

CONFIDENTIAL

**ONE TEAM ONE HEALTH
ACCREDITATION TASKFORCE REPORT
NOVEMBER 26, 2025**

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Executive Summary

This report provides a comprehensive analysis of accreditation and substantive change requirements for the proposed One Health college structures, including a unified College of Human Medicine and College of Osteopathic Medicine, integrating insights from the Liaison Committee on Medical Education (LCME) and the Commission on Osteopathic College Accreditation (COCA). The report offers other insights into Substantive Change processes for health professions accreditors impacted by the Health Professions College planning. The aim is to inform leadership decisions and structural design with attention to regulatory compliance, mission preservation, and accreditation timelines.

Conversations with LCME and COCA are ongoing, with both agencies currently reviewing potential organizational designs for the unified College of Michigan State Medicine. As we connect and receive feedback from these accrediting agencies, we will amend this report.

No programmatic accreditor in these conversations, except for COCA and LCME, includes language implying that the program should be their own college. In other words, accreditors for nursing, pharmacy, dentistry, etc... allow for the programs to be situated within a college.

Part 1: Crosswalk — COCA and LCME Core Concerns

Core Area	LCME Requirements	COCA Requirements	Notes on Flexibility / Limitations
Dean Authority	- Standard 2: Dean must be qualified by training and experience. - Standard 2.3/2.5: Dean must have clear authority over program and authority over regional sites.	- Element 2.1: Dean must hold DO degree; unrestricted license; board certified; min. 5 years leadership; clear authority over budget and curriculum.	Shared leadership unlikely to meet either standard; both accreditors expect distinct deans for DO and MD programs with independent authority.
Space & Facilities	- Standards 5.4–5.11: Sufficient buildings, clinical instruction resources, study/lounge space, student support.	- Element 5.1: Physical facilities must be safe, adequate, and properly equipped; Standard 6: clinical clerkship sites must be sufficient.	Shared use is allowed but programs must retain priority access; existing facility conditions (EL campus) could be a risk for both.
Budget Oversight	- Standard 2.11: Dean and faculty committee must control medical education budget and ensure sufficiency.	- Element 3.3: COM must have defined budget approved through institutional governance; must	Shared budgets risk non-compliance; separate program budgets with clear authority are required.

Core Area	LCME Requirements	COCA Requirements	Notes on Flexibility / Limitations
		show financial sufficiency.	
Curricular Governance	- Standards 8.1/8.3: Faculty committee must have full responsibility for curriculum design, management, and assessment.	- Elements 6.4/6.8: COM must have centralized curriculum committee for all curriculum components; faculty oversee assessment.	Requires clear program-specific committees; subcommittees may help if some functions are shared.
Faculty Lines	- Standards 2.1, 2.3, 4.2: Clear org chart; dean's authority over faculty hiring/promotion; faculty report lines defined.	- Elements 1.1, 1.4, 4.1: COM Dean retains ultimate responsibility; faculty qualifications and reporting must be clear.	Some volunteer/shared faculty may serve both programs, but lines must stay clear; OM chair must be DO.
Autonomy & Mission	- LCME protects MD mission integrity.	- COCA emphasizes autonomy to protect DO identity and mission.	Combined structures must avoid appearance of single accreditation; maintain clear separate identities to prevent pushback and protect legacy.
Admissions	- Standard 10.2: Admissions must be faculty-driven, free of political/financial influence.	- Standard 9: COM must have published admissions policies aligned with mission/values.	Must have distinct admissions committees; each dean retains final authority for selection decisions.
Substantive Change	- Formal notification required for major governance/structural changes.	- Substantive Change Request must be submitted at least 120 days before COCA meeting; likely site visits.	Align early; consult accreditors to avoid gaps; delays could jeopardize both accreditations.

1. Dean Authority

- **LCME** and **COCA** both require an independent, qualified dean with full authority over program content, budget, and faculty.
- **COCA** specifically mandates a D.O. dean with osteopathic credentials; LCME is more flexible but expects strong evidence of effective leadership.
- Shared leadership is unlikely to meet standards. Each program must retain a distinct line.

2. Space and Facilities

- Both accreditors expect dedicated, adequate facilities for teaching, clinical skills, and student support.
- Shared spaces (labs, sim centers) are possible if each program retains clear priority access and learning outcomes are not compromised.
- Existing facility conditions (e.g., East Lansing) are a risk area for both LCME and COCA review.

3. Budget Control

- Each dean must have clear, program-specific financial oversight.
- Shared budgets risk noncompliance; transparency and program autonomy are non-negotiable.
- Both accrediting bodies require proof of sufficient, protected resources to meet all standards.

