with separate and

1 independent to begin with.

2 So I just don't think the second point works. But on
3 the first point I think that there's discretion to give a waiver if
4 there's a need for a waiver.

5 CHAIR PRESSNELL: All right. I've got Bob, then
6 Debbie, then Michael. Bob?

7 R. SHIREMAN: Thanks. I appreciate Jennifer you
8 bringing up these questions. I was -- I heard the agency say on the
9 change to doctoral that there was a report from the Association of
10 Schools, which made me nervous. Like okay, schools want to hold
11 students in schools longer because they can collect more tuition
12 money.

13 And so that seemed problematic. On the other
14 hand, they then said that the Association of Anesthetists, I almost
15 got it, also studied the issue and recommended it, and so I am more
16 comfortable with the influence of a profession, and the
17 professionals, you know, the engineers versus engineering schools.

18 I am more comfortable given that apparently it was
19 -- the issue was studied by them. I do think that the whole issue of
20 separate and independent is deserving of some review though that
21 may require further more than just regulatory side of things, and a
22 little bit of a history on this.

1 So the huge scandals in the 1980's involved
2 accrediting agencies that were essentially -- were the same
3 organization as the trade organization lobbying for the schools.
4 And the change that Congress made basically prohibited that rather
5 than addressing the bigger problem of schools controlling
6 accrediting agencies.

7 I'm much more comfortable with the engineering
8 profession controlling the engineering accrediting organization,
9 and judging whether schools are adequate, rather than school
10 owners, or school presidents. No offense to those that are here, but
11 controlling accrediting agencies.

12 We're obviously a long way from that, and the way
13 things operate, but it seems like a better direction to go.
14 Obviously, beyond this particular agency. Thank you.

15 CHAIR PRESSNELL: Okay. Why don't I put that
16 on Thursday's policy discussion? We can revisit it at that time.
17 Go into a little more depth, and that way we're not intimating that
18 this agency has got a major problem, because you've been very
19 clear Jennifer, that you don't think so. So that way the complexity
20 of that conversation can be fully vetted then tomorrow, and that
21 took care of Debbie, but Michael Poliakoff?

22 M. POLIAKOFF: Just a quick one on this topic of

1 dues. We saw yesterday quite a range of one of the association's
2 going into the upper five figures for dues. And maybe that's
3 something we ought to talk about Thursday as well. We don't tend
4 to look at that part of it, but that could be a rather crushing amount
5 of money for a school.

6 And this needs to come into the calculus about
7 where the support for the agency is coming from.

8 CHAIR PRESSNELL: I'd be happy to put it there.
9 We could talk about that as well. I think sometimes it's just a mere
10 cost, and you know, and number of institutions covered. Any other
11 questions for Paul? Okay. Seeing none, then we are at the point of
12 we have no third party comments, so there's no response to third
13 party comments.

14 And so we're here to discuss among ourselves, and
15 receive a motion at some point.

16 J. BLUM: Well I'm happy to go ahead with the
17 motion unless others have anything they want to say.

18 CHAIR PRESSNELL: Any other comments,
19 questions? All right. Thank you. Jennifer?

20 J. BLUM: I move that NACIQI recommend that
21 the SDO accept all of the recommendations of the final staff report
22 for the Council on Accreditation of Nurse Anesthesia Educational

1 Programs.

2 M. HALL-MARTIN: Second.

3 CHAIR PRESSNELL: All right. So it has been
4 moved and seconded. Any discussion about the motion? All right.
5 So the motion is to recommend that the Senior Department Official
6 accept the recommendations.

7 I know I'm reading it, and she's got it going. Of the
8 final staff report for the Council on Accreditation of Nurse
9 Anesthesia Educational Programs. That's been read into the
10 record. That's right. All right. Very good. Let's go ahead and
11 take a vote.

12 M. FREEMAN: Kathleen?

13 K. ALIOTO: Yes.

14 M. FREEMAN: And Roslyn was recused. Oh, I'm
15 sorry. Kathleen Alioto says yes.

16 K. ALIOTO: Yes.

17 M. FREEMAN: Jennifer?

18 J. BLUM: Yes.

19 M. FREEMAN: And Jennifer Blum says yes.

20 Wallace Boston?

21 W. BOSTON: Yes.

22 M. FREEMAN: Wallace Boston says yes. Debbie

1 Cochrane?

2 D. COCHRANE: Yes.

3 M. FREEMAN: Debbie Cochrane votes yes. Jose

4 Luis?

5 J. L. CRUZ RIVERA: Yes.

6 M. FREEMAN: Jose Luis Rivera votes yes. Keith

7 Curry?

8 K. CURRY: Yes.

9 M. FREEMAN: Keith Curry votes yes. David

10 Eubanks?

11 D. EUBANKS: Yes with a comment. I am

12 concerned about the prospect of credential inflation that we seem

13 to see, but I'm not sure if that falls within the authority here.

14 M. FREEMAN: Okay. And David Eubanks votes

15 yes. Molly?

16 M. HALL-MARTIN: Yes.

17 M. FREEMAN: Molly Hall-Martin votes yes. Art

18 Keiser is recused. Michael Lindsay?

19 M. LINDSAY: Yes.

20 M. FREEMAN: Michael Lindsay votes yes.

21 Robert Mayes?

22 R. MAYES: Yes

1 M. FREEMAN: Robert Mayes votes yes. Mary

2 Ellen Petrisko?

3 M. PETRISKO: Yes.

4 M. FREEMAN: Mary Ellen Petrisko votes yes.

5 Michael Poliakoff?

6 M. POLIAKOFF: Yes.

7 M. FREEMAN: Michael Poliakoff votes yes. Bob

8 Shireman?

9 R. SHIREMAN: Yes

10 M. FREEMAN: And Bob Shireman votes yes.

11 And Zakiya Smith Ellis?

12 Z. ELLIS: Yes.

13 M. FREEMAN: Zakiya Smith Ellis votes yes.

14 CHAIR PRESSNELL: All right. The motion

15 passes 14 yes and zero noes. So congratulations to the agency.

16 **Recommendation: NACIQI recommends that**

17 **the Senior Department Office accept all of the**

18 **recommendations of the final staff report for the Council on**

19 **Accreditation of Nurse Anesthesia Educational Programs.**

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15 CHAIRMAN PRESSNELL: We're going to take a

16 very brief break at 9 minutes. We'll be back here at 10:45.

17 (Break 10:36 - 10:46)

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2 Renewal of Recognition: Commission on
3 Collegiate Nursing Education (CCNE)

4

CHAIR PRESSNELL: All right. Welcome back
5 from the break. We're going to continue to move forward. The
6 agency now under review is the Commission of Collegiate Nursing
7 and Education, and primary readers are Debbie Cochrane and
8 Michael Poliakoff. Debbie?

9

D. COCHRANE: All right. Thank you so much.
10 The Commission on Collegiate Nursing Education, or CCNE
11 accredits baccalaureate, master's, doctoral degree, and certificate
12 level nursing education programs. I should note here that there
13 appears to be some question about the inclusion of certificates and
14 the scope, and I trust the analyst will discuss that.

15 At the time the agency submitted its Petition for
16 Continued Recognition, the agency had 1,932 accredited nursing
17 education programs, representing 50 states, the District of
18 Columbia and Puerto Rico. The agency accredits nursing
19 education programs that are accredited by a recognized regional
20 accrediting agency.

21 As a programmatic accreditor, the Secretary's
22 recognition enables the nursing education programs accredited by

1 CCNE to establish eligibility to participate in programs
2 administered by U.S. Department of Health and Human Services.

3 The agency was first granted initial recognition in
4 2000.

5 CHAIR PRESSNELL: All right. Thank you very
6 much. And we now invite Karmon Simms-Coates to come and
7 give us a brief on the review.

8 K. SIMMS-COATES: Okay.

9 CHAIR PRESSNELL: Go ahead. Thank you.

10 K. SIMMS-COATES: Good afternoon Mr. Chair
11 and members of the Committee. My name is Karmon Simms-
12 Coates. And I am providing a summary of the review of a Petition
13 for the Renewal of Recognition for the Commission on Collegiate
14 Nursing Education.

15 The agency's recognition does not include access to
16 Title IV programs. The agency accreditation of the nursing
17 programs is a required element to enable at least one of its
18 accredited programs to establish eligibility to participate in a non-
19 ATA federal program under the United States Department of
20 Health and Human Services.

21 The staff recommendation to the Senior Department
22 Official for this agency is to renew the agency's recognition for

1 five years. This recommendation is based on the year of the
2 agency's petition, and supporting documentation, as well as three
3 observations, a virtual board meeting, file review and site visit.

4 The Department did not receive any third party
5 comments for the agency, however the Department received one
6 complaint for the agency during the recognition period.

7 We conducted a general inquiry to address the
8 complaint, and after we requested documents and had a series of
9 interviews with the agency's Executive Director, we determined
10 the agency's accreditation and monitoring of nursing programs
11 complies with the Secretary's recognition criteria, and the
12 Accreditation Group Director released a closeout letter to the
13 agency.

14 This concludes my presentation. The agency
15 representatives are here today to answer questions. Actually I did
16 want to address the scope issue. For some reason in the system the
17 E recognition system it did not have the correct scope of
18 recognition for this agency per its 2018 SDO letter -- decision
19 letter, which actually included certificates at that time.

20 But the system did not have that information
21 presented accurately, so that was addressed by way of the petition.

22 CHAIR PRESSNELL: All right. Thank you. Any

1 questions for Karmon? Technical questions for her? Okay.

2 Seeing none, then we would invite the agency up, and Dr. Jennifer

3 Butlin. Jennifer, if you would introduce your team, and we'll let

4 you go ahead and give your report.

5 J. BUTLIN: Wonderful, thank you Mr. Chairman.

6 And thank you distinguished Committee members for your

7 thorough review of CCNE's application for renewal of recognition.

8 My name is Jennifer Butlin. I'm the Executive Director of CCNE.

9 I've been in this role for 25 years this year, and it's been a pleasure
10 attending NACIQI meetings for 30 years of my career, usually in
11 person, but more recently with you via videoconference.

12 I'd like to introduce our three other representatives
13 today. We have Dr. Philip Martinez, who is the current Chair of
14 the CCNE Board. I will point out that he is one of 11 percent of
15 males in the nursing profession, according to 2022 data, and he is
16 Chair of the board, so we're pleased to have Dr. Martinez
17 representing us as the Chair, but also as a Chair of one of our
18 major review committees, and as a practice representative of our
19 board, not primarily representing educators, but practice for the
20 profession of nursing.

21 Also with me is Dr. Elizabeth Ritt, who represents
22 faculty on the Board of Commissioners, and she is past-Chair of

1 the Board, as well as Mr. Benjamin Murray, who is our Deputy
2 Executive Director at CCNE.

3 Just a few opening remarks. I would like to thank
4 especially Ms. Karmon Simms-Coates. This is our agency's first
5 review under the new regulations, and the extended process for
6 looking at accreditors. It's a lengthy -- Ms. Simms-Coates.

7 She was always very collegial and responsive to our
8 questions, and we felt that we got very timely information from
9 her. She was in touch with Mr. Bounds throughout the process as
10 we had questions, and he was very responsive, and so I want to
11 thank the staff.

12 I also want to thank Ms. Monica Freeman because I
13 know that the videoconferencing has created challenges, and she's
14 also been extremely responsive to our representatives, so we very
15 much appreciate that. In terms of CCNE's renewal petition, we are
16 thrilled to have a clean review.

17 There are no compliance concerns noted. We are
18 recommended by the Department staff to be in full compliance
19 with all of the Secretary's criteria. With that said, we're happy to
20 answer any questions that the Committee members have. And in
21 terms of the scope issue, Ms. Simms-Coates is correct, we had
22 pointed out to her fairly early in the recognition process that her

1 scope was not accurately identified on the Department website.

2 And to answer Dr. Cochrane's, and it's been
3 recognized for the accreditation of our certificate programs, in
4 addition to baccalaureate, master's and doctoral level programs,
5 and we began accrediting nursing certificate programs back in
6 2014.

7 So that's -- we feel that that has already been fully
8 addressed, and we have no concerns about that. We're happy to
9 answer any questions you have.

10 CHAIR PRESSNELL: Very good. Thank you for
11 your presentation. Debbie?

12 D. COCHRANE: Thank you so much. Thank you
13 for your presentation to us today, and kudos on the clean review
14 from the Department. I do have a few questions to kick us off, and
15 I'm sure others will as well. In the description of the agency that I
16 had read out previously, it seems that institutional accreditation by
17 a regional accrediting agency is a prerequisite for CCNE's
18 programmatic accreditation.

19 Of course, accreditation rules changed in recent
20 years. When I looked at the website, I did not see a reference to
21 regional accreditation specifically, it just said that institutional
22 accreditation is a prerequisite.

1 And I'm wondering if you can say a bit about how
2 the agency -- how that regional accrediting agency requirement has
3 evolved when federal rules have blurred that distinction between
4 the regional and national accrediting agencies, and whether you
5 have seen -- if you expanded allowance for programmatic
6 accreditation, if you've seen an uptick in programs seeking
7 accreditation.

8 J. BUTLIN: Thank you for those questions. About
9 20 years ago CCNE changed its policies, which at the time referred
10 to the requirement for regional accreditation for our nursing
11 programs.

12 And based on the advice of legal counsel, things
13 that we were seeing at the U.S. Department of Education, and
14 actually at the recommendation of one of Mr. Bounds early
15 predecessors, Dr. Karen Prishenstein, many, many years ago,
16 serving in Mr. Bounds role, recommended that we change our
17 policies to be broader than regional accreditation.

18 You had the regionals, and then you had the
19 nationals, and both types of institutional accreditors fall under a
20 larger category of institutional accrediting agencies. So we saw
21 the need to simplify and address the fact that we not only were
22 considering nursing programs in regionally accredited institutions,

1 but national accredited institutions as you so clearly pointed out.

2 Those distinctions have gone away, and so CCNE I
3 feel was really ahead of the game in terms of being a specialized
4 accrediting agency to modify its policies, even before it was
5 necessary to do so. And that's why you will see in our
6 accreditation procedures that we refer consistently to the
7 requirement that all of our nursing programs are housed within an
8 institution that holds institutional accreditation by a USDE
9 recognized entity.

10 CHAIR PRESSNELL: you turned it off.

11 D. COCHRANE: Thank you for that clarification.
12 Okay. My next question pertains to complaint procedures, and I
13 noticed in the analyst report that I think it described the complaint
14 procedures are distributed on a request to interested parties.

15 I did attempt to locate them online and could not.
16 As you are likely aware, NACIQI has focused on what those
17 policies are, and whether or not they are onerous for would-be
18 complainants, and of course submitting a compliant complaint
19 requires knowing what compliance entails.

20 So could you just say a bit about that? Isn't that true
21 that they are not proactively shared, and why that would be if so?

22 J. BUTLIN: I would love to talk about complaints.

1 We were very impressed with the Committee's conversation
2 yesterday morning. In terms of particularly the subcommittee's
3 report and recommendations on a whole host of issues, but I really
4 tuned in on the conversation about complaints.

5 And I think it was Ms. Blum who pointed out some
6 frustration about the complaint processes by some agencies as
7 being quite onerous, and you know, Dr. Keiser raised concern
8 about concerns that there might be frivolous complaints, and how
9 does an agency account for those?

10 And another member talked about the importance of
11 reviewing anonymous complaints. I really listened carefully to
12 that and felt quite proud, to be honest, of the written policies that
13 we have, and the fact that our staff go to great lengths to counsel
14 members of the public, students, faculty who inquire about
15 complaints with our agency.

16 Let me first start with some of the concerns that I
17 have heard in recent years, and also expressed by the Committee
18 this morning about complaints. There was a concern about
19 limitations on modality, and how complaints are submitted, as well
20 as the timelines being very rigid.

21 There has been an agency that requires a complaint
22 to be notarized, or it won't be accepted. There have been concerns

1 that agencies won't accept anonymous complaints. Our complaint
2 process is very clearly articulated in our public documents. It's in
3 the CCNE procedures for accreditation of baccalaureate and
4 graduate nursing programs.

5 And we have a whole section on complaints
6 addressed in that document, which is part of our petition. I would
7 refer you specifically to pages 33 and 34 of the procedures. CCNE
8 allows a complaint to be submitted in any format. We do not
9 require an onerous worksheet or template to be submitted. It can
10 be a letter. It can be an email.

11 We also have never rejected outright a complaint,
12 and suggested to an inquiring student or faculty member, or
13 member of the public that they have to jump through all these
14 hoops to complete the complaint process. And I'm very happy to
15 share that Mr. Murray, who's with us here today, is our Deputy
16 Executive Director.

17 He gets a special title. It's in his job description as
18 well. He's our Complaints Administrator. So he's on the receiving
19 end of complaints that come in. During our current recognition
20 process we've received about a dozen complaints in the past five
21 years, which isn't a huge volume when you think about the
22 numbers of nursing programs that we're accrediting.

1 And we also changed our procedures at least 15
2 years ago to allow for anonymous complaints to be submitted.
3 Because when our Board of Commissioners considered that
4 procedural change, we felt that we had a duty and care to the
5 public, and that a faculty member, or a student, or a graduate of a
6 program might not want to share their name.

7 They might be concerned about retribution. And
8 we didn't want to discount outright the ability for those individuals
9 to submit a complaint against a program. We also believe in
10 procedural fairness, and so when we received a complaint we
11 believed that it is our obligation in accordance with our written
12 policy, to allow the nursing program to respond to that.

13 And then our Board of Commissioners has a
14 systematic process for considering all of the information and
15 responding to it. So that's a little bit about our complaint process.
16 We have a well-tested process for handling complaints. We do
17 receive them from time to time.

18 And as Chancellor Keiser mentioned yesterday, we
19 do get a lot of phone calls and emails, you know, I'm upset I got a
20 B plus, I think I should have gotten an A. You know, a faculty
21 member may be concerned that they were passed over for a
22 tenured position. A lot of HR and academic advising and grading

1 things that we prefer not to insert ourselves in, if you know, unless
2 warranted.

3 The complaint does need to provide a link to our
4 standards, or our procedures so that we're not considering
5 complaints that are completely inappropriate and outside of our
6 domain as a national nursing accrediting body. So you know, I
7 feel very good about our complaints process, and I feel it is not
8 onerous for a potential complainant. It is also publicly accessible.

9 And Mr. Murray provides, quite frankly, a lot of
10 time on the phone listening to our constituents and helping guide
11 them to what might rise to the level of a concern that could be
12 linked to the CCNE standard safety elements. So I hope that's a
13 helpful overview of our complaint process.

14 D. COCHRANE: Yes. That is very helpful. Thank
15 you so much, and it sounds like you all are very much ahead of the
16 curve in terms of some of the agencies we've talked to about
17 complaints. And I guess I would just offer the one commentary
18 that duty of care that you strive to provide might be better
19 supported if it was publicly available somewhere other than page
20 33 of your procedures manual.

21 Other agencies often have a link on their website,
22 you know, here's how to file a complaint. Here's what happens

1 next. Something like that might also support complainants in
2 helping them file something that would be both helpful to
3 themselves and you.

4 Okay. My next question -- so I was interested in
5 how you all combine a couple of your standards. I know one of
6 your agency standards requires that a program to provide clinical
7 placement practices for students in all programs, and also I know
8 that of course CCNE accredits distance education programs, and
9 that distance education programs are expected to meet the same
10 accreditation standards as other programs.

11 And I'm wondering if you can speak a little bit to
12 the combination of those two standards. I know that has been an
13 issue that has come up previously where distance education
14 programs that require a clinical component might not have the
15 same accessibility of clinical placements in the location where the
16 student resides.

17 And of course, obviously, that's critical for those
18 students to get the job outcomes that they're seeking. So could you
19 say a little bit about that?

20 J. BUTLIN: Sure. Absolutely. We have two
21 specific key elements that address this. One is in standard two, and
22 it's key element 2B like bravo, which addresses the adequacy of

1 physical resources and clinical sites. And then we also have key
2 element 3H, H like Harry, which is that the curriculum includes
3 planned clinical practice experiences.

4 And as you mentioned those key elements are
5 required for all of our programs, whether at the baccalaureate or
6 graduate levels, and also regardless of whether the program's a
7 distance education program or not.

8 We do give significant amount of flexibility and
9 leeway and autonomy I would say to our institutions of higher
10 education in terms of knowing who their community of interest is,
11 how they can best serve their students, whether it's an online
12 program, what kinds of goals they're preparing nurses for, and the
13 best way to get those clinicals.

14 As you mentioned, a distance education program is
15 going to handle this much differently than an on ground program.
16 Most of the on ground programs will place a student in one or
17 more settings that are in the locale. A distance program, it is very
18 common, not just in nursing, but in other professions for many
19 decades who have allowed students to play a role in identifying a
20 preceptor, or identifying a clinical site where they could have these
21 clinical crafted experiences that may not be at the headquarters of
22 where the institution is located.

1 So for example, a student may be in Utah, but
2 attending a program in Washington, D.C., an online program. That
3 student is often -- programs allow for those students to identify
4 appropriate placements in their hometown, so they don't have to
5 incur the expense and the time to travel to the headquarters to
6 spend time in a different location away from their families,
7 potentially away from their job, incur costs.

8 So those students can identify appropriate clinical
9 experiences in different parts of the country. Of course, those
10 clinical practice experiences need to be approved by the faculty,
11 and they need to align with, you know, the program outcomes and
12 the preceptors need to be qualified for the roles that they have all
13 in accordance with our written standards.

14 And so we view it as a partnership, and this is really
15 based on feedback that we've received from students as well as
16 program faculty, employers of nurses that it would be much more
17 disruptive if students were to have to fly, or get on a train, or travel
18 across the country in order to conduct a clinical, so that there is
19 some flexibility for the program to have an important part in the
20 identification of that clinical site.

21 With that said we do hold programs to our
22 expectations that they are ultimately responsible for insuring, that

1 the student is able to secure and get the appropriate clinical
2 placement. So for example, if a student tries to get a clinical
3 placement and can't find one, the program must provide one.

4 And we hold programs to that, and we very often
5 will look for evidence in the self-study documents, in monitoring
6 reports to ensure that the program is placing students, and they are
7 getting their appropriate clinical practice experiences. So that's an
8 overview of that process.

9 D. COCHRANE: Can I? So one follow-up
10 clarification question then. So in that example that you provided, a
11 Washington, D.C. institution that's enrolling a student in Utah. If
12 that student were unable to find their own clinical placement,
13 would an appropriate response from the institution be, well our
14 placements that we have set up for Washington, D.C., so you're
15 welcome to fly here? Does that meet the standards?

16 J. BUTLIN: It would. It would. You can see our
17 standards do not require that the student's clinical takes place in a
18 certain setting, or a certain location. And programs are also
19 responsible for truth in advertising, and so they're also responsible
20 for being clear about what the expectations are for their enrolling
21 students, and students in the program.

22 So yes, that is not always the solution that a

1 program may come up with, but that is certainly a possible
2 solution. We also know that many of our online programs have
3 contracts with clinics throughout the country. And so, more
4 common response might be we found a placement for you in Utah.

5 You might have to drive an hour or two, but we
6 found one for you, and it's available.

7 D. COCHRANE: Okay. Thank you. Okay. So I
8 want to turn to a question, and I think this is my last question for
9 the agency at this point, about something that relates to the
10 standards, but this actually falls outside of the scope of the review.

11 Obviously, as part of its review, the Department
12 assessed many of your policies, and then of course the agency's
13 fidelity to its own policies, and found that agency compliant. And
14 I don't intend to question that. But I also think it's very important
15 sometimes when things go wrong to take a look back, and see why
16 things went wrong.

17 So I want to ask you about something -- a case
18 where it seems like something went wrong, even with the best laid
19 intentions, best laid plans, and that example is Holy Name's
20 University. So in March of 2022, CCNE granted a ten year term of
21 accreditation to the BSN program at Holy Name's University based
22 in Oakland, California, and course is part of that review. The

1 agency would have reviewed whether the program had the
2 financial resources to serve its students well.

3 About six weeks after that term of accreditation was
4 granted in April of 2022, the Director of that same BSN program
5 began informing regulators that the program would be shutting
6 down due to insufficient resources. The whole institution is
7 actually now closed, stemming from financial challenges just a
8 year after that BSN program was granted a ten year term of
9 accreditation by CCNE.

10 So I'm wondering, hopefully this is not brand new
11 information to you, and hopefully you've taken a look at this
12 situation. And my question really for you is, you know, again it
13 sounds like you've got compliant policies. It sounds like you have
14 a track record of you know, of fidelity to those policies, so what
15 could have been done?

16 Because these types of reviews are intended to spot
17 red flags that were clearly not spotted. So something in the
18 pipeline didn't work. So I'm just curious what are your
19 observations on this situation, and how something like this might
20 have been spotted, or could be avoided in the future.

21 J. BUTLIN: Well thank you for that question. You
22 know, you note the timeline, March 2022 coming out of the

1 pandemic. We have actually had a handful of not just nursing
2 programs, but institutions of higher education, primarily the
3 smaller liberal arts schools that have closed.

4 And at the time of CCNE's comprehensive review it
5 is quite possible. I'm not going to get into a record of opportunity
6 to a program. We don't have those materials before us. And I
7 don't think it would be appropriate to have a team of evaluators
8 that addresses the standards.

9 That program is found to be in compliance
10 financially at that time, and there may have been likely, some
11 things that occurred then subsequent to that review that caused the
12 institution, and/or nursing program, to close. And so, we do hold
13 programs to our standards on resources.

14 We do site programs based on lack of resources.
15 We have a strong track record of that. And we deny and withdraw
16 programs from accreditation periodically as well. Sometimes that's
17 because of lack of resources. Sometimes it's because of student
18 achievement concerns, but we do have a track record of doing that.

19 And when a program notifies that it is closing, we
20 have a special form that does need to be completed, and we do
21 make a public announcement about that closure. And so in this
22 particular case I would believe that things happened after the onsite

1 evaluation, and led the institution to making some very difficult
2 decisions.

3 CCNE was informed in a timely manner, and you
4 know, when a program chooses to close, it's really not subject to
5 debate by CCNE. We accept their closure. We're not in the
6 business of trying to convince them, you know, that they shouldn't
7 close, or anything of that nature.

8 So, you know, that's our standard process when an
9 institution of higher education and/or the nursing program
10 specifically closes for any reason, but we have seen an uptick in
11 the past two years of some closures, primarily due to financial
12 challenges coming out of the pandemic.

13 B. MURRAY: Dr. Butlin if I could I'll amend what
14 you just said. If an institution has notified us that it will be closing
15 at some point in the future, we certainly are requiring them to
16 continue to comply with our program monitoring procedures up
17 until the point of closure.

18 And that can include things like substantive change
19 modifications, detailing either changes in faculty composition or
20 program leadership, or resources available to the program, so that
21 we're monitoring the institution and program's ability to continue
22 to provide the education through the point of closure.

1 CHAIR PRESSNELL: Debbie?

2 D. COCHRANE: Yeah. Please continue.

3 J. BUTLIN: Well, I was just going to thank Mr.
4 Murray. That's a very good point. In fact, it is not unusual when
5 we are notified of a situation as Mr. Murray noted, that we are
6 continuing to monitor them until their students leave. And so, we
7 have required some very strict and rigorous reporting, follow-up
8 reporting on programs when that information comes to light.

9 D. COCHRANE: Okay. And thank you for that
10 information, and again I have no doubt that you will have complied
11 with your sufficient policies, and I think again, whether that is --
12 and I also know that this is really putting you on the spot, and I
13 understand that you weren't coming prepared to speak about this
14 situation or others similar.

15 But I just will comment for the group. I do think it's
16 very, very important that we as NACIQI, or as the Department,
17 take these types of situations and really see what we can do to
18 learn about them. Because you know, the standard is to make sure
19 that the school and the program have the financial resources they
20 need, and that you know, this agency, again following its
21 procedures was so confident to give a ten year term of
22 accreditation, and six weeks later it's shutting down.

1 So, you know, and I don't know if maybe something
2 there was a triggering event, and maybe that requires more
3 notification about financial triggering events. Maybe full
4 information was not provided. I have no idea what the issue was,
5 but my point is that it's incumbent upon us all to look at that and
6 figure out what we can do to prevent the situation in the future.
7 And those are all my questions, thank you.

8 CHAIR PRESSNELL: Debbie, the only thing I
9 might note is that in this case they're not an institutional accreditor,
10 just programmatic. And so, the institutional accreditor would
11 definitely have access to far more documentation, and probably see
12 more red flags, but not in this case there's a difference.

13 D. COCHRANE: And that could absolutely be the
14 case in this case because it was the BSN program director that
15 actually started notifying other regulators. That's why it seemed
16 like that might be a tie in with the BSN program manager.

17 CHAIR PRESSNELL: Thank you. Michael?

18 M. POLIAKOFF: Yes. Thank you Mr. Chairman.
19 With hesitation to bring up perhaps old wounds, I wanted to
20 discuss 602.18-B6 1 to 2, retroactive accreditation. You all wrote
21 a rather impassioned letter to the Department in 2017 about the
22 importance of having the opportunity, the option of giving

1 retroactive accreditation.

2 And of course you're in full compliance now with
3 the Department's requirements not to do that. But as we think
4 tomorrow about having a policy discussion, I'd like to invite you to
5 talk a little bit more about that, and why if you still believe that's
6 an important option for the agency to have, why it would be a good
7 idea?

8 I realize this is perhaps more about policy than
9 about your compliance which has been complete.

10 J. BUTLIN: Yeah. Thank you. Thank you. What
11 a wonderful question. And I wouldn't say it's an old wound. I
12 would say it's an opportunity for CCNE to take a stand to help
13 protect, and particularly accreditors did not have -- can you hear
14 me?

15 CHAIR PRESSNELL: Jennifer? If I could -- I
16 think you're having bandwidth issues. I'm wondering if it might be
17 helpful for you to turn off your camera, and I know that's not
18 comfortable, but if you turn off your camera that way you're just
19 doing your voice, it might help. Thank you.

20 J. BUTLIN: Let's try it. Let's try it. Is this a little
21 better?

22 CHAIR PRESSNELL: Much, much better.

1 J. BUTLIN: Can you hear me okay?

2 CHAIR PRESSNELL: Yes.

3 J. BUTLIN: Oh wonderful. Okay. So I hope you
4 were able to hear. I don't view it as old wounds. It was really an
5 important dialogue that was occurring between the U.S.
6 Department of Education, and CCNE. CCNE felt passionately, as
7 you mentioned, about it. And Mr. Bounds was a great, you know,
8 facilitator in these discussions that we were having at the time.

