

# 2002 ANNUAL REPORT



National Commission on  
Orthotic and Prosthetic  
Education (NCOPE)  
11th Anniversary  
1991–2002

*“Education is not filling a bucket, but lighting  
a fire.” - William Yeats*



# National Commission on Orthotic and Prosthetic Education

## Mission Statement

*NCOPE's mission is to be the recognized authority for the development and accreditation of O&P education and residency standards leading to competent patient care in the changing health care environment*

1998

NCOPE is a nonprofit national organization that works with the Commission on Accreditation of Allied Health Accreditation Programs (CAAHEP) to accredit educational programs for the orthotics and prosthetics profession. NCOPE also accredits residency programs.



## **2002 NCOPE Board of Commissioners**

**Michael Brncick, CPO, *Chairman***

**Grover “Buddy” Jeffcoat, CO, *Vice-Chairman***

**Darrell Clark, CO, *Secretary-Treasurer***

**R. Michael Russell, CPO, *Commissioner***

**Mark Taylor, CPO, *Commissioner***

**Mark Edwards, CP, *Commissioner***

**Rick Psonak, CPO, *Commissioner***

**John Ferguson, CPO, *Commissioner***

**Donald Shurr, CPO, *Commissioner***

**Gene Gary-Williams, Ph.D., *Public Member***

### **NCOPE Staff**

**Robin C. Seabrook, *Executive Director***

**Catherine Caldwell, *Accreditation Assistant***

## Letter From The Chairman

Dear Colleague:

I would like to take this opportunity to review my past three years as NCOPE chairman. NCOPE continues to mature as an accrediting agency. The commission went through some very difficult, as well as rewarding, times. We became incorporated, strengthened our relationship with ABC, were invited to participate in the negotiated rulemaking process, established a regional residency network, assisted in the developing a master's degree program and established new committees in response to advances in the field.

Incorporation has led us to become more independent and has allowed us to explore different ways to support our efforts. As a nonprofit organization, we are able to accept grant money and search for other sources of income. A newly established committee is currently in search of educational research grants that could help us with our accreditation efforts in the future.

Without the support of the profession, NCOPE would have difficulty accomplishing any of its goals. The work of an accrediting body in any field is supported by the members of that profession. We have been the beneficiary of financial help from the Academy, ABC and AOPA. Without their financial support, it would be very difficult for NCOPE to function. I would like to thank them for their continued support of education.

There is a unique relationship between ABC and NCOPE. ABC is a credentialing body. NCOPE is an accrediting body. The two are separate, but must also work together to ensure quality patient care. The analogy I like to use is that NCOPE is a sword, and ABC is a shield. NCOPE establishes the educational standards on which the profession is defined. ABC is the "gatekeeper," making sure those who practice the profession have met and demonstrated a level of knowledge of the basic science of O&P and possess the competency to apply that knowledge in a responsible and professional way.

Recently, there has been some debate about whether educational standards should be lowered to provide increased numbers of orthotists and prosthetists for the growing population in need of their services. To NCOPE, there is no debate. As a profession, we cannot and should not lower our standards to provide access to care. There is a shortage of physicians in rural areas of this country. Should we make it easier for someone to become a doctor? Should we lower the educational standards and

the knowledge base of a practicing physician? I doubt the answer from anyone who needed the care would be yes. So why would we even consider this for our profession?

There are many factors that influence the path our profession will travel. One factor that is not unique to O&P is the continued reduction in reimbursement for the services we provide. One of the solutions is to deliver care to patients more efficiently, while maintaining the high standards we are providing today.

Our invitation to participate in the negotiated rulemaking process required us to look at our profession and determine what defines it. Negotiated rulemaking has focused on education and what qualifies practitioners to do what we do. Because of this, a great responsibility lies with NCOPE to continue building on the basic science of orthotics and prosthetics.

In order to define the educational standards for the profession, we must keep abreast of new developments and monitor the direction the field is taking. Our link to the profession is our Clinical Standards Committee. Its task is of great importance. It is called on to differentiate between the basic science and knowledge of the profession and the expanding technological developments that proliferate our practices today. There is a significant difference between the two, and they are often confused as being the same. The recommendations the committee makes become the educational standards that O&P schools incorporate into their curricula. These recommendations must be based on sound scientific knowledge and not on the claims of manufacturers or variations of techniques used by practitioners.

