

## **POLICY & PROCEDURES**

### **ACC-01C: DECISION-MAKING REGARDING A PROGRAM'S ACCREDITATION STATUS**

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**NOTE:** This policy applies to education programs whose onsite accreditation review took place **AFTER** September 1, 2017.

For reviews between **September 1, 2013 and September 1, 2015**, see **ACC-01A**.

For reviews between **September 1, 2015 and September 1, 2017** see **ACC-01B**.

#### **PREAMBLE**

Accreditation is both a process and a condition. The process involves an integrated system of continuous assessment, evaluation, and improvement for an education program to demonstrate compliance with specified standards. The condition or state of being accredited provides a credential to the public and regulators, assuring that an education program has accepted and is fulfilling its commitment to educational quality. Four main functions of accreditation are to:

- establish criteria for evaluation of physiotherapy education programs
- conduct assessments that encourage universities to maintain and improve their programs
- determine a program's compliance with established evaluative criteria for accreditation
- provide ongoing consultation to physiotherapy education programs

The Mission of Physiotherapy Education Accreditation Canada (PEAC) is to assure the quality of physiotherapy education in Canada through accreditation. This mission is partly achieved through the establishment of a fair, equitable and transparent accreditation program that includes a decision-making process.

Policies and procedures related to taking decisions about accreditation must be grounded in principles of quality, equity, consistency and objectivity. The remainder of this document outlines the policies and procedures related to decisions about accreditation status.

## **1.0 POLICY**

### **1.1 Core Evaluative Criteria**

PEAC considers compliance with four of the criteria essential for accreditation. Education programs must demonstrate compliance with the following Core criteria. Non-compliance with any of these Core criteria will result automatically in either Accreditation – Probationary or Non-Accreditation.

- Criterion 1.1 The program faculty have responsibility for governance of the program and the authority to ensure program policies are implemented.
- Criterion 1.2 The director of the entry-level education program has a physiotherapy university degree and provides leadership for the faculty, staff, and students, and management of the program. The director has a faculty appointment and the appropriate qualifications, including related experience in higher education, research, and administration. The director has sufficient authority and recognition to manage and represent the program.
- Criterion 1.3 The program has adequate financial resources to achieve its stated goals and objectives and assure its continuing operation.
- Criterion 2.6 Changes to the program and the curriculum are made in response to analysis of evaluation data and the impact of these changes is assessed.

## 1.2 Accreditation Decisions

An accreditation status decision is made based on levels of compliance allocated to each criterion and the number/percentage of criteria considered “Not Met” in each accreditation standard.

Criterion Fully Met	No concerns; continued improvement is encouraged; recommendations may be included for continued improvement.
Criterion Partially Met	Needs improvement; the program will be required to respond to identified concerns in a future Progress Report.
Criterion Not Met	The requirements for compliance were Not Met; the program will be required to provide evidence of compliance in a future Progress Report.

There are three options for accreditation decisions:

**A. Accreditation**

- i. Fully Compliant
- ii. Partially Compliant
- iii. Probationary

**B. Non-Accreditation**

**C. Deferral of Decision**

The decision options and related conditions are as follows:

*Accreditation – Fully Compliant*

A program demonstrates evidence of compliance with 100% of the accreditation criteria (i.e. there is evidence to indicate that all criteria in each of the six standards have been Fully Met or Partially Met).

**AWARD:** Accreditation – Fully Compliant

**OPTIONS:** Progress Reports will be required if one or more criteria are Partially Met, and until all criteria are Fully Met. Failure to adequately respond to the requests made may result in a change to Accreditation – Partially Compliant, Accreditation – Probationary, or Non-Accreditation.

**NOTE:** Maintenance of accreditation status requires that a program remain in compliance with the accreditation criteria.

*Accreditation – Partially Compliant*

A program demonstrates evidence of compliance with all of the established Core criteria (exception: accreditation of new programs) (i.e. there is evidence to indicate that all Core criteria have been Fully Met or Partially Met).