9 CCNE had been advised by a former person in Mr.
10 Bound's position, that it was acceptable for CCNE to accredit a
11 program retroactively to the first day on the onsite evaluation. And
12 as a result of that guidance that we had received, and in our desire
13 to protect many nursing students who would be graduating from an
14 accelerated program, an RN to BSN program, we took a stand on
15 that.

16 And we defended our position that had been a
17 policy for over a decade, and had been established in consultation
18 with a predecessor of Mr. Bounds, and working with legal counsel.
19 And so when we were challenged on that and told that that did not
20 conform to the regulations, we decided to fight that battle. And we
21 won, you know, the Secretary agreed and favored with CCNE.

22 And as a result of that, and not just as a result of

1 that, but we know because we collected data, that there were
2 several other accreditors who were also accrediting retroactively to
3 protect students. We don't want a class of students to graduate
4 without accreditation if that can be avoided.

5 And if we, as an accreditor can do a thorough
6 review to assure that there's quality and program effectiveness, we
7 like to have that ability to accredit a new program retroactively to
8 the first day of the onsite evaluation. We were never advocating
9 that an agency should accredit retroactively for three, five, ten
10 years.

11 That would not be appropriate. That would not be
12 prudent or common sense. That would be dangerous, and I think
13 compromise the integrity of accreditors. And so just briefly in
14 response to your question, CCNE continues its very long-standing
15 policy that's been in place for more than 15 years, maybe even 20
16 years as I think back, that when we review a new nursing program,
17 the effective date of accreditation is not the date of the board
18 decision, but retroactive to the first day of the onsite evaluation.

19 And we believe that that policy continues to protect
20 thousands of students who would otherwise be harmed if agencies
21 were stripped of that policy. So in short, there were multiple other
22 accreditors who were doing it at the time, and they had not been

1 called out by the U.S. Department of Education staff or NACIQI.

2 CCNE, we were the lucky ones to be called out in
3 doing it, and we decided to defend our position. And now many
4 accreditors have adopted revised policies that confirm with now
5 the clarifying language that you can accredit retroactively, but
6 there are limits.

7 And we believe in those limits. We don't accredit
8 retroactively as far back as we're actually allowed to in accordance
9 with the regulations. We only accredit retroactively by a few
10 months going back to the first day of the visit. I hope that answers
11 your question, but thanks for asking it. We've had no change to
12 our policy.

13 M. POLIAKOFF: Thank you for that clarification.
14 I want to move on to the student achievement criteria. You have
15 the bar of if I've got it right, 80 percent for the NCLEX exam. And
16 then 80 percent for employment of the graduates. Correct me if I
17 have any mistake in that.

18 So my question is two-fold. What are the actions
19 that you take when an institution is showing a lower pass rate?
20 And secondly, I'm perhaps a little puzzled by the 80 percent for
21 employment given the general understanding that there is such a
22 shortage of nurses in the country. And if you could give us a little

1 bit more context, that would be very useful.

2 J. BUTLIN: Yeah. Well let me start with the latter
3 question. It's actually 70 percent, so I would agree with you if our
4 rate was 80 percent for employment, that that would be a very high
5 ballpark. However, it is in fact 70 percent expectation for
6 employment, not 80 percent.

7 So that I think addresses that second question. In
8 terms of the first question thank you for asking it. It's related to
9 our expected outcomes for licensure, specifically the NCLEX RN
10 exam. And we have some really great data that we look at
11 regularly as an agency, including when our standards are under
12 revision to determine what the appropriate expectation is.

13 And I hope you all have studied our standards, and
14 particularly key element 4C. There was some discussion this
15 morning with our colleagues at COA Nurse Anesthesia, and I think
16 it was Ms. Blum who commended the agency for a hybrid
17 approach, and for having options on how to address how a program
18 can demonstrate compliance.

19 And I just want to echo that CCNE believes that it
20 has found a really great way for lack of a better word, to address
21 some of the concerns that the Committee raised yesterday morning
22 about having bright lines, so there needs to be some quantitative

1 expectations.

2 But I think it was President Artis who made a very
3 important observation about diverse institutions concerns that
4 quantitative benchmarks can crush innovation. And she said that
5 the role of improvement is also important. And so, I believe that
6 CCNE over many years has really developed a key element here to
7 look at pass rates that has both expected outcomes that are
8 quantitative in nature.

9 You can see that they're 80 percent, but you can
10 also see that a program can present the data in one of multiple
11 acceptable ways. Let me give you an example. A program can
12 show that they're meeting CCNE pass rate of 80 percent by
13 presenting first time taker data for the most recent calendar year.

14 But they can also present data over a three year
15 period, and we have found that that has been really important,
16 especially to some institutions that were hit hard during the
17 pandemic, whose students were not performing as well as usual.

18 And they were able to present the data a little more
19 creatively to include repeat test taker success, to include three
20 years-worth of data. So I believe that this hybrid approach, or you
21 know, the approach to have some flexibility while also having high
22 standards of 80 percent, is right on target, and I think other

1 accreditors have actually looked at our approach and learned from
2 it, and made some adaptations that are similar.

3 In terms of the national licensure exams, I feel like
4 we're right on target, and we do study this regularly. The National
5 Council on State Boards of Nursing publishes that the national
6 average in 2021 was 82.5 percent. In 20 -- I'm sorry, that was
7 2021, 82.5 percent in 2021, 79.9 percent in 2022.

8 And if you look at the year to date pass rate for
9 2023 is 80.5. And we have some clear evidence that we have
10 collected therefore from the national organization for NCLEX, the
11 state boards, and also from our community of interest through
12 surveying them, that our 80 percent is an appropriate metric to hold
13 our programs to nationally.

14 M. POLIAKOFF: Thank you. Two follow-up
15 questions. First, regarding employment. Thank you for clarifying
16 it's 70 percent. Am I mistaken, however, in my general sense that
17 there is indeed a very high demand for nurses, so that 70 percent
18 actually seems rather a low result.

19 And if so, I'd like to get your thoughts on what kind
20 of corrective actions you encourage your programs to take. And
21 second, moving back to the NCLEX exam, when you have a
22 program that is not meeting your various ways of addressing the 80

1 percent figure, what are the corrective actions that you take, and
2 what's been the effectiveness of those corrective actions?

3 J. BUTLIN: Great questions. I'll start with
4 corrective actions for employment rates. The process is essentially
5 the same for corrective actions regarding any of the key elements,
6 whether it's employment rates, or licensure pass rates. If the
7 program cannot demonstrate that they meet CCNE's expectation of
8 70 percent or 80 percent respectively, they would receive a
9 compliance concern.

10 And that automatically triggers a report to be
11 submitted. We call it a compliance report, and it's submitted in 12
12 months. We have a committee that is responsible for reviewing
13 those reports, and most of the time we find that programs have
14 been able to improve their rate, and the concern is removed.

15 There are cases where the concern is elevated, and
16 follow-up reports are requested, and there is other program
17 monitoring. We actually have some data to share with you that in
18 the past three years we've taken 31 actions to issue a show cause
19 directive, which is sort of like a warning.

20 About 35 percent of those actions did have to do
21 with student outcomes being a concern. I'm very pleased to report
22 that the vast majority of those programs remained in good standing

1 because they were able to improve their student outcomes. So
2 occasionally, but not often, we will have to deny or withdraw
3 accreditation for student outcomes reasons, or other reasons.

4 In terms of the workforce and employment, I'm
5 wondering if Dr. Martinez would want to expand a little bit on
6 what he's seeing in the practice setting, if that might be helpful to
7 you?

8 M. POLIAKOFF: Yes, please.

9 P. MARTINEZ: Sure. Thank you Dr. Butlin.
10 Thank you for that question. I do agree with you that the nursing
11 workforce, especially now at the end of the pandemic, it has almost
12 exponentially increased in the need right, of new nurses and
13 practices, specifically I'm talking about the registered nurse if you
14 will.

15 At least for the last U.S. Bureau of Labor Statistics,
16 the most recent report they were estimating about 200,000 new
17 nursing positions per year are going to be required, and we do
18 know that almost a third of the nursing workforce throughout and
19 at the end of the pandemic has left or retired, or unfortunately, you
20 know, didn't survive the pandemic.

21 And so, I absolutely agree with you that there is a
22 need for nursing that's almost growing exponentially. So I don't

1 know if that data helps at all to what you were asking earlier.

2 M. POLIAKOFF: I won't belabor the point, but it
3 rather increases my puzzlement that the figure would be at 70
4 percent rather than let me pull this out of the air, 90 percent. And
5 there's a certain disconnect there, forgive me if I'm being a little
6 abrasive there, but why would the agency accept 70 percent?

7 J. BUTLIN: Well, there hasn't always been a
8 demand for nursing like there is today coming out of the pandemic.
9 So that's one thing. You know, we look at our standards every five
10 years and consider them for revision. So the last time we looked at
11 our accreditation standards was five years ago.

12 We're in the middle of a revision process right now,
13 and we are looking at that 70 percent. One of the things that I will
14 share with you is that we collected some data, and I believe I want
15 to refer back to a comment that I made a note about in yesterday's
16 hearing.

17 It was President Curry who mentioned that he
18 would be concerned if an agency sent out a survey and everybody
19 said oh, the rates look great because it's a little bit self-serving.
20 Programs don't want to have a higher bar, and they're not going to
21 admit that. I completely agree with his comment. So when we
22 survey constituents regarding CCNE's standards, it's not just to the

1 deans and the faculty.

2 And if we looked at our data on our program
3 effectiveness student achievement standards, and actually 98
4 percent of the constituents felt that our standard was relevant to the
5 quality of the program, 98 percent felt that it was appropriate for
6 the preparation of nurses at the baccalaureate and graduate levels.

7 95 percent felt that it was valid and reliable
8 indicator of quality, and some of those respondents -- there were
9 hundreds completing our survey of the current standards, many of
10 them were students, state boards, employers, and practice
11 representatives, not just faculty and deans in those percentages in
12 terms of how they rate our key elements within standard four.

13 Our standards process is not over yet, and so it is
14 possible that we would look at increasing the 70 percent for
15 employment rates, and we appreciate your insights on that. It is on
16 the table, and we are looking at it now as part of our five year
17 process, which is ongoing.

18 M. POLIAKOFF: Thank you for that. And I really
19 would make that respectfully as a strong recommendation. Thank
20 you. That's all that I have to ask.

21 CHAIR PRESSNELL: Thank you Michael. Jen?

22 J. BLUM: Thank you. So it's funny I had no

1 questions, and now I have a few. But it's all good. So just to
2 follow-up on Michael's good questions about employment rates,
3 and then the five year process feels like five years if you're
4 revisiting, so it's really by the time you've put a new standard into
5 effect on employment rates it could be like six years since the last
6 time you set it at 70 percent and market changes.

7 So maybe this isn't even a question. It feels like
8 rates like some fluidity when it comes to workforce might be
9 something to consider, so I'm just throwing that out there. I'm not
10 even going to ask a question. Just feels like by the time you get to
11 90 percent we can have an economic downturn, and then you have
12 a bunch of schools who are in trouble, but it's because the
13 marketplace has changed, and so just food for thought.

14 J. BUTLIN: Absolutely. Yep.

15 J. BLUM: Yeah. Food for thought on being more
16 like nimble, which is not always easy I know. I had a question.
17 The prior agency was actually I will say impressed by the answer
18 to the following question. When a program doesn't meet the rates,
19 the standards, but they're not yet at an adverse action phase, so
20 they're doing a monitoring report or whatever, there's still a
21 requirement that the pass rates be published, or pass rates, or
22 employment rates, or whatever. Is that true for your programs?

1 Do you require that information to be made public
2 to the students, or issue a report to the public?

3 J. BUTLIN: The details of the accreditation
4 citations are not made public. When an adverse action is taken, we
5 do make decisions public.

6 J. BLUM: Because you're required to, but my
7 question was --

8 J. BUTLIN: We're not required by the regulations.
9 We do not inform the public. If your question is does CCNE
10 inform the public or make information publicly accessible, when a
11 program is cited on any key element, the answer is no.

12 J. BLUM: Okay. It actually wasn't as a slight
13 nuance to that. It sounds like -- I don't want to go back to the
14 previous agency, it's just literally as an analogue. It sounds like
15 they have a standard that it's not necessarily about the action that
16 the accreditor took, it's that they require the programs to publish
17 their pass rate, employment rate, whatever their outcomes rates are
18 every year on their website, in an easily retrievable place.

19 J. BUTLIN: I see. So that may be a requirement of
20 the prior agency because of its Title IV status. It is not a
21 requirement for those of us who are specialized accreditors, where
22 it's voluntary, and our programs are in colleges and universities

1 that are institutionally accredited.

2 However, I will tell you that CCNE has a truth in
3 advertising, and public disclosure key element, and so whenever a
4 program publishes any information, including regarding student
5 achievement data, they must be accurate. And so if we find that a
6 program has published information that is not accurate, whether it's
7 about their accreditation status with CCNE, or about their pass
8 rates, CCNE will require that the program make a correction to that
9 immediately.

10 Fortunately that doesn't happen very often, but we
11 do not require the programs we accredit to publish their rates and
12 other particular aspects of student achievement. Their institutional
13 accreditor may require that, but we do not require that.

14 J. BLUM: Well I guess I would just say food for
15 thought because it makes sense, and if that's what you're depending
16 on, and of course the students are depending on things like pass
17 rates to understand and the public, so just food for thought on that.
18 My final question, and I don't want to necessarily belabor this,
19 except for I think it's an interesting process question that I don't
20 feel like was fully answered.

21 On the California example that Debbie posed with
22 regard to that institution, and with respect to Claude said well

1 they're programmatic and non-institutional. If it's to establish a
2 bachelor's program for the first time, that's a sub change. So as
3 part of the sub change process you would have needed to look at
4 the financial capacity of the institution to be able to create a new
5 degree program, as important as a BSN.

6 And so I am fascinated. I understand that the -- and
7 I know, that the timeline of review is a long one from the point of
8 beginning, you know, to the approval process, you know, to the
9 end. But it feels like so and you mentioned I think you mentioned
10 that you know, clearly something may have been different at the
11 time of the site review, than at the time of the approval of the
12 accreditation was made.

13 But wouldn't you want to know, understand the
14 financial capacity at the date of the approval of the institution?
15 And this is just more of a general question to you about your
16 process as you heard yesterday, I'm kind of interested in sub
17 change.

18 So, I just want to understand your timeline on the
19 substantive change review as important as adding a new -- well I
20 guess it's not even a sub change. I don't even know how you treat
21 that if it was a new institution to review.

22 CHAIR PRESSNELL: I tell you what, before she

1 answers, Herman, let's let Herman clarify requirements of sub
2 change for institutional programmatic, okay? Because I think it
3 will enlighten.

4 J. BLUM: Okay.

5 CHAIR PRESSNELL: So Herman, could you?

6 H. BOUNDS: Now the agency may have it's own
7 internal policy. I just want to say for the recognition criteria,
8 substantive change is not one of those that they have to provide a
9 response for. I'm not saying that your questions aren't valid. I'm
10 just saying there's no place in our criteria for a programmatic
11 agency to respond to sub change. That's only for institutional
12 folks.

13 J. BLUM: Okay. So then I have a follow-up
14 question for Herman, just to further understand it. But aren't they
15 subject to sub change regulations, or not?

16 H. BOUNDS: No. Programmatic agencies don't
17 have to respond to any of the sub change criteria. There is no --
18 sub change, that's all for institutional accrediting agencies to
19 respond to sub change. Now there are programmatic agencies that
20 have internal, their own policy for substantive change, but that's
21 totally an institutional requirement.

22 J. BLUM: Real interesting. Okay. Well then I will

1 withdraw my question. Well, I won't necessarily withdraw my
2 question because regardless, this isn't really actually I misspoke
3 because I don't think it was a sub change. It was a new institution,
4 or a new program to the agency.

5 So and the question actually still exists, just not in
6 the sub change realm.

7 J. BUTLIN: Yeah. Sure. Well I'm happy to
8 continue the conversation. I have so many thoughts, but first of all
9 I want the Committee to know even though CCNE is not subject to
10 the sub change requirements set forth in the regulation, we believe
11 strongly about sub changes, and we do it anyway because we think
12 that that's best practice.

13 So we do require substantive changes to be
14 submitted by all of our nursing programs throughout the year as
15 appropriate, and we have lists and templates for programs
16 submitting those substantive changes, including details about
17 finances, the current budget, and the budget from the past two
18 years is required by the key elements, looking at fiscal resources.

19 And so we do require substantive change, not just
20 for new programs, but also for programs that may add a track or
21 suspend a track, or may go on warning by another accreditor or a
22 state board of nursing, or any other reason.

1 So we have more than a dozen examples of
2 substantive changes that are recurring changes that we get from
3 programs, as articulated in our procedures. So the first thing, so I
4 want to respond to Ms. Blum's question because I think it's an
5 important one, and I think CCNE has best practice, in terms of
6 having a very robust four pronged monitoring process, that is not
7 necessarily required by the regulations, but because we think it's
8 good practice and common sense.

9 In terms of again, I really hate to talk about a
10 particular institution in California, but that program has been
11 accredited since 2002, so that was not at all a new program to us,
12 and it was on monitoring. So again, I don't want to go into details.
13 CCNE has comprehensive records that are archived for every
14 program.

15 We track the reports that come in, the review
16 processes and actions that result from that, so I don't think it would
17 be appropriate for the Committee to assume that CCNE wasn't
18 aware of issues. And I'll just leave it at that.

19 J. BLUM: Okay. Thank you.

20 CHAIR PRESSNELL: All right. Mary Ellen, and
21 then Molly and maybe Kathleen.

22 M. PETRISKO: Thank you. My question -- I have

1 two questions. The first question is with reference to 602.28-B
2 regard for negative actions by other accreditors. So my general
3 question is how do you take that into account when another
4 accreditor, an institutional accreditor has had cause to put on
5 probation or withdraw or terminate.

6 There is a requirement that those actions are
7 reviewed to see the extent to which those actions may impact your
8 accrediting body's decision. So what's your general reason for
9 reviewing other accrediting body's decisions, and how would it be
10 possible then if an institutional accreditor withdrew or terminated
11 accreditation within a very short period of time prior to that, your
12 review would have been a stellar one for reaffirmation of
13 accreditation.

14 J. BUTLIN: Excellent question. I'm trying to
15 unmute and turn my video off at the same time. Page 35 of the
16 CCNE accreditation procedures articulates CCNE's regard for
17 decisions of institutional accrediting agencies, and states.
18 Remember, we're looking not only at what the institutional
19 accreditors are doing, but also the state boards of nursing.

20 And you know, sometimes it doesn't happen very
21 often, but an institutional accreditor may take an action regarding
22 one of our colleges or universities that houses a CCNE accredited

1 nursing program. And whenever that happens, we require a very
2 timely notification to CCNE.

3 If there is a change of the status of institutional
4 accreditation, in fact I believe we must be notified in either 7 or 10
5 days, so it's a very quick turnaround so that we are notified in a
6 timely manner. And it's collaborative. We recently had an issue
7 with one of the institutional accreditors, and we were in discussion.
8 The CEO of that accreditor and I were in discussions, and you
9 know, we looked at the time tables for review.

10 And the program was required to send monitoring
11 information to each respective agency. And so we do work
12 collaboratively with our colleagues at the institutional accreditors
13 as well as the state boards when those types of actions are cited.
14 So we have a clear, written policy, and we do have experience
15 implementing it.

16 M. PETRISKO: So it wasn't clear to me whether
17 you were dependent on the institution giving you the information,
18 or whether because there's other information that's made available
19 to all accreditors when there are such actions taken.

20 J. BUTLIN: Yeah.

21 M. PETRISKO: So that you can be proactive in
22 following up that yourself.

1 J. BUTLIN: Sure. It's two-fold. It's two-fold. So
2 other recognized accreditors must notify us because they're held to
3 that regulation. So if it's a recognized institutional accreditor,
4 they're responsible for notifying CCNE because they know that
5 there are specialized accreditors that that they are required to
6 notify.

7 But also we require the nursing program to notify us
8 as well. So we actually did it two ways in a timely manner, both
9 from the other accreditor, as well as from the program itself. And I
10 believe we have in our substantive change policy, a bulleted
11 example of just that.

12 It says that a change in status with an institutional
13 accrediting agency, or nursing accredited agency, including cases
14 in which the institution or program remains accredited, but is
15 placed on warning, probation or show cause status.

16 And then we refer to the institutional accreditation
17 section of our procedures that has the timeline that I mentioned
18 earlier, which requires the program to notify CCNE within seven
19 business days of any of those actions. So to answer your question
20 we did it two ways.

21 We should get it both from the accreditor as well as
22 we should get the notice from the nursing program that's impacted.

1 M. PETRISKO: So you stated in your petition that
2 you had not granted accreditation to any such program during the
3 recognition period, but didn't you just -- wasn't there just
4 conversation about this? Did I misunderstand?

5 J. BUTLIN: No. Yes. We have not granted
6 accreditation to a program whose institution had its accreditation
7 revoked, however we have accredited programs where the
8 institutional accreditor puts it on warning, or some other similar
9 status that falls short of revocation or removal of accreditation.

10 So I'm sorry I didn't make that clear. But the
11 statement in our petition is accurate. Ooh, let me turn off my
12 camera. The statement in our petition is accurate, that we haven't
13 accredited a program in this recognition period where the status of
14 the institutions accreditation was revoked, if that helps.

15 M. PETRISKO: So when you say granted you
16 mean granted or removed accreditation because the regulations
17 says.

18 J. BUTLIN: Correct.

19 M. PETRISKO: Okay. Thank you.

20 J. BUTLIN: Correct.

21 M. PETRISKO: My second question is with regard
22 to clinical requirements, and how those clinical requirements were

1 dealt with during the period of the pandemic. How did institutions
2 that you accredited deal with the pandemic, in making sure that
3 students got the clinical preparation that they needed.

4 J. BUTLIN: Yeah.

5 M. PETRISKO: And have you seen any waivers or
6 any extraordinary steps that were taken to ensure that students
7 were getting what they needed clinically? Have you seen any
8 institutional changes since then in that regard, that they might have
9 learned things, or done things differently during the pandemic,
10 which they might be sticking to now?

11 J. BUTLIN: Excellent question, and I am going to
12 ask Dr. Elizabeth Ritt to address this as a member of the board.
13 But I will begin by saying that CCNE works collaboratively with
14 other nursing accrediting agencies, the certification agencies, the
15 licensing agency, and we actually formed a collaborative group,
16 and came out with a statement.

17 We were all on the same page. That nursing
18 students should not be exempt from getting the very essential
19 education that they need, including clinical, just because there's a
20 pandemic. The pandemic wreaked havoc on our higher education
21 institutions, and on the nursing profession. However, I think
22 everyone is in agreement that we don't want the nurses who are

1 being prepared for the workforce during the pandemic, to have a
2 less than quality of education.

3 And so, no. The answer is no. We did not waive
4 CCNE's requirements and clinicals were required. But of course,
5 there were some flexibilities and transitions, and many of our
6 institutions had to act very quickly, not just for the nursing
7 programs, but their other health profession programs to think
8 creatively, to use simulation.

9 I'm going to ask that Dr. Ritt embellish a little bit,
10 because I think that's a really important question that should be
11 answered.

12 E. RITT: Thank you Dr. Butlin. I was one of those
13 faculty members teaching, you know, during the pandemic, and
14 students were in a situation of maybe not having the same
15 opportunities in a particular clinical practice setting. And early on
16 it might have been related to the lack of PPE that might have been
17 available, and how to disburse that appropriately.

18 But I think one of the things that maybe you're
19 getting at is what were some of the lessons learned as a result of
20 the expectations of continued clinical practice experiences for
21 students. And I think one of the lessons learned was how
22 innovative and flexible we can be, and how we can pivot quickly

1 to make sure students are getting the quality education that was
2 expected throughout their curriculum, regardless of external forces
3 that were of course impacting the world.

4 One of the things I think we learned was the value
5 of simulation. I think many programs have incorporated low
6 fidelity and high fidelity simulation in their programs, but this has
7 really -- the pandemic kind of pushed us a bit more into the value
8 of using simulation.

9 I think what it allows the students to do, particularly
10 entry level students, is it allows them to practice in a setting as a
11 professional, make mistakes, get those mistakes addressed, clarify
12 with their faculty. And I think that's one area we have really
13 expanded across nursing curricula.

14 And the second area I think is one of the
15 expectations of our standards is interprofessional practice,
16 collaborative practice. So it gives students opportunities to work
17 with other disciplines such as pharmacists, anesthesiologists,
18 physical therapists, ministers, spiritual care providers that may
19 look at for example, palliative care.

20 To work with very difficult, complex, ethical cases
21 in a way in which to inform students as to how to practice in the
22 real world, in a real setting. And so we, I think in nursing curricula

1 have more broadly adopted the use of simulation across all both
2 entry level and advanced levels as a best practice.

3 M. PETRISKO: That's really helpful. Thank you
4 very much. I have no more questions.

5 CHAIR PRESSNELL: Very good. Molly?

6 M. HALL-MARTIN: Hi, first of all thank you for
7 being here today. I appreciated your presentation and your
8 responses to our questions thus far. My first question is a follow-
9 up from Mary Ellen's questions about how you consider the actions
10 of other accreditors.

11 In thinking beyond the other accreditors, how do
12 you take into account adverse actions taken by other regulatory
13 bodies when determining whether to take an adverse action against
14 a program? I'm thinking specifically about state licensing boards,
15 and state authorizing agencies.

16 If a program, or its institution were subject to an
17 adverse action from say the State Nursing Board, the authorizing
18 agency at any point direct those interactions in working with the
19 programs you accredit. You briefly mentioned state licensing
20 boards in your earlier response, but I was wondering if you could
21 expand on that aspect of your process a little more.

22 J. BUTLIN: Absolutely. It's a similar policy as

1 considering adverse actions from institutional accreditors. We
2 look very carefully at the State Board of Nursing actions, and the
3 state boards in fact notify CCNE when adverse actions are taken.
4 We work collaborative with them.

5 In some cases a state board may take an adverse
6 action on a program that is not within CCNE's accreditation scope.
7 Another example is that a state board may have a different bright
8 line if you will. So a state board may require a student
9 achievement indicator that is somewhat different than CCNE's.

10 You know, CCNE requires an 80 percent pass rate
11 for the licensure exam. It's possible that a state board would only
12 require 75 percent pass rate, which is not as high of a bar as
13 CCNE's pass rate. And so the state board may not cite a nursing
14 board program, but CCNE may site a nursing program because
15 they're not meeting CCNE's expected rate of 80 percent.

16 So we have seen things like that happen, but that
17 same policy that I referred to earlier does require the programs to
18 notify CCNE in a timely manner of any "change in status" with the
19 State Board of Nursing, or other regulatory agencies, including
20 cases in which the institution or program is placed on warning,
21 probation or show cause status.

22 And so, we do pretty regularly look at substantive

1 change notifications submitted by our nursing programs indicating
2 there has been a change by the state board. And then we monitor
3 those over time.

4 A more extreme example would be that the state
5 board would revoke their approval of a nursing program, and when
6 that happens, the nursing program can no longer operate, so either
7 the program would close for CCNE purposes, it would close, or
8 maybe just one track of the program would close, and CCNE
9 would then look at whether that remaining track continued to meet
10 our quality and program effectiveness standards.

11 So we do have processes looking at that, and we do
12 it on a routine basis. I hope that answers your questions. If you
13 have more questions I can go into further details. I'm happy to do
14 that, and I would likely bring in Mr. Murray because of his work
15 on our program monitoring team.

16 M. HALL-MARTIN: That answers my question,
17 thank you. Switching gears a little bit, you accredit some of the
18 few nursing programs housed at HBCUs. What sort of training, if
19 any, do you provide to your review teams and decision making
20 bodies related to the unique missions and historical and political
21 context of historically black colleges and universities as a sector?

22 And similarly, do you provide any sector specific

1 training related to any other minority serving institutions?

2 J. BUTLIN: Thank you. CCNE accredits many
3 dozens of minority serving institutions, Hispanic serving
4 institutions, HBCUs as you've mentioned, and we do have
5 evaluators that we train to be our volunteer peer reviewers, who
6 represent HBCUs, Hispanic serving institutions and other minority
7 serving institutions.

8 So we recruit nationally for volunteers to serve on
9 our board, our committees, our pool of onsite evaluators. We also
10 conduct workshops on writing self-studies and individuals from all
11 of the diverse institutions that we have in our pool are invited and
12 encouraged to attend those workshops.

13 We do not do special programming that would
14 exclude any particular category of agency, but all of our
15 programming is inclusive of the many diverse types of institutions
16 and programs we accredit.

17 M. HALL-MARTIN: Thank you. My last
18 question. There are noted health disparities between white people
19 and people of color. How do you ensure that the curricula in the
20 programs you accredit are preparing future members of the nursing
21 community to equitably serve all patients and address some of
22 these disparities?

1 J. BUTLIN: I'd like to first ask Dr. Martinez to talk
2 about that, and what he sees from not only his experience in
3 practice and the ICU, but also his experience as an adjunct faculty
4 member at multiple institutions preparing the workforce to care for
5 diverse populations.

6 And I'd also like Dr. Elizabeth Ritt to talk a little bit
7 about CCNE's key element that was actually added five years ago
8 to our standards regarding key elements 3-G requiring teaching
9 learning practices to expose students to individuals with diverse
10 life experiences perspectives and backgrounds. Dr. Martinez?

11 P. MARTINEZ: Thank you very much. So I
12 absolutely agree with your statement that health disparities are not
13 only visible, they're widespread throughout the country, and I think
14 it's you know, as clinician, but also as an educator and program
15 director of prelicensure programs. I think it's extremely important
16 that we call it out as often and as routinely as we can, and have
17 conversations, sometimes very difficult conversations about the
18 way things were, the way things are, and the directions that things
19 need to go.

20 So yeah, I absolutely agree with you. And what I
21 see happening slowly, much too slowly for my liking, but over
22 time is that clinicians and educators are, you know, sort of

1 understanding the disparities and the historical, you know, issues
2 related to medicine, nursing, et cetera, and having very difficult
3 conversations with generations of students where the conversation
4 is not difficult for them, and is in fact necessary and warranted in
5 order for us to change practice.