Residency is one of the keys to developing the knowledge base of the future. With the development of the regional residency network, NCOPE has been focusing on the residency process. Every practitioner must understand that residency is an extension of the student's educational experience. With that comes responsibility for each and every residency director to make sure the experience their residents receive will prepare them for futures as O&P professionals.

One of the requirements of fulfilling the one-year residency is to write a research paper. Through the years, the quality of these papers has continually improved. As time passes, this knowledge base will help add to the basic science of orthotics and prosthetics. If we coordinate these efforts with the Academy and its research efforts, we have a basis to define the science of O&P better.

Master's level programs are emerging. Students from these programs will be the leaders in research and education in the future. They will be the ones defining the profession. I look forward to seeing what their contributions will be.

The future is full of challenges. We need to respond to change in the way we all learn. Distance education will have one of the greatest effects on our profession by providing more access to educational programs. Our committee on distance education will be one of the most active in the years to come. Establishing educational standards, evaluating the delivery of information, student monitoring and all of the other activities associated with distance learning will be challenging for the committee.

Distance education is another way in which more people can become practitioners. Continuing education, extension of title and access to education at other levels of care within the O&P community are the many ways we will use distance education in the future.

Also in the future is a move toward outcomes-based accreditation. Because CAAHEP mandated the use of outcome-based accreditation standards, educational institutions will need to use outcomes to define the effectiveness of their programs. Site visitors will no longer be evaluating the physical presence of a library and whether the required textbooks are in it. They will instead need to measure whether the students are effectively using the library.

The past three years have been very rewarding. Many dedicated, hard-working people have spent significant time in attaining these accomplishments.

Without the leadership of our executive director, Robin Seabrook, these accomplishments would never have been attained. We are fortunate to have an executive director with a strong background in accreditation and certification. Robin Seabrook has been the foundation of NCOPE. We are fortunate to have her experience. Her responsibilities include: tracking residents, maintaining of NCOPE's Web site, publishing our quarterly newsletter *Noteworthy*, overseeing the budget, coordinating residency director workshops, and participating in mainstream allied health accreditation activities with CAAHEP.

With the dedication of the people who make up our commission, NCOPE continues to thrive. Preparing for an accreditation site visit, reporting the findings to the commission, reviewing curriculum, attending NCOPE meetings, reviewing residency site requests and dealing with resident issues are just a few of the activities that committee members must perform above and beyond their regular jobs. Their responsibilities continue to grow, and the time commitment grows along with them. They all bring expertise from different aspects of the O&P field and beyond. They all have a common thread of believing in the power of education and, when together, bring confidence that we are fulfilling our responsibilities to the profession.

It has been exciting to watch the growth of NCOPE and its emergence as one of the most important commissions in the field of orthotics and prosthetics. The mechanisms are in place for NCOPE to continue to pursue its mission. New leadership will bring us to another chapter in the educational process. I am pleased I was able to contribute to and participate in all that was accomplished in the past three years.

Sincerely,



Michael Brncick, CPO  
Chairman



*Students at California State University*

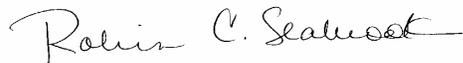
## **A Letter From the Executive Director:**

Dear Orthotic/Prosthetic Professional:

This 2002 Annual Report celebrates the 11th anniversary of the NCOPE and our service to the O&P profession through our accreditation activities for educating and training O&P professionals. It has been a challenging and rewarding 11 years, as the commission has worked to build an organization of independence, energy and commitment to the highest standards of education for the O&P profession.

Over the previous years, NCOPE has grown and matured as an organization and has established itself as the only recognized authority for developing and creating educational standards for the profession, including residency training standards. The commission continues to improve its programs and processes based on the underlying theme that education defines a profession, allowing it to move forward and continue for all future generations.

Sincerely,

A handwritten signature in cursive script that reads "Robin C. Seabrook".