AND

A program demonstrates compliance (i.e. Fully Met or Partially Met) with 80-100% of the accreditation criteria in a minimum of four standards and 50-79% of the accreditation criteria in a maximum of two standards.

**AWARD:** Accreditation – Partially Compliant

**OPTIONS:** Progress Reports will be required until all criteria are Fully Met. Failure to demonstrate progress towards full compliance may result in a change to Accreditation – Probationary or Non-Accreditation.

### Accreditation – Probationary

A program does not demonstrate compliance with all of the established Core criteria (exception: accreditation of new programs) at the time of initial accreditation review (i.e. one or more Core criteria are Not Met).

OR

Fewer than 50% of the accreditation criteria in one standard are Fully Met or Partially Met (i.e. more than 50% of the accreditation criteria in one standard are Not Met.)

OR

Fewer than 80% of the accreditation criteria in three or more standards are Fully Met or Partially Met (i.e. more than 20% of the accreditation criteria in three or more standards are Not Met.)

OR

A program fails to demonstrate evidence of progress from probationary towards partial or full compliance.

**AWARD:** Accreditation – Probationary

**OPTIONS:** The maximum length of time a program can maintain probationary accreditation status is two years. Failure to demonstrate evidence that all accreditation criteria are Fully or Partially Met by the end of this time period will result Non-Accreditation. The timeframe may be extended by PEAC if the program is able to demonstrate significant progress toward becoming compliant with accreditation standards and criteria.

A Progress Report will be required within three to twelve months of the accreditation award. When a program demonstrates significant progress towards resolution of all identified concerns, PEAC may modify the program's accreditation status to partially or fully compliant at any time within the two-year probationary period.

Failure to demonstrate significant progress within the period specified in the AR & SR will result in Non-Accreditation at any time in the two-year probationary period. In most situations, an additional focussed onsite visit will be scheduled; the program will be invoiced a \$2500 administration fee and will be responsible to pay for any related expenses.

### Non-Accreditation

A program does not meet the requirements for accreditation

OR

A program with probationary accreditation has failed to demonstrate significant progress within the specified period (i.e. fails to meet requirements outlined in Accreditation Review and Status Reports [AR & SRs]).

**OPTIONS:** A program may re-apply to initiate a full accreditation review following a waiting period of one year. A program remains non-accredited until a full accreditation review is completed and a change in accreditation status is made.

### Deferral of Decision

A decision will be deferred if it is deemed by PEAC that further information is required from the program before an accreditation decision can be made. If an additional onsite review is required, the program will be responsible for paying for any related expenses, and will be invoiced a \$2500 administration fee.

#### 1.3 Responsibility for Decision-Making

The Peer Review Team (PRT) reviews, verifies, and supplements evidence provided by the education program in the Self Study Report, and submits a report about the program's compliance with each accreditation criterion. PRT members do not make a recommendation regarding a program's overall accreditation status.

The Accreditation Committee makes a recommendation regarding a program's overall accreditation status.

The Board of Directors of PEAC reviews the recommendation and makes an accreditation award decision.

#### 1.4 Timing of Accreditation Decision-Making

An accreditation award decision for onsite accreditation visits conducted mid-February – July will be made by October 31st. An accreditation award decision for onsite accreditation visits conducted August – mid-February will be made by May 31st.

#### 1.5 Notification of Decisions Made about a Program's Accreditation Status

An official letter and report (in the form of an Accreditation Review and Status Report or AR & SR) will be prepared by PEAC and forwarded to the program following any decisions made by the Board of Directors in relation to the program's accreditation status. Accreditation Committee members and PRT members receive notification of the decision and of delivery of the AR & SR but will not receive a copy.

## 1.6 Accreditation Cycle

The normal length of the accreditation cycle for a program is six years from the date of the most recent accreditation onsite visit.

