

CPRC POLICIES AND PROCEDURES

PART I: CPRC POLICIES AND PROCEDURES

1.0 Committee Definition, Authority & Responsibility

1.01 Definition

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

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

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

1.02 Authority

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

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

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

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

1.03 Committee Responsibilities

The CPRC is responsible for the following:

- The CPRC is responsible for the on-going review of all Cytotechnology programs to ensure compliance with the Standards. The review process consists of:
 - a. Reviewing the Program's Self-Study,
 - b. Coordinating site visits for evaluation teams,
 - c. Reviewing site visit reports,
 - d. Meeting in person or via teleconference to review results of self-study report review and site visit to determine compliance status with the accreditation **Standards and Guidelines**, and
 - e. Recommending the accreditation action to CAAHEP.
- The CPRC develops, periodically reviews and revises as necessary, documents related to the accreditation process, including, but not limited to:

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

CPRC, through the Chair, requests budget requirements for operation of the CPRC from all sponsoring organizations mid-year.

2.0 Committee Membership

2.01 Composition

The CPRC's membership shall consist of:

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

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

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

Each sponsoring organization appoints a cytotechnologists and/or a physician who serves as Commissioner to CAAHEP representing their respective organization. For sponsors with more than one CPRC representative, either of the appointed representatives may serve as Commissioner to CAAHEP but only one sponsor commissioner may represent the organization at the annual CAAHEP meeting. Alternate commissioners may be selected in the absence of appointed commissioners, so long as alternate representative is currently serving on the Committee as sponsor representative of the same organization.

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

2.02 Committee Appointment

A. Appointment of CPRC Members

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

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

Preference should be given to individuals who:

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

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

B. Appointment of Chair and Vice Chair

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

At least 3 months prior to the end of the current CPRC Chair term, the CPRC, through the Chair, also submits a recommendation for appointment of a new CPRC Vice Chair. Recommendations are based on the following criteria:

- Currently serves on the CPRC
- Demonstrates solid body of knowledge of
 - Cytotechnology education accreditation process
 - CAAHEP and CPRC policies and procedures
 - Standards and Guidelines
 - Committee structure, policies and procedures and bylaws
- Completes all assignments and/or requests in a thorough manner within the specified time frame
- Conducts thorough reviews of all self-study reports and/or program reviews, including annual survey
- Actively participates during conference calls and other meetings, and considers all points of views and gives thoughtful responses to issues being discussed

- Demonstrates initiative (i.e., contributes to CPRC News by writing articles, monitors and responds on Cytotechnology programs listserv, volunteers for special assignments as requested by the Chair, etc.)
- Demonstrates ability to proactively recognize and respond to situations or issues of concern that have the potential to affect the Committee and/or accreditation process
- Has effective verbal and written communication skills, interpersonal and human relations skills
- Is able to engage others in conversation and action
- Is able to attend required meetings and give presentations as necessary

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

When a vacancy for the position of sponsor Commissioner to CAAHEP occurs, the representative organization (ASC, ASCP, ASCT or CAP) selects potential candidates for appointment based on recommended guidelines and criteria for appointment process as outlined above in Section 2.0. The outgoing Chair may serve as alternate Commissioner to CAAHEP representing the CPRC in the absence of CPRC (Chair or Vice-Chair)

2.03 Committee Member Terms

A. Committee Chair / Vice Chair Term

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

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

B. Committee Member Terms

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

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

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

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

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

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

2.04 Orientation of New CPRC Members

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

New CPRC members will be required to complete some type of self assessment tool such as the CAAHEP Site Visit Quiz as part of their orientation to CPRC and CAAHEP.

2.05 Dismissal or Resignation

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

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

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

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

3.0 Individual Responsibilities

3.01 Chair Responsibilities

Responsibilities of the Chair include:

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

- Delegate projects and/or responsibilities to other committee members as appropriate
- Maintain close communications with the Coordinator, Vice Chair and other committee members to ensure effective operation of the committee
- Maintain close communication with CAAHEP
- Prepare and present annual report of CPRC activities to the ASC Executive Board and the Program Faculty Seminar at the ASC Annual Meeting
- Respond to inquiries and directives from the ASC President
- Stay abreast of CAAHEP-related issues and communicate them to the Committee and ASC Executive Board as appropriate
- Mentor the Vice Chair to prepare him/her for transition to Chair

3.02 Vice Chair Responsibilities

Responsibilities of the Vice Chair include:

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

3.03 Committee Member Responsibilities

Individual Committee members' responsibilities include:

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

- Contribute articles and ideas for CPRC News on a regular basis
- Assist in monitoring and participate in Educators listserv