Robin C. Seabrook  
Executive Director

## **NCOPE 2002**

### Looking Back and Looking Forward: NCOPE's 11<sup>th</sup> Anniversary

*1991 – 2002*

2002 marked NCOPE's 11th year of operation. Created in 1991, it serves the O&P profession by providing accreditation services to degree-granting colleges, universities and hospital programs, as well as O&P patient care facilities that provide residency training. In addition, NCOPE works with CAAHEP to accredit primary education programs in the O&P profession. NCOPE has eight practitioner-level programs, one assistant-level program and five technician programs within its system.

NCOPE has several primary functions: promote education in the O&P profession and raise the standards of that education; develop standards for and accredit O&P programs; establish accreditation and evaluation procedures; and aid in the development of new O&P programs. The overall goal is to have quality patient care provided by professionals who have been educated and trained as a result of NCOPE's standards and accreditation process.

This 11th anniversary annual report looks back at some of the challenges NCOPE has faced and the successes it has enjoyed. It looks to the future challenges—for NCOPE, for O&P education and for accreditation.

### **Looking back**

Like any new organization, NCOPE first had to struggle with the challenge of assuring its survival. Creating presence and authority on matters of accreditation and education for O&P was another early challenge. NCOPE had to demonstrate that it was capable of moving O&P education to a new level by establishing a paradigm shift of how professionals are trained and educated within O&P and keeping pace with current practice. In sum, NCOPE's task was to establish itself as the sole authority on O&P education and accreditation in the eyes of the educational programs, sister organizations and—more importantly—the profession itself.

## **Survival**

Fortunately, NCOPE started out with important ingredients for survival: a strong and dedicated board of commissioners with a clear vision for the organization; initial financial resources that easily supported NCOPE's start-up phase; and the support of the academic community within O&P.

From the beginning, NCOPE worked hard to bring about reform to an educational process that had not seen change in over 10 years. NCOPE moved quickly to establish new practitioner-level education standards and to create residency training standards while trying to develop a financial source of income for NCOPE based on the accreditation services provided.

## **Presence and authority**

NCOPE attempted to build a presence and authority in two ways: by working to establish itself as the expert in O&P education by participating in mainstream accreditation activities in collaboration with CAAHEP; and creating a new way in which practitioners were trained by establishing residency standards. O&P was no longer performing accreditation services in a vacuum; it was interacting with other allied health professions and increasing its visibility in the higher education accreditation arena. An example of this was the process of getting O&P recognized as an allied health profession. When this happened in the early '90s, CAAHEP was under the American Medical Association (AMA) system, which required recognition of a profession in order to participate and join.

With this recognition, NCOPE was able to move forward and have its new educational standards adopted and approved. Once the primary education component was complete, the need to lend structure to training future practitioners became the focus. NCOPE spent over a year investigating and creating a process and standards for the residency. NCOPE's presence continued to grow, and ABC adopted the NCOPE accredited residency as a requirement for certification 1995. Once residency became a requirement, NCOPE saw a steady increase in residency sites and a source of income to aid in the accreditation services it provided.

In 2002, NCOPE continued to be viewed as the primary authority for O&P education and standards development. This was further evidenced by NCOPE's inclusion on the Negotiated Rulemaking Committee on Special Payment Provisions and requirements for prosthetics and certain custom-fabricated orthotics. The process was called for under the Benefits Improvement and Protection Act of 2000

(BIPA). The purpose of the committee is to advise the Centers for Medicare & Medicaid Services (CMS) on developing a proposed rule that would establish special payment provisions and requirements for providers of prosthetics and certain custom-fabricated orthotics under the Medicare program.

### **Looking forward**

As NCOPE looks forward to the future, several challenges lie ahead. First and foremost is the great debate concerning O&P education and if the profession should move toward increasing educational minimums or aim for increasing numbers and lowering standards to counteract anticipated manpower shortages. At the moment, all signs point to keeping the minimum standards at the baccalaureate level while performing future studies of manpower in conjunction with all organizations and professionals providing O&P care.

Yet another challenge for NCOPE will be the movement toward new and innovative ways to present O&P curriculum, such as distance education and the impact it will have on the accreditation process, evaluation and the standards.