## 1.7 Maintenance of Accreditation Status

It is the responsibility of the education program to maintain compliance with the accreditation standards. Evidence of continuing compliance includes:

- submission of Progress Reports as required in the AR & SR
- submission of an annual report (survey link will be provided to each program annually by PEAC)
- payment of the annual accreditation fee (invoiced annually) (*GUIDE-10 Fee Schedule*)
- reporting of any substantive change in an education program (*ACC-04 Substantive Change*)
- publication of accreditation status using required text (*ACC-02 Disclosure*)

## 1.8 Accreditation of New Physiotherapy Education Programs

A newly developed education program or an education program with changed exit credentials will be considered by PEAC as a new program.

If a new program wishes the first class of students to be considered graduates from an accredited program, the accreditation process must be completed before any students graduate from the program. At the time of the accreditation review, the program will be unable to achieve a level of compliance of Fully Met or Partially Met for accreditation criteria 2.4, 2.5, and Core criterion 2.6, as the program will be unable to incorporate data from graduates and employers in its program evaluation plan. Existing programs which achieve a level of compliance of Not Met in a Core criterion (2.6) are awarded Accreditation – Probationary (see Accreditation – Probationary regarding Core criterion 2.6). An exception is made for new programs whereby they are provided two years to achieve a level of compliance of Fully Met or Partially Met in Core criterion 2.6.

The maximum accreditation award for a new program will be Accreditation – Partially Compliant for a period of twenty-four months. The accreditation award will be reconsidered following submission of a Progress Report within the two-year time period.

## 1.9 Extension of Accreditation Status Expiry

The Board of Directors may consider an extension to the expiry of a program's accreditation status. The extension would be for a limited time for the purpose of addressing operational and resource issues related to, for example, the

number of accreditation reviews in one year or a program's extenuating circumstance.

### 1.10 Deferral of Accreditation Review

Programs may request a deferral of an accreditation review under some circumstances (see policy *ACC-08 Deferral of Accreditation Review* for details.)

## 2.0 PROCEDURES

The processes and decisions related to accreditation reviews and decisions are summarized in *GUIDE-04: Process and Decisions related to Accreditation Reviews* (see [Appendix 1](#)). Decisions about a program's accreditation status are made based on information in the Confidential Accreditation Dossier, which includes:

### Accreditation Review

- the program's Self Study Report (SSR) and related evidence
- information gathered by the PRT during the offsite and onsite reviews
- the PRT report
- the response of the program to the PRT report
- information presented by the Primary Reviewer team in the Primary Reviewer Report

Additional information may be gathered from the Program Chair/Director and/or the PRT Chair, as required, for clarification purposes only.

### Progress Review

- the program's Progress Report and related evidence
- the requests made of the program in the most recent AR & SR
- information presented by the Primary Reviewer team in the Primary Reviewer Report

Additional information may be gathered from the Program Chair/Director for clarification purposes only.

### 2.1 Dossier Preparation

#### 2.1.1 PRT Report

The PRT report (accreditation review only) is reviewed by PEAC staff for formatting and consistency and is then forwarded to the education program for review and response. The review ensures that the PRT report includes appropriate terminology and that there are no statements about overall accreditation status.

### 2.1.2 Program Response

Faculty and staff of the program are provided an opportunity to review the PRT report and provide a narrative response. The review of the PRT report by the program is intended for the program to correct factual errors (spelling, grammar, errors in names, titles, or attendees at meetings) in the report, and not an opportunity for the program to provide new, updated, or more detailed information available since the visit date. It is acceptable for the education program to direct PEAC to evidence contained within the SSR that provides evidence not identified in the PRT report (i.e. evidence that may have been missed by the PRT). The response is added to the accreditation dossier for review by the Accreditation Committee.

### 2.1.3 Primary Reviewer Report

Four Accreditation Committee members are appointed to act as the Primary Reviewer team (accreditation review and progress review). The team reviews the program's confidential dossier and makes an initial determination of the level of the program's overall compliance with the accreditation standards for discussion at the Accreditation Committee meeting. For each review the Primary Reviewers receive

- the program's confidential dossier
- the Primary Reviewers report template for completion
- policy *ACC-01: Accreditation Decisions*
- the accreditation standards against which the program will be measured

The Primary Reviewers prepare a Primary Reviewer Report which is included within the program's confidential dossier.