6 So I would say the needle is moving. It's slow. I
7 personally, and this is my personal opinion, don't like how slow it
8 moves sometimes, but I think the more we talk about it, and the
9 more we open up dialogue with our students, our patients, and with
10 each other, the better off we will be. And with that I'll pass it to
11 Dr. Ritt, who can talk more about how we at CCNE use our key
12 elements and standards and ensure that, you know, it's incorporated
13 in the curriculum.

14 E. RITT: Thank you. And I think that is a major
15 topic that we're discussing at the national level among all of the
16 nursing leadership, and nursing faculty. I've had the opportunity to
17 work over the course of my career in urban settings, primarily in
18 disadvantaged students and populations.

19 And our standards really promote that students are
20 exposed to diverse populations, so looking at socioeconomic as an
21 example, healthcare disparities, educational levels, really looking
22 at what health equity is, so that everyone can live to their

1 maximum health potential.

2 I think our standard and our key elements really
3 promote curricula in which students are exposed from both public
4 health prevention, and the spectrum all the way through disease
5 management, so caring for patients, clients, across the lifespan,
6 both at more the entry level and more the advanced levels.

7 Exposing students to clients with chronic health
8 conditions, comorbidities, HIV, COVID, addictions, diabetes, all
9 types of health conditions working as a critical member of the team
10 to promote health and wellness. So I think that our standards, and
11 the way in which we expect the curricula, both the didactic, the
12 clinical practice, and the simulation of laboratory experiences
13 come together to provide a rather robust opportunity for students to
14 be exposed to health disparities.

15 Are we there yet? No. Do we want to go there?
16 Yes. We have commitments at our national associations to do that.
17 We participate as nurses and as nurse faculty in continuing
18 education around these particular and very important areas in
19 healthcare, and we bring that to our students and share that.

20 And also listen with a critical ear to our students'
21 lived experiences, and that of the clients and patients that they
22 serve. So I hope that somewhat addresses that question.

1 M. HALL-MARTIN: It does. Thank you.

2 CHAIR PRESSNELL: All right. Kathleen?

3 K. ALIOTO: First of all, I'd like to thank you for
4 leading the angels. I always think of nurses as angels and on a
5 different level from most of us. And I'm glad that your website is
6 so thorough in terms of the reaction to the Supreme Court recent
7 ruling in regards to affirmative action and diversity.

8 And you have already answered Molly's question
9 about some of the programs that are helping our diverse
10 population, and the numbers today when 19 percent of our
11 population is Hispanic, and only 6.9 percent of our nurses are, and
12 13.6 percent of our population is African American, and only 6.3
13 percent of our nurses are.

14 And when I look to those figures I was quite
15 shocked, and you have made it clear today that you are trying to
16 create a diverse nursing community, a more diverse nursing
17 community and I applaud you for your efforts, and I wonder if
18 there's one or two or three particular programs that are -- that you
19 use as examples for others in leading your efforts for which I thank
20 you.

21 Maybe one Hispanic, one African American
22 program that is a leader in the field.

1 J. BUTLIN: Thank you. Thank you for that
2 question. I hesitate to call out individual programs by name. It is
3 not CCNE's practice to commend programs that go above and
4 beyond standards. We accredit based on the standards. And so, I'll
5 start, and I'll ask if Drs. Ritt or Martinez, without naming names of
6 institutions, want to talk about some of the creativity that we've
7 seen in terms of --

8 CHAIR PRESSNELL: If you could, and I
9 appreciate your answering the question, keep it as brief as you
10 possibly can. Thank you.

11 J. BUTLIN: Sure. Well let me just ask them, Dr.
12 Martinez and Dr. Ritt, do you have any reflections on some of the
13 innovations that our minority serving institutions have done? Not
14 just during the pandemic, but in other times when financial
15 resources are strained?

16 P. MARTINEZ: Well I'll offer a general statement.
17 First as a nurse, thank you. And I will be brief, I promise, but
18 thank you. As you know those words are needed for any nurse in
19 the country. This is who we are, it's not what we do, but I thank
20 you so much for the comments.

21 I would say the innovations that I see most
22 commonly are moving sort of away from the acute care phase of

1 the nursing that is only caring for patients in the hospital setting,
2 and trying to incorporate public health, trying to incorporate the
3 social determinants of health and their relationship to care in the
4 community, building -- and these are students I'm talking about.

5 And you know, under their projects that are
6 developed by faculty, but just building relationships and building
7 the healthcare that we want, which is preventative, rather than just
8 treating disease. I would say that globally that's what I see coming
9 in from programs. That truly warms my heart as a nurse, and I'll
10 pass it to Dr. Ritt.

11 E. RITT: I can think of maybe two examples that I
12 have seen as an onsite evaluator, and also as participating in
13 several of the CCNE committees, and also at the Board of
14 Commissioners. I think one of the areas is that more programs are
15 beginning to look at different admission policies, holistic
16 admission policies.

17 So looking beyond the standardized testing and
18 GPA, but at other characteristics, and other qualities that that may
19 bring to the table during the admission process, which does open
20 up opportunities for students who may typically have not been
21 admitted, and for example, the GPA and the ACT or SAT
22 examination requirements are very high.

1 I think another area that I have worked closely with,
2 and have seen other programs consider, is the development of a
3 pipeline. So beginning to work with potential students in the
4 middle school, high school and associate level at the community
5 college, and creating pipelines for students to move more quickly
6 through a nursing program and move into a practice setting.

7 And I think those pipeline programs often create
8 opportunities for students that they would not have thought of, or
9 their family maybe didn't think that they could obtain that type of
10 career. And so, I've worked closely with some Hispanic serving
11 institutions in which we created as a faculty member, I was part of
12 that in creating a program of that nature.

13 And many of my colleagues in the nursing
14 discipline have also engaged in those types of activities. And we
15 see those when we conduct those onsite evaluations, where we're
16 the boots on the ground, and we actually have an opportunity to
17 talk with the alums, the clinical partner agencies, and the students
18 and faculty of those programs.

19 So those might be a couple just examples that might
20 showcase what you're asking.

21 CHAIR PRESSNELL: All right. Are you okay
22 Kathleen?

1 K. ALIOTO: Yes.

2 CHAIR PRESSNELL: Okay. Kathleen.

3 K. ALIOTO: Excellent.

4 CHAIR PRESSNELL: All right. Thank you very
5 much. Any further questions for the agency? All right. Thank
6 you for the agency and for your presentation. And now I invite
7 Karmon Simms-Coates back for any final comments.

8 K. SIMMS-COATES: No. I don't have any
9 comments. Thank you.

10 CHAIR PRESSNELL: Okay. Herman, did you
11 have?

12 H. BOUNDS: In Karmon's presentation she
13 mentioned the issue about the agency's scope of recognition, so I
14 just wanted to let everybody know now in the final staff report the
15 scope of recognition that is displayed there does show the
16 credential that it shows the accreditation of, excuse me, the
17 accreditation of certificate levels in their scope of recognition, so
18 it's corrected there.

19 I have one other thing, and I'll be brief since
20 Michael brought it up about the retroactive accreditation issue. I
21 have to make some sort of response there since my name was
22 discussed several times, and I'll be really brief just for the history

1 since that's now it's a part of the record. You know, the retroactive
2 accreditation decision, that was not just solely a Bounds decision.

3 I mean something was also vetted by the
4 administration at that time. We also put out a policy letter that was
5 vetted by the administration at that time, that applied to all
6 accrediting agencies. So I did want to clear that up. And the other
7 thing that I want to make sure that was a very contentious decision
8 to all levels of the Department.

9 The first SDO voted with Department staff. I will
10 have to say that NACIQI voted against that. We had a
11 recommendation. The first SDO that voted on that decision voted
12 with staff. There was a change in political appointees, the SDO
13 changed, and the next political appointee reversed the decision,
14 and went with the NACIQI decision.

15 We're okay either way, but we did want to make
16 sure that we got that issue out because there were some other
17 agencies that were retroactively accrediting, you know,
18 institutional programs further back than the first day of the site
19 visit, which would cause problems if there was a negative decision
20 prior to that.

21 So again, I just wanted to clear that up. There were
22 passionate discussions between our staff, CCNE. We still respect

1 them very much. But I did want to put that tidbit in. I just want to
2 let everybody know that was not totally Bounds. We had to have
3 everybody involved with something that large, and it turned out in
4 a way that we think there are safeguards now in place that
5 additional language to the regulation.

6 Sorry Mr. Chair, I didn't want to take long, but since
7 Michael brought that up I had to make a comment. Thank you.

8 CHAIR PRESSNELL: No. I appreciate it, and I
9 was there for all of that, so I do recall that quite well. So, and I'm
10 sorry I didn't mention it. There were no third party comments, and
11 so that's why we are where we are. So we're now at the point of
12 first of all, if there are any questions for Herman, okay. And now
13 discussion.

14 D. COCHRANE: I do have a question for staff.

15 CHAIR PRESSNELL: Okay.

16 D. COCHRANE: So I think I have a question about
17 the document that was uploaded specifically as Exhibit 65 that was
18 uploaded for 602.23 on complaints. And it's obviously what the
19 Department looked at to assess the institution's compliance with its
20 own policies. And that document is four pages, and the four pages
21 consist of two letters to the institution from CCNE. I have one two
22 page letter one, one page letter, and then the first page of a

1 complaint that appears to be a 34 page complaint, only the first
2 page is included, so that makes up the 4 pages of Exhibit 65.

3 It looks like the complaint based on the first page.
4 It's being set up to be a list of potential violations, but the first page
5 only alleges a violation of standard 1-A. The two letters from
6 CCNE to the institution asks the institution, and then clear it, on
7 violations 1-G and 3-I.

8 So my question is I guess what happened to the
9 other 33 pages of the complaint? And how does the Department
10 see those two letters from CCNE to the institution as
11 demonstrating compliant response to that complaint?

12 K. SIMMS-COATES: Okay. So the -- the agency
13 provided that documentation to demonstrate that they complied
14 with and implemented their policies and procedures according to
15 what was established. And so, as you know, obviously as you said,
16 the documentation included a letter from the agency to the program
17 outlining the complaint issues, which was actually vetted in the
18 letter.

19 They also provided not in its entirety, but they did
20 provide the complaint information as well as a letter basically to
21 the program indicating that they were in fact compliant with all the
22 requirements. So that, as far as the Department was concerned,

1 demonstrated that they did in fact follow their policies and
2 procedures as it relates to complaints.

3 In addition Department staff did look at the file
4 review, we conducted a file review that also addressed the
5 complaint policy and procedures, and looked at -- let me see. I
6 think I looked at like maybe six additional documentation provided
7 for six additional complaints, and it included again, all the
8 documentation provided in the petition.

9 And also as I mentioned in my oral presentation the
10 Department received the complaint regarding an accredited
11 program by 61-E and it basically the complaint went through
12 CCNE first before they escalated the complaint to the Department,
13 and so the Department conducted a general inquiry to address the
14 complaint.

15 And we requested specific documentation on the
16 nursing program, and also documentation regarding how the
17 agency addressed the complaint. And the agency provided the
18 complaint received, you know, by them in its entirety, all of the
19 documentation associated with the complaint. So that was another
20 means for me to determine that CCNE actually followed through
21 with their work in compliance with their complaint policies and
22 procedures.

1 D. COCHRANE: So. You did see the full 34 page
2 complaint, and you did see validation that CCNE addressed all of
3 the violations that were alleged? Because again, we don't know
4 how many from what we saw as NACIQI, we don't know how
5 many violations were alleged. We see one, and then that one is not
6 in other communications to the school.

7 K. SIMMS-COATES: I did see that they addressed
8 all of the complaint, correct, all of the elements of the complaint.

9 D. COCHRANE: Okay. Thank you.

10 CHAIRMAN PRESSNELL: Very good. Any other
11 questions for staff? All right. Discussion? Michael?

12 M. POLIAKOFF: I'm not quite sure of the
13 procedure, but I was going to suggest that in our resolution we
14 have the minor modification. Should I read that now? Is that -- is
15 this the proper time to do that?

16 CHAIRMAN PRESSNELL: If there's no further
17 discussion then yeah, a motion would be proper.

18 M. POLIAKOFF: Okay. I would propose for a
19 consideration accepting the final staff report except that the agency
20 will amend its standards for student achievement to require the
21 programs to show employment results that correspond to
22 workforce needs, or something like that.

1 CHAIR PRESSNELL: Well, here's what I would
2 suggest because that doesn't have to do with a standard, so there
3 might be something that you could add as a comment when you
4 vote that you're not actually modifying it to address a particular
5 violation of a standard.

6 And I can stand corrected, but legal is that?

7 A. SIERRA: Hi. I'm not sure what your intent was
8 there? I don't know if you were suggesting that the agency -- that
9 the SDO find the agency out of compliance with one of the criteria
10 for recognition? There are criteria for recognition that, you know,
11 require agencies to have standards on student achievement, and
12 that's 602.16 A-1.

13 CHAIR PRESSNELL: That would be not
14 prescriptive about what those measures are.

15 A. SIERRA: I'm not, yeah I'm not sure what his
16 intent was.

17 M. POLIAKOFF: Simply finding that 70 percent
18 seems low, but do I understand correctly that if the agency had said
19 60 percent or 50 percent that would still not be an issue that's out
20 of compliance?

21 A. SIERRA: I have to defer to Herman and the
22 staff on their analysis with respect to student achievement.

1 H. BOUNDS: So yeah, with respect to student
2 achievement when you look at the statute and our regulatory
3 requirements, you know, we can't dictate what benchmark they
4 use. We look to see whatever benchmark that they do choose,
5 what was their methodology for determining that benchmark, and
6 how do they determine that this is sufficiently rigorous?

7 We just look for some sort of research data,
8 something that they use to make that determination. I couldn't
9 come back and say 70 percent is too low, or 90 percent is too high,
10 or 90 percent is too low. We just can't -- we aren't allowed to
11 prescribe that to an agency.

12 CHAIR PRESSNELL: But you could add it as a
13 comment, you know, on the vote if you'd like to do that.

14 A. SIERRA: And NACIQI can make a separate.

15 H. BOUNDS: Yeah.

16 A. SIERRA: Obviously NACIQI is making its own
17 recommendation as to compliance on student achievement, and all
18 of the criteria for recognition, so it's just the motion needs to be
19 clear as to whether it's just a comment that you want to make, or if
20 it's a compliance recommendation.

21 M. POLIAKOFF: From my point of view as a
22 neophyte on NACIQI, I would see this as a compliance issue.

1 We've heard from the agency representatives that there's this
2 massive shortage of nurses, and I respect Jennifer's observation
3 that perhaps language that is more keyed into workforce needs
4 would be more appropriate than my instinct to say 90 percent is
5 better -- would be a better criterion than 70 percent.

6 But I am troubled by the disjunct between what we
7 hear about national needs, and the standard that seems to be set at a
8 figure that's lower than that. So I'm happy to put it in as a
9 comment, but I would also suggest that perhaps this doesn't seem
10 like compliance.

11 And I was bemused when David Eubanks made
12 reference to my predecessor, Anne Neal you know, who pointed
13 out the pounds and pounds of paper that we look at, that may not
14 actually be helping us to where we need to be as a nation. So that's
15 my thought, and I'm happy to put it in as a comment if that's more
16 appropriate.

17 CHAIR PRESSNELL: Jennifer, did you have a
18 comment on this?

19 J. BLUM: Yeah. I mean while I agree with, and I
20 said so, with Michael on the 70 percent seems low. In this
21 circumstance I feel like this goes back to the word advice that
22 Kathleen said yesterday about the extent to which the Department

1 can do anything about it.

2 So, I actually do think that they're in compliance
3 with the standard. My issue was more, and again I don't think
4 there's a standard for this, which is what Claude said. I do think,
5 and this is just more of a cautionary note, I wish that they would
6 require their institutions to publish their results because to me that
7 does go to the are they enforcing?

8 There's sort of a little bit of applicability of their
9 standard that's falling short, and so, you know, that would be the
10 shoe horn, but I feel like that's a shoe horning, so I feel like they're,
11 you know, sort of sadly in compliance with the standard that we all
12 recognize as being inadequate.

13 CHAIR PRESSNELL: My recommendation would
14 be that again that would be you would have to demonstrate
15 noncompliance with the standard, and I don't believe that
16 noncompliance is there based on the evaluation of it.

17 I would recommend that both of you make
18 comments of you know, either yes or no on the motion, and then
19 with comment, and the SDO will read that. Okay. So we would
20 entertain a motion.

21 D. COCHRANE: So just to clarify on the
22 certificate piece, we don't need the standard motion regarding the

1 accepting recommendations. The final staff report will cover the
2 scope question?

3 H. BOUNDS: Yes. Because the certificate level is
4 depicted in the scope of recognition that's in the final staff report,
5 so that's yeah, that's already taken care of.

6 D. COCHRANE: I will move that NACIQI
7 recommend that the Senior Department Official accept all the
8 recommendations of the final staff report for the Commission on
9 Collegiate Nursing Education.

10 CHAIR PRESSNELL: Thank you. Do we need to
11 repeat that, or do you think it's clear enough? Okay. I'll read it,
12 that's fine. So the motion is that NACIQI recommend that the
13 Senior Department Official accept the recommendation of the final
14 staff report for CCNE, so all right. Thank you very much. Any
15 comments or debate about the -- and I thought it was seconded.
16 Was it not?

17 M. HALL-MARTIN: I'll second it.

18 CHAIR PRESSNELL: Molly seconds. Any other
19 comments? If not then okay, let's take the vote.

20 M. FREEMAN: All right. First up Kathleen
21 Alioto?

22 K. ALIOTO: Yes, with the comment that I would

1 agree with Michael Poliakoff that the agency should look at with
2 their schools, should look at a higher level of what is it,
3 employment. So you -- Mike, what do we do, write that in?

4 CHAIR PRESSNELL: It would be in the
5 transcription.

6 K. ALIOTO: Thank you.

7 M. FREEMAN: Kathleen votes --

8 K. ALIOTO: Yes.

9 M. FREEMAN: Yes. Roslyn Clark Artis has
10 recused. Jennifer Blum?

11 J. BLUM: Yes. I'm well on record, I don't need to
12 say anything more.

13 M. FREEMAN: Jennifer Blum votes yes. Wallace
14 Boston has recused. Debbie Cochrane?

15 D. COCHRANE: Yes.

16 M. FREEMAN: Debbie Cochrane votes yes. Jose
17 Luis Cruz Rivera has recused. Keith Curry has recused. David
18 Eubanks?

19 D. EUBANKS: Yes, and I agree with Jennifer and
20 Michael.

21 M. FREEMAN: David Eubanks votes yes. Molly
22 Hall-Martin?

1 M. HALL-MARTIN: Yes.

2 M. FREEMAN: Molly Hall-Martin votes yes. Art
3 Keiser has recused. Michael Lindsay has recused. Robert Mayes
4 has recused. Mary Ellen Petrisko?

5 M. PETRISKO: Yes, and I agree with Kathleen's
6 comment about angels.

7 M. FREEMAN: Mary Ellen Petrisko votes yes.
8 Michael Poliakoff?

9 M. POLIAKOFF: Yes. Not to be repetitive, I
10 strongly recommend that the agency revise its standards for student
11 achievement to require programs to show employment results that
12 correspond more closely to workforce needs.

13 M. FREEMAN: Michael Poliakoff votes yes. Bob
14 Shireman?

15 R. SHIREMAN: Yes.

16 M. FREEMAN: Bob Shireman votes yes. And
17 Zakiya Smith Ellis?

18 Z. ELLIS: Yes.

19 M. FREEMAN: And Zakiya Smith Ellis votes yes.

20 CHAIR PRESSNELL: Okay. The motion passes.
21 9 to zero, and so congratulations to the agency.

22 **Recommendation: NACIQI recommend that the**

1 **Senior Department Official accept the recommendation of the**
2 **final staff report for CCNE.**

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20 CHAIR PRESSNELL: We are significantly behind

21 schedule, and so I would like to reduce lunch by at least 15

22 minutes, so if we could be back here. I've got 12:36, and so 20

1 minutes past the hour if we could be back here. I think that we
2 have really robust discussion. I would say that we were really
3 hinting hard at being quite repetitive.

4 And so, I would just say if an issue has come up and
5 you need clarification, be exceptionally terse and concise in your
6 question instead of kind of repeating everything you've heard, and
7 then putting something in a very ambiguous way, so be very tight
8 with your language.

9 We spent almost two hours on an agency with no
10 findings, and so and we've got some heavy lift this afternoon, so I
11 want to keep us on schedule because I don't want anybody to have
12 to delay their flights on Thursday, so thank you all very much.

13 (Lunch break 12:36 p.m. - 1:23 p.m.)

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2 Renewal of Recognition: Liaison Committee on
3 Medical Education (LCME)

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CHAIR PRESSNELL: Good afternoon and
5 welcome back. We are going to move to our next agency to be
6 recognized. It's the Liaison Committee on Medical Education.
7 Primary readers are Michael Poliakoff and Jose Luis Cruz Rivera.
8 And Jose, I believe you're going to introduce the agency for us?

9

J. L. CRUZ RIVERA: Yes. Thank you Mr. Chair.
10 Good morning Mr. Chair, and members of the Committee. My
11 name is Jose Luis Cruz Rivera and I'm the primary reader along
12 with our colleague Michael Poliakoff. I am pleased to introduce
13 the Petition for Renewal of Recognition for the Liaison Committee
14 on Medical Education, LCME.

15 LCME accredits medical education programs that
16 lead to the MD degree. Currently, LCME fully accredits
17 approximately 147 MB education programs in the United States,
18 and the Commonwealth of Puerto Rico, which are operated by
19 universities or medical schools that are chartered in the United
20 States.

21 The LCME is a programmatic accrediting agency. I
22 will now turn it back over to the Chair.

1 CHAIR PRESSNELL: All right, thank you Jose.

2 So we would now invite L.G. Corder of the Department staff to
3 come and give us a briefing on the report.

4 L. CORDER: Good afternoon, Mr. Chair and
5 members of the Committee. My name is L.G. Corder, and I am
6 providing a summary of the review of the Petition for Renewal of
7 Recognition for the Liaison Committee on Medical Education, or
8 LCME.

9 The agency's scope of recognition is for the
10 accreditation of medical education programs leading to the MD
11 degree. The agency is not a Title IV gatekeeper, and was last
12 granted a renewal of recognition in 2018.

13 The staff recommendation to the Senior Department
14 Official or SDO is to renew the agency's recognition as a
15 nationally recognized accrediting agency for a period of five years,
16 and to require a monitoring report be provided to Department staff
17 within 12 months of the SDO's decision.

18 These recommendations are based on our review of
19 the agency's petition, its supporting documentation, and virtual
20 observations of a Commission meeting, a site visit, and a file
21 review. The Department received one-third party comment, which
22 the agency has provided a response.

1 The Department has not received any complaints
2 related to the agency during this period of recognition. The agency
3 is found to be substantially compliant with Section 602.23-B
4 related to a program's public disclosure of its accreditation status.
5 In response to the Department's draft staff analysis, the agency
6 revised its policy to adhere to the requirements of the criteria.

7 However, the agency has not implemented the
8 revised policy during this period. Therefore Department staff
9 recommends the SDO require a monitoring report so the agency
10 can demonstrate it is implementing its recently revised policy.

11 The staff recommendation to the SDO is to renew
12 the agency's recognition as a nationally recognized accrediting
13 agency at this time, and to require a monitoring report be provided
14 to Department staff within 12 months of the SDO's decision.
15 Representatives of the LCME are here today, and can respond to
16 your questions. This concludes my summary. Thank you.

17 CHAIR PRESSNELL: Thank you, L.G. Any
18 questions, technical questions for L.G.? All right. Seeing none, so
19 we would invite the agency -- I'm sorry Bob, I'm sorry I missed
20 that.

21 B. SHIREMAN: Thank you, thank you L.G. and as
22 you know I was the person who submitted the third party

1 comment, and I appreciate you looking into the issues. I just
2 wanted to confirm that you felt that you reviewed the issues that I
3 raised?

4 You obviously have access to more information
5 than I had, and that you found -- I know you didn't find any
6 particular problems, is that correct?

7 L. CORDER: That is correct. I did not pull the
8 particular program that consisted of the bulk of your comments for
9 the file review, however I did review numerous other files, and of
10 course, the agency's response, and yes. I am content with my
11 findings and recommendations with respect to the agency's
12 capability to the criteria that you implicated in your comments.

13 R. SHIREMAN: Thanks. In that response to my
14 comment they indicated that me submitting a third party comment
15 was I think they said, unexpected and concerning, since I'm not a
16 third party. I can't say I disagree with them. We all thought that
17 was a really weird thing, but of course we were told that that's the
18 only way for us to raise issues or ask questions of an agency, other
19 than just springing things on them at the meeting.

20 So I hope that in the future agencies will be
21 informed by staff of this, and will be reminded that the third party
22 comment does provide them with more of an opportunity to review

1 an issue raised by a NACIQI member, rather than it just coming up
2 on the day of the meeting, thank you.

3 CHAIR PRESSNELL: Thank you, Bob. Kathleen?
4 Did you have a question? I'm sorry, Angela did you want to
5 respond to that?

6 A. SIERRA: Yes I do, thanks. This is Angela
7 Sierra from the Office of the General Counsel. And I just wanted
8 to respond to what Mr. Shireman said, because I think it was based
9 on conversations in part with the Office of the General Counsel
10 through emails, through George, some guidance was given on this
11 issue. And Mr. Shireman is correct that we -- the Office of
12 General Counsel did provide input that NACIQI members can
13 make written third party comments to the staff.

14 Our ethics division later provided clarifying advice
15 that was also sent to all NACIQI members about considerations
16 under the federal ethics laws that NACIQI members need to take
17 into account with respect to making any third party comments. So
18 I'm happy to summarize what ethics said in that general advice, if
19 it would be helpful, but I just wanted to clarify that.

20 I understand why you raise it in the context of
21 wanting to be able to have more input into the staff's review, and
22 the questions that were asked to the agency, you know, so I just

1 wanted to comment on that that I can read into the record the
2 actual written advice that was given, but I know it was in the
3 context of a broader conversation during a training.

4 CHAIR PRESSNELL: Okay, thank you. Bob do
5 you have a preference at all?

6 R. SHIREMAN: No. No need.

7 CHAIR PRESSNELL: Okay. All right. Thank
8 you. Any other clarifying questions for Department staff? Okay,
9 thank you. So at this point we'll invite the agency representatives
10 to come, and to respond to the report. And so I'm going to call on
11 Annette Reboli to introduce the team, and the group, and then who
12 might be speaking first. Thank you.

13 A. REBOLI: Thank you. Good afternoon
14 everyone. I'm Dr. Annette Reboli. I'm the Chair of the Liaison
15 Committee on Medical Education, and Dean of Cooper Medical
16 School of Rowan University. I'm here today with my colleagues,
17 Dr. Jerry Youkey, Immediate Past Chair of the LCME, and
18 Founding Dean Emeritus of the University of South Carolina
19 School of Medicine, Greenville, South Carolina.

20 Dr. Barbara Barzansky, LCME Secretary in the
21 Chicago office, Dr. Veronica Catanese, LCME Secretary in the
22 Washington, D.C. office, and Ms. Jennifer Semko, Counsel to the

1 LCME.

2 On behalf of my colleagues I'd like to thank
3 NACIQI for the opportunity to meet with you and respond to your
4 questions. Over the years that we have worked to prepare our
5 petition we are especially grateful for the assistance we've received
6 from Department staff during the process, most notable Mr. L.G.
7 Corder.

8 A little bit of history. The LCME was formed in
9 1942, bringing together former accreditation activities of the
10 Association of American Medical Colleges, and the AMA. The
11 basis hence the name Liaison Committee. The LCME evaluates
12 and decides the accreditation status of medical education programs
13 autonomously with no discussion, review or participation by its
14 sponsoring organizations.

15 The LCME has final authority for the adoption of
16 new or revised accreditation standards, policies and accreditation
17 procedures. Again, without any input from the sponsoring
18 organizations. The LCME now accredits 147 educational
19 programs leading to the MD degree in the United States with an
20 increase of 31 programs in the past 15 years.

21 It includes 17 professional members who as a
22 condition of membership must be familiar with the U.S. system of

1 medical education, and with the practice of medicine, and with the
2 LCME process and standards. There are also two medical students
3 in the final year of the curriculum at their schools, and two public
4 members who represent the interests and perspective of the public.

5 Criteria for membership are codified in the rules of
6 procedure of the LCME. The members and the Secretary manage
7 the LCME from an operations and logistics standpoint are former
8 medical school faculty members who previously engaged in
9 research, medical practice, and/or administration, as well as in
10 teaching medical students.

11 The faculty of each school sets standards for
12 achievement in their curriculum. The LCME bases its core student
13 achievement standards on the fact that medical school is just one
14 step in the process of becoming a practicing physician. Graduates
15 from LCME accredited programs receive an MD degree, but to be
16 able to engage in medical practice they have to do two additional
17 things.

18 One, complete time in medical specialty training,
19 also known as graduate medical education in a number of
20 disciplines, internal medicine, pediatrics, surgery, et cetera. And
21 number two, obtain a license to practice medicine. The ability to
22 get a license depends on completing the period of graduate medical

1 education.

2 The LCME therefore, looks at several outcome
3 measures that are relevant to the process of becoming a practicing
4 physician. Number one, our students passing the relevant parts of
5 the examination for licensure. I'll give you some data on this since
6 it's come up in other agency reviews. For example, step one is
7 used 91 pass rate in 2022.

8 In 2021, it was 95 percent. Step two has ranged
9 over the years recently from 96 to 99 percent pass rage for first
10 time takers. Number two are students graduating from medical
11 school, and the statistic given by the AAMC's most recent statistic
12 is 96 percent for non-dual degree MD students.

13 And number three, our medical school graduates
14 entering graduate medical education programs, so the match rate
15 that is used, the 2023 match rate is 93 percent. So, these are
16 national benchmarks that we've used, very similar to what the
17 schools of osteopathic medicine, the accrediting body COCA uses,
18 and the pharmacy school accreditors as well.

19 The LCME makes clear to programs what it means
20 to meet expectations for its elements and standards through a
21 variety of support programs, some of which are voluntary. So for
22 all schools there are open webinars, orientation sessions, kick-off

1 sessions, when a school is about to enter its reaccreditation, and
2 through required activities for schools that have been judged to not
3 be meeting standards.