NCOPE looks to the past 11 years with a sense of pride and accomplishment and draws important insights from the past. NCOPE looks to the future with a sense of purpose, direction and energy, excited to meet the many challenges that face the O&P profession and the organization.

# **NCOPE**

## Accreditation Actions in 2002

### Practitioner Level (CAAHEP Actions)

Continued Accreditation - **Century College**

Continued Accreditation - **Newington Certificate Program**

### Residency Accreditation Report

During 2002, NCOPE performed the following accreditation services:

Reviewed and Accredited:            58 patient care facilities for residency programs

Tracked Residents:                    215 residents in the 2001-02 cycle

Completed Residents:                170 residents completed in 2002



*Students observing alignment of a prosthesis at  
California State*

## Primary Accreditation Report

*During 2002, NCOPE performed accreditation services for the following programs:*

### Practitioner Level

**Newington Program** - Application review and on-site visit  
**Georgia Tech** - Started application review  
**Rutgers University** - Focused on-site visit

### Assistant Level

**Oklahoma State University – Okmulgee** - Application review and on-site visit

### Technician Level

**Baker's College** - Application review and on-site visit



*Resident working with a Symes patient*

**National Commission on Orthotic & Prosthetic Education**  
**Statements of Financial Position**

	<b>December 31,</b>	
	<b>2002</b>	<b>2001</b>
<b>Assets</b>		
Cash and cash equivalents	\$123,292	\$178,642
Investments	97,992	-
Accounts receivable and other assets	3,254	1,704
Furniture and equipment, net of accumulated depreciation of \$29,975 and \$25,975, respectively	6,008	10,009
<b>Total assets</b>	<b>\$230,546</b>	<b>\$190,355</b>
 <b>Liabilities and net assets</b>		
Accounts payable and accrued expenses	\$7,088	\$5,655
Accrued vacation	7,968	8,846
Due to affiliates	63,393	34,271
Deferred income	87,375	87,399
<b>Total liabilities</b>	165,824	136,171
 Net assets	64,722	54,184
<b>Total liabilities and net assets</b>	<b>\$230,546</b>	<b>\$190,355</b>

**National Commission on Orthotic & Prosthetic Education**  
**Statements of Activities**

	<b>Years Ended December 31,</b>	
	<b>2002</b>	<b>2001</b>
<b>Revenue and support</b>		
Program fees:		
Residency renewal fees	\$204,130	\$197,461
Application fees	17,478	15,250
School accreditation fees	7,500	8,250
	229,108	220,961
Contributions	57,000	51,000
Investment income	2,605	3,142
Miscellaneous	1,544	1,691
	290,257	276,794
 <b>Expenses</b>		
Residency accreditation	122,410	118,714
Primary accreditation	122,139	122,328
Governance	33,793	12,274
	278,342	253,316
Change in unrestricted net assets before change in fair value of investments	11,915	23,478
Change in fair value of investments	(1,377)	-
	10,538	23,478
Change in unrestricted net assets	10,538	23,478
Net assets, beginning of year	54,184	30,706
Net assets, end of year	\$64,722	\$54,184



**California State University  
Dominguez Hills**



**Certificate Course in Orthotics**  
Los Amigos Research & Education Institute, Inc.  
Rancho Los Amigos Medical Center



**CenturyCollege**

*A Community and Technical College*



**Northwestern University  
Prosthetics-Orthotics Center**

**THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS**  
**Allied Health Sciences School**



**DEPARTMENT OF**  
*Rehabilitation Medicine*

**CAAHEP-Accredited  
Practitioner Programs**

## 2002 Practitioner Level Programs

Three Baccalaureate:

California State University  
University of Texas  
University of Washington

Five Post-Baccalaureate Certificate :

California State University  
Century College  
Newington Certificate Program  
Northwestern University  
Rancho Los Amigos National Rehabilitation Center

## Technician-Level Programs (NCOPE Accredited)

Four Associate Degree/Certificate :

Century College  
Francis Tuttle Technology  
Median School of Allied Health  
Spokane Falls Community College



*Students from the Century College  
Technical Program*

**CenturyCollege**

*A Community and Technical College*

FRANCIS TUTTLE



Spokane Falls Community College

**NCOPE-Accredited  
Technician Programs**

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