## 2.2 Meeting Procedures

### 2.2.1 Accreditation Committee

#### Meeting Preparation

Prior to meetings, Accreditation Committee members are responsible to review the policies and procedures related to making recommendations about a program's accreditation award as well as any related program materials that are distributed in advance of the meeting. A copy of the confidential dossier for each program being reviewed is distributed prior to the meeting.

#### Meeting Process: Accreditation Review

During discussions related to an accreditation review, the following steps are followed:

- The PRT Chair (or designate) is welcomed to the meeting. The PRT Chair may attend either in person or via teleconference. The PRT Chair is available to clarify information in the PRT report and to answer questions.
- The Chair of the meeting asks if there are any declared conflicts of interest (*see policy COUN-01 Conflict of Interest*) related to the program under consideration.
- The Chair asks for a motion regarding the decision-making policy that will be used for the meeting.
- A motion to consider the Primary Reviewers report is made by the Lead Primary Reviewer.
- If the motion is passed the Lead Primary Reviewer presents the following information:
  - a summary of the PRT's views about the program's compliance with the accreditation criteria
  - a summary of the Primary Reviewer team's views about the program's compliance with the accreditation standards and criteria, incorporating the program's response to the PRT report
  - an initial determination of the level of the program's overall compliance with the accreditation standards
  - a recommendation for the program's accreditation award
- The Chair of the meeting calls for questions or comments from the members, and allows for discussion of pertinent areas.
- During discussion the members make a final determination of the program's level of compliance with each of the accreditation criteria. The PRT Chair is thanked and excused from the meeting.
- The Accreditation Committee provides content for the program's Accreditation Review and Status Report including required progress reports or visits, with specific requests to be addressed in the reports or visits.
- The Lead Primary Reviewer makes a motion regarding the Accreditation Committee's recommendation for the program's accreditation award (*see Appendix 2 GUIDE-06 - Standard Motions for Accreditation Decisions*).

### Meeting Process: Progress Review

During discussions related to a progress review, the following steps are followed:

- The Chair of the meeting asks if there are any declared conflicts of interest (*see policy COUN-01 Conflict of Interest*) related to the program under consideration.
- The Chair asks for a motion regarding the decision-making policy that will be used for the meeting.

- A motion to consider the Primary Reviewers report is made by the Lead Primary Reviewer.
- If the motion is passed the Lead Primary Reviewer presents the following information:
  - a summary of the PRT's views about the program's compliance with the accreditation criteria
  - a summary of the Primary Reviewer team's views about the program's compliance with the accreditation standards and criteria, incorporating the program's response to the PRT report
  - an initial determination of the level of the program's overall compliance with the accreditation standards
  - a recommendation for the program's accreditation award
- The Chair of the meeting calls for questions or comments from the members, and allows for discussion of pertinent areas.
- During discussion the members make a final determination of the program's level of compliance with each of the accreditation criteria.
- The Accreditation Committee provides content for the program's Accreditation Review and Status Report including required progress reports or visits, with specific requests to be addressed in the reports or visits.
- The Lead Primary Reviewer makes a motion regarding the Accreditation Committee's recommendation for the program's accreditation award (see [Appendix 2 GUIDE-06 - Standard Motions for Accreditation Decisions](#)).

### 2.2.2 Board of Directors

The accreditation award recommendation made by the Accreditation Committee is included on the agenda of the next Board of Directors meeting for consideration. The Board of Directors reviews the accreditation award recommendation and rationale and makes an accreditation award decision.

## 2.3 Follow-up Regarding Accreditation Decisions

An official report and letter is prepared by PEAC and forwarded to the program following any decisions made by the Board of Directors in relation to the program's accreditation status. The report, in the form of an *Accreditation Review and Status Report (AR & SR)*, will include the following information:

- name of the program, and the university
- accreditation status
- effective date of the accreditation status
- explanation of the reasons for the decision about accreditation status

- the extent to which the program is in compliance with the PEAC accreditation standards and criteria including an explanation for the findings
- commendations
- action required by the program

## 2.4 Accreditation – Probationary

Probationary accreditation status is granted when a program has been found to have significant areas where there is non-compliance and/or partial compliance with the accreditation standards and criteria, or when the program has repeatedly not addressed requirements as outlined in the AR & SR.