3.04 CPRC Coordinator

The Coordinator is responsible to the Secretary –Treasurer and Executive Director of the ASC and reports directly to the CPRC through its Chairperson. Responsibilities of the Coordinator include:

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

4.0 Reporting of Committee Actions

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

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

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

5.0 Standards of Practice

5.01 Confidentiality

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

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

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

- a) Self-Study Report

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

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

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

5.02 Compensation

CPRC members and site visitors must adhere to the following rules regarding compensation:

- No CPRC member or site visitor may provide reimbursed consultation to any program for purposes of that program to acquire CAAHEP accreditation during the time of their term of membership.
- CPRC members may not accept personal compensation for Committee-related speaking engagements, consulting services or other activities.
- CPRC members and site visitors may not accept gifts, entertainment or other favors from an outside institution/program that is seeking accreditation of their cytotechnology educational program with the CPRC.
- CPRC members must not have a financial interest in an outside concern from which the CPRC purchases goods or services.
- No CPRC members may represent the CPRC in any transaction in which the member (or immediate family) has a substantial interest.
- Members of the CPRC will not serve as paid consultants to developing or established cytotechnology educational programs while serving on the Committee. If appointed, it is expected that committee members would divest themselves of those activities within the first six months of their term of appointment.

Each member of the CPRC will sign annually a statement that acknowledges he or she has read and understands these policies. Site visitors will sign such a statement previous to each site visit. The CPRC Coordinator maintains signed statements.

5.03 Due Process

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

- Site visit report is reviewed in the presence of a member of the team, whenever appropriate,

either (1) in person at the face to face CPRC meeting held during the ASC annual meetings (if cost and working schedules permit) or CPRC conference calls held to evaluate programs for accreditation recommendations, or (2) via telephone call as at the in-person CPRC meetings held during the ASC annual meetings.

- Two CPRC members are assigned to independently review Self Studies, program changes and annual survey results before final decisions are made.
- After receiving the Site Visit Report, Programs are provided up to 30 days to respond to the site visit report.

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

6.0 Standard Operations Procedures

6.01 Guidelines for making recommendations to CAAHEP for accreditation action

A. Criteria for 7-year Accreditation

For a

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

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

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

B. Criteria for 5- or 3-year Accreditation

Criteria that

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

5-year Accreditation:

- All 3-year average outcomes, since last accreditation review, meet the CPRC-established thresholds, or a reasonable rationale (as determined by the CPRC) has been given in the analysis for any outcomes falling below threshold(s);

- Annual reports have consistently had missing data, but Program has demonstrated good faith effort to obtain, analyze and submit data;
- Concerns identified during self-study process, but Program has demonstrated willingness to develop and implement an action plan to resolve issues;
- Program has history of progress reports, but has demonstrated resolution of issues.

3-year Accreditation:

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

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

6.02 Guidelines for making Accreditation Cycle Extensions

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

This process is akin to similar progressive and innovative policies which exist in ACGME program review and accreditation. As such, it allows each program the opportunity for recognition of interval improvements and progress in outcomes data, documentation, Page | 10 deficiencies, or other previously stated CPRC concerns, etc., and when appropriate, the potential for accreditation cycle extension.

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

- Approximately 18 months prior to the deadline for e-SSR receipt (or 6 months prior to the standard 1-year program notification by the CPRC for pending e-SSR submission), the CPRC will formally review the status of each program in conference call format.
- At this time, determination will be made as to whether an accreditation cycle extension is appropriate (criteria detailed below).
- If specific additional information and/or documentation is needed at the time of committee review, a request for such may be made to the program of interest.
- The potential accreditation cycle extensions are limited to 3- to 5-years, 5- to 7-years, and 7- to 10-years only (accreditation extensions of 3- to 7-years or 10 years and 5- to 10-years are not possible).

- If accreditation cycle extension is approved, the respective program will be notified in writing by the CPRC Chair.
- No program may achieve an accreditation cycle greater than 10-years (comprehensive review with site visit and accreditation recommendation to CAAHEP required at a maximal 10-year interval per CAAHEP requirements).