4. Curricular Governance

- LCME and COCA each require a fully autonomous curriculum committee to design, monitor, and improve the program.
- Faculty must drive decisions; shared or hybrid structures may fail to meet clarity requirements without distinct subcommittees.

5. Faculty Lines

- Clear reporting structures and authority over faculty appointments are required.
- Shared faculty may serve both programs but must have clearly defined lines of responsibility to each dean.
- Department chairs for certain specialties (e.g., OMM for COCA) must be D.O.s.

6. Autonomy and Mission Protection

- COCA standards protect the distinct osteopathic mission from external influence; LCME protects the integrity of the M.D. program.
- Any integrated structure must avoid perceptions of forced “single UME accreditation.”
- Admissions, leadership, curriculum, and finances must all demonstrate independence and alignment with each program’s unique mission.

Part 2: Substantive Change Processes & Timeline

Core Expectation

Any major structural, governance, programmatic, or location change must be formally approved by each accreditor **before** implementation or advertising. Failure to secure approvals can lead to citations, probation, or loss of accreditation.

LCME

- **When Required:** New or expanded campuses, major curriculum changes, significant class size increases, or governance restructuring.
- **Process:** Submit a *Substantive Change Notification Form* directly to the LCME Secretariat (outside the annual data cycle). Include justification, impact on standards, feasibility, and budget implications.
- **Timeline:** Typically 6–12 months; some site visits may be required for large changes.
- **Note:** No advertising or student recruitment until formal approval is granted.

COCA

- **When Required:** Changes in legal control, college mergers, new locations/branch campuses, curriculum length changes, or contracting >25% of curriculum delivery.
- **Process:** Submit a *Substantive Change Request Form* at least 120 days before a scheduled COCA meeting. Changes may require a self-study, site visit, or governing board approval.
- **Timeline:** 4–12 months is typical; new campuses or major mergers may take up to 24 months and require multiple site visits (pre-operational, Year 1, Year 2).
- **Note:** Each additional location must have an on-site D.O. leader at associate dean level or higher.

HLC (Higher Learning Commission)

- **When Required:** Mergers, new colleges, new degree levels, mission changes, or significant structural shifts.
- **Process:** Submit an application, then HLC assigns the pathway:
 - *Desk Review* (~3 months)
 - *Change Panel* (~5 months)
 - *Change Visit* (~8 months)
 - *Change of Control Evaluation* (timeline varies)
- **Note:** Institutions can inform stakeholders of a pending application but cannot recruit or enroll students until approval is final.

ARC-PA (Physician Assistant Programs)

- **When Required:** Program sponsorship transfers, new sponsoring institutions, significant curriculum or length changes.
- **Process:** Submit the appropriate *Change Notification Form* available on the ARC-PA site; provide detailed org charts, budget, leadership CVs, and resource narratives.

- **Timeline:** At least 6 months prior to planned implementation; 12+ months lead time is strongly advised. Reviewed quarterly at ARC-PA commission meetings.
- **Note:** Advertising or implementation must wait for formal ARC-PA approval. Programs may use ARC-PA's anonymous Q&A or office hours for clarifications.

Part 3: November 2025 Updates

Since the completion of the Accreditation Task Force report, several clarifications have emerged regarding expectations from both the LCME and COCA concerning potential governance and structural changes associated with the One Health initiative. During the LCME conference, it was emphasized that institutions must submit a “Change in Ownership or Governance Notification Form” when a governance change is anticipated. The requirement is newly underscored to CHM.

For LCME purposes, the key triggering conditions remain twofold: (1) any reduction in CHM faculty representation within governance and/or (2) any shift in reporting lines for the medical education leadership away from the deans. Only such actions would constitute a “significant governance change” necessitating prior notification. Should either occur, LCME expects immediate submission following or concurrent with the President’s decision. Without these conditions, the form need not be filed.

In parallel, the Commission on Osteopathic College Accreditation (COCA) has provided its first written feedback on the preliminary One Health model. In a September 22, 2025 letter to Dr. Kirsten Waarala, the COCA Executive Committee affirmed that MSU-COM’s plans are still considered hypothetical and therefore not subject to formal review at this time. COCA clarified that its accreditation applies to colleges or schools of osteopathic medicine, not to programs embedded within a merged medical program. As such, while many proposed structural features could conceptually align with COCA standards, the accreditor would require clearer delineation of the DO program’s independent governance, leadership, and budgetary authority under any future model.