PEAC will provide the entry-level Program Chair, the administrator to whom the Director reports (e.g., Dean, School Director) and the university administration with written documentation about the probationary accreditation status including specific information about how the program is judged to be in non-compliance or partial compliance, and a deadline date for the program to become compliant with the accreditation criteria. Within two weeks of receipt of the AR & SR, the Program Chair/Director and the administrator to whom the Program Chair/Director reports are required to inform the faculty, staff, and students enrolled in the program, and students seeking enrolment in the program about the program's probationary accreditation status. The text provided in *ACC-02 Disclosure* must be used for the notification, and the program must submit evidence of the notification to PEAC within three weeks of receipt of the AR & SR.

The maximum length of time a program can maintain probationary accreditation status is two years. The program will be required to submit Progress Reports, at specified times, to indicate progress towards compliance with the accreditation standards and criteria. In most situations, an additional focussed onsite visit will be scheduled; the program will be invoiced a \$2500 administration fee and will be responsible to pay for any related expenses.

### *Accreditation – Probationary → Accreditation – Partially/Fully Compliant*

A change of status from Accreditation – Probationary to Accreditation – Partially Compliant or Accreditation – Fully Compliant will occur when a program demonstrates significant progress towards resolution of all identified concerns. This change may occur at any time within the two-year probationary period.

### *Accreditation – Probationary → Non-Accreditation*

A change of status from Accreditation – Probationary to Non-Accreditation will occur when:

- The program fails to demonstrate evidence of substantial compliance with the accreditation standards and criteria within the specified reporting time

OR

- PEAC receives clear evidence that circumstances exist that further jeopardize the capability of the program or the university to provide an acceptable educational experience for the students.

This change may occur at any time within the two-year probationary period.

## 2.5 Non-Accreditation

Non-Accreditation is granted when a program does not meet the requirements for accreditation or when a program with probationary accreditation has failed to demonstrate significant progress within the specified period. The following conditions will apply:

### 2.5.1 Effective Date of Decision

The decision becomes effective thirty days after the date on which official notification of the decision is sent to the university. If the university seeks reconsideration of the accreditation decision (see *ACC-06 Review and Reconsideration of Accreditation Decisions*), the effective date of the decision is the date upon which the reconsideration process is completed.

### 2.5.2 Notification of Non-Accreditation status

PEAC will provide written notification to the entry-level Program Chair/Director, the administrator to whom the Program Chair/Director reports (e.g., Dean, School Director) and the university administration which will include specific information about where the program is judged to be non-compliant and/or in partial compliance with the accreditation criteria and the basis for the decision of Non-Accreditation.

The written notification of the change in accreditation status will: a) advise the university that it has the right to seek reconsideration of the decision; and b) provide information with a copy of policy *ACC-06 Review & Reconsideration of PEAC Accreditation Decisions*.

Within two weeks of the effective date of the decision, the education program must remove any statement identifying the program as accredited by PEAC from its website and in all publications in accordance with *ACC-02 Disclosure*. The Program Chair/Director and the administrator to whom the Chair/Director reports are required to

inform the faculty, instructors, staff, students enrolled in the program and students seeking enrolment in the program that Non-Accreditation has been granted to the program. The text provided in *ACC-02 Disclosure* must be used for the notification, and the program must submit evidence of the notification to PEAC within three weeks of the effective date of the decision.

### 2.5.3 Impact on Students

If a program with Accreditation – Fully Compliant or Accreditation – Partially Compliant is awarded Non-Accreditation, students who were admitted to the program will be considered graduates of an accredited program, if the program respects certain conditions. The conditions, may, for example, specify requirements for academic or clinical education and will be specified by PEAC on a case-by-case basis.

Students receiving and accepting a letter of admission to the program while it held probationary accreditation will not be considered graduates of an accredited program. It is therefore critical that those students seeking enrolment and accepting an offer of admission to the program are informed of the program's probationary accreditation status.