4 Providing the support for schools is a role of the
5 Secretariat, so that schools can feel comfortable that there will not
6 be a conflict of interest on the part of LCME members who are the
7 voting members on their status, while members of the Secretariat
8 do not vote.

9 Because it came up in other sessions, and it's such
10 an important topic, health disparities. So element 7.6 requires that
11 medical schools ensure that the curriculum provides opportunities
12 for students to recognize and address biases in themselves, in
13 others and in the healthcare delivery process.

14 Curricular content has to include principles of
15 culturally competent care weighs different groups, perceived health
16 and illness within their cultures, and the importance of health
17 disparities and inequities and their impact.

18 Similarly, societal problems must be addressed in
19 the curriculum, and that's element 7.5. The LCME expects that
20 medical schools provide accurate and current information to
21 prospective enrolled students, and to the public, and that they
22 prospectively notify the LCME of plan changes that could impact

1 compliance with accreditation standards.

2 For example, the LCME makes clear through its
3 policy and standards that an institution must make accurate public
4 statements about the accreditation status of the medical education
5 program. This is monitored by reviewing the media and other
6 public sources.

7 And lack of compliance with this requirement
8 would affect the program's accreditation status. The LCME also
9 reviews other required notifications, class size increases,
10 curriculum change, governance changes, and its needs.

11 So thank you for this opportunity to give a little
12 introduction, we're happy to respond to your questions.

13 CHAIR PRESSNELL: All right. Thank you very
14 much for your presentation. Michael, are you going to take the
15 lead on questions?

16 M. POLIAKOFF: If that's okay with my colleague
17 Jose Cruz Rivera I'll start in.

18 J. L. CRUZ RIVERA: Sure thing.

19 M. POLIAKOFF: Okay. Good. I've got two main
20 areas that I wanted to look at and thank you so much LCME for
21 being with us today. The first is on student achievement, and the
22 processes of LCME and the second is on issues of diversity. Let's

1 start with the student achievement issues.

2 A number of schools are now -- not a vast number,
3 but a significant number including some very significant medical
4 programs are dropping the MCAT on admissions requirement, and
5 in a rather controversial decision on USMLE has made the first
6 part of the exam pass fail. I'm not sure whether USMLE had any
7 input into that decision.

8 But I'd like to get your thoughts on what the impact
9 is of perhaps a growing trend not to use the MCAT for admissions,
10 and now the impact of the pass fail part of the licensure exam.

11 And I want to raise one more issue in that regard for our
12 discussion. I was a little puzzled as perhaps the staff was, that the
13 part of the response of the agency to the question about student
14 achievement standards was a comparison with two other agencies.

15 And I'd like to know a little bit more about the
16 rationale for benchmarking against the Commission on
17 Osteopathic Accreditation and the Accreditation Council for
18 Pharmacy Education. Maybe what I'm leading up to is not
19 necessarily bright lines, but what are the triggers within LCME for
20 taking a school to task, like school A and school B that you
21 describe.

22 A. REBOLI: I will actually ask Dr. Catanese to

1 start our response.

2 V. CATANESE: Okay. Thank you. I think that in
3 addition to the national data that Annette explained, the LCME
4 looks also at the internal data that the school provides in terms of
5 student achievement.

6 So the way the LCME standards and elements are
7 organized, the schools are expected to have very clear educational
8 program objectives, and learning objectives for all of their
9 curricular materials that are associated with assessments that can
10 allow an independent determination for students individually, and
11 for the student body as a whole in aggregate as to whether those
12 classes are meeting the expectations, as well as the graduation
13 requirements for the school.

14 So those internal data are another measure that the
15 LCME uses along with checking on a regular basis the school's
16 trends, in terms of their per a student's aggregate performance on
17 those national examinations that Annette mentioned.

18 B. BARZANSKY: And just to follow-up on that, in
19 order to think about what should be the measures that are used,
20 that's where the comparison of other accrediting bodies came in,
21 looking, seeing, you know, sister organizations at kind of the same
22 level of post-college student, what do other groups look at?

1 Not using them in terms of what their benchmark is,
2 but just looking at it in terms of what measures do they look at
3 because there are consistencies, national licensing exams, called
4 different things across the different professions, but they have the
5 same purpose, as well as other things that would make the LCME
6 think about particular measures and then it would go into and look
7 at for the medical student and the medical school.

8 A. REBOLI: So I would also like to go back to
9 your question about the MCAT. I think it's a small number of
10 schools that have -- and they've gotten publicity, so I think that
11 amplifies it, that have gotten away from using the MCAT. Most
12 schools now use what's called a holistic approach, it came up
13 during another agency's review, the concept of the holistic
14 approach.

15 So most schools continue to use the MCAT, and
16 many schools have developed enough of a database to show the
17 metrics, the entering metrics that will allow for success in their
18 curriculum. They're able to tell you the GPA and MCAT, but they
19 also use experiences, life experiences, volunteerism, the letters of
20 reference.

21 There are a number of factors beyond just metrics
22 as well. Dr. Youkey, you have your hand up.

1 J. YOUKEY: Yeah. I would emphasize what
2 Annette just said in regards to the MCATs, and the corollary to
3 that I think was a question regarding going to pass fail for step one.
4 I think that in general both of those are tied together by a desire to
5 have a more holistic approach, not only to entering medical
6 students to get more well-rounded doctors, quite frankly.

7 But also those of us who are Deans, realize that the
8 step one scores were being used to what we consider to be
9 somewhat inappropriately to judge the quality of medical students
10 to go into GME programs after two more subsequent years of
11 clinical training. And so, although we weren't party to it, I think
12 the decision for the MDME to go to pass fail on step one, on the
13 one hand was a good thing because it really does require the
14 residency programs to take a more close look at the overall
15 attributes of the graduating students.

16 And at the same time, it took away a very objective
17 measure that they were using in order to select students for GME
18 programs. But I think that both of these are tied together in trying
19 to get both medical students and residents that are much more
20 well-rounded than perhaps objective standardized examinations it
21 led to in the past.

22 M. POLIAKOFF: And just one more quick

1 question in that regard. What plans does LCME have for a
2 feedback loop to see if these new systems are actually effective in
3 the end goal, which is of course to have highly skilled physicians
4 emerging, well first into the residency program, and then as full-
5 fledged doctors?

6 A. REBOLI: Dr. Barzansky?

7 B. BARZANSKY: One of the things the LCME
8 has acquired for a very long time is feedback from residency
9 programs, and feedback from graduates in terms of how well they
10 were prepared by their educational program. And so that has
11 become a much more standardized set of data that are now being
12 fed back to medical schools about their graduates.

13 And so, it is then being used in the curriculum to
14 say have we been judging these students accurately? Have we
15 been preparing them appropriately? And so, in other words there
16 is a feedback loop that used to be fairly ad hoc, you know, all the
17 students were above average.

18 But now they're using specific measures that are
19 part of graduate medical education training, called milestones,
20 which are then being fed back to the school to say there are all
21 these specific things that we can look at your graduate against, to
22 see if they're really ready for graduate medical education.

1 So, you know, it's a very tight link between medical
2 school and residency training, and these steps are making it a better
3 link in terms of having appropriate data to use.

4 A. REBOLI: Go ahead Dr. Catanese, please.

5 V. CATANESE: I would also add that what
6 Barbara described is reflected also in the internal assessments of
7 students, so that as they go along throughout their training, the
8 ability of them to meet the different expectations of each program
9 objective, and each competency are specifically evaluated, and
10 these go beyond multiple choice examination questions, and really
11 look at clinical reasoning, the development of clinical skills and
12 the application of those skills, and the ability to demonstrate those
13 directly in an observed fashion.

14 So taken together, the internal measures, the
15 external measures, and the post-graduate measures are the criteria
16 that the LCME uses when it looks at the effectiveness of the
17 student preparation through the program.

18 M. POLIAKOFF: Thank you for that. I want to
19 pivot now to my second question, which is I guess to be perfectly
20 candid, somewhat conditioned by the editorial in the Wall Street
21 Journal for better or worse, that became national news. But behind
22 it is a really important question, which is the definition of

1 diversity.

2 Does it include in LCME's processes, a sense of
3 intellectual diversity, something that's becoming, going to be more
4 and more important within medical practices, transgender issues,
5 gender dysphoria, especially with children, and how that should be
6 handled will become, you know, more frequent.

7 Things that really have to be addressed, both from a
8 medical and a public policy standpoint. So if I may, could I turn
9 that one back to you? I did notice on your website that you have a
10 publication from the AMA Journal of Ethics, which cites Gruder
11 vs. Bollinger, and of course that's no longer the law of the land
12 anymore after SFFA vs. Harvard.

13 So if you'll pardon me for somewhat rambling
14 question, I'm intrigued to hear your responses to all of that, the
15 changes in the law, and the Wall Street Journal's praise for you for
16 your because it seems a much broader definition of diversity.

17 A. REBOLI: So I'll lead off, but then I'm going to
18 turn it over to Drs. Barzansky and Catanese, since they're
19 coauthors on the paper that you cite. You know, we are absolutely
20 interested in learning environments in medical schools that
21 appreciate a broad view of diversity, including diversity of
22 opinion, so that is a, you know, a key piece that we look at.

1 And we feel that, you know, it's important for
2 students to learn and ultimately be able to practice within that
3 context, so we do look very broadly at diversity. Diversity of
4 opinion, diversity of background, et cetera. And we absolutely
5 support schools in, you know, obeying the law as well.

6 Now I'm going to turn it over to Dr. Barzansky and
7 Dr. Catanese since they wrote this paper.

8 B. BARZANSKY: Let me just start by saying I
9 think what you are raising are two issues that kind of tie back to
10 two of our standards. The one on the learning environment talks
11 about creating an environment that allows a medical student to
12 develop appropriate professional behaviors, and that's where we
13 get into how does a faculty role model, what are they teaching
14 students about professionalism, and how does that manifest both in
15 the formal curriculum, and the informal curriculum which is how
16 they see the people around them behave.

17 And that's where I think some of the issues you're
18 talking about come out of. But the other is a formal diversity
19 standard that the LCME has had for, you know, in this form, for
20 over 20 years, and previous forms as well, which talks about
21 medical schools based on their mission coming up with the
22 diversity categories that they have wished to develop programs for

1 and promote resources to, to make sure that there are ongoing
2 systematic and focused recruitment and retention efforts.

3 So LCME doesn't specify what the categories are,
4 as I've said in the paper, but it does say there has to be a formal
5 discussion at the school about where do they want to put their
6 effort, and who they go about both recruiting into and developing
7 in the educational pathway, or what used to be called pipeline,
8 people who will be ready to enter medical school.

9 So those are kind of two parts to the same thing, but
10 they get us to the ability to expect schools to both be aware of and
11 be very active in creating a diverse environment for their students.

12 A. REBOLI: Dr. Youkey, it looks like you have
13 your hand up.

14 J. YOUKEY: Maybe one point to make sure
15 everyone is aware. So, remember that becoming a medical student
16 happens after you go to college. And it's a long pathway. And
17 when we look at the diversity of a class in medical school, frankly
18 in many cases how diverse the medical schools in the aggregate
19 can be is affected by how many students there are that apply --
20 qualified students to become medical students from any particular
21 category.

22 And I'm certainly not prepared to sit here and tell

1 you all the different categories that we could look at, but the one
2 that I found most startling in recent years, and I don't think this has
3 changed recently, Brian and Barbara can tell me if I'm wrong. But
4 I can tell you that as of a couple of years ago the number of
5 African American males applying to medical school had actually
6 declined over the past 10 years, despite the population growing,
7 and despite the number of medical students spots growing.

8 And so the point simply is that it's not as easy as a
9 medical school deciding to establish diversity categories in order to
10 further diversify their class, there's a pipeline problem that needs to
11 be solved that starts well before medical school.

12 M. POLIAKOFF: Thank you for those answers.

13 Let me --

14 A. REBOLI: Dr. Catanese, did you want to add
15 something?

16 V. CATANESE: I just wanted to add a little bit
17 about the way in which the LCME, or the LCME's expectations for
18 schools with respect to meeting its diversity elements and
19 expectations. And that is that with the overall goals of having a
20 diverse and talented and culturally competent workforce, the
21 LCME recognizes that depending upon the mission, and depending
22 upon the location or geography of a particular school, they are best

1 able to contribute to that national diversity in particular ways.

2 So for example, a school in North Dakota might
3 contribute very differently in terms perhaps of enriching the Native
4 American applicant pool, and the school that's located in a dense
5 urban area might for some other groups, or a school that has access
6 to multiple regional campuses in rural areas might be able to
7 contribute in another way as well.

8 So that underlies the LCME's flexibility in allowing
9 schools to determine in a mission appropriate way how they are
10 best positioned to contribute to national diversity, and to directly
11 develop their resources and their pathway and pipeline programs to
12 recruit and retain students, faculty and senior administrative staff
13 in the categories that they've identified as they're being very able to
14 contribute on a national basis to.

15 M. POLIAKOFF: Thank you. Just one small
16 question in that regard. What are the particular dynamics in
17 working with programs that are located in religious institutions that
18 have a particular, dare I say, religious culture that would condition
19 the structure of the medical school program?

20 A. REBOLI: So Dr. Catanese?

21 V. CATANESE: Sorry, I'm trying to unmute
22 myself. The LCME would expect that regardless of school,

1 regardless of program, that those individual programs were able to
2 meet their expectations. So in other words, they were able to
3 comply with the anti-discrimination element and all of its pieces,
4 and all of its components, and would be able to meet the
5 educational requirements.

6 And the way they broadly think about that is we're
7 not going to go through each detail, but if you think about the way
8 the standard for curricular content is phrased, it says that the
9 program should have a curriculum that is a sufficient breadth and
10 depth to prepare medical students for entry into any residency
11 program, and for the subsequent contemporary practice of
12 medicine.

13 And that I think is where the ability to be able to
14 make sure that students are learning and practicing how to take
15 care of and interact with all groups of patients, all other healthcare
16 professionals regardless of what their beliefs might be outside of
17 the healthcare system is really encompassed in the overall
18 expectation of that whole standard for curricular content.

19 A. REBOLI: I would also like to add, so this is the
20 sixth year that Dr. Youkey and I have been serving on the LCME.
21 There has always been, and will probably always continue to be a
22 uniform application of the elements and standards, no matter the

1 type of school that we are reviewing.

2 No matter their type of affiliation, or if its religious,
3 or has a specific focus. So uniformly all of the elements and
4 standards are applied to every single school.

5 J. YOUKEY: Let me add one last thing to that, and
6 that is that all of that is accurate for sure. And I think your
7 question in large part for the medical school faculty and the
8 administration, is more applicable to the hospitals where the
9 students have their clinical learning environments and the religious
10 affiliations that they might have.

11 And so our expectation as the LCME would be that
12 the medical school has access to different clinical learning
13 environments where one may be limiting in some area, they would
14 be able to have their students in other hospitals where they could
15 still fulfill their obligations to the standards and the elements.

16 M. POLIAKOFF: Thank you for those
17 clarifications. Let me not monopolize the conversations. I know
18 my colleagues would like to jump in, and well especially Dr. Cruz
19 Rivera.

20 J. L. CRUZ RIVERA: Thank you. Some of the
21 questions I had have been already covered, so I'll just do some
22 follow-ups if that's okay. And I guess given the increased scrutiny

1 in higher ed, in general, and clearly with medical schools as well
2 from both the federal government -- I read with great interest your
3 recent responses to the House Committee on Education and
4 Workforce, state legislatures, and of course the recent Supreme
5 Court decision.

6 Is it fair for me to assume that the 2021 paper in the
7 general ethics, AMA Journal of Ethics, which was I think a great
8 way of describing the role of accreditation in advancing diversity
9 in medical schools. Is it fair to say that it extends to this data that
10 we would not need to make any changes, or clarifications to that
11 paper given the recent changes in the national discourse on these
12 matters?

13 A. REBOLI: Well, at that end we'll turn to the
14 authors of the paper, Drs. Barzansky and Catanese.

15 B. BARZANSKY: The LCME has talked very
16 deeply about since the Supreme Court decision essentially, because
17 we have members of the LCME from Texas, from Florida, from
18 other states that are feeling threatened. And so, there have been
19 some minor changes in what the need to put the categories in the
20 diversity policy, but the requirements policy.

21 There's still a requirement for activity. There's still
22 a requirement for monitoring. And schools may end up, depending

1 on where they are, change their categories. So for example,
2 schools in California have been limited from using racial and
3 ethnic categories for a number of years, and they have found ways
4 to make sure that their classes are diverse.

5 And I think other schools are going to learn those
6 lessons. So it's a topic among the deans. You know, we're doing
7 follow-up visits for the fact that we did virtual visits, and we've
8 been to a number of schools in the last few months, and that's the
9 first topic the dean wants to talk about is what are we going to do?

10 And we say the LCME is not really changing its
11 expectations, but it has never been prescriptive, and so you decide
12 based on your mission, and the way you see your environment,
13 what you're going to do about diversity, but the article still stands.

14 J. L. CRUZ RIVERA: Thank you. And does the
15 Commission have a role in sharing best practices with the schools?
16 You mentioned that California for many years has found
17 alternative ways to deal with this issue. Is that something that
18 you've helped broker those conversations, or the exchange of those
19 ideas?

20 V. CATANESE: I can. Nine out of the 12 months
21 of the year the Secretariat has connecting with the Secretariat
22 webinars. And at least once per year the webinars are directed

1 toward elements that schools are challenged by. And certainly the
2 diversity and partnership program element is a challenging one for
3 schools.

4 So what we do in those sessions is deconstruct,
5 really look at the intent of the element, pull it apart, kind of the
6 way we did with you today. And to speak with schools about tips
7 and perhaps pitfalls that we have noticed, given the number of
8 schools that we look for.

9 So while we don't advertise best practices, we
10 certainly advertise tips and potential areas where schools may fall
11 astray, and perhaps how to avoid them based upon the cumulative
12 information that we see from different schools.

13 A. REBOLI: In addition, historically the LCME
14 has issued a series of white papers on a variety of topics, that also
15 assists the schools with developing compliance with elements and
16 standards, you know, as appropriate.

17 And quite literally tells them what components they
18 have to address to achieve that level of satisfactory. So, you know,
19 eventually maybe something will be developed. The information
20 though is so new that a Supreme Court ruling just over a couple of
21 months ago.

22 So, I think, you know, folks are still navigating this

1 piece.

2 J. L. CRUZ RIVERA: Thank you. And so this will
3 also as we think more about the changes and variations and
4 expectations across the country, that this will also impact the way
5 that site visitors and reviewers are trained?

6 V. CATANESE: Yes. I would say you know,
7 currently there is -- we didn't mention this, but the LCME has had
8 since I think about January or February, an ad hoc group that is
9 looking specifically at element 3.3 the diversity element. And
10 began to do that when the various pieces of legislation in the states
11 were raising questions that the schools and the deans, and the
12 LCME were grappling with and thinking about.

13 So that group is continuing to work, and especially
14 now after the Supreme Court decision, I think that what will
15 probably result from that is a renewed white paper that provides,
16 you know, some additional guidance to update the guidance that's
17 there, which is already I think about seven or eight years old.

18 So I think that, and those resources are always used
19 in training our team Secretary's, training our teams, and in the
20 meetings that occur during the survey visit with that involved
21 discussions among the serve 18 members themselves, along with
22 their team Secretary and Chair.

1 So there is a continuous educational piece that
2 moves along with this.

3 J. L. CRUZ RIVERA: Thank you. I want to
4 commend the Commission for its thoughtful work in this area.
5 One last question, we've been focusing on the standard 3.3 I
6 believe, but more generally we're seeing also some of the reach,
7 perhaps some would agree with that, in the form of state
8 legislation, or proposed legislation that seeks to reach into the
9 curriculum.

10 Not only to worry about the composition of the
11 school programs and the support services available, or how
12 financial aid is administered, but actually what can be taught and
13 how. Can you say a little bit about the Commission's position and
14 how you think about academic freedom, especially as it relates to
15 cultural competent care, which was mentioned earlier, health
16 disparities, et cetera?

17 And how the Commission could help all of us be
18 more thoughtful about how academic freedom is protected against
19 the backdrop of this activity?

20 A. REBOLI: Barbara, go ahead.

21 B. BARZANSKY: Specifics, and then we can talk
22 about the general. So the LCME has had an element related to

1 cultural competence for a long time, but decided with input that
2 that was an old term, and it needed to be made more specific.

3 So now it's structural competence, cultural
4 competence in health and equities. And it asks schools to talk
5 about where they cover those areas in healthcare disparities as
6 well. And then it asks medical students because we have a very
7 important -- medical students have a very important role in
8 providing feedback to the LCME.

9 So it also asks medical students do they think
10 they're prepared to take care of patients from different groups
11 based on the education that they got? And if they are uncertain, or
12 unhappy, it would lead to asking the school, you know, what's
13 missing, what are they seeing patients from a broad variety of
14 backgrounds?

15 Are they learning how to appropriately interact?
16 So in other words, in terms of the very specific areas, the LCME is
17 using the word system states don't like, but it's important because
18 these are things that medical students need to know to be prepared
19 for when they have more of an independent role in taking care of
20 patients.

21 So the bigger issue of academic freedom is really,
22 and I'll ask my colleagues to jump in, it's really the medical school

1 is expected, as Ronnie said, to define their educational program
2 objectives, and the things they want students to learn. And if the
3 LCME finds that that is somehow being prescribed, to somehow,
4 or affected externally, that's when the LCME starts asking
5 questions. Does somebody want to jump in?

6 CHAIR PRESSNELL: All right. Jose, any other
7 questions?

8 J. L. CRUZ RIVERA: No. Thank you very much
9 Mr. Chair, and thank you to the agency representatives.

10 CHAIR PRESSNELL: All right. Jen?

11 J. BLUM: Hi. So I want to go back to student
12 achievement. I have to confess I'm a little confused by your
13 standards, and I actually while you all were talking, I went onto
14 your website to see if I could -- and I had already obviously gone
15 through the Department's records, but I went onto your website,
16 and frankly couldn't really establish with clarity the standards.

17 So I think I understand that you have some -- you
18 allow your -- your standard is to allow your institutions to establish
19 sort of their own learning goals, and their own expectations, which
20 is totally fine. And that satisfies I think -- I don't know whether it's
21 fine or not, but it satisfies the requirement.

22 And then at the beginning of your presentation

1 today you spoke about sort of what the national pass rates are, and
2 you gave some data, but it wasn't clear to me that you have -- and
3 I'm not suggesting you have to have, but it's not clear to me. Do
4 you have a benchmark expectation on why since your pass rates,
5 and/or graduation rates, and/or matching.

6 Do you actually have sort of an expected rate on
7 each of those categories?

8 A. REBOLI: So, I'll just start off first, and then I'll
9 ask my colleagues to chime in. So, to go back to the earlier part.
10 On the website, on the LCME website there's a section that has
11 publications documents. And that has material most up to date
12 structures and functions and structure of medical schools.

13 That outlines all of the standards and all of the
14 elements, all 12 standards, all 93 elements. So that is used, and
15 within that then you know on the same area you'll see a variety of
16 documents that are data collection instruments. These are
17 materials that the school has to complete.

18 Within the data collection instrument for the
19 elements that specifically look for data about student achievement,
20 graduation rates, things like that, step pass rates that we mentioned,
21 national exam pass rates.

22 You'll find those within the DCI, and national

1 comparative data is given. Not only on this topic, but also on other
2 things, so when you talk about student debt you'll see national
3 comparative data as well. In general, there are no hard and fast
4 rules about how, you know, compliance is achieved, or satisfactory
5 is achieved.

6 There's no set number, but folks will look at the
7 trend. The reviewers look at the trends, and things like that, and
8 how close people are to getting to those numbers. Barbara or
9 Ronnie, would you like to chime in or Jerry? Jerry, it looks like
10 you have your hand up. I'm sorry, I didn't even see it.

11 J. YOUKEY: Yeah, so I'm going to say something
12 that my colleagues may cringe at when I tell you this. So I'm
13 going to say this more as a dean of a school, rather than an LCME
14 member, but I'll tell you why I think the LCME has this
15 expectation also.

16 The amount of investment by the student of a
17 family, the extended family, and ultimately of the public in
18 creating a medical student, and ultimately a doctor, is huge. And
19 on the other end, we need more physicians, and so where most of
20 my dean colleagues and I are, is we expect every student who
21 enters medical school to graduate.

22 That's sort of the bottom line. Now we know that

1 they're not all going to graduate. Frankly, when I look at the data,
2 most of the students who don't graduate, or don't match, is a
3 student issue, an illness problem, a discovery that they don't have
4 the passion to stick it out through medical school.

5 They've chosen a difficult specialty to get into that
6 they can't match for, and they don't listen to advice. So the
7 majority of students who don't graduate have some mitigating
8 circumstance that's student centric. The reason that I tell you that I
9 believe the LCME, we may not officially say that, but generally we
10 agree with it.

11 When we look at data on students who haven't
12 graduated from medical school, or haven't matched, we actually
13 ask why for each of the students that didn't graduate, or didn't
14 match. And I can see the table in my mind's eye right now, that
15 says how we did in the match, these three students out of 100
16 didn't match.

17 This one decided to go into public health. This one
18 decided to pursue a completely different career and so forth. So
19 the reason message, I guess that I'm telling you is I think that the
20 expectation really is that every student that enrolls in medical
21 school should graduate.

22 We realize that that's not going to happen. And so

1 we look at national benchmarks of all the medical schools together,
2 and the students that have fallen out of the sort of generally
3 acceptable range, we then with the school, or encourage the school
4 to look at the reasons that those students didn't graduate and try to
5 rectify them in according with the elements and standards.

6 So I don't know if my colleagues will back me up in
7 that, but that's how I personally see it.

8 A. REBOLI: I think that was well phrased.

9 J. BLUM: I would like to take back the mic
10 actually because with a lot of respect, and of course you know, we
11 all have a ton of respect for medical schools and doctors, but I'm
12 really confused because to me the standard doesn't demonstrate
13 rigor.

14 I'm all for, and totally sympathetic to qualitative
15 measures as part of a student achievement standard, but it's much
16 harder for you to demonstrate rigor, and what I'm just not hearing
17 sort of how you can apply a standard that's as qualitative and
18 differential to each of your schools is the one that you're sort of
19 displaying, or describing.

20 And what's really fascinating to me is that you have
21 the quantitative data at your fingertips to be able to do more. And
22 so I'm going to go to my next question, which is to demonstrate

1 rigor, in hopes that you can. How many schools do you take
2 actions? How many programs have you taken any action on for
3 not meeting your qualitative student achievement standard since
4 their last recognition?

5 A. REBOLI: Barbara?

6 B. BARZANSKY: To add something to your last
7 statement before we go into this one, and that is we know what the
8 national data are. If a school, let's say USMLE step one rates.
9 Now it went to pass fail just last year, but before then if schools
10 were cited, if the pass rate on USMLE was below 90 percent. So
11 in other words, there are, and the match rate has been hovering
12 around 92-93 percent.

13 If you know, depending on the number of medical
14 students, if the match rate below is 85 percent, schools are cited
15 under a particular element just like they'd be cited under a
16 particular element for performance in USMLE. Each one has at
17 least one element that goes with it.

18 So in other words, there are trends that we look at,
19 you know, in other words it could be there's a couple of years of
20 data, of USMLE, or there's one year of data that's anomalous, the
21 school had been doing fine, but there's one year.

22 One year might be we have performance finding

1 satisfactory with a need for monitoring. You have been doing
2 okay. Something changed. We need to make sure we follow up
3 on that. If it's more than that, you know, more years of problems,
4 then it would be potentially an unsatisfactory finding for that
5 element.

6 So there are very practical in addition to
7 philosophical ways to say using this particular national data, how
8 will the LCME take action? Is that fair Ronnie?

9 V. CATANESE: Yeah. I would just add that if
10 you, you know, in listening to the numbers that Barbara restated,
11 what she actually was saying is that schools that there's usually a
12 three year trend line. At schools whose aggregate student
13 performance is below the average are all cited by the LCME.

14 They say what is this about? Can you explain it to
15 us? What have you been in place, or what are you putting in
16 place? We would like to have follow-up date from you within X
17 period of time to show number one, you've identified what the root
18 cause of that might be, and what steps you've taken to improve it.

19 So I think that the rigor actually is quite rigorous
20 when the LCME looks at the numerical data, because they really
21 are looking at it through the lens of what the average or mean
22 scores are, and if schools are below that for the period of time that

1 they're reporting data, that absolutely triggers a concern.;

2 A. REBOLI: Since around 2015, or 2016, there's
3 been a lot of emphasis within the elements and standards on
4 continuous quality improvement. And things like this would also,
5 if the school was doing a good job with their CQI, this would also
6 be detected by them as well as they're looking at, you know, places
7 where you know, there's student performance is not what they
8 think it should be, not meeting national norms, and also any
9 citations from the LCME that have come about.

10 They'll be monitoring the situation and getting that
11 into compliance.

12 J. BLUM: So, I guess I'm going to go back to this
13 again. To me, what I'm hearing you say is you're demonstrating --
14 it's almost like you just spoke a standard that's not in writing. So
15 you basically said that if schools are performing at below the
16 national average on a placement, on a licensure exam, or on match
17 you then cite them.

18 But what I'm not hearing is that that's a written,
19 published known standard for the students and public to
20 understand, or for the Department of Ed or us, to understand. And
21 so, I'm really struggling with the lack of a stated standard. Well
22 there is a stated standard that you let your schools sort of establish

1 their own learning.

2 But then I'm not seeing that that's -- you're
3 establishing rigor through a different measure. So I have to say I
4 don't think I have another question, but I will say that I am
5 concerned that I'm not seeing a well stated for the public purposes
6 standard on student achievement.

7 And so therefore, I can't understand the sort of how
8 it's being applied piece well, so I'll leave it at that, and let other
9 colleagues ask questions.

10 CHAIR PRESSNELL: Yeah. We have several
11 others who want to ask questions. So if I could encourage the
12 agency to keep your responses a little bit more brief if at all
13 possible, and not necessarily hand it off to multiple people that
14 would be very helpful to us.

15 Yeah, we can follow-up if we don't think it's clear,
16 but we don't really need three to four people answering the same
17 question if that's possible. So I have got Molly, Zakiya, Robert
18 and Art.