Together, these communications from LCME and COCA reinforce the importance of timing, clarity, and adherence to each accreditor’s established substantive change procedures. Both agencies have expressed willingness to remain in conversation as MSU continues its internal planning, but neither will review or respond to hypothetical structures. As decisions evolve, MSU will follow the formal pathways for notification and review defined by each accreditor, ensuring that any proposed change is fully developed, accurately represented, and submitted at the appropriate stage in alignment with LCME and COCA expectations. In the meantime, the university will continue to prioritize transparency, maintain distinct programmatic authority for both medical colleges, and coordinate internal communication to reflect that current discussions remain exploratory rather than operational.

Part 4: Substantive Change Mapping for Health Professions Programs

Program & Accreditor	What Triggers Sub Change	Documents Needed	Prep Timeline	Review Timeline	Site Visit Required?
Biomedical Laboratory Diagnostics (NAACLS)	New/closed sites, sponsor change, major curriculum changes	Self-study or change form, org chart, budget, advisory board minutes	3–6 months	6–9 months	Often, for new sites or delivery models
Clinical Psychology (APA)	New tracks, governance change, major delivery shifts	Sub Change Report, updated outcomes, governance chart, budget	4–6 months	6–12 months	Possible, for major changes
Clinical Psychology (PCSAS)	Identity, sponsor, or scope change	PCSAS Change Report, supporting evidence	4–6 months	6–12 months	Rare but possible
Communicative Sciences & Disorders (CAA-ASHA)	New sites, distance ed, admin changes	Change form, governance chart, curriculum map, budget	4–6 months	6–9 months	Required for new sites
Dietetics (ACEND)	New sites, sponsor/control change, new tracks	Sub Change form, updated curriculum, faculty lists, budget	3–6 months	6–12 months	May be required
Kinesiology — Athletic Training (CAATE)	<i>No substantive change likely</i>	N/A	N/A	N/A	N/A
Nursing (CCNE)	New programs/tracks, distance ed, governance change	Sub Change Notification, curriculum, governance chart, budget	6–9 months	6–12 months	Possible for major changes
Nurse Anesthesiology (COA)	New sites, delivery model change, sponsor change	Sub Change Report, self-study, budget plan	6–12 months	9–18 months	Frequently required
Michigan Board of Nursing (BON)	New sites, sponsor/control change, major revisions	Board forms, policy manuals, curriculum plan	3–6 months	3–6 months	Possible for new sites
Public Health (CEPH)	New degrees/tracks, campuses, governance change	Sub Change Report, org chart, resource/budget plan	6–12 months	~12 months	Required for major changes

Part 5: Substantive Change Mapping for Potential New Health Professions Programs

Program	Primary Accreditor	Structural Notes & Restrictions
Audiology	ASHA	MSU is an accredited member of ASHA
Dentistry	Commission on Dental Accreditation (CODA)	Must meet CODA Standards for predoctoral dental education. Typically requires stand-alone School of Dentistry. Can be embedded in a larger College of Health Professions, but must have clear programmatic authority, dedicated dean, and separate budget lines.
Dental Hygiene	CODA	Can be a department within a School/College of Dentistry or a stand-alone program if bachelor's or master's level. Must demonstrate sufficient faculty, facilities, and program autonomy. Often co-accredited alongside the dental school.
Pharmacy/Pharmacology	Accreditation Council for Pharmacy Education (ACPE)	Doctor of Pharmacy (PharmD) must meet ACPE Standards. Typically a stand-alone College/School of Pharmacy with independent leadership and clear budget authority. Embedded models exist but must preserve program autonomy to comply with ACPE Standards 7 & 23 (Governance & Resources).
Biomedical Informatics/Tech	Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM) or related accreditor depending on degree level	CAHIIM accredits Health Informatics and Information Management programs at bachelor's, master's, and doctoral levels. May be a department within a larger health professions college if autonomy, faculty qualifications, and curriculum oversight are clear. Not typically required to be stand-alone but must demonstrate sufficient resources.
Occupational Therapy (OT)	Accreditation Council for Occupational Therapy Education (ACOTE)	Must meet ACOTE Standards for professional OT education. Typically organized as a stand-alone program or department. Can be within a College of Health Professions if governance, budget, and faculty are distinct.
Physical Therapy (PT)	Commission on Accreditation in Physical Therapy Education (CAPTE)	Doctor of Physical Therapy (DPT) must comply with CAPTE Standards. Commonly a separate department or stand-alone program within a College of Health Professions. Must have clear authority over curriculum and budget.