### 2.5.4 Re-Application for Accreditation

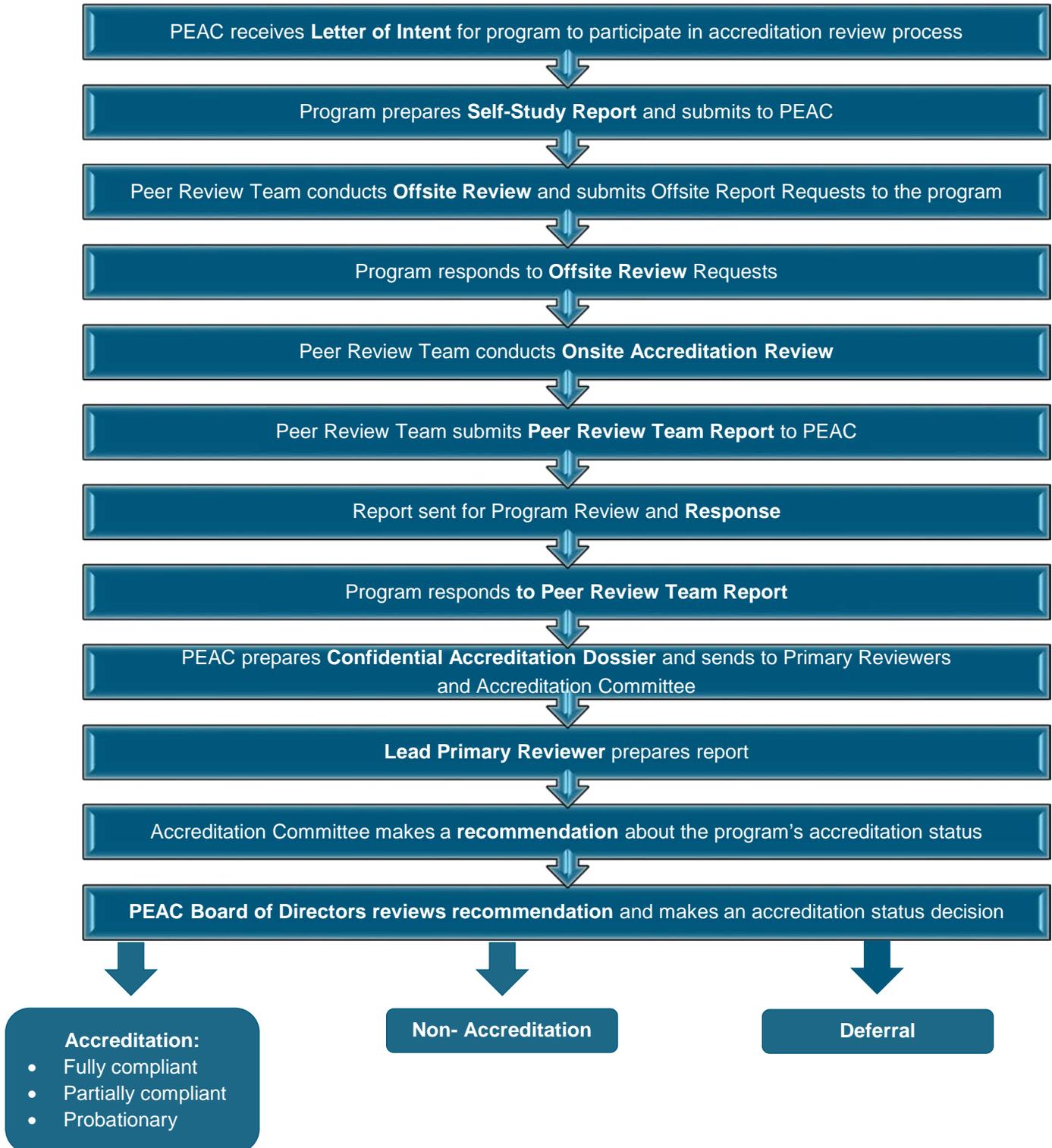
Should a program awarded Non-Accreditation wish to re-apply for accreditation, the program will be required to wait a minimum of one year from the effective date of the decision. Following the one-year wait period, the program may submit a letter of intent to participate in a full accreditation review, and will be invoiced for the annual accreditation fee (see *GUIDE-10 Fee Schedule*)

Upon formal request PEAC may consider an expedited review. The formal request should outline in detail how the program has addressed the criteria identified as not in compliance in the notice of Non-Accreditation. An administrative fee of \$2500 to file a formal request will apply.