19 M. HALL-MARTIN: I only have one question, so
20 hopefully this can be answered quickly. You've already pre-
21 emptively answered my question about health disparities and
22 higher standards to address them in your opening statement, so

1 thank you for that.

2 This question is less about the medical schools that
3 you accredit, and more about the competencies of your review
4 teams, and decision making bodies. You accredit some of the few
5 medical programs housed at HBCUs. What sort of training, if any
6 do you provide to your review teams, and decision making bodies
7 related to the unique missions and historical and political context
8 of historically black colleges and universities as a sector?

9 And similarly, do you provide any sector specific
10 training related to other minority serving institutions?

11 A. REBOLI: So we strive in developing survey
12 teams that are diverse in a variety of ways, including groups that
13 are racially diverse to, you know, to survey visitors to these
14 schools. There's extensive training though that goes into this for
15 all of the survey team members, so that they understand the context
16 of where they're going.

17 They'll review the history of the school, and a
18 variety of other features in this, you know, actually for all the
19 schools, but especially for minority serving schools with regard to
20 making sure that the teams are diverse and things like that.

21 CHAIR PRESSNELL: Okay. Molly? Okay.
22 Zakiya?

1 Z. ELLIS: Thank you, and I appreciate your
2 comments about your standards, and that institutions really
3 determine their academic content. Given all that's going on around
4 reproductive health, I do wonder are you -- do you have any
5 concerns about the training that institutions are able to give
6 students in this area, so that there are a variety of doctors who are
7 well-versed in all aspects of women's reproductive health?

8 A. REBOLI: Jerry would you like to respond?
9 You're muted Jerry.

10 J. YOUKEY: Sorry. I'll go back to what I said
11 before. I think from a faculty medical school standpoint we don't
12 really have a lot of concern, and it is part of the expectations of the
13 curriculum through the elements and standards. I think the bigger
14 issue gets back to the clinical learning environment, the hospitals
15 and so forth that the students are able then to learn their clinical
16 skills in.

17 And at least at this point in time I don't know of any
18 areas of the country that don't have a culturally diverse enough set
19 of hospitals that the students -- that the medical schools can't match
20 with the hospital for their students to get a very diverse and
21 appropriate education in women's learning, I'm sorry, women's
22 reproductive problems.

1 And so if that changes in a particular region
2 completely, it will be a problem, at this point in time not.

3 A. REBOLI: I also think it's more a problem at the
4 graduate medical education level, you know, if someone is going
5 into OBGYN or family medicine, they have to learn these types of
6 you know, procedures, learn about abortion, et cetera.

7 The medical school level I think is fairly easy to
8 make sure that students have a basic curriculum, no matter where
9 they're located, you know, and understand this, you know,
10 intellectually as opposed to hands on doing.

11 Z. ELLIS: Thank you.

12 CHAIR PRESSNELL: All right. Very good,
13 Robert?

14 R. MAYES: So my question is about finances. So
15 as I understand it most of your support is coming from the two
16 sponsoring associations, and that you charge fees for initial
17 accreditation, but not for subsequent, and no program fees after
18 accreditation. So I'm just going to kind of ask I guess why have
19 you adopted that model, and why not charge fees for your more
20 independently supported financially?

21 A. REBOLI: Barbara, why don't you go ahead.

22 B. BARZANSKY: Thank you. The LCME has

1 been around since 1942, and it has had that philosophy since it was
2 conceived. It was said charges -- does not charge for regular
3 accreditation. It does an expense recovery for virtual follow-up
4 visits, and for consultations that are done.

5 But that's been the way the LCME has operated
6 forever. And as I think was said at the beginning, it is a
7 committee. It can make decisions about accreditation and
8 standards independently, but it lives within a sponsoring
9 organization. And therefore, they came up with this before the
10 LCME was formed, and its continued.

11 R. MAYES: Okay. Thank you.

12 CHAIR PRESSNELL: All right. Art?

13 A. KEISER: That brought up another question. I'll
14 wait for a second. I'm a little frustrated in a response to Jennifer's
15 questions. And I'm not sure I got an answer because student
16 achievement is a really important part of what we are looking for.
17 The question she asked was do you have a bright line or something
18 close to a bright line which a school would know from reading
19 your standards when they were not meeting your expectations.

20 You kept using the word expectations. Now I am
21 aware that one of your expectations according to one of your
22 people, we have 100 percent success rate of students graduating.

1 That is not a realistic expectation. What is the -- is there a bright
2 line? If there's not a bright line at what point do you sanction?

3 And I don't want to hear a lot of -- I just want to
4 know what is the point that I am a school, I want to know, I fell
5 below, and I'm going to get sanctioned? And then I want to know
6 the other question was how many schools have you sanctioned?

7 A. REBOLI: Barbara, go ahead.

8 B. BARZANSKY: Well let me start at the end and
9 then come back to the beginning, and how many schools have we
10 sanctioned. Do you look at particular elements? So for example,
11 USMLE performance where a school had been below 90 percent
12 for that particular because the standard, it would be sanctioned
13 under as well, but for that particular thing I think we sanctioned
14 two over the last, you know, since the last review.

15 A. KEISER: So I'm understanding that your level
16 in which you call it expectation, is that a school has to have a pass
17 rate of 90 percent in order to be not given a sanction?

18 B. BARZANSKY: Not being, if you look again as
19 Ronnie said, either on a one time basis, or on a trend. The trend
20 basis it would be the equivalent of an unsatisfactory.

21 A. KEISER: I'm still not -- you're still not being
22 clear. I'm an institution. I want to know when am I out of

1 compliance. Is there a point where I would know without having
2 to call you and see what your expectation was, is there a point I
3 would know that I'm out of compliance?

4 B. BARZANSKY: Two years where you're
5 performance would be below 90 percent would get you an
6 unsatisfactory. One year would get you a satisfactory with
7 monitoring that you would have to report on, but is not considered
8 a sanction if you're using that word.

9 A. KEISER: And that is in writing? Because I
10 couldn't find it.

11 B. BARZANSKY: That is not in writing.

12 A. KEISER: That's a concern. If I was an
13 institution accredited by you, and it seems awfully -- to me that's a
14 concern.

15 CHAIR PRESSNELL: All right. Other questions?
16 Debbie?

17 D. COCHRANE: Hi. I'll keep this very brief. It's
18 more of a comment than a question. But I notice under 602.26,
19 that's where it covers a number of notifications that are required to
20 be made to other agencies, and with respect to state agencies it
21 looks like in each area the agency has interpreted the appropriate
22 state agency to be the state licensing board, or state medical board

1 in particular.

2 I would just encourage you to take a look at that,
3 and see if maybe a broader group of state agencies would be
4 actually the more appropriate group. Thank you.

5 CHAIR PRESSNELL: Okay. All right. Any other
6 questions? All right. Well thank you to the agency. There were
7 no third party commentators who signed up for this session, and so
8 we'll now invite L.G. back to respond.

9 L. CORDER: Great. A few responses, and first off
10 appreciation for the questions from the Committee members,
11 especially as it relates to student achievement and trying to unpack
12 that. I had the same questions, maybe even more strained than
13 what some of you are presenting them as, because as many of you
14 know the Accreditation Group also does work for the NCFMEA,
15 and which four medical schools are supposed to be equivalent to
16 the requirements here in the United States and Puerto Rico.

17 And so, I've had lots of back and forth's with the
18 agency in trying to unpack this. I will say for me personally, it did
19 not click until I really started evaluating the sample DCI's and the
20 self-studies sitting in on the site visit, and then especially the
21 decision making body, the Commission's meetings.

22 And I will tell you although it may seem like in

1 writing that they don't understand what the expectation is, in
2 execution it seemed to me very clear that the programs know when
3 they are running afoul of something. And that line is constantly
4 moving, so you know, the turn data is based upon what they
5 readjust these numbers as I understand it, every year.

6 So there's constant monitoring reports coming in
7 from these programs that are accredited, and the agency sets forth
8 these little triggers in their software where they can even monitor
9 not just at the full review periods every eight years on the full
10 cycle, but every year. And so, I appreciate the comments. I had
11 the same questions myself.

12 I could not actually piece it together just based on
13 policy if we had not had the observation procedures, especially at
14 the Commission meeting. Nobody gets through there unscathed. I
15 mean I saw them review a bunch of programs. I looked at a bunch
16 of documentation.

17 Nobody gets through there unscathed. It may not be
18 student achievement, but coming out of that process without
19 getting -- and remember the decision letters from the agency are
20 very clear in what you haven't met and why, and where you need
21 to make improvements in order to come back on that monitoring
22 report that demonstrate compliance.

1 So from my perspective, despite the questions, I'm
2 still comfortable with my analysis, and my findings, and my
3 recommendation in that area. Another comment on student
4 achievement. There was a question about the agency's narrative
5 response as to how they set the standard.

6 And although there was the comparison to what the
7 agency feels are peer agencies, there was a further response from
8 the agency that these are the metrics that get you through the
9 doorway to enter the practice of medicine, so that's partly why they
10 chose the USMLE passes, the graduations, the residency matches,
11 et cetera.

12 So I just wanted to make sure there wasn't an
13 impression that that was the only logic that they had given us there.
14 One other -- oh, the article that was referenced with respect to
15 diversity. I do want to make a plug for the fact that we are
16 constantly monitoring for alerts that have to do with our agency,
17 and I saw these.

18 But for me, unless it's something that's calling into
19 question the agency's compliance with the criteria, it's generally an
20 alert that we would not pay a lot of attention to. If it impacts
21 something, and the agency can attest to this. I've been a thorn in
22 their side for two years.

1 I'll immediately fire off an email and say what does
2 this mean, you know, what's going on here. And this particular
3 one, you'll see there's a standard on respecting the mission of the
4 programs, including religious mission. We made a finding that
5 they were in compliance there.

6 They have a specific policy stating that they will do
7 that, so I did not investigate those particular alerts any further than
8 that. And that's all the commentary I have. Thank you.

9 CHAIR PRESSNELL: All right. L.G. we've got a
10 couple questions for you. I'm not sure who's -- Art and then Jen.

11 A. KEISER: Thank you. Thank you for those
12 comments. Well I do understand that this is a rigorous agency.
13 Speaking from an institutional standpoint I find it really difficult to
14 understand what are the expectations that I would have as an
15 institution. If I do not know what at least the benchmarks were in
16 order to be in compliance.

17 And I assume that is an important part of what we
18 do and that confusion that you faced is the confusion that I'm
19 facing, and I think it's an important, and it's much more important
20 than in most any of the other standards that we deal with, because
21 if we don't know what is right, or what is rigorous, or what is the
22 appropriate pass rate, which is what the professionals are there to

1 do, to make those determinations as a member of the Commission.

2 And they haven't done it yet, it would create, I
3 would assume, a lot of exposure from the institution from lawsuits
4 because if you're not 80 percent, you're not okay, 90 percent you
5 are okay. I just think it's really unfortunate that, and I'd like your
6 impression why they have not established certainly policy
7 directives for their institutions in terms of the expected outcomes
8 of their students.

9 L. CORDER: Okay. From my perspective the
10 process is such that you have to as a program under review, take an
11 introspective look of your performance versus some of these
12 national numbers. And when the Doctor spoke about he can see
13 the table, so in this table you have to compare your number with
14 what the national rate is.

15 If you're below that, in your self-study summary,
16 you have to provide an answer as to why you think that is. And
17 then this goes in front of the site visit team, and they provide
18 analysis, and then eventually it goes back to the decision making
19 body, and they make a decision.

20 It may be that you get cited under a performance
21 element, an accreditation element that may not be directly tied to
22 student achievement. It could advising, and that's one of the

1 examples that's in the petition. Two other things I probably should
2 have mentioned that one, the agency of course let's the program
3 provide a response to the report.

4 And so, I'm not detecting anything from the
5 programs, excuse me, indicating to me that they are taking issue
6 with the way that this is structured, just from my perspective, I'm
7 not seeing that. The other point is I believe that the agency -- well
8 I know that they did, the agency allows programs that have just
9 gone through the full review to provide feedback and surveys as to
10 what they believe should be tweaked, or modifications in the
11 standards and elements especially with respect to clarity.

12 And you'll see that reflected in the analysis, that
13 they provide feedback. If there's something that's not clear to
14 them, those are the constant -- you'll see me talk about it on a
15 rolling basis, that the LCME is on a rolling basis making
16 adjustments to accreditation elements for the sake of clarity.

17 So I again, from my perspective I understand
18 looking at the policy alone it's hard to understand how it's carried
19 out in execution, but I was comfortable with the findings I made.

20 CHAIR PRESSNELL: Jen?

21 J. BLUM: So I have two really significant concerns
22 here. One is that from what I could see what their standard is, they

1 say it's one thing, but then in practice its another. So on the one
2 hand they have a standard that, you know, has their schools
3 somewhat establishing what their expectation should be.

4 But then everything I'm hearing from you and from
5 the agency is in practice, it's this actually which is much more clear
6 that if you don't hit the average on the pass rates, and on matching,
7 then you're going to be subject to review. I just don't understand
8 why that shouldn't be in writing.

9 And I hear Art, on the school piece, to be honest
10 with you what -- my related second concern is the public. The
11 reason we have a standard -- this provision at all is actually not just
12 for the school's benefit for the general public to understand, you
13 know, what the accreditor expects of its institutions that it
14 accredits.

15 And if the public doesn't know, when the students
16 don't know what the expectations are of the accreditor, with regard
17 to student achievement, we have a big gaping hole in the whole
18 thing. And so I have, I do not feel -- I'm not saying that the agency
19 hasn't rigorously applied something, but what I'm saying is that it's
20 not clearly stated, and I don't think that that -- and I think that
21 having something that's not clearly stated for us to understand, and
22 for the general public to understand is noncompliance in my view.

1 CHAIR PRESSNELL: Well just real quick. I
2 would agree. I think too, L.G. that it may not be a bright line, but
3 if it's a benchmark that they're being compared to. In other words,
4 they need to explain why they're not hitting the benchmark because
5 you kind of described it they could have had a number of different
6 reasons why they didn't -- cultural reasons, or whatever it might be
7 that they didn't hit that amount.

8 But at least it does sound like the agency is
9 benchmarking against a number, and that number is 90 percent.
10 And that they have to at least explain that they haven't done that.
11 But anyway, I also think it's somewhat problematic that it's not
12 written. It ought to be written to make it exceptionally clear.

13 But and then I'm sorry, Bob?

14 R. SHIREMAN: Yeah. I want to express a
15 different view. No single test can measure everything that matters,
16 and too often when there are bright lines written into something,
17 especially if they are high stakes, they become benchmarks that are
18 gained in nefarious ways.

19 We've seen that with default rates and graduation
20 rates. I believe that there's some evidence with the ABA and bar
21 passage rates that schools started not graduating students, so they
22 wouldn't be able to take the bar if they thought they weren't going

1 to be able to pass the bar, so that they could get their bar passage
2 rates.

3 And so here we have an agency that seems to have a
4 very good track record with respect to quality. They are taking a
5 more nuanced approach than a single test score. They seem to be
6 communicating well with schools about when they have concerns
7 about the direction that things are going.

8 And I guess I would be uncomfortable leaving the
9 impression at least that I have any concerns with that. I am
10 comfortable at this point with the approach that they're taking.

11 CHAIR PRESSNELL: Yeah. Thank you Bob,
12 Jen?

13 J. BLUM: So, I'm actually not talking about bright
14 lines. So I just want to be really clear about that. I share some of
15 your concerns about bright lines. What I'm concerned about is that
16 they have a written standard that's not the standard that we just
17 discussed today, and that even L.G. said that he looked at.

18 So, that's what I'm concerned about. I'm concerned
19 that they are saying that their standard is one thing, but then in
20 practice they're doing something else, whether it's bright lines or
21 not bright lines. And in fact, it's not really a bright line because it
22 seems to go year to year based on whatever the average is, so that's

1 not really it's not always 90 percent.

2 And then so the issue -- there's no issue. I'm not

3 questioning the 90 percent versus 70 percent versus whatever.

4 What I'm questioning is that they made a statement today that says

5 that they take action. When I asked the enforcement question they

6 didn't answer it the way I thought they would answer it.

7 What I thought they would say is well, you know, if

8 a school says their expectation is that they're going to do XYZ, and

9 they don't do XYZ, then we take action. But they didn't say that.

10 Instead, they went in a totally different direction, which was if

11 they're below the national average, they take an action.

12 If that's the standard, then say that's the standard, so

13 that we all know that that's the standard. So it's sort of what

14 Claude said. It's like can't we just put that in writing, and isn't that

15 the standard? And by the way, like some of the agencies this

16 morning they can have both. They can have a qualitative, you

17 know school establishes, but in addition, you know, as a second

18 part of their standard, if you don't meet X, we're also going to be

19 taking action.

20 And that would be fine. It's the lack of clarity in

21 their standard that I'm raising issues with, not the fact that oh,

22 they're using a benchmark. It's really that their standard is lacking

1 clarity in my view.

2 CHAIR PRESSNELL: All right. Any other
3 questions? All right. Thank you L.G. Appreciate it very much.
4 Any further discussion among the members? All right. Seeing
5 none, is there a motion please?

6 M. POLIAKOFF: Shall I just jump in with
7 something? Okay.

8 CHAIR PRESSNELL: Yeah. It usually comes
9 from the readers, yes please thank you.

10 M. POLIAKOFF: I move that NACIQI recommend
11 that the Senior Department Official accept all the
12 recommendations of the final staff report except to require
13 clarification of student achievement standards.

14 CHAIR PRESSNELL: Okay. So we would need to
15 have help on that language exactly. Are you asking them to come
16 back with a report in 12 months right? So you want to align that
17 with I think we've done this before.

18 M. POLIAKOFF: I'm putting that out as a
19 suggestion having listened to my colleagues.

20 CHAIR PRESSNELL: Okay. So before it's -- well
21 no, let's go ahead and get it in the right position, that way we can
22 discuss. So, we have to find precisely and maybe staff can help us,

1 exactly which criteria is the student outcome?

2 J. BLUM: 16-A1.

3 A. SIERRA: So, there should be clarification as to
4 whether the motion suggests a recommendation that the agency be
5 found out of compliance with a specific criteria, or substantially
6 complaint, or you know, as I said before NACIQI is not really
7 limited to that.

8 If you wanted to recommend that the SDO require a
9 monitoring report because of concerns about continued
10 compliance, I think you could do that as well, but it just seems to
11 be clear what NACIQI is recommending.

12 CHAIR PRESSNELL: Exactly. So Michael did
13 that help you in terms of? Are you seeing them out of compliance,
14 substantially compliant, or what was the last option?

15 A. SIERRA: The SDO can require a monitoring
16 report if he has -- if he thinks that the agency is compliant, but has
17 concerns about continued compliance.

18 CHAIR PRESSNELL: Okay.

19 M. POLIAKOFF: I think that is what I would
20 suggest.

21 CHAIR PRESSNELL: Okay. Debbie, I'm sorry.

22 D. COCHRANE: Yeah. I'm just trying to get

1 clarification. I've been looking over the materials again listening
2 to this conversation, and I feel like Jen, I just heard you say
3 something that you know, if this is their standard they should just
4 stay with that standard.

5 But it seems like there's something in the final
6 analysis that sounds -- looks to me, and again you've been so much
7 deeper into this than I have been, it looks to me to say basically
8 what you were just saying. LCME will consider a finding of
9 unsatisfactory performance if trend data indicate that a program
10 continues to be below the national norm over the period for which
11 the data are available for the specific measure.

12 And then it's satisfactory with a need for
13 monitoring, if there's positive trends, but not -- isn't -- I thought
14 that's what I heard you say that you wanted to see.

15 J. BLUM: I think that's what they do. It's not what
16 they say. So in terms of what the public standard is, I don't see that
17 unless you're quoting right from their standards, I didn't see that in
18 their standards. I think they're responding to L.G.'s question, as
19 L.G. pointed out. He didn't have them meet initially either, and
20 probed, which good for him. That was the right thing to do.

21 And they responded as they did to me, that oh we
22 do this. And that's like okay, except for that the general public

1 doesn't, and the schools don't necessarily know that because that's
2 not in writing. That's all.

3 CHAIR PRESSNELL: Well Jen, I think she's
4 saying -- you're reading it from what?

5 D. COCHRANE: Well I'm reading it from the
6 analysis.

7 CHAIR PRESSNELL: Okay.

8 D. COCHRANE: So it sounds like the issue is that
9 what's in the analysis is not publicly put out in the standards that
10 are pushed to the institution.

11 J. BLUM: Which is why I think I might be okay
12 with saying, and I'm really torn over saying that they're in
13 compliance because they don't have stated standard, so it's like
14 they're rigorously applying something that's not a stated standard,
15 so it's sort of -- and to me in my mind, that's a little unusual.

16 CHAIR PRESSNELL: So, L.G. just real quickly.
17 That was your comment, or did you find it anywhere in writing at
18 all? You're muted.

19 L. CORDER: So sorry. I don't know exactly where
20 the Committee person is reading from in the analysis. I'd have to
21 really, I was trying to hit control F and dig that out as she was
22 speaking. What I found in the analysis, the only reason from our

1 perspective that student achievement came back was because we
2 have a policy in the current department accreditation handbook,
3 that tells the agency it needs to explain how it came up with it.

4 It wasn't anything to do with the way it's written, or
5 the way it's applied. It's totally what was the genesis for this so
6 that you can essentially tell us how you came up with this to
7 demonstrate that it's rigorous. And the agency's response to that
8 was we did a peer review process with what they determined to be
9 likewise accrediting agencies, and we selected metrics that are the
10 gateway to the profession.

11 CHAIR PRESSNELL: Okay, thank you. Yeah, I
12 think that puts us right back to our current status. So, Michael,
13 were you thinking out of compliance, substantially complaint, or
14 monitoring to assure compliance.

15 M. POLIAKOFF: I will certainly amend now to
16 substantial compliance.

17 CHAIR PRESSNELL: With a monitoring report.

18 M. POLIAKOFF: But clarification of the existing
19 standard, their standard 6, which I think wherein this language
20 rests.

21 CHAIR PRESSNELL: Okay. So let me just on this
22 particular issue, you're finding them substantially compliant, but

1 requiring a monitoring report on the student outcome?

2 M. POLIAKOFF: No. I think what we're asking
3 for here is written clarification of the standard that aligns with
4 what we just heard in terms of their actual procedure.

5 CHAIR PRESSNELL: Okay. Let me ask Herman
6 if you would have come to the same conclusion, and obviously you
7 did not, but if you would have come to the same conclusion that I
8 think what they're doing in practice is right, but they don't have it
9 in policy, what would you all have found? How would you have
10 worded the -- because you would want them to come into
11 compliance with that. How would you have worded your action?

12 H. BOUNDS: Yeah. Again, this is where that
13 definition of substantially compliant can vary. I'm speaking if I'm
14 making the same determination that you all are, if they have
15 practices that folks feel that are accomplishing the requirement,
16 meaning that you believe that yeah, they do have these rigorous
17 student achievement standards or whatever.

18 But the written policy is not defined, and you want
19 to see the written policy defined, in my mind now folks from OGC
20 may have a different opinion. There is two -- I mean NACIQI
21 could require a monitoring report, and if the monitoring report is
22 not satisfactory, staff would have to do a 602.33 inquiry, and they

1 would have to come back to NACIQI to show that they had some
2 sort of written policy.

3 Or you could just say look, we don't -- we know
4 that they're applying rigorous student achievement standards, but
5 we want certain things defined in policy. You could also find them
6 noncompliant and then say provide the written policy in 12
7 months. So I probably didn't answer your question all the way, but
8 I gave you two options, which is what our staff would have argued
9 amongst us.

10 I will say that L.G. and I had a lot of discussion
11 about this, and he explained what he saw during the evaluation
12 process, and how they carried out their functions, so you know, I'm
13 not going to let him stand there and say that his decision was kind
14 of like a joint decision. We thought that they were -- that you
15 know, they had a good handle on enforcing their student
16 achievement standards, and based on what he said that the
17 institutions are well aware of what they need to do.

18 But anyway for your decision, I think you could go
19 there's two options for you, that's all I can say.

20 CHAIR PRESSNELL: Right. And I think Michael
21 is trying to get to the point where we need to see the policy in
22 writing and not just in practice. We need to see it in writing, so the

1 question is -- I'm sorry, Zakiya?

2 Z. ELLIS: Just for clarification. I think if you --
3 and this is a question for Herman. If you ask for a monitoring
4 report does that mean that they have to show the policy in writing
5 in a way, so I think that would actually get to what you're doing.

6 I do think there's probably some disagreement that
7 we should just have during the discussion period before we vote,
8 about whether there is actually substantial compliance, or whether
9 it's noncompliance, but I think if we just go ahead and get the
10 motion up we can have that discussion before we vote, and then
11 people can either vote it up or down, and we have a new motion if
12 we need to.

13 CHAIR PRESSNELL: I agree. Yeah. So Michael
14 I want to get clarification. So do you believe they're out of
15 compliance, or substantially compliant, but you still want a
16 monitoring report within 12 months.

17 M. POLIAKOFF: The latter, yes.

18 CHAIR PRESSNELL: Okay. So they're found
19 substantially complaint with the number, okay. Well let's get this
20 motion down and then we'll talk. Is that okay? Okay. Go ahead
21 Mary Ellen.

22 M. PETRISKO: I just want to point out that the

1 more you read this regulation, the more you can see where the
2 holes are in it. There are a couple logical kinks in here. It starts
3 out saying that the agency has got to do something to prove that it
4 is sufficiently rigorous as a reliable authority. How does it do that?

5 You know, then it goes down to the next level. The
6 accreditation standards must set, and this is what I would
7 underline, must set forth clear expectations for the institutions. But
8 how does it do that? The accrediting body sets forth clear
9 expectations with regard to success with respect to student
10 achievement in relation to the institution's mission.

11 Here's the logical kink, "Which may include
12 different standards for different institutions or programs as
13 established by the institution." So you could read this to say okay,
14 I'm an agency, I have to be really rigorous, what I have to do, I
15 have to set forth real clear standard about how you do this.

16 How do I do that? I go down and say okay, every
17 institution can set its own standards. They can be different for
18 each institution, so okay. So you have to have them, and they can
19 be different. The problem is that when that happens you can allow
20 institutions to do that and it's fine, but the set forth clear
21 expectations isn't fulfilled by doing that.

22 You basically just say institutions set your own

1 standards, and that's enough because they can be different. What
2 they have to do as far as the clear expectations of what's in there is
3 missing, and I think that's what Jen.

4 CHAIR PRESSNELL: Mary Ellen the problem
5 is --

6 M. PETRISKO: Well if the norm is, so a
7 compliance report would make sense to me, and what should be
8 asked for specifically was that they would review their standard to
9 ensure that clear expectations as to the sufficiency of the individual
10 standards would be set.

11 CHAIR PRESSNELL: Yeah. It just appears that
12 what they have in writing, and what they're doing are two different
13 things.

14 M. PETRISKO: I know, I know, I know. But I'm
15 saying the clear expectations is exactly what you were pointing to,
16 and that's where I'm trying to be helpful by saying what does the
17 compliance report get to, setting forth the clear expectations.
18 They've got to change their standards so that that expectation --
19 how they meet that expectation.

20 CHAIR PRESSNELL: We don't have motion with
21 --

22 J. BLUM: It leans to saying that they're out of

1 compliance though because it's not clear.

2 CHAIR PRESSNELL: Well we're trying. Yeah,
3 Art and then Debbie.

4 A. KEISER: That's my concern. It is out of
5 compliance. But what really concerned me was when a member of
6 the Commission talked about expectations of being 100 percent
7 graduation. So not only is it not clear, it's not clear to them. And if
8 it's not clear to them, it's going to be very hard for them -- which I
9 never did get the answer how many institutions have they
10 sanctioned? No. Actually they didn't say that. How many
11 institutions have they sanctioned for not meeting, even if it's their
12 own expectation, the institution expectation.

13 So it's very unclear, which would mean they're out
14 of compliance, and I think they need 12 months to come into
15 compliance.

16 CHAIR PRESSNELL: Okay.

17 R. SHIREMAN: I just wanted to speed us along
18 and say whether we go with out of compliance, or substantial
19 compliance, the SDO has all of this information, and can make
20 whatever like the difference between the staff and us will be clear,
21 and the SDO can figure out which is the right one.

22 CHAIR PRESSNELL: Thanks. So let's go with the

1 motion in writing, and that's going to be the baseline which is
2 that --

3 A. SIERRA: Hold on a second. Claude I'm sorry.
4 I just wanted, I tried to craft it, but I want to make sure that it
5 captures what Mr. Poliakoff was trying to move.

6 CHAIR PRESSNELL: Yeah. So let me read it.
7 And so NACIQI recommends to the Senior Department Official to
8 accept the recommendation in the final staff report for LCME,
9 except that the SDO also find LCME in substantial compliance
10 with 602.16-A1, I don't know what that is, and require the agency
11 to submit monitoring report within 12 months of the SDO's
12 decision, demonstrating that the agency has detailed its student
13 achievement standards in writing.

14 I think I read that correctly. And I think that gets --

15 A. SIERRA: I was assuming that that's the
16 regulation you were talking about because that's the one that
17 pertains to standards for measuring success with respect to student
18 achievement.

19 M. POLIAKOFF: Yes. And I like this because it's
20 not putting them into a straight jacket. We heard from the
21 Commission on Collegiate Nursing Education that they had a, you
22 know, rather nuanced way of tracking the national benchmarks.

1 And you know, I would encourage this agency, LCME, to think
2 productively in an agile manner, of how they could incorporate
3 clear standards.

4 CHAIR PRESSNELL: Okay. So the motion, is
5 there a second? And then we can have discussion about it. All
6 right. So it's been seconded by Kathleen. Further discussion about
7 this motion? Art?

8 A. KEISER: I will speak against the motion. They
9 are not in substantial compliance. They're not in compliance. To
10 be in substantial compliance there has to be some degree that we
11 know what exactly they're talking about. To this point I do not
12 know.

13 Is it average? Is it 90 percent? They're not in
14 compliance. It's not clear, so until it's clear they're out of
15 compliance, and that's how I'll vote.

16 CHAIR PRESSNELL: Other comments about the
17 motion?

18 D. EUBANKS: I'm sorry to interject, but I do have
19 a comment.

20 CHAIR PRESSNELL: Sorry about that. David, go
21 ahead.

22 D. EUBANKS: Yeah, so it might be productive to

1 actually have the element in the standards to look at because I'm
2 looking at it right now. It's 8.4 evaluation educational program
3 outcomes. And it has language in it that says the schools have to
4 collect data to show that they're achieving medical education
5 program objectives, and it goes on.

