



ACCREDITATION STRATEGY GUIDE

A Practical Framework for Health Professions Education Leaders

Introduction

Accreditation in health professions education is often approached as a requirement to satisfy.

In practice, it is something very different. Across initial accreditation, reaccreditation, program expansion, and corrective action, institutions face a consistent challenge: **aligning program design, faculty capacity, assessment systems, and institutional priorities over time.**

This guide brings together four key perspectives on accreditation strategy, based on the full lifecycle of professional health education programs.

It is designed for Deans, Program Directors, and academic leaders responsible for:

- accreditation readiness
- program development and expansion
- faculty and assessment alignment
- long-term program performance

Each section reflects a common point where accreditation efforts either succeed—or begin to break down.



Why Accreditation Should Shape Strategy, Not Follow It

Section 1: Initial Accreditation

Across health professions education, accreditation is often treated as a final checkpoint.

Programs are designed first, and accreditation is addressed later.

This approach creates risk.

Accrediting bodies evaluate not only documentation, but whether the entire program structure supports high-quality professional education.

This includes:

- governance and leadership alignment
- faculty capacity and workload
- curriculum and assessment design
- clinical education partnerships
- program resources and infrastructure

When accreditation is introduced late in the process, institutions often find that key decisions must be revisited.

KEY INSIGHT

Accreditation is not a validation step. It is a design framework.

Programs that integrate accreditation expectations from the beginning:

- experience fewer delays
- make more predictable progress
- build stronger, more sustainable programs

KEY QUESTIONS FOR LEADERS

- How are accreditation standards shaping program design decisions today?
- Is faculty capacity aligned with planned enrollment and delivery models?
- Are assessment systems designed early, or added later?
- Do clinical partnerships support long-term growth?



Reaccreditation Is Not Maintenance, It Is Program Strategy

Section 2: Reaccreditation

Reaccreditation is often viewed as a periodic reporting process.

In reality, it is a comprehensive evaluation of whether the program still operates as intended—and whether it continues to meet accreditation standards.

Programs evolve over time:

- enrollment grows
- delivery models change
- faculty roles shift
- clinical partnerships expand

Reaccreditation evaluates whether these changes remain aligned with accreditation expectations.

COMMON RISK AREAS

- Assessment systems that collect data but do not demonstrate improvement
- Faculty workload that has drifted from original program design
- Documentation that no longer reflects actual program operations
- Clinical capacity that has not kept pace with enrollment

KEY INSIGHT

Reaccreditation should begin 2–3 years before submission—not months.

Effective preparation includes:

- evaluating program assessment systems
 - reviewing faculty roles and workload
 - aligning documentation with current practice
 - strengthening clinical education infrastructure
 - monitoring changing standards and elements over time to ensure compliance
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KEY QUESTIONS FOR LEADERS

- When did structured reaccreditation preparation begin?
- Are assessment systems clearly linked to program outcomes?
- Do faculty roles align with current program demands?
- Does documentation reflect how the program operates today?



The Accreditation Risk Institutions Often Underestimate

Section 3: Substantive Change

Growth introduces complexity.

Programs expand enrollment, introduce hybrid delivery, or open additional locations.

These changes often trigger **substantive change accreditation requirements**.

COMMON TRIGGERS

- Increased cohort size
- Hybrid or distance learning models
- New program locations
- Expanded clinical education structures

KEY INSIGHT

Substantive change is not an administrative step—it is a structural evaluation.

Accrediting bodies assess whether the program can sustain quality under new conditions.

This includes:

- faculty resources
- clinical education capacity
- assessment systems
- operational infrastructure

WHY PROGRAMS STRUGGLE

Substantive change is often addressed after the decision to expand has already been made.

This creates misalignment between:

- program goals
- available resources
- accreditation requirements

KEY QUESTIONS FOR LEADERS

- Has accreditation impact been evaluated before expansion decisions?
- Have Needs Assessment results signaled the proposed changes?
- Does faculty capacity scale with enrollment growth?
- Are clinical partnerships sufficient for expansion?
- Do assessment systems support a larger program?



What Leaders Should Do When Findings Occur

Section 4: Accreditation Deficiencies

Accreditation deficiencies can feel high-stakes, but they are not uncommon.

They often reflect gaps between:

- program operations
- documentation
- accreditation expectations

COMMON CAUSES

- gaps in program assessment systems
- faculty workload or training concerns
- resource or budget constraints
- curriculum or policy misalignment

KEY INSIGHT

Deficiencies are not failures. They are signals.

Programs that respond effectively:

- analyze the underlying issue
- align leadership and faculty
- implement structured corrective actions
- strengthen program systems

EFFECTIVE RESPONSE APPROACH

1. Understand the specific accreditation standard
2. Identify whether the issue is structural or documentation-related
3. Align stakeholders across the program
4. Develop a clear corrective action plan related to data and analysis

KEY QUESTIONS FOR LEADERS

- What is the root cause of the finding?
- Is the issue structural or documentation-based?
- Who owns corrective action?
- How will changes be sustained long-term?



Across the Accreditation Lifecycle: A Common Pattern

Across all four stages, a consistent pattern emerges:

Programs struggle not because they misunderstand accreditation standards—but because execution is complex.

Challenges often include:

- misalignment across leadership and program teams
- insufficient faculty capacity
- delayed assessment system development
- unclear ownership of execution
- reactive rather than proactive planning

WHAT SUCCESSFUL PROGRAMS DO DIFFERENTLY

Successful institutions:

- begin accreditation planning earlier than expected
- align accreditation with program design—not after it
- treat accreditation as an institutional responsibility
- invest in assessment systems and faculty planning
- maintain clear ownership of execution



Final Reflection

Accreditation will always be part of health professions education. The question is not whether it will influence program outcomes.

The question is whether it will influence decisions **early enough to matter**.

About Rehab Essentials

Universities navigating accreditation across the program lifecycle often benefit from specialized expertise that connects strategy, program design, and execution.

Rehab Essentials partners with university leadership teams to support:

- initial accreditation and candidacy
- reaccreditation preparation
- substantive change planning
- corrective action and compliance strategy

Our consulting model brings **the right expertise at the right time**, working alongside institutions to translate accreditation requirements into executable program plans.