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

A program currently in a 3-year accreditation cycle, based on the following:

3 year cycle criteria

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

may be considered for accreditation cycle extension if all 5-year criteria have been met:

5 year cycle criteria

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

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

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

7-year cycle criteria

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

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

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

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

C. Criteria for Probation

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

A Program should be considered for Probation status if the:

- Program has on-going substantial unresolved issues of non-compliance and has demonstrated no good faith effort to correct issues or has not been able to improve issues;
- Program's 3-year outcomes consistently are below CPRC established thresholds and Program has not been able to demonstrate improvement on a consistent basis

D. Criteria for Administrative Probation

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

E. Withhold or Withdraw Accreditation

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

6.02 Meetings to Conduct CPRC Business

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

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

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

6.03 Procedure for Conducting Review of Standards and Guidelines

- a. CPRC reviews the **Standards and Guidelines** no less than once every five (5) years and provides the CAAHEP Board of Directors with a written report on the outcome of the review (i.e., no revisions deemed necessary, revisions are underway).
- b. In the event the CPRC determines changes are necessary, the CPRC solicits input from its communities of interest. Per CAAHEP policy, communities of interest include practitioners, educators, employers, related professionals, students, institutional administrators (deans and program directors), national societies and agencies and the public. Solicitations may be made via media announcements, correspondence, postings, annual meetings, special hearings, etc.
- c. The CPRC reviews this input and incorporates suggestions from communities of interest (as it deems appropriate) as progressive drafts are developed in consultation with sponsoring organizations. The draft must follow the current CAAHEP Standards template. Any deviations from the template must be accompanied by a rationale when submitted to CAAHEP for review.
- d. The CPRC submits drafts to the CAAHEP Executive Director and requests formal review by the CAAHEP Standards Committee. Drafts should be submitted to CAAHEP before the final draft is submitted to the sponsoring organizations for approval.
- e. The Standards Committee will review drafts for consistency with the current Standards template, proposed wording variations from the template along with rationale to determine if an exception is warranted, and consistency with CAAHEP policies and procedures.
- f. The CPRC will work with the Standards Committee until a final draft is achieved.
- g. The final draft is submitted to the ASC Executive Board for formal endorsement.
- h. The final draft, endorsement and explanation of how input from communities of interest was solicited and incorporated into the Standards are submitted to CAAHEP.
- i. CAAHEP will give at least 30 days notice of a public Open Hearing and subsequently hold an open hearing on the proposed Standards per CAAHEP policies and procedures. CPRC must be present at this open hearing.
- j. Immediately after the hearing, the Standards Committee panel meets to assess any comments received and which, if any should be incorporated.
- k. The Standards Committee, after consulting with CPRC will forward the results of the hearing and a recommendation to the CAAHEP Board of Directors.
- l. The Board of Directors takes action on the **Standards** and notifies CPRC of its decision.

7.0 Review of Committee Policy and Procedures

These CPRC Policies and Procedures are reviewed and documented at least once annually at a scheduled meeting of the CPRC, even if no changes are contemplated. Any suggested changes to the Policies and Procedures, passed by a two-thirds majority of the voting members of the CPRC, will be forwarded to the sponsoring organizations. If those changes are accepted by a similar two-thirds majority vote of the sponsoring organizations, they become effective immediately. If those changes are rejected, they are returned to the CPRC with recommendations for further action. A current copy of the CPRC Policies and Procedures will be maintained by the CPRC Coordinator and forwarded to reviewing bodies, as appropriate.

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

1.0 Resources

1.01 Vacancy and Temporary Staffing of Program Faculty (Std. III.B.)

- A. In the event of a vacancy in the Program Director or Medical Director position, the sponsoring institution must notify the CPRC in writing or via e-mail within 10 working days. Vacancies must be filled on either a permanent, temporary or acting basis within 60 days of the effective date of the vacancy. The “temporary” or acting Program Director or Medical Director should meet most of the requirements for the specified position.
- B. The Medical Director may step in as temporary or acting Program Director; however, appointment of a permanent Program Director should occur within 6 months. If the position cannot be filled within 6 months, the CPRC will re-assess the situation at that point.

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

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

2.0 Fair Practices

2.01 Retention of Student Records (Std. IV.A. & V.D.)

As per the **Standards & Guidelines**, academic records and transcripts including:

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

must be maintained by the sponsor for at least 7 years in a safe and accessible location. Completed tests, completed screening and performance evaluation forms are not required; however, samples of evaluation tools should be maintained.

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

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

2.02 Substantive Change: Satellite Programs (Std. V.E. & F)

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

In a Satellite Program:

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

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

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

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

If a satellite program meets all the minimum standards of quality as outlined in the **Standards and Guidelines for the Accreditation of Educational Programs in Cytotechnology**, and wishes to grant

students a degree/certificate in cytotechnology separate from the primary site the program must apply for separate accreditation.

3.0 Curriculum in Cytotechnology: Entry-level Competencies

3.01 Minimum Academic Requirements

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

Approved by ASC Executive Board 2/22/11