6 It doesn't say what those objectives are, but that
7 kind of specificity would not normally be found in these kinds of
8 standards, and I think it makes perfect sense to me if you're
9 changing year to year, that the programs would have to rely on
10 updates every year to find out what those objectives are.

11 But to me it seems like we're going a little bit
12 overboard here with a fine point.

13 CHAIR PRESSNELL: Okay. Thank you. You
14 know, I mean David, but we're not putting them in a box. We're
15 just saying put in writing what you're doing. It's pretty much what
16 we're trying to get I believe, so.

17 D. EUBANKS: But what I'm saying is it is in
18 writing Claude.

19 J. BLUM: I don't -- this is Jennifer. David, with all
20 due respect, I don't think collecting data. I mean, so I read that, but
21 that's not a standard that sets clear expectations. So it's the clear
22 expectations piece that I really am, as Mary Ellen said, that I'm

1 really struggling with. It doesn't have to be a benchmark. It
2 doesn't have to be the same thing every year.

3 I get that that would be hard to put in writing, but
4 they literally could have a policy that says every year we expect an
5 institution to meet the national average of the pass rates, and that
6 would be a clear -- a statement that is a clear expected standard.
7 And that's what they don't have.

8 They have something else, and so it's that that I
9 think is the problem. And I'm inclined to say that they're not -- I'm
10 inclined to agree with Art that they're not in compliance right now.
11 But again, it's clear that they're actually applying something, which
12 is great, which is the more important piece.

13 That's why -- this is why it's a struggle. They're
14 actually doing a good job, it's just that they're not being clear to the
15 public about what it is that they're doing, and I have a real policy
16 problem with that.

17 CHAIR PRESSNELL: Zakiya?

18 D. EUBANKS: Jennifer, you left out the part the
19 standard which requires that they show the extent to which they are
20 achieving program objectives. It's not just a gathering.

21 J. BLUM: But the program, so yes, that's a
22 different. So in my view if I were them, I would have two sets,

1 two pieces to their student achievement standard. I would have
2 what you just said. I would keep that as is, and then I would add
3 the piece that they're also doing, which is so it's sort of like the
4 other agency we talked to today.

5 Like they would have that piece, which is fine. And
6 that's sort of the more as I was speaking earlier, the more
7 qualitative piece of their work, and that's totally fine. And you
8 know, I'm sure that that's compliant. And then there's the
9 secondary piece, which is actually much more easy to demonstrate
10 that they're doing, and they are doing it, but they don't say that
11 they're doing it, and so they have a missing link in their -- a
12 missing stated link.

13 And so it's as easy as putting in that stated link,
14 which is why I'm not sort of shaking in my boots over the fact that
15 we're taking a vote on the med schools accreditor. I hope that
16 helps.

17 CHAIR PRESSNELL: Are you okay David?

18 D. EUBANKS: Okay. Yes proceed.

19 CHAIR PRESSNELL: So Zakiya? Okay.

20 Z. ELLIS: Just as I look at the language of the
21 student achievement regulation as Mary Ellen did, and I get the
22 point about clear expectations for institutions. Actually not clear,

1 as Art said on what it is that they are doing, so I don't know what
2 they will put in the standard.

3 I think it is appropriate that they make it clear what
4 it is they're doing, but I'm using clear too much. I would clarify
5 that I am not clear on what -- I don't actually think it's clear what is
6 happening such that they can put it in. And that may actually, it's
7 okay that it's not the same for every institution.

8 So I wouldn't say oh, the easy fix is just put in here
9 that you know, if you meet better than the national average, that's
10 what you're doing, and you should just put it in there. One, I'm not
11 really sure that's appropriate, you know, humbly speaking.

12 But two, that it doesn't require that in this language.
13 It can be different for different institutions, so that's fine, and I just
14 want to make sure that we're saying that's fine if it is different for
15 different institutions.

16 But what we just heard today was that there is a
17 standard that you are applying in a standard way across the board
18 to everyone that is not stated. So just for the record I think that's
19 what we're having an issue with. If you do actually have a uniform
20 standard that you're applying equally to all institutions, that's not
21 actually required based on my read, but if that is what you're doing
22 you should make that clear.

1 If it's not what you're doing, whatever else that
2 you're doing you should make clear. But we just wanted to clarify
3 that point.

4 CHAIR PRESSNELL: Which I think gets to the
5 heart of the motion of exactly what's it's for. Any other comments
6 about the motion? Seeing none, let's take the vote.

7 M. FREEMAN: Kathleen Alioto?

8 K. ALIOTO: Yes.

9 M. FREEMAN: Kathleen Alioto votes yes. Roslyn
10 Clark Artis is recused. Jennifer Blum?

11 J. BLUM: No. But of course I support the actual
12 12 month report, I just don't think that they're in compliance right
13 now.

14 M. FREEMAN: Jennifer Blum votes no. Wallace
15 Boston?

16 W. BOSTON: Yes.

17 M. FREEMAN: Wallace Boston votes yes. Debbie
18 Cochrane?

19 D. COCHRANE: Yes.

20 M. FREEMAN: Debbie Cochrane votes yes. Jose
21 Luis Cruz Rivera?

22 J. L. CRUZ RIVERA: Yes.

1 M. FREEMAN: Jose Luis Cruz Rivera votes yes.
2 Keith Curry has recused. David Eubanks?
3 D. EUBANKS: No. I think it's unnecessary.
4 M. FREEMAN: David Eubanks votes no. Molly
5 Hall-Martin?
6 M. HALL-MARTIN: Yes.
7 M. FREEMAN: Molly Hall-Martin votes yes. Art
8 Keiser?
9 A. KEISER: No.
10 M. FREEMAN: Art Keiser votes no. Michael
11 Lindsay?
12 M. LINDSAY: Yes.
13 M. FREEMAN: Michael Lindsay votes yes.
14 Robert Mayes?
15 R. MAYES: Yes.
16 M. FREEMAN: Robert Mayes votes yes. Mary
17 Ellen Petrisko?
18 M. PETRISKO: Yes with a note that I believe that
19 some of us who are voting yes and no are voting yes or no for the
20 same reasons. It's not clear.
21 M. FREEMAN: Mary Ellen Petrisko votes yes.
22 Michael Poliakoff?

1 M. POLIAKOFF: Yes with the added comment
2 that it would be my hope that LCME will clarify that intellectual
3 and religious diversity are important elements of any schools
4 diversity, and should be monitored as such.

5 M. FREEMAN: Thank you. Michael Poliakoff
6 votes yes. Bob Shireman?

7 R. SHIREMAN: Yes, and agree with Mary Ellen.

8 M. FREEMAN: Bob Shireman votes yes. And
9 Zakiya Smith Ellis?

10 Z. ELLIS: No, but I support the 12 month report in
11 general. I just don't think they are in compliance unfortunately. I
12 think they could quickly get there.

13 M. FREEMAN: Thank you. Zakiya Smith Ellis
14 votes no.

15 CHAIR PRESSNELL: All right. Well there were
16 no amendments offered, so we had the motion before us, but
17 anyway 10 yes, and we have 4 no, the motion passes.
18 Congratulations to the agency for completing this rigorous process.

19 **NACIQI recommends to the Senior Department**
20 **Official to accept the recommendation in the final staff report**
21 **for LCME, except that the SDO also find LCME in substantial**
22 **compliance with 602.16-A1, and require the agency to submit**

1 **monitoring report within 12 months of the SDO's decision,**
2 **demonstrating that the agency has detailed its student**
3 **achievement standards in writing.**

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8 CHAIR PRESSNELL: And we are going to take a

9 10 minute break, and then we'll come back with our final agency of

10 the day.

11 (Break 3:11 p.m. - 3:20 p.m.)

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2 Renewal of Recognition: Northwest Commission
3 on Colleges and Universities (NWCCU)

4

CHAIR PRESSNELL: And welcome back to the
5 NACIQI meeting. We have one more agency we would like to
6 review today. It's the Northwest Commission on Colleges and
7 Universities. Primary readers David Eubanks, and Mary Ellen
8 Petrisko. And Mary Ellen, I believe you're going to introduce the
9 agency.

10

M. PETRISKO: Yes I am. Thank you very much
11 Mr. Chairman. Northwest Commission on Colleges and
12 Universities is an institutional, formerly regional, accreditor of
13 over 150 degree granting institutions within the United States,
14 including programs offered via distance education within these
15 institutions.

16

It received initial recognition in 1952, and has
17 received periodic renewal of recognition since that time.
18 Institutions accredited by Northwest benefit from the recognition
19 by the Secretary to participate in Title IV HEA student financial
20 assistance programs.

21

Northwest's last review was in May 2018, and the
22 agency received renewed recognition at that time for a period of

1 five years. The Department has not received any complaints or
2 third party comments during this review period.

3 CHAIR PRESSNELL: All right. Thank you very
4 much. And so now we'll invite Stephanie McKissic up to give us a
5 brief of a report please.

6 S. MCKISSIC: Good afternoon Mr. Chair, and
7 members of the Committee. My name is Stephanie McKissic, and
8 I am providing a summary of the review for the Petition for
9 Renewal of Recognition for the Northwest Commission on
10 Colleges and Universities, or NWCCU.

11 NWCCU received initial accreditation in 1952, and
12 has maintained recognition as an institutional accreditor and Title
13 IV gatekeeper since that time. The staff recommendation to the
14 Senior Department Official is to continue the agency's recognition
15 as a nationally recognized accrediting agency for a period of five
16 years at this time, but require the agency to come into compliance
17 within 12 months with the criteria listed, and submit a compliance
18 report due 30 days thereafter.

19 The agency was found noncompliant, and having
20 specific information in its bylaws defining its mission to serve as a
21 Title IV gatekeeper. Policy revisions are needed to define its
22 selection of arbitrators, clarity on qualifications for staff, reviewing

1 substantive change requests, policy revisions on credit allowances
2 during a teach out agreement, and for an institution to enact a teach
3 out agreement while maintaining pre-accreditation or accreditation
4 status.

5 In addition, a revised policy is needed to clarify on
6 the agency's number of days for notice on an institution's voluntary
7 withdrawal of accreditation, and also to include the review of an
8 institution with an adverse action from another agency.

9 This staff recommendation is based on my review
10 of the agency's petition and its supporting documentation, as well
11 as a virtual file review, site visit and observation of a virtual board
12 meeting held in August 2022. In the event that recognition is
13 continued following a decision on the compliance report, the
14 period of recognition will not exceed five years from the date the
15 renewal of recognition as issued by the Senior Department
16 Official.

17 The Department did not receive any complaints, and
18 there were no third party comments during this recognition period.
19 Representatives from the agency are here to respond to your
20 questions, thank you.

21 CHAIR PRESSNELL: Thank you Stephanie. Any
22 questions for Stephanie? Yeah, Herman has a question.

1 H. BOUNDS: Yeah Stephanie, I just want to make
2 one, just one addition on the staff recommendation. It's a
3 compliance report, so they're just coming back, we wouldn't be
4 recognizing them for five years, it's just it's the compliance report.

5 So it would be again to continue the agency's
6 recognition as a nationally recognized accrediting agency at this
7 time, and require the agency to come into compliance within 12
8 months, with the criteria listed below, and submit a compliance
9 report within 30 days thereafter.

10 So it's a compliance report. We're not
11 recommending a renewal for five years.

12 S. MCKISSIC: Thank you Herman.

13 H. BOUNDS: Okay. I just wanted to make, and
14 that's how it's stated in the final staff report that you all have if you
15 look at the staff recommendation there. I just want to make sure
16 there's clarity there.

17 CHAIR PRESSNELL: Yeah. Because there's
18 really, really not -- and this says on the agenda it says it's a
19 renewal, and so it's strictly compliance report?

20 H. BOUNDS: Well it's a renewal petition, but since
21 we have the noncompliant findings our staff recommendation is
22 that they are noncompliant with those areas, and we're

1 recommending the compliance report to be due in 12 months, not
2 that we -- yeah. The old recommendation language came into play
3 because there was an issue when the new regulations were
4 published, and there was different language.

5 But you all remember that there was different
6 language between what the staff could recommend, and what
7 NACIQI recommended. The language was different. We fixed
8 that now, so the recommendation language is as it shows on the
9 final staff report that everybody has, I just wanted to clear that up
10 for everybody.

11 CHAIR PRESSNELL: Okay. Yeah, thank you.
12 Thank you very much. Any questions for Stephanie? Stephanie
13 you feel comfortable that 12 months they can satisfactorily address
14 these issues?

15 S. MCKISSIC: Yes, I do. Thank you.

16 CHAIR PRESSNELL: Thank you very much. All
17 right. At this time then we will invite the agency to come up and
18 respond to the report. I'm going to call on Dr. Sonny Ramaswamy,
19 and you can introduce your team if you would.

20 S. RAMASWAMY: Chair Pressnell, thank you
21 very much for having us here. Chair Pressnell, and Executive
22 Director Smith, NACIQI members, and Department of Education

1 staff, thank you for having us. For the record my name is Sonny
2 Ramaswamy, I'm the President of the Northwest Commission on
3 Colleges and Universities.

4 And representing the Northwest Commission with
5 me here in the room are President Dr. Marlene Tromp, President of
6 Boise State University. She is the Chair of our Board of
7 Commissioners. And we've also got on Zoom Dr. Thayne
8 McCulloh, President of Gonzaga University, our immediate past
9 Chair.

10 And along with us we've got here right next to me
11 on my left here is my colleague Dr. Selena Grace, who is our
12 Executive Vice President. I do want to thank our Analyst, Dr.
13 Stephanie McKissic, and Director Herman Bounds as well.
14 They've been phenomenally supportive, helping us think this
15 through.

16 Almost coming on two years since we started
17 putting together our written petition and then the feedback that we
18 received, and the recommendation that the analyst has made which
19 we just heard. And so I wanted to share with you a very short
20 information on our purchase and scope, and then I'll do a hand off
21 to our immediate past Chair, and then we'll go through very
22 quickly over the next 10 to 15 minutes or so, give us some

1 introductory comments as well.

2 So in thinking about the scope and purpose of the
3 Northwest Commission itself, we've undergone significant changes
4 since we were in front of you the last time around back in 2018.
5 And where we were compliance driven previously, now our focus
6 is on student success, and literally about student outcomes, and
7 we've been hearing a lot, a significant part of the conversation here
8 today and yesterday as well.

9 Northwest Commission accredits higher education
10 institutions, 163 institutions here in the Pacific Northwest, but we
11 had our scope allows us to accredit institutions throughout the
12 United States. And we apply data and evidence informed
13 standards and processes to support continuous improvements and
14 promote equitable student achievement and success.

15 We have three decisions making bodies. The
16 Commission of course, the Board of the Commissioners, the
17 Executive Committee, and the Appeals Board. I want to turn it
18 over now to immediate past Chair McCulloh, to speak to one of the
19 decision making bodies, the Northwest Board of Commissioners.
20 Chair McCulloh.

21 T. MCCULLOH: Thank you very much President
22 Ramaswamy. Executive Director Smith, Chair Pressnell, members

1 of the Committee, and our Departmental Liaison McKissic, we
2 thank you for the opportunity, and I thank you personally for the
3 chance to appear before you today.

4 I was together with President Ramaswamy at the
5 appearance in 2018, and I am in my 15th year as Gonzaga
6 University's President, and I have served the Northwest
7 Commission as an evaluator since 1996, a Commissioner since
8 2015, and as President Ramaswamy said, I am the immediate past
9 Chair of the Commission as well.

10 Over the past seven years I have seen the Board of
11 Commissioners for the Northwest, most recently with the
12 leadership of President Ramaswamy evolve into a highly
13 functioning entity with two primary emphases. The first involves
14 the review of institutional materials and evaluation team reports to
15 make determinations as to the accreditation status of member
16 institutions.

17 Commissioners take this responsibility very
18 seriously, as do the staff, and spend significant amounts of time
19 reviewing documentation, and engaging with institutional
20 representatives to ensure that the Commission eligibility
21 requirements, standards, and policies are being fulfilled. And
22 where challenges exist around this, developing strategies for

1 assisting institutions in remediating and addressing those
2 deficiencies.

3 The second emphasis is on oversight and
4 governance of the organization itself, which includes the active and
5 ongoing work with five standing committees, and ensures that the
6 core functions of the Commission, ranging from financial
7 responsibility to policy development and revision, to annual
8 evaluation of the President, are carried out on a regular basis with
9 professionalism and integrity.

10 The Commission itself makes decisions regarding
11 the accreditation status of member institutions on the basis of
12 evidence, and renders those decisions in compliance with its own
13 standards and policies, as well as in compliance with the United
14 States Department of Education requirements.

15 In making such decisions, the Commission looks
16 carefully at the current state of the institution's functioning, and
17 places that in the context of assurance of quality, continuous
18 improvement, and mission fulfillment. Issuing sanctions, such as a
19 warning or even show cause, is something the Commission has
20 done, and is not afraid to do if the evidence warrants and supports
21 it.

22 In identifying individuals to stand for election, and

1 serve as Commissioners, the nominations committee considers a
2 number of factors, including geographical and sector
3 representation as well as gender and racial or ethnic diversity.
4 Diversity of membership also informs representation on the
5 Commission's executive committee, which can take certain
6 specific actions on behalf of the full Commission.

7 I'd like to share with you that my work as a
8 Commissioner has been deeply rewarding and fulfilling, and I am
9 very proud of the ways in which the Northwest Commission on
10 Colleges and Universities has supported its member institutions,
11 while ensuring compliance with Commission and Department of
12 Education relations and requirements for accreditation.

13 I believe that the Northwest Commission has made
14 a positive impact on member institutions, and therefore the success
15 of our students, which is the fundamental focus of the
16 Commission's work, as well as the Department of Education. So
17 with that I'd like to pass the microphone back to the President of
18 the Commission, Dr. Ramaswamy.

19 S. RAMASWAMY: Thank you so much Dr.
20 McCulloh for that overview, and I would like to share with the
21 NACIQI Board now the values that we operate under. At the
22 onset, the vision that we articulated for the Northwest Commission

1 is that we want to be the premier accreditor with member
2 institutions to foster access to belonging, and success for every
3 student.

4 So the idea behind that is for us to focus on
5 ensuring institutional quality assurance, self-improvement,
6 accountability, and continuous improvement. We've been
7 responsive to our institutions and to students. We have stakeholder
8 engagements, and we have a constant level of engagement.
9 Almost every day we're engaging with our institutions, and we're
10 receiving input from them.

11 As part of that process we've gone through a
12 streamlining standard of eligibility requirements. We've
13 streamlined the substantive change processes to support our
14 institution's innovations. Streamlined and improved the
15 complaints process, reduced the net cost of accreditation. We are a
16 high touch entity, our liaisons are vice presidents that worked with
17 their institutions very, very closely.

18 I'd like to say that it is a contact sport, and that our
19 approach is to be in constant contact with our institutions, so there
20 should be no surprises at all. We've also invested significantly in
21 improving our technology for reporting and recordkeeping. We
22 created a mentoring program to connect institutions, institutions

1 that are doing really well, we connect them with institutions that
2 are struggling.

3 I started a Big Brother Big Sister program, and
4 along with that we are supporting innovations at our institutions,
5 but also offering robust continuing education programming
6 including webinars, workshops, fellowships, on various topics, and
7 we do this constantly almost every Friday, and we have a
8 workshop or a webinar, or some such event taking place.

9 And the idea again behind these workshops is to
10 ensure that we'll follow the students success and close equity gaps
11 as well. With that as an overview of the vision and the focus that
12 we've got, I want to turn it over to our Board Chair Dr. Tromp.

13 M. TROMP: Thank you so much President
14 Ramaswamy. Mr. Chair, Executive Director, Members of the
15 Committee, per its bylaws the NWCCU Board of Commissioners
16 undertakes some of its work through standing committees. These
17 include the executive, nominations, audit, finance, and bylaws,
18 standards and policies committees.

19 Membership on these standing committees includes
20 academic, administrative, and public members. Materials for
21 standing committees are prepared by staff and acted upon by
22 standing committees. Standing committees operate under Robers

1 Rules of Order and Parliamentary Procedure, and their decisions
2 are reported to and approved by the board for action.

3 The executive committee includes a board elected
4 Chair and Vice Chair, along with an appointed Secretary and
5 Treasurer Chair of the Finance Committee. Audit Committee
6 Chair and two other Commissioners. The appointed positions are
7 approved by the board.

8 The remaining committees have at least three
9 Commissioners, and one to two non-Commissioner members
10 representing our institutions, appointed by the Chair in
11 consultation with the President, and approved by the entire board.
12 These committees help with review, revision and approval of
13 processes and policies, bylaws and standards, development and
14 deployment of NWCCU's annual budget, member dues and fees,
15 and external audits and internal controls.

16 Their work is approved by the entire board.
17 Members to the board are nominated and elected by institutional
18 members after vetting by the nominations committee. Per
19 NWCCU's bylaws and scope of recognition, there are three
20 decision making bodies, the Commissioners, the Executive
21 Committee and the Appeals Board.

22 The Executive Committee has the power to act for

1 the board between meetings on many matters that might come
2 before the Commission. These include substantive change
3 proposals, policies, and hiring an evaluation of the President.

4 I want to add just a final remark that I am having
5 been a part of accreditation throughout my academic career, I have
6 never heard more institutional leadership say how much NWCCU
7 helped them evolve and become better institutions, so I'm very
8 proud to be a part of this organization. Thank you, and I will now
9 turn it over to the Executive Vice President Selena Grace for an
10 overview of our processes.

11 S. GRACE: Thank you. Thank you Chair, Vice
12 Chair, and members of the Committee. As you heard from
13 President Ramaswamy, we are focused on continuous
14 improvement, not only for our member institutions, but that of
15 ourselves.

16 And we believe this is reflected in our seven year
17 accreditation process. We ask our institutions to provide us with
18 annual reports that includes compliance and continuous
19 improvement data, and is reflected in the dashboards that we have
20 available publicly.

21 And part of our seven year cycle we also require
22 self-study reports. We have a three year visit. It is really our

1 formative visit. It looks at an institution's progress with where
2 they're at and where they need to go to be successful in that year
3 seven visit, and it's an opportunity for the institution to engage in a
4 formative conversation with the peer evaluation team to ensure a
5 successful year seven visit.

6 Our year six visit is a standing committee that looks
7 at policies, regulations, and financial review. It also has a
8 reflective component that the institution is focused primarily on
9 standard two. We often refer to that as our compliance and
10 regulatory elements of our accreditation process.

11 And then we have our year seven comprehensive
12 visit that includes an institutional evaluation looking at the
13 institution throughout that seven year cycle. We also have ad hoc
14 requirements that may come up when an institution needs
15 additional follow-up for outstanding recommendations that could
16 happen outside of that seven year standard cycle.

17 We might request special reports as well that could
18 be something that are more time sensitive, and there may be other
19 reports that come up for an institution that fall under the
20 Commission's substantive change policy.

21 We attempt to model continuous improvement in
22 our own process and actions, and we are working to do this

1 through a number of ways in educational programming, which
2 you've heard from our President. We offer several fellowships.
3 We offer a mission fulfillment and sustainability fellowship, a new
4 data equity fellowship.

5 As part of our annual conference we provide
6 comprehensive programming, and as President Ramaswamy
7 mentioned, we have ongoing educational opportunities that include
8 webinars and workshops for both of our peer evaluation teams, our
9 ALO's and our institutional leaders focused on emerging issues and
10 elements related to our standards and supporting them in that work.

11 And then we provide specialized training for our
12 evaluators for institutions that have a special or unique mission as
13 well to ensure that peer valuation teams are representative of the
14 institutions in which they are evaluating. We are also working to
15 be more evidenced based decision making in our own decisions,
16 and participation with our institutions.

17 And so we are continuing to build more decisions of
18 work tools. We've created a dashboard that includes financial
19 elements, enrollment elements, and this is available on our website,
20 and we provide it to peer evaluation teams as part of that
21 comprehensive review process.

22 As we've been implementing these dashboards, we

1 have continuously revised and monitored them -- modified them
2 based on input both from teams and from the Commission to
3 ensure that they have the data that they need.

4 We continue to see significant improvements and
5 performance from our institutions. The College of Southern
6 Nevada and University of Puget Sound are just a few examples of
7 those. I would like to turn it back over to President Ramaswamy to
8 provide some closing comments.

9 S. RAMASWAMY: Thank you so much Dr.
10 Grace. And as I wrap up here, I wanted to sort of provide a look
11 into the future itself. We're really having many, many
12 conversations with our community of institutions, and with our
13 colleagues across America as well.

14 And on how accreditation can support innovations.
15 And these innovations in the educational arena, higher educational
16 arena, include everything from as we know competency based
17 education, direct assessment, alternative credentialing, and now
18 there's interest, as you know, in three year degrees as well.

19 So, we're looking at all of these areas, and figuring
20 out how best to support public institutions to be innovative in the
21 kinds of things that they do. Another area that we're focusing on is
22 this effort related to academic freedom itself, and how to evaluate

1 academic freedom as it relates to equitable educational
2 opportunities and outcomes.

3 And last, but not least, as everybody is talking about
4 ChatGPT and other AI applications and the insinuation of artificial
5 intelligence into the educational process itself. Now, you know, as
6 we go forward how does that become part of what we do as
7 accreditors as well, and that's something that we're having many
8 conversations.

9 In fact at the annual conference coming up in
10 November, we're going to be offering a workshop on some of these
11 topics as well. So as I wrap up then, I do want to convey my
12 thanks again to Dr. McKissic, and to you the NACIQI Board itself
13 for giving us the opportunity to appear before you, and we look
14 forward to responding to any questions that you have got.

15 And in fact, we look forward to working with you
16 in the years to come, thank you so much.

17 CHAIR PRESSNELL: Thank you very much for
18 your comments, and so I'll open it up for questions and turn to
19 Mary Ellen or David. Who wants to start off the questioning?

20 M. PETRISKO: I think David is going to start, and
21 then I'll follow him.

22 CHAIR PRESSNELL: David?

1 D. EUBANKS: Thank you. Thank you for those
2 remarks, Dr. Ramaswamy and colleagues, your enthusiasm is
3 infectious. One of the struggles I have in reading the materials
4 consistently that we receive through this process is when trying to
5 understand what's really going on in the student achievement.

6 It's often difficult to find a kind of concise summary
7 at the level of an agency. And you mentioned benchmarks, and
8 maybe I missed something, but the benchmarks I have seen on the
9 website are at the institutional level. Is there also a benchmarking
10 process at the agency level?

11 S. RAMASWAMY: I'll start off with responding to
12 your question Dr. Eubanks, and I'll turn it over to my colleague
13 here, Dr. Grace. So the dashboards that we have been developing
14 near the last couple years or so has taken a retrospective view over
15 the last seven years, and prospectively how do we go forward?
16 That's one part of it.

17 Utilizing data to help support our institutions in
18 their focus on student success. And then we use the same data in
19 our own analyses as well in working with our evaluators and our
20 Commissioners and are ALO's to figure out how best to
21 incorporate that into feedback that we're going to be giving to our
22 institutions in regards to, you know, really particularly when it

1 comes to student outcomes.

2 And that's the approach that we use. I will turn it
3 over to Selena if she wants to pick it up there, and then add a little
4 bit more context.

5 S. GRACE: So I would just add that the
6 benchmarks for student achievement are determined at the
7 institution level, and really driven by the institutions you made
8 efficient. And so, really it's requiring that the institution establish a
9 peer group, and those benchmarks, and use that in their decision
10 making.

11 And so what we're looking at is that performance
12 over time, and improvement over time, and that they're using that
13 to drive their own decision making.

14 D. EUBANKS: Great, thank you. And bearing in
15 mind Claude's earlier comment I'm hoping for kind of a
16 conversation, and if I miss something, or misunderstand something
17 please correct me because I know others will have questions too. I
18 guess what I was getting at with the original question is there's no
19 like dashboard for the agency, which has led to the creation of
20 something like that at the Department, one you can download.

21 Is there, for example, a quantification of how much
22 improvement has happened in student achievement metrics over

1 the years? Is that something that you track and could conceivably
2 provide?

3 S. RAMASWAMY: Well, you know, these are
4 early days for us in that respect, as a matter of fact. And in fact, on
5 our website we have the NACIQI database as well that we provide.
6 And we're starting to look at those, you know, critical data and
7 trend lines of you know, institutions that are you know, doing
8 better this year as compared with last year.

9 And so, you know, we've taken some steps in that
10 regard, and on our website under accreditation, the first pull down
11 menu that is the third element in the data dashboards, and if you
12 have not had a chance to at least take a look at it, you know, we'd
13 love to work with you to get some input.

14 We're also working, by the way, with the
15 Department of Education, and our sister accreditors coming up
16 with ways to be able to utilize data to look at whether institutions
17 are indeed making progress pertaining to student success itself.
18 And then we work with our institutions very closely, providing
19 them input and feedback and things like that, utilizing these data
20 and then and seeing how they're progressing.

21 So perfectly we're going to be able to do that a
22 lot better. Right now these are early days.

1 D. EUBANKS: Okay. Thank you. I have kind of a
2 technical question, and then I'd like to get back to that discussion.
3 In the GAO report there's a topic that came up on the
4 subcommittee we interviewed some of the agencies, and got the
5 impression that accreditors might benefit from some of kind of
6 indemnity against legal action for withdrawing accreditation for
7 low student achievement.

8 That is turning that around, there's a barrier, an
9 economic and time sync barrier to going that far with the student
10 achievement standard. I don't know if you want to react to that.
11 I'll just toss that out there.

12 S. RAMASWAMY: Well you know, that's a very
13 interesting concept, but I guess you know, it can factor if there's
14 adverse actions taken against institutions, and they want to sue the
15 accreditors, then indemnification is going to be an important
16 consideration as well.

17 We all, the accreditors we all carry liability
18 insurance for example, for you know, your best assessment that
19 you may be sued, but if the government, the U.S. Department of
20 Education were to offer us indemnity, that may be something I'd
21 love to you know, learn more about, and engage in conversations
22 collectively.

1 D. EUBANKS: Yeah. I think that you know, the
2 general idea for me is that the accreditor is being asked to behave
3 as if they're part of the regulatory apparatus, but they're not
4 shielded in the same way the Department of Education is, and I
5 wonder if that impedes effectiveness along some lines.