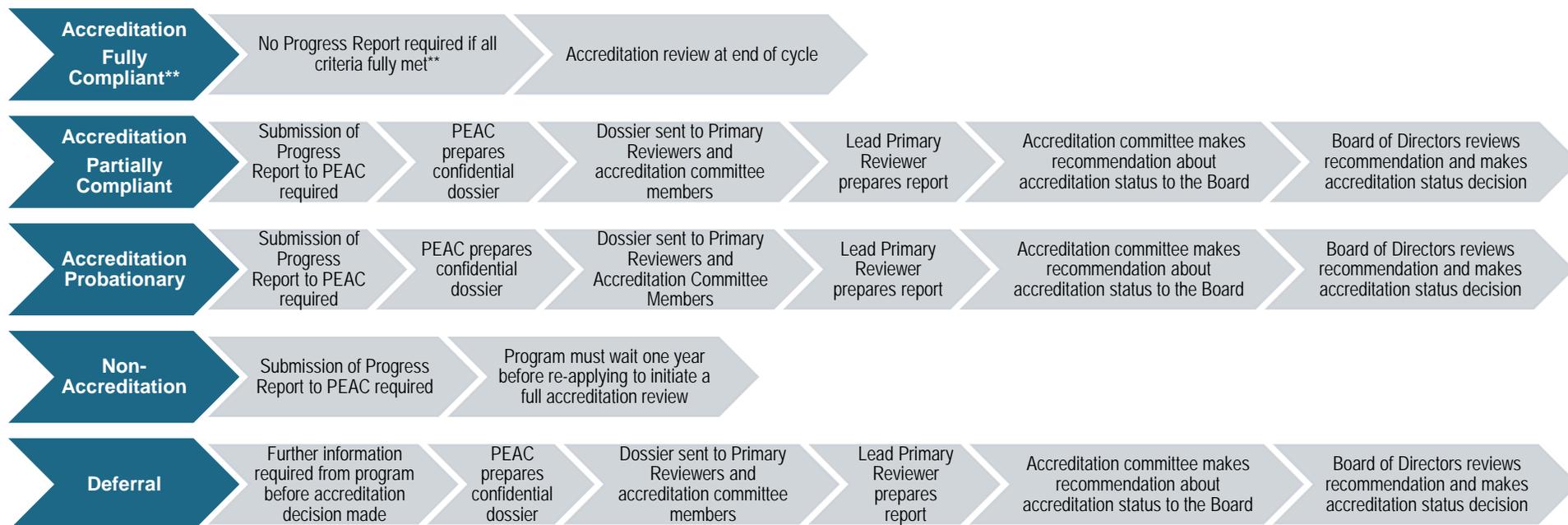
<b>Policy Number: ACC-01</b>	
Date of last revision	Associated documents
<i>Dec 2007</i>	ACC-02 Disclosure
<i>Sept 2009</i>	ACC-08 Deferral of Accreditation Review
<i>Sept 2010</i>	ACC-08 Deferral of Accreditation Review
<i>Jan 2015</i>	COUN-01 Conflict of Interest
<i>July 2015</i>	COUN-01 Conflict of Interest
<i>Sept 2017</i>	FORM-10 Letter of Intent
	GUIDE-04 Process and Decisions related to Accreditation Reviews
	GUIDE-06 Standard Motions for Accreditation Decisions

## Appendix 1 Process & decisions related to accreditation reviews

### Process for Initial Decision-Making



### Process Following Initial Decision-Making