6 Well let me turn back to the question of student
7 achievement, and how it actually works. We've seen examples in
8 this community of NACIQI of accreditors that have bright lines, or
9 something like that and they discuss the pros and cons. My
10 understanding is that Northwestern Commission does not have like
11 a set graduation rate, or something like that. Correct me if I'm
12 wrong on that.

13 So my question is without that kind of clarity how
14 do peer reviewers, and youth Commission reach agreement that
15 student achievement levels are too low?

16 S. RAMASWAMY: I'm going to go ahead and ask
17 Selena to respond to that question.

18 S. GRACE: Thank you. So really what we're
19 looking at is that the institutions had established those standards
20 individually, and they've got a peer group. The peer evaluation
21 teams take a look at what the institutions are representing, and
22 they're evaluating them over time. So to determine if there is

1 improvement in their performance, a decline in their performance,
2 and so it is an element.

3 As President Ramaswamy said, we just
4 implemented in 2020 those new standards. They are 1-D standards
5 on student achievement. They require the disaggregation of data
6 by certain elements at a minimum that we require, and institutions
7 can extend beyond that into the scope of their mission.

8 And so, they're establishing them, and the peer
9 evaluation team is making sure that they've established those
10 benchmarks, and that they're monitoring them over time, so it is
11 part of the review process.

12 D. EUBANKS: All right. I think Jennifer eluded to
13 this early on that a skeptic might say well the institution that's
14 depicted appears and then they get to set their own benchmarks.
15 How are we ever going to convince them that their achievement
16 level is too low?

17 S. RAMASWAMY: So, Selena can speak to this in
18 more detail as well, and we've talked about this. You know, how
19 do we prevent institutions from gaming the system in place?
20 Right? And so, when they identify their peers, we're not accepting
21 it verbatim. We work with them to make sure that the peers indeed
22 are relevant and appropriate.

1 So we have both the regional peers as well as
2 national peers, and so we give them feedback, and we also you
3 know, have been holding workshops by the way on how to select
4 peers as well. So, you know, that's one approach that we use to be
5 able to go ahead and make sure that the institutions aren't
6 scamming the system.

7 And then the second thing that we do is to really
8 look at, you know, are the peer comparators, how are these
9 institutions that define those peer comparators, how does it
10 compare against those institutions? And also, we look at the
11 IPEDS averages, and we you know, take all those data together .

12 One of our colleagues, Saul, has been you know,
13 developing the techniques to be able to allow us to look at those
14 kinds of data to be able to tell well, you know, what the progress is
15 for the institutions they lead. Selena?

16 S. GRACE: We are deliberately working to bring
17 similar institution types together to collaborative work and see
18 where they have established peer groups, and/or performance
19 benchmarks. It allows them to see where an institution has
20 determined, say student achievement, based on what another
21 institution is doing that is really innovative, and they'll collectively
22 come back together and share why they selected that institution.

1 And so it forces really the institutions to push
2 themselves, and advance themselves, to a higher level. I would say
3 that we are looking at that as part of the annual report review
4 process, the staff liaisons, assessing that the institutions are
5 monitoring this, and are moving in a forward progression, but I'd
6 say it's still a work in progress.

7 D. EUBANKS: Okay. Thank you. And again if
8 you can keep your responses as brief as possible. I understand you
9 have a lot to say about all of this. So in selecting peers, or in
10 analyzing student success is the cost of attendance part of the
11 equation? I kind of think of like cost and benefit, which actually
12 turns into ratios.

13 We've seen some of these benchmark studies. So is
14 cost a factor?

15 S. RAMASWAMY: Could you explain that a little
16 bit more Dr. Eubanks?

17 D. EUBANKS: If we think of student achievement
18 as cost benefits, so if a program doesn't cost anything we might
19 accept a higher loss rate of students dropping out because they
20 haven't invested much. But if they spend a lot of money, and
21 they're dropping out at higher rates, then it seems to be a different
22 calculation. Is that part of the equation?

1 S. RAMASWAMY: Well, you know, that is not
2 part of the equation at this time yet for us, but that's something that
3 we've had conversations about as well, that it is the cost of
4 attendance, default rates, you know, all of these things need to be
5 incorporated into how we can project out whether an institution is,
6 you know, heading in the right direction in terms of its student
7 achievements.

8 D. EUBANKS: Thank you. I mentioned Anne
9 Neal at the beginning. About 10 years ago sort of trying to find
10 meaning in the pounds of paperwork. We've dealt with that
11 question I think a little bit, but the point of her question was that
12 Northwest Commission had a number of institutions with pretty
13 low graduation rates.

14 Would you -- I don't want to put words in your
15 mouth, I want to float this idea. Would you say that these
16 institutions are in fact reliable authorities of educational quality,
17 but that the populations they serve inherently have low success
18 rates? Will you help me think through that?

19 S. RAMASWAMY: Yes. I'm going to ask Selena
20 to go ahead and share her observations with you because she works
21 with institutions, our tribal institutions and institutions that are, you
22 know, rurally based institutions as well. Selena?

1 S. GRACE: I would say if you're looking at the
2 traditional graduation metric of first time full time students, it's not
3 capturing the majority of the population of students that these
4 institutions are serving, and so we had a number of rural
5 institutions, and as President Ramaswamy said, we have nine tribal
6 colleges, and what they see as a graduation rate that extends over a
7 10 year period.

8 But they do have success in working with those
9 students. It's just that simply life gets in the way of their ability to
10 complete it a timely fashion, but they are completing and
11 graduating their students, so they're looking at a graduation rate
12 over a longer period of time.

13 D. EUBANKS: Thank you. And I would
14 encourage you, you know, as you work this out to come up with
15 the metrics that make the most sense, and then communicate those,
16 for example, during those reviews, or to the public because what
17 we look at, if I'm just looking at IPED's data, of course, I'm
18 looking at cohort rates.

19 That's not the way that you see the world, then I
20 think that's an opportunity to clarify that, and you know. So one
21 component of student achievement mentioned in the narrative is 1-
22 D1, which in part approvement standard, and part says recruit and

1 admit students with the potential to benefit from its educational
2 programs.

3 So first of all I congratulate you on having that in
4 there because not all accreditors link recruitment to student
5 achievement. So my question is how much meat does this standard
6 have? Does it essentially just boil down to a transparency
7 requirement which puts the onus on the student to be a good
8 consumer, or does the institution have an obligation to really try to
9 only admit students that are likely to, you know, graduate or
10 however your success is defined?

11 S. RAMASWAMY: Selena do you want to take it
12 on?

13 S. GRACE: Sure. So I think it's two-fold. It's part
14 of the admissions process for the institution, and that information
15 is publicly available. So a student knows the expectations upon
16 applying, but I think it goes further in that the institution is
17 required to support the student once they have admitted them, and
18 so it is looking at the preparation of the student to ensure that it
19 coincides with that institutional mission.

20 Likely you would see in community colleges and
21 open access institutions a great diversity of students being admitted
22 and their ability to benefit, right? Because the scope of ability to

1 support students looks very different than a more elite institution
2 would.

3 D. EUBANKS: And one of the self-studies I read
4 there was a -- I mean you mentioned supporting students, and there
5 was a qualification of student risk for enrolled students. These
6 kind of sophisticated dashboards have taken inputs and try to
7 predict what the likelihood of graduation or retention is for
8 students, so that interventions could be targeted for example.

9 But I didn't see any evidence of that method being
10 used at the recruitment stage in order to decide which students
11 should be admitted to begin with, and I was looking for it because I
12 thought that language to recruit and admit students with potential
13 benefit would turn into something that looks like data analysis
14 given your emphasis on data analysis.

15 But is it just that you're not to that mature stage yet
16 with that standard?

17 S. RAMASWAMY: I think you're right in
18 characterizing this not being to yet to be able to utilize it. So, 1-D1
19 shows up in some of the recommendations that the Commissioners
20 are you know, loading on in their letters of action. And off the top
21 of my head I don't remember what percent of the for the last two or
22 three years of institutional appearance we've had 1-D1 showing up,

1 we could certainly find that out, you know, and let you know as
2 well, that's one part of it.

3 But really we're deeply interested in this idea of
4 what was referred to the predictive analytics piece, you know.
5 How can we predict that a student that's going to come in,
6 particularly for an institution that has open admission. How do
7 you take that student and predict that they're going to be able to,
8 you know, complete their aspirational goals?

9 We want to get to that point, and we're hoping to
10 get better at it, and I hope that by the time we come back for the
11 next round of our recognition period, that we'll have a much better
12 story to tell at that time, sharing it with you.

13 And like you said, you know, our intent is to make
14 progress on this in the next year or two, and then share that widely,
15 because I think all of us can benefit from those kinds of analytics
16 as well.

17 D. EUBANKS: Thank you. And I think, you
18 know, part of the importance of that recruit for benefit idea is that
19 as institutions increasingly come under financial stress, they've had
20 this dilemma do I maintain the standards on the admissions end,
21 and suffer budget cuts, or do I enroll more students knowing that
22 few are going to succeed. Is that on your radar?

1 S. RAMASWAMY: Yes. These are the things that
2 I mean again, you know, it's a short answer to a question, a
3 complex question. These are the conversations that we're having
4 internally with our staff, and with the Commissioners as well. And
5 the workshops that we're doing are institutional representatives,
6 particularly faculty are asking for these kinds of data and
7 information as well. Would you like to say something?

8 M. TROMP: If I may. I think the questions you're
9 asking are so excellent, and one of the things that we see with a lot
10 of our institutions is that once they collect the data as a part of the
11 process, they begin to understand ways that they can move the
12 needle.

13 So the student that might have been less likely to
14 succeed, they start making interventions that help those students
15 succeed, and if you take an institution like mine for example, I
16 have significant first year rural students who have a lower rate of
17 success. Now that we're collecting that data, we're understanding
18 the interventions we can make to actually begin to move the
19 needle.

20 And I think that's part of what's helpful about this
21 data for the process that our institutions are going through.

22 D. EUBANKS: Thank you. And yeah, I think that

1 aligns with my thesis that is if we do good work in this domain, it's
2 going to better reveal these dilemmas. They don't always have a
3 solution that works for everybody, we just have to figure out how
4 best to live with that.

5 But that's better than not knowing that they exist to
6 begin with. Briefly, a couple years ago NACIQI Subcommittee on
7 Student Learning Outcomes, Student Achievement staff met, and
8 they issued a report. I don't know if you've read that, or have a
9 reaction. I just wanted to ask if it had any impact?

10 S. RAMASWAMY: Yes. The short answer is yes.
11 We read it. I shared it widely with our colleagues as well, and as a
12 matter of fact that was in part the impetus, and also the
13 conversations we had with Tim Rennick and others around
14 America, was the impetus for us, as I've said, we've taken, you
15 know these are early days for us.

16 We've taken some baby steps, and we're headed in
17 the right direction, and that was quite an impetus for us to make the
18 kind of decisions to say yes, we need to be investing our
19 intellectual resources and monitoring resources and being able to
20 do something like this.

21 D. EUBANKS: Thank you, I just have two more
22 items related to that. One of the self-studies, I know this really

1 detailed, fun to read, I wish I had more time to read them all. But
2 they listed for their student learning outcome, I guess it's 1-C5 is
3 that, that standard.

4 So they listed all of the ways they were gathering
5 data. There were 14 different ways in this table. All over the
6 place, but course grades weren't in the list anywhere, and I know
7 from working in this for a long time that there has been historically
8 among the accreditors a kind of allergy to course grades.

9 Do you think that was just an admission, or is there
10 active discouragement to use course grades?

11 S. RAMASWAMY: Selena do you want to take
12 that?

13 S. GRACE: Sure. So we spend a considerable
14 amount of time training institutions around assessment, and
15 looking at both direct and indirect measures, and grades would be
16 an indirect measure. And so we encourage them to look at more
17 direct ways of assessing student learning.

18 D. EUBANKS: Okay. Thank you. That's what I
19 normally hear. I would encourage you to reconsider that idea of
20 direct and indirect, and here's -- I'll put a fine point on it, and then
21 I'm done. I don't know if you read the research by Jeffrey Denning
22 and colleagues. It was all over the higher ed interviews. And for

1 what they found I think is pretty credible research links increased
2 graduation rates, and yours have gone up -- congratulations.

3 But links that to essentially less rigor measured by
4 grade inflation, and then further links that to decline in average
5 learning by standardized tests correlate. So all of that work, you
6 know, puts course grades right at the center of everything I think
7 you care about.

8 Student achievement, graduations involved, and
9 learning is involved, so I don't know if there's a way for you, you
10 know, going forward to reconsider that just as a data problem.
11 You made a lot of comments about applying data and using
12 evidence, and so forth. I think if you treat it as a data problem
13 Anyway, I'm going to stop there, and I thank you very much for
14 those candid responses.

15 S. RAMASWAMY: Dr. Eubanks, thank you so
16 much for that reference as well. We will, you know, I'm not with
17 that you know, reference yet, but we'll be certain to do it, and we'll
18 look at the works that we're using in terms of these direct and
19 indirect measures as well in terms of student learning outcomes
20 and assessments and things like that.

21 D. EUBANKS: Let me just, since you mentioned
22 that, thank you. Is the learning outcome data that you gather

1 across the agency good enough to track longitudinal change?

2 S. RAMASWAMY: We are hoping to be able to do
3 that, and again you know, as I've said several times already, these
4 are early days for us, and I know that my colleague, -- she's our --,
5 and she's listening in on this conversation, and after this is done
6 we'll reconvene and talk about this, and how we can take some of
7 the feedback that we'll receive from you already, and incorporate
8 that into as we make progress as we go forward. Thank you.

9 D. EUBANKS: Thank you again. Mary Ellen, I'm
10 sure you have questions.

11 M. PETRISKO: I do, thank you. And thank you
12 for your introductions which were brief, but content full, we love
13 that. I'm very happy to be with you today, and look forward to
14 your answering these questions. So I always look back at the
15 history, the historical information that's given to us when we're
16 reviewing these agencies, and they are often very interesting as
17 sort of prologued what's going on now.

18 And Dr. Ramaswamy, you were brand new at the
19 time. You were at the meeting in 2018. My computer decides to
20 keep getting dark on me. And one of the things that was discussed
21 at that point, and you were pretty enthusiastic, at least as far as I
22 could tell in print, was the need for greater transparency, and

1 greater reliance on data.

2 And you mentioned especially your work in
3 government, and a really heavy reliance on data. I believe that the
4 public dashboards which you have put up now, were your
5 initiative. I don't think those were there before. And you
6 mentioned them briefly, and I would just like to hear a little bit
7 more specifically how you are using those as an agency, and how
8 your institutions are using those.

9 I think you said you talk about them, but what
10 difference are they making? What difference have they made?

11 S. RAMASWAMY: So, thank you so much for that
12 question, Dr. Petrisko, and yes I remember that I was asked this
13 question back in 2018, and we set our minds to becoming more
14 transparent, and you know, really relying on getting disaggregated
15 data, and utilizing those data to be able to come up with you know,
16 predictive changes as well.

17 And also decision support tools. And the bottom
18 line for us is really those two. One is as a decision support tool for
19 our institutions to use, as well as our evaluators to use, which then
20 ultimately of course translates to our Commissioners as well, and
21 our staff of course, are constantly in touch as I've said. For us
22 accreditation is a contact sport.

1 And so, our intent is to utilize data at these multiple
2 levels in terms of giving us information on making decisions. So
3 one of the dashboards that we've got it looks at financial numbers,
4 audited financial statements, and we take those numbers, and what
5 we did was starting a year ago, two years ago, we asked for seven
6 years of data retrospective.

7 And then prospectively that seven year data is
8 carried forward, and we look at, you know, those data. Are the
9 trend lines heading north, or are they heading south? If they're
10 heading north what's the reason for it? If they're heading south
11 what's the reason for it?

12 So our staff liaisons like Selena and Ron and the
13 others of our staff liaisons, and Aaron and Vita Viguerra. They
14 count them, so in the annual report institutions submit this
15 information by August 1, with the deadline for this years data to be
16 submitted. In the next few weeks we'll take those data, analyze it,
17 start looking at it, and then create these you know, the seven year
18 lines, trend lines and things like that.

19 And our staff will start asking questions of the
20 institutions. What does this mean? Tell me more, et cetera. And
21 if there's anything that's like a red flag, that's going to be
22 spotlighted, and that's going to be brought to the attention for

1 example of the evaluators that are blowing up some of those
2 institutions in just a few more weeks, right now the fall season
3 starts.

4 So that's one part of that is the decision support tool.
5 As I said, ultimately Commissioners are also utilizing it, and will
6 offer training and webinars and things like that. And at the
7 institutional level as well as for our evaluators and our
8 Commissioners as well.

9 The other part of that really I'm deeply interested in
10 what Dr. Eubanks referred to as well, is that predictability of
11 utilizing data to see where institutions are going as well. So that's
12 how we're utilizing this information.

13 M. PETRISKO: Very helpful, thank you very
14 much. I have a couple of questions about staff. Of course your
15 petition comes in a while before you're actually meeting with us,
16 and you had a couple of pretty significant staff changes. Executive
17 Vice President has been there for a long time.

18 When you read her resume, or what her
19 responsibilities were, she oversaw a very great percentage of your
20 overall business there as an agency, so I'm just wondering with the
21 loss of those staff members, what were the shifts that had to
22 happen within the staff? How has that transition gone? Have you

1 brought other people in? What's the story now?

2 S. RAMASWAMY: Yeah, wow, thank you so
3 much for that question. As a matter of fact when I first came
4 onboard we had I believe eight staff members, and now we're at 15
5 staff members, and we have added significant capability for
6 liaising the executive in quote right.

7 Selena Grace, Ron Marks and Ed Harry and Vita
8 Viguerra. We have four individuals. Those are the individuals
9 that serve at staff liaisons to the institutions. They're the ones that
10 are "in your face" to our institutions. And supporting them is the
11 rest.

12 So as I say to my colleagues, my role, and the role
13 of my colleagues, other colleagues, is to support these four
14 individuals. This is where the rubber meets the road, these are the
15 issues. So what we try to do is for example, if there's substantive
16 change, or if there is the analytics that need to be done, or the you
17 know, institutional supports that we created were you know, data
18 are going to be inserted by our institutions and such.

19 All of these are processed in all that both other
20 individuals, and made available in part to our staff and the liaisons
21 as well. So there is that division of responsibilities and things like
22 that. But really at the end of the day the approach that we're using

1 is to make sure that our staff, executive staff liaisons that work in
2 our institutions get all the support and information that they need.

3 And I think we're in a pretty good spot right now in
4 terms of our staff liaisons.

5 M. PETRISKO: That sounds like a pretty
6 significant kind of restructuring of how you do your business if I'm
7 understanding that correctly. That's been in place now for a couple
8 years since?

9 S. RAMASWAMY: Since the pandemic.

10 M. PETRISKO: Since the pandemic. Okay thank
11 you.

12 S. RAMASWAMY: Right.

13 M. PETRISKO: I want to go on. I love the way
14 you are leading right into my next questions. It's like you're
15 reading my mind. I want to talk about substantive change in staff.
16 You know, the new regulations specify areas that may be
17 considered to be minor substantive changes, and the others are
18 major and need to be considered by the Commission.

19 So in looking at the substantive changes that staff
20 are permitted to decide upon, initiating distance education by an
21 institution is minor, and approval of CBE programs, competency
22 based programs is a minor change, but direct assessment is a major

1 change.

2 So could you please tell us a little bit more about
3 how you see minor versus major? And I would like to know how
4 exactly the staff evaluate those minor changes? Is it once, it would
5 be the staff liaison only for that institution, the one person that
6 would look at it and say this institution is fine to start this
7 competency based program?

8 S. RAMASWAMY: Thank you so much.

9 M. PETRISKO: It's a lot of responsibility.

10 S. RAMASWAMY: No, it sure is. Thank you for
11 that question. As a matter of fact as you know that's one of the
12 criteria that Dr. McKissic spotlighted as well. We need to respond
13 to over the next 12 months, which we started working on it
14 already, as to how these decisions are made, the minor versus
15 major, and things like that.

16 I'm going to turn it over to Selena because Selena
17 works very closely with our other staff in making sure that it's
18 multiple individuals that are investing their intellectual capacity to
19 be able to evaluate these proposals that come to us. Selena?

20 S. GRACE: Thank you. So we structured the
21 policy and the sub change manual really in alignment with the
22 regs. So the areas in which the regs allowed for senior staff who

1 are authorized by the Commission to review, those fell under the
2 minor change category.

3 Anything that required approval directly from the
4 Commission, that became our major change category. For the
5 minor category, the senior staff, who are the liaisons to each of the
6 institutions, they collectively reviewed those. So the liaison to the
7 institution takes the lead.

8 The liaisons meet weekly. They meet every week,
9 and so we are talking about the substantive changes that are
10 coming in, and then we bring those back to President Ramaswamy
11 for his review and discussion as well. And so it has multiple layers
12 and multiple eyes on those sub change elements that the staff are
13 reviewing.

14 And then for the remainder changes, it's a three
15 person panel that conducts that review, and then they make a
16 recommendation to the executive committee, who would then
17 determine whether or not to accept that recommendation for
18 approval, or to take it to the full Commission.

19 M. PETRISKO: So can you say a little bit more
20 about how you understand competency based versus direct
21 assessment? Because I think there's a lot of similarity, and quite
22 honestly sometimes I've heard the explanations, and it's a

1 distinction without a difference to me, so how is one minor and
2 one major in your view?

3 S. GRACE: It's really because the regs called out
4 direct assessment, and the regulation on competency based is not a
5 requirement for review. And so there are elements of how they are
6 tying it to poor credit, to credit hours for the semester. Then we
7 look at within the policy.

8 And right now we have one institution that's
9 entirely competency based, that's Western Governors University.
10 We don't have any institutions that utilize direct assessment.

11 M. PETRISKO: Okay, so that's interesting. Thank
12 you. President Ramaswamy, I have really enjoyed your letters
13 from the President, I have to say. They are fun to read, and they're
14 informative, and you keep coming up with really great topics, so
15 kudos to you on that.

16 One of your letters, and you mentioned this already.
17 You talked about access, belonging and success. And the larger
18 context of that letter really was diversity equity inclusion, and I
19 don't know whether because there are some -- let's just say there's
20 been some pushback in some areas about DEI, whether you
21 attempt to use this other language, which is not as let's just say
22 loaded as perhaps the DEI language, whether perhaps that was

1 your intention.

2 But also stressing really what access and belonging,
3 how important those things are and then success. Have you seen
4 any pushback in the states where you are operating to these efforts
5 because we have seen it in some.

6 S. RAMASWAMY: Yeah. And again thank you so
7 much for that question, this is really good conversation that we're
8 having now, as well as we're having in America. And the
9 pushback, you know, in some of those states, and in some of our
10 southern states has been pretty intense.

11 And you know, they place restrictions as well.
12 There's restrictions on the institutions in those states as well. In
13 our region, luckily, we do not have such pushback, at least not yet.
14 Maybe, you know, we're sitting on the campus of Biloxi City
15 University at the invitation of our Chair, Dr. Tromp here was
16 President of Boise State University.

17 And then there's some conversation there, some
18 pushback here in regards to diversity, equity and inclusion in the
19 state. But the rest of our states are you know, very, very,
20 welcoming. In fact, every one of our institutions has welcomed us
21 with great enthusiasm, and they're very supportive. As I said, we
22 continue to offer a whole list of workshops and webinars and

1 things like that as well.

2 One of the things that's happened in America as the
3 observation that you made, is that some of these words have been
4 co-opted, hijacked, and webinars. And my approach has always
5 been I focus on the outcomes. So what are the outcomes that we
6 want? The outcome that we want is success of every student that
7 comes to our institutions. That's a responsibility, and educators.

8 And that's the intent. We may call it different
9 things, but we want to that idea of the success. And to get to the
10 idea of that success we've got to create the opportunities for
11 students to have, you know, access to coming in all students, you
12 know, creating the environment in which they feel like they
13 belong, give them support and things like that.

14 It's the same issue of our newsletter. Carl
15 Hernandez from Brigham University wrote about his own life as a
16 child of immigrant laborers, undocumented laborers in California,
17 and how he was offered the access, and how he felt the belonging
18 of that institution, and how he succeeded. He speaks of that in that
19 same issue as well. I don't know if you've had a chance to read the
20 article.

21 That speaks to me really to my heart and to my head
22 as well. It is about that success that we use. And so when I engage

1 in conversations, I'd like to try to have people think from the
2 perspective of the outcomes that we're all desirous of. In fact,
3 every person that I've spoken with, it doesn't matter what their
4 political stripe is, they agree with me, that the success of our
5 students is critically important. And so that's the importance.

6 M. PETRISKO: That's what you're there for. So
7 you were talking with David Eubanks about the benchmarking
8 that's done and the groups that you're doing the peers working, and
9 you mentioned travel institutions. I'd like to hear a little bit more
10 about that. You said that the groups, the peer groups that you are
11 pulling together, or you're asking them to pull together are
12 national.

13 You have 9 tribal institutions, so that would be kind
14 of a small group, and you would probably want to get more
15 involved there. Could you just tell us a little bit more about that
16 group, how it's working, and those institutions are challenged for
17 many reasons, I think we know what some of the challenges are for
18 the tribal institutions.

19 When the benchmarks are set, does the
20 Commission, or does staff look at those and say you know, this is
21 actually a little bit too low. We would like you for these reasons to
22 bump this up a little bit using the data, the public dashboards and

1 other data that you have. Is that the way it happened? I'd just like
2 to hear more about those institutions in particular because they are
3 a challenge.

4 S. RAMASWAMY: Yes, yes, okay. I want to refer
5 to my colleague here Dr. Grace, because she works with those
6 institutions, you know, every day, I'm going to ask you to please
7 respond to your question.

8 S. GRACE: Thank you. So our nine tribal colleges
9 have actually worked together to identify within themselves the
10 regional designation of their peers, and then working collectively
11 with ADAC or the national identification and collection of data for
12 their peers.

13 And so really what they're doing is working with
14 them to identify based on your unique mission, and the degrees
15 that you offer, who makes the best sense to you for peers. Some of
16 them have identified other tribal colleges, and so again, they're
17 with ADAC to collect that data on those other national peers.

18 But many of them are looking at other rural
19 institutions that are public institutions as their peers. And
20 sometimes the conversation on establishing peers is really about
21 what are you aspiring to do? What is someone doing that's really
22 innovative?

1 And so they pull those into their peer groups, and so
2 we try and get our institutions to have some stretch peers. They're
3 doing innovative things that they're aspiring to be and include
4 those. And so that allows them to have that growth in their
5 performance in comparison.

6 And so we have had conversations with institutions
7 about one, two peers is not enough. One from each, you know. If
8 you're a small institution five is probably manageable, ten is too
9 much if you're a small institution. But then also what are the
10 benchmarks that you're setting, and why have you set them at that
11 level, and is that stretching you enough?

12 So we are having those conversations with them
13 directly. And then those are also conversations that peer
14 evaluation teams are looking at when they get the data and the
15 institutional reports.

16 M. PETRISKO: Great, thank you. That's really
17 helpful information. You were a regional accreditor, and now
18 you're an institutional accreditor, which you can go anywhere as
19 you mentioned at the very beginning. How are you seeing that?
20 Are you thinking where you are is fine, looking into the future of
21 expanding, or just kind of curious about that.

22 S. RAMASWAMY: So you know, a great

1 question, and again, we have had multiple conversations about
2 that. We really pride ourselves on our high touch approach.
3 Again, I've said this before. That we are you know, it's a contact
4 sport.

5 Our liaisons, we need to be in touch with our
6 institutions. If we start adding institutions willy nilly to this 163
7 institutions that we've got, we're not going to be able to, you know,
8 to afford to be able to do that. By the way, our dues, annual dues
9 are the lowest in America.

10 So you know, we really are very mindful of costs of
11 accreditation. And so we're also very mindful that we just don't
12 want to open it up to a whole bunch of institutions. We have, you
13 now, requests from various institutions from across America, and
14 we have you know, and demur on those requests.

15 And but we do have -- we are considering a couple
16 of institutions, they're outside of our region. And our
17 Commissioners are taking a look at those institutions as well, but
18 again we want to be very mindful. And that's the old chicken and
19 egg story, right?

20 That we have the staff that you referred to as well,
21 to be able to have the bandwidth to add new institutions, and what
22 comes first. And we need to be really collectively very mindful,

1 and I'm you know, very selfish when it comes to that because I
2 think our high touch, you know, President Trump referred to it as
3 well, it's something that our institutions really cherish, and we
4 don't want to do away with that.

5 M. PETRISKO: Great.

6 S. RAMASWAMY: We don't want to have like
7 800 institutions you know.

8 M. PETRISKO: Thank you, thank you. The last
9 thing perhaps more of a comment than a question, but in another
10 one of your Presidential letters, and you mentioned ChatGPT
11 before, and clearly you're kind of interested in that because you
12 went to ChatGPT and asked it to spit out like the rules of
13 governance.

14 And you put in your letter, and they were pretty
15 good. So next to your standards do you think you're going to start
16 there? That's a joke question, but anyway, I appreciate this
17 conversation and your answers to my questions. Thank you very
18 much.

19 S. RAMASWAMY: Thank you very much.

20 M. PETRISKO: Thank you.

21 CHAIR PRESSNELL: Very good. Now we'll take
22 some questions from the floor. And just as an FYI we do have

1 three public commenters on this agency as well, so let's start off
2 with Jen.

3 J. BLUM: Yeah, I'm going to try to keep this really
4 brief. So, I'm really -- I'm actually very appreciative to Stephanie
5 for calling out on the sub change finding. I think it's really
6 important, and I don't know if you've had a chance to look at our
7 policy report, but this is something that I feel really strongly about.

8 In the staff versus Commission decision making,
9 and I'll lead with actually just a comment of I would appreciate
10 some thought around the designation because I think this is your
11 part, the term minor versus major.

12 Just because there is a regulation that provides
13 deference to staff I don't think means that we policymakers and the
14 public necessarily view something as being minor, and I just want
15 to give an example as a finer point on this.

16 One of the biggest subjects, which I wish weren't at
17 the staff level, is the addition of programs that represent a
18 significant departure from the existing offerings and educational
19 programs or method of delivery, and it goes on from there. To me,
20 like it says significant departure. So you know, I don't want to
21 belabor the point, but I don't think any on the list are necessarily
22 minor, that's why they're called substantive changes, and so the

1 differential between minor and major I think is something that
2 really needs to be -- I wanted to just publicly call that out.

3 But I also would like a little bit of your reflection on
4 this because I also noted that Stephanie sort of found it felt like
5 you were going actually in terms of the actions that the staff could
6 take. It felt pretty expansive, and the regulations while it says the
7 agencies have deference, you know, to or have the ability to
8 provide deference at the staff level, they don't have to.

9 And so I'm just curious to hear whether in your
10 process over the next year of honing this, whether that might
11 include a honing of the topics as well.

12 S. RAMASWAMY: Thank you so much for that
13 observation and that question as well. Ms. Blum, appreciate it very
14 much, and I want to defer to Selena on this because the process
15 that we use is that not all substantive change to the things that
16 come to us are deemed to be minor.

17 In fact, this congregation of the four staff liaisons
18 that I have as well, that allows us to winnow out the ones that are
19 truly minor, and then move the ones that are not "so minor" to that
20 next level of maybe having a panel come together, and ultimately
21 the Commissioners approving those as well. So if I can give an
22 example of what is a minor sub change that we do, and then that

1 may provide the context in how we go about doing this. Selena do
2 you want to say a little bit more please?

3 S. GRACE: Sure, yeah. I think the minor aspect is
4 to your point, is the significance of the change, and so when an
5 institution is offering a degree for the first time, you know, that's
6 definitely a panel review and a substantive change. But when they
7 offer that second one, we know it's still a necessary level of
8 oversight, for that second and third for a new degree.

9 And so once we had the panel and we've identified
10 those key areas that may need additional monitoring or oversight,
11 we believe that the staff can monitor and review that in a sub
12 change, and so that would be more minor in the second and third
13 implementation of those.

14 I think your question about the significant
15 departure, our threshold right now is that 25 percent of a new
16 program or degree. We have had some that have come in and the
17 staff has said this seems more significant to us for a minor change,
18 and we'll pass it on to have a panel review.

19 So just because we have the authority, doesn't mean
20 if we're concerned about that then we wouldn't then initiate a panel
21 review. If it seemed more significant than the standards allowed
22 for, so we are mindful of that. The majority of our institutions are

1 authorized for distance education, and so it makes sense to move
2 that authorization to the staff review because we have gone
3 through so many because of the pandemic.

4 And so I think what we've determined is the
5 categories at least at this point, we may even find this as we
6 undergo more substantive changes, we may decide that some of the
7 categories need to be moved up to a major category, but at this
8 point it felt like they aligned well with the level of staff oversight
9 that we have and the expertise.

10 S. RAMASWAMY: And if I may add to that Ms.
11 Blum, you know, again thanks to Dr. McKissic for pointing that
12 out, and we are actually now taking a deep breath of looking at the
13 definition of minor versus major, and how do you make that
14 determination, right?

15 And we're going to come up with a response, you
16 know, and get the approval from our Board of Commissioners as
17 well, and then we will respond to that criterion.

18 J. BLUM: Thanks, and actually this reminds me
19 that on monitoring reports, because they don't come back to
20 NACIQI. This is an example where it would be really interesting
21 to hear, and I guess if it's public, or we can see the monitoring
22 report would be informative, just to see what you come up with, so

1 thanks so much.

2 CHAIR PRESSNELL: Molly?

3 M. HALL-MARTIN: First of all thank you for
4 being here this afternoon. I have two questions for you related to
5 your role as an agency accrediting tribal institutions. First,
6 (speaking in native language) many thanks for your work with and
7 support for the institutions that mean so much to our communities.

8 And I thank you Mary Ellen for starting off the
9 tribal college questions for me. You've discussed mission and
10 identifying peers in the context of student achievement measures,
11 but I'm wondering about the review process and standards beyond
12 just student outcome benchmarks. How do you account for the
13 unique missions, histories and contexts of tribal institutions in your
14 review process, and in the application of your standards?

15 S. RAMASWAMY: Thank you so much for that
16 wonderful question Dr. Hall-Martin. I want to refer to Selena
17 again. You know, she really created this wonderful training
18 program for evaluators and ALO's and it is really fantastic, I'm
19 very proud of the work that she's done. Go ahead Selena.

20 S. GRACE: Thank you. This is an area that's near
21 and dear to my heart, and where I spend a lot of my time working
22 before coming to the Commission working with our tribal

1 communities. And so first and foremost, we've engaged the tribal
2 communities in guiding us in this effort. And so they have worked
3 with us to develop our training to take in the cultural aspects, the
4 historical aspects, and their unique mission and sovereign status as
5 we work with peer evaluators.

6 So we build out training around that, and now
7 require evaluators to be evaluating our tribal colleges who have
8 gone through that peer evaluation training. And we are looking for
9 peer evaluators that have that expertise and history and experience.
10 Beyond that when you ask about mission and the institution's
11 ability to meet the standards, we asked that they provide their
12 historical and cultural context in the purpose of their mission.

13 So it's there and out front. So when the evaluators
14 are there they can better understand their unique mission and
15 purpose. And really ensuring that we're integrating qualitative
16 elements into this work as well, and cultural components.

17 S. RAMASWAMY: Selena you said something
18 about the training and bringing in the relevant evaluators.

19 S. GRACE: That's what I was, yeah.

20 M. HALL-MARTIN: Thank you.

21 CHAIR PRESSNELL: All right, thank you. Next
22 up is Bob then Michael then Kathleen.

1 R. SHIREMAN: Thank you for appearing before
2 us today. Do you consider all educational programs at a college to
3 be under your umbrella whether they are a degree or certificate,
4 Title IV or not, and whether they're provided directly or through a
5 contractor?

6 S. RAMASWAMY: The short answer is yes.

7 R. SHIREMAN: Great, thank you.

8 CHAIR PRESSNELL: Boy I liked that. I liked
9 that. All right Michael Poliakoff, you're up.

10 M. POLIAKOFF: Thanks so much for being with
11 us. I have a question that follows up on Dr. Eubanks. I notice in
12 your rubric for student achievement and in the resources that there
13 are terms like authentic assessment. But what I missed seeing was
14 any reference to nationally normed accountability measures like
15 the CLA, or the proficiency profile, the sort of things that went into
16 academically adrift, which really gives some measures that would
17 allow you as an accreditor to see if what's reported by the
18 institution, often in more indirect ways is in fact measuring up in a
19 nationally normed way.

20 Could you give us some insight as to why that's not
21 there, and whether you have envisioned adding that?

22 S. RAMASWAMY: You know, I'm going to ask

1 my colleague Selena to go ahead and respond to this question, you
2 know, a little more detailed as well. The assessments our
3 institutions undertake is, you know, we require those to be
4 nationally normed, and you know, the best practices that are used
5 as well.

6 And so that way it's not something that's been
7 homegrown, but they're understanding this assessment and things
8 like that. But again, you know for example, we're deeply
9 interested in comparing institutions and institutional programs and
10 things like that as well. So you know, from that perspective then I
11 do believe that we're utilizing you know assessments that are really
12 sort of the national level of assessment, instruments and things like
13 that too. But Selena, did you want to add anything more to it?

14 S. GRACE: Yeah. I would just say we haven't
15 been prescriptive on how institutions use, well how they utilize
16 nationally norms data in developing their metrics and their
17 assessment, but rather that they're doing it. I think as an
18 organization that we will collectively look at how well it's
19 working. You know, we're two years into the implementation of
20 these new standards, so it doesn't give us a very long timeline to
21 see how successful or effective it is from an agency perspective.

22 And so, as we continue to do this, again it goes

1 really back to the institutional mission, and it's the institution's
2 mission that should drive their assessment of their performance,
3 and what we're holding them accountable to. And so how we fit in
4 that nationally normed data, we're not quite sure yet, but how that
5 might look from an agency perspective.

6 M. POLIAKOFF: Thank you.

7 CHAIR PRESSNELL: All right. Kathleen.

8 K. ALIOTO: Dr. Ramaswamy, I want to thank you
9 and your colleagues for your enthusiasm, and the way that you're
10 taking on some of the dismal academic results that so many of our
11 institutions, particularly institutions educating poor students face.
12 And I just feel such a sense of gratitude to you for the work and
13 your passion for taking this on so enthusiastically.

14 And I wondered what, you know, with this process
15 of focusing on exactly where the problems are in that we all learn
16 so differently. I wondered what are the interventions that you have
17 already started using? I thought it was admirable how respectful
18 you are of your tribal institutions, and getting their input on what
19 some of these interventions should be.

20 But do you have some interventions that have been
21 particularly successful already that you could share with us?

22 S. RAMASWAMY: Yeah. Ms. Alioto, I hope I

1 pronounced that name right, and thank you very much for the
2 observations that you made. You know, there's an adage about
3 where we stand is where we sit, or some such time. And I grew up
4 poor in India. And so I'm passionate about these issues related to
5 poverty and hunger and education, and things like that.

6 For me the path out of poverty was education. And
7 so I bring that to my organization, so does my colleague sitting
8 right next to me, Selena. She has a very similar background like I
9 do, except here in America, here in Idaho for example. And so we
10 bring that, all of us, our staff collectively, we bring that sort of an
11 ethic to the work that we do as well.

12 And so, this idea of understanding what the
13 challenges are that our institutions face, and how much you create
14 the sort of interventions that would be effective. You know, again
15 for us we floated this as our new standard still, because we've
16 deployed them during the pandemic.

17 And this is when we started really getting into data
18 driven approaches to inform the understanding of what the issues
19 are, what the challenges are and things like that as well. So what
20 we've done, and I'm going to let Selena give a little bit more
21 information about our tribal institutions particularly. But what
22 we've done collectively, we you know, our education guru, Jordan

1 Kami, we do surveys from our institutions, and also the evaluators
2 providing us input on the information that they're reading.

3 For example, a number of institutions in their letter
4 of action from our Commissioners receives recommendations
5 pertaining to planning and other issues, planning the first, you
6 know, per se related to educational outcomes, but you know in a
7 direct way it is.

8 So what we did was we offered in our annual
9 conference and other -- during other times in a year workshops,
10 hands on learning, by the way. And so we do those kinds of things
11 that we're bringing in extra pieces around America to help us with
12 these efforts that we're undertaking as well.

13 And Selena will maybe give some examples of the
14 work that she's doing very specifically with tribal institutions.

15 CHAIR PRESSNELL: If you can make it as brief
16 as possible, I appreciate it.

17 S. RAMASWAMY: All right. Sorry about that.

18 S. GRACE: I would just say that the relationship
19 with the institution is not adversarial, and so they're more willing
20 and open to come to us with challenges as well that may not be
21 easily identifiable in a report because we built this relationship
22 with them.

1 So we built, as far as intervention, opportunities for
2 mentorship and targeted and specialized training. We've done that
3 both on assessment and data collection in particular with our tribal
4 colleges and our HSI institutions.

5 S. RAMASWAMY: Thanks Selena.

6 CHAIR PRESSNELL: Kathleen, did that -- are you
7 done or?

8 K. ALITO: Well I'm looking for specific
9 interventions, but maybe you can write one of your letters about
10 that.

11 S. RAMASWAMY: Okay.

12 K. ALITO: And send them out to the public since
13 we think it's a time situation. Thank you.

14 S. RAMASWAMY: We'll do that. Okay. We'll do
15 that, thank you so much.

16 CHAIR PRESSNELL: Thank you. Michael
17 Lindsay?

18 M. LINDSAY: I think mine is more of a comment
19 for the Northwest Commission than a question. I just I would
20 encourage you as you all are thinking about my colleagues have
21 asked for greater clarification around the major minor substantive
22 change differentiation.

1 I'd say that the Northwest Commission has a good
2 reputation for being a place that supports innovation in higher ed,
3 and I would like more of our regional accrediting bodies to spur
4 more innovative education experiments. And so I like the fact that
5 you have a process whereby substantive change review can be
6 expedited.

7 Because often times institutions are trying to
8 innovate, but they need to see the impact of that in a relatively
9 short span of time. So please, if you're going to provide
10 clarification, don't minimize the agility that I think that you're
11 helping to create for institutions because particularly we're seeing
12 that after COVID-19, and the way that we had to make a pivot in a
13 matter of days and weeks, we can do it, but we need more
14 encouragement at the accrediting body level.

15 S. RAMASWAMY: Thank you very much Dr.
16 Lindsay, I appreciate that.

17 CHAIR PRESSNELL: Okay. Very good. Any
18 other questions for the agency before we go into third party
19 comments? We have third party comments, then the agency can
20 respond to those comments, and then Stephanie will respond to
21 everything, and then we'll take a vote. Anything else from here?

22 Okay. So we have third party comments. First on

1 the list, and we actually had three, but I think we're now down to
2 two. Dr. Bruce Kusch, the President of Ensign College. Is Bruce
3 on the line? And just as you're hooking up just to know third party
4 commenters have three minutes, and we will time you, so don't be
5 upset with me when I interrupt you. Is Bruce here?

6 B. KUSCH: Not a problem.

7 CHAIR PRESSNELL: Thank you Bruce, okay. Go
8 ahead and get started.

9 B. KUSCH: Great, thank you. Again, my name is
10 Bruce Kusch. I'm the President of Ensign College, located in Salt
11 Lake City, Utah, and thank you for allowing me to make remarks
12 today in support of the Northwest Commission on Colleges and
13 Universities.

14 I've held positions in higher education for the past
15 21 years as a faculty member, academic administrator, and now a
16 college President. NWCCU has been the accrediting agency for all
17 of those years, and my relationship with the Commission has been
18 especially close for the past seven and a half years. Their
19 relationship includes our work at Ensign College on accreditation
20 matters, as well as chairing two peer evaluation teams for the
21 purpose of assessing other institutions.

22 I'm confident that your agency has carefully

1 reviewed the NWCCU 2020 standards, and as an accrediting
2 institution, of that Commission, every institution bears the seal of
3 approval that it's committed to student learning and achievement,
4 closing equity gaps, improving access, and that there is intention
5 and planned improvement of institutional effectiveness, student
6 learning and student achievement for each student served.

7 In all of my interactions with NWCCU I have
8 always sensed a deep commitment to those standards, which foster
9 institutional excellence. As an NWCCU accredited institution, we
10 are not told what our institutional mission should be, or who the
11 students are that we should serve.

12 And as a faith based institution we're appreciative
13 of the respect that has been shown for our mission and the support
14 we have received in pursuing mission fulfillment. Adherence to
15 the standards established by NWCCU motivates our institutional
16 efforts at the highest levels. They help us serve our diverse student
17 body in the best ways possible.

18 How we meet NWCCU standards is not mandated
19 by them. How we do so is up to us, but we know and understand
20 their clear expectation that the standards must be met, and that we
21 will publish the results and our efforts for the awareness of all of
22 our stakeholders.

1 In all of our institutional interactions with the
2 Commission, we have found their approach to be one of support,
3 encouragement, counsel when needed or requested, and an
4 overriding attitude of our goal is to help your institution improve
5 and serve students, providing them the best educational experience
6 possible.

7 Our affiliation with NWCCU makes us better.
8 Institutional efforts to comply with established standards helps us
9 identify gaps, and areas for continuous improvement. And finally,
10 because NWCCU has invested the time to become acquainted with
11 Ensign College and our efforts to educate our students, they know
12 us well.

13 We feel trusted, and we trust them. In short, Ensign
14 College highly values our relationship with NWCCU. We are a
15 better institution because of them. And I thank you very much.

16 CHAIR PRESSNELL: You nailed it. Perfect
17 timing on that one, thank you.

18 B. KUSCH: You bet.

19 CHAIR PRESSNELL : Dr. Federico Zaragoza?

20 F. ZARAGOZA: Mr. Chairman, Committee
21 members, staff, colleagues and guests. For the record I am
22 Federico Zaragoza, President of the College of Southern Nevada,

1 also known as CSN. CSN is a large multi-campus community
2 college located in the Las Vegas metropolitan area.

3 We administer three campuses with enrollments of
4 approximately 30,000 degree seeking students, and another 10,000
5 non-credit students. We're a majority minority and a Hispanic
6 serving institution where 70 percent of our students identify
7 themselves as students of color, and 74 percent of our students
8 attending part-time.

9 The NWCCU has been instrumental in our journey
10 of continuous improvement and performance excellence. At CSN
11 we embrace the Northwest Commission's accreditations findings
12 and recommendations that call for us to focus on student outcomes,
13 and on the reaffirmation of our institutional mission, our
14 performing the standards, our program assessment processes, our
15 shared governance model, and to affirm our relevance to the
16 diverse communities that we serve.

17 While NWCCU has a peer driven process, it is an
18 ongoing process that requires ongoing engagement, and so the
19 element of trust is very important. And we really believe that
20 NWCCU understands our mission as a community college. Their
21 recommendations have already paid great dividends. It has helped
22 improve our plan, our policy framework and operational

1 procedures.

2 As a result, during our seven year accreditation
3 cycle, we were able to double completion rates, increase student
4 satisfaction rates, and were able to solidify our community
5 engagement and community partnerships. I am pleased to report
6 that CSN was a proud recipient of the NWCCU beacon award for
7 student success in 2021.

8 I submit that the NWCCU accreditation process has
9 helped CSN become a much better higher education institution.
10 Therefore, I would like to express my support for the written
11 NACIQI staff recommendation, which is to continue the Northwest
12 Commission on Colleges and Universities recognition for a 12
13 month period to allow the agency to come into full compliance
14 with the NACIQI recommendations.

15 I would note that NWCCU in their response to
16 NACIQI, noted that there is work in progress going in each of the
17 identified non-compliance areas, thus I have no doubt that under
18 the excellent leadership of Dr. Sonny Ramaswamy, and with the
19 Board of Commissioners oversight, that NWCCU will meet the
20 NACIQI requirement within the established timeline.

21 As a former NACIQI committee member myself, I
22 want to conclude my remarks by thanking you for your hard work,

1 and for the invaluable service that you provide in advising the
2 Secretary of Education on mission related to the quality and
3 effectiveness of accrediting agencies.

4 Please know that the work you do does matter, and
5 that it affects all of us in higher education. Thank you for your
6 time, and that concludes my remarks.

7 CHAIR PRESSNELL: Thank you very much
8 Federico. Good to see you again. So I believe we actually have
9 our third commenter. She has just entered in, so Ana Mari with the
10 University of Washington, are you with us? Ah, please. You have
11 three minutes. You're muted unfortunately.

12 A. CAUCE: Okay. Thank you very much, and can
13 you hear me now?

14 CHAIR PRESSNELL: Yes. Thank you.

15 A. CAUCE: Okay. Thank you very much. I was
16 on a panel, so I just you know, very much wanted to be here
17 because I really believe very strongly in the good work that the
18 Northwest Commission has been doing. Across my many years in
19 central administration, both as President and also as Provost, I've
20 worked with the Commission on a number of accreditation
21 reviews, and in the past decade we've really worked on revising
22 standards on eligibility, and eligibility requirements.

1 We've worked on updating policies and procedures.
2 And some changes, and you know, on this focus, on changing, on
3 learning, on getting better, is one of the things that I really love
4 about the Northwest Commission. And it's always been with a
5 focus on student success and closing equity gaps.

6 There is no question that that has always been at the
7 center, and always the question, our north star when it comes to
8 changing policies. A more notable development in recent years
9 relates to how the academy, how the Commission has significantly
10 bolstered its efforts to be transparent in communications to all the
11 member institutions, and that has really made them more effective.

12 Because sometimes it can be kind of what are these
13 accreditation panels all about, and what do they do. For instance,
14 how do we operationalize effective assessment? That is something
15 that we've really talked about and struggled with. What works
16 extremely well for a small liberal arts college, wouldn't necessarily
17 suffice for a large research institution.

18 And the Northwest Commission has a number of
19 very desperate institutions. And so, we've really talked about these
20 things and worked them through. And look at those commonalities
21 that exist in terms of effective assessment, and then how can we
22 operationalize it a little bit differently given the institution types.

1 For example, a recent column that was written
2 flushed out those characteristics, and pointed to how institutions
3 could be assessment requirements, regardless of the kind of
4 institution that they were. The Northwest Commission has also
5 launched a very helpful series of educational programming, and I
6 think that that's incredibly important.

7 In workshops and webinars they have really spoken
8 to how we realize our collective mission. For example, how could
9 institutions engage in strategic financing to support student
10 success, especially in light of the pandemic-induced budget cuts,
11 which we're still really struggling with.

12 How can we be more effective in supporting faculty
13 and staff as they deal with very real mental health concerns?
14 Something that is very much front and center these days. And
15 what efforts can we take to ensure both campus security and
16 cybersecurity. These are issues that we can really talk about, and
17 we can talk about honestly across the group, and that has really
18 been -- these seminars have really, really been very effective. Yes.

19 CHAIR PRESSNELL: Madam Cauce, you're out
20 of time.

21 A. CAUCE: Okay.

22 CHAIR PRESSNELL: So thank you very much. I

1 appreciate it, so.

2 A. CAUCE: All right. Thank you.

3 CHAIR PRESSNELL: Now the agency has an
4 opportunity to respond, and I can probably respond on behalf of
5 the agency. Gee thanks, that's fabulous. It was a bit of a love fest,
6 so if the agency has any comments, please feel free to make them.

7 S. RAMASWAMY: Chair Pressnell, all I can say is
8 thank you very much.

9 CHAIR PRESSNELL: You bet. Thank you all
10 very much, and thank you for your very thorough response to the
11 questions. And so now we will go back to the Department staff.
12 Stephanie, any final comments, reactions?

13 S. MCKISSIC: Yes, and I will be very brief. I
14 want to respond to Dr. Eubank's question about specific
15 benchmarks with this agency as an institutional accreditor. And
16 they do have standard 1-D, which is student achievement where
17 the institution must report how it orients students to an
18 understanding of the requirements related to the program of study.

19 The indicators used to demonstrate consistency with
20 its mission and comparison with regional and national peer
21 institutions. These indicators would be including, but not limited
22 to, retention completion, graduation, post-graduation rates, and the

1 institution must report how those indicators are also identified as
2 benchmarks, again to use the word benchmarks, so I wanted to
3 point this out that it's within the petition.

4 How these benchmarks against peer institutions are
5 used for continuous improvement, decision making and allocation
6 of resources. Furthermore, the agency's student achievement
7 standard 1-D4 requires an institution to demonstrate its processes
8 and methodologies for collecting and analyzing indicators, and
9 how the results are used to inform and implement strategies to
10 mitigate perceived gaps in achievement and equity.

11 I'd also like to address the question or comment
12 made by Dr. Poliakoff about the nationally normed indicators, and
13 while the agency may not have specifically noted those particular
14 data reports and resources, they do define indicators again as the
15 retention and completion rates and post-graduation success.

16 But these indicators are also disaggregated by race,
17 ethnicity, age, gender, socioeconomic status, first gen college
18 student, and other categories that may be defined based on the
19 institutions such as the tribal colleges.

20 So those are, while not specifically cited sources,
21 they are nationally normed indicators. That would complete my
22 comments. Thank you very much.

1 CHAIR PRESSNELL: Good. Thank you. David
2 or Michael, either of you care to respond to the comments, or
3 Michael first?

4 M. POLIAKOFF: I'll include it in my comment
5 during voting.

6 CHAIR PRESSNELL: Okay. Thank you very
7 much.

8 M. POLIAKOFF: I had something somewhat
9 different in mind.

10 CHAIR PRESSNELL: David, do you have a
11 question for something or any thoughts?

12 D. EUBANKS: No. Thanks Stephanie for that
13 clarification. I'm ready.

14 CHAIR PRESSNELL: All right. Very good. So
15 that takes us to a discussion, and hopefully a motion at some point,
16 but any discussion among the members related to the agency?
17 Molly?

18 M. HALL-MARTIN: I just have a quick question
19 for staff. The last time we had an agency up that recognized tribal
20 colleges, they specifically mentioned tribal institutions in their
21 scope. I noticed that NWCCU does. Is that a requirement, an
22 option, a choice? What is the convention there?

1 S. MCKISSIC: It's at the discretion of the agency.

2 M. HALL-MARTIN: Okay. Thank you.

3 CHAIR PRESSNELL: Other comments, questions,
4 thoughts?

5 D. EUBANKS: Well I have kind of a summary I
6 guess for my sake.

7 CHAIR PRESSNELL: Okay. Go ahead David.

8 D. EUBANKS: So you know, my focus on student
9 achievement, thinking about our history and how we got here, the
10 subcommittee's work -- well both subcommittee's work. And I
11 think I'd sum it up by saying the agencies that allow institutions to
12 sort of create their own standard doesn't, at this point, facilitate
13 answering hard questions about the student experience like cost
14 benefit tradeoff access, and the tension between that and the
15 economics of a university.

16 I hope we can get to that point, but I don't think
17 we're here yet. And I don't think that the answer right now is more
18 regulation, although I think a skeptic would say that the student
19 achievement standard is not really demonstrated by this method of
20 you know, trying to assure educational quality.

21 CHAIR PRESSNELL: Thank you David. And
22 David, just to be clear, is that a more generalized comment, or a

1 comment on the agency? Or both?

2 D. EUBANKS: I think it applies to all of the
3 former regionals really, and so the scope of the problem is quite
4 large, and so I'm not making a recommendation about student
5 achievement for Northwest Commission.

6 CHAIR PRESSNELL: Okay. Thank you. Other
7 comments, questions? Jen?

8 J. BLUM: Yeah, and this my be good. I mean
9 hopefully this is helpful just towards the vote and the motion. So
10 Herman, just because you've said this at the beginning of the
11 conversation, and now we're full circle. The motion, the
12 recommendation here because of the number of sort of issues that
13 they have to meet in the next year is just a continuation of
14 accreditation.

15 There's no recommendation of five years, so it's just
16 a continuation of accreditation with a compliance report, not a
17 monitoring report, a compliance report.

18 H. BOUNDS: Yes. A compliance report because
19 we found them noncompliant in all areas. There was no substantial
20 compliance, so it's a noncompliant with a compliance report due.
21 And we recommend it due in 12 months, and then that would come
22 back not in 12 months, but maybe 18 months or so based on our

1 process, two years, but yeah, they would come back before you all.

2 J. BLUM: So they're coming back here. That's
3 what I -- got it, okay.

4 H. BOUNDS: Yes.

5 J. BLUM: Thank you. Just wanted to.

6 CHAIRMAN PRESSNELL: Clarification. Any
7 other comments, thoughts? All right. We would entertain a
8 motion from the primary readers.

9 D. EUBANKS: Mary Ellen are you okay with
10 accepting final staff report?

11 M. PETRISKO: Yes. Are you going to just read
12 the language, or do you want me to do it?

13 D. EUBANKS: I'm not sure with this type of
14 application what the exact language is. If you know, please go
15 ahead.

16 M. PETRISKO: Yeah. I think it's -- I move that
17 NACIQI recommend that the Senior Department Official accept
18 the recommendations of the final staff report for Northwest
19 Commission on Colleges and Universities.

20 CHAIR PRESSNELL: That's correct.

21 M. PETRISKO: Okay. That's it. So moved.

22 CHAIR PRESSNELL: All right. And again just to

1 read it. The NACIQI moves to recommend to the Senior
2 Department Official to accept all the recommendations in the final
3 staff report for Northwest Commission on Colleges and
4 Universities. Is there a second?

5 J. BLUM: Second.

6 CHAIR PRESSNELL: All right. It has been
7 seconded by multiple members, but Jen sounded loudest to me.
8 Any discussion on the motion? Seeing none, let's take the vote.

9 M. FREEMAN: All right. Kathleen Alioto?

10 K. ALIOTO: Yes.

11 M. FREEMAN: Kathleen Alioto votes yes. Roslyn
12 Artis?

13 R. ARTIS: Yes.

14 M. FREEMAN: Roslyn Artis votes yes. Jennifer
15 Blum?

16 J. BLUM: Yes.

17 M. FREEMAN: Jennifer Blum votes yes. Wallace
18 Boston?

19 W. BOSTON: Yes.

20 M. FREEMAN: Wallace Boston votes yes. Debbie
21 Cochrane?

22 D. COCHRANE: Yes.

1 M. FREEMAN: Debbie Cochrane votes yes. Jose
2 Luis Cruz Rivera?
3 J. L. CRUZ RIVERA: Yes.
4 M. FREEMAN: Jose Luis Cruz Rivera votes yes.
5 Keith Curry?
6 K. CURRY: Yes.
7 M. FREEMAN: Keith Curry votes yes. David
8 Eubanks?
9 D. EUBANKS: Yes.
10 M. FREEMAN: David Eubanks votes yes. Molly
11 Hall-Martin?
12 M. HALL-MARTIN: Yes.
13 M. FREEMAN: Molly Hall-Martin votes yes. Art
14 Keiser is absent. Michael Lindsay? Absent, um-hmm. Michael
15 Lindsay oh --
16 CHAIR PRESSNELL: He's absent.
17 M. FREEMAN: Oh, I'm sorry. Okay. Robert
18 Mayes?
19 R. MAYES: Yes.
20 M. FREEMAN: Robert Mayes vote yes. Mary
21 Ellen Petrisko?
22 M. PETRISKO: Yes.

1 M. FREEMAN: Mary Ellen Petrisko votes yes.

2 Michael Poliakoff?

3 M. POLIAKOFF: I have to vote no until such time
4 as the agency develops and promulgates standards for student
5 learning that include objective, nationally normed assessment
6 instruments that demonstrate student learning gains.

7 M. FREEMAN: Okay. Michael Poliakoff votes no.

8 Bob Shireman?

9 R. SHIREMAN: Yes.

10 M. FREEMAN: Bob Shireman votes yes. And

11 Zakiya Smith Ellis?

12 Z. ELLIS: Yes.

13 M. FREEMAN: Zakiya Smith Ellis votes yes.

14 CHAIR PRESSNELL: Okay. The vote is 13 to 1,
15 and to recommend the staff recommendation. Congratulations to
16 the agency, and also the work. I'm so impressed with this
17 Committee. I mean here we are a mere three minutes past the
18 witching hour, so we will start promptly at 9:00 Eastern Standard
19 Time tomorrow morning. We have three agencies to review.
20 Thank you all.

21 **Recommendation: The NACIQI moves to**
22 **recommend to the Senior Department Official to accept all the**

1 **recommendations in the final staff report for Northwest**
2 **Commission on Colleges and Universities.**

3 (Whereupon at 5:04 p.m. the NACIQI meeting was
4 adjourned to reconvene Thursday, August 3, 2023 at 9:00 a.m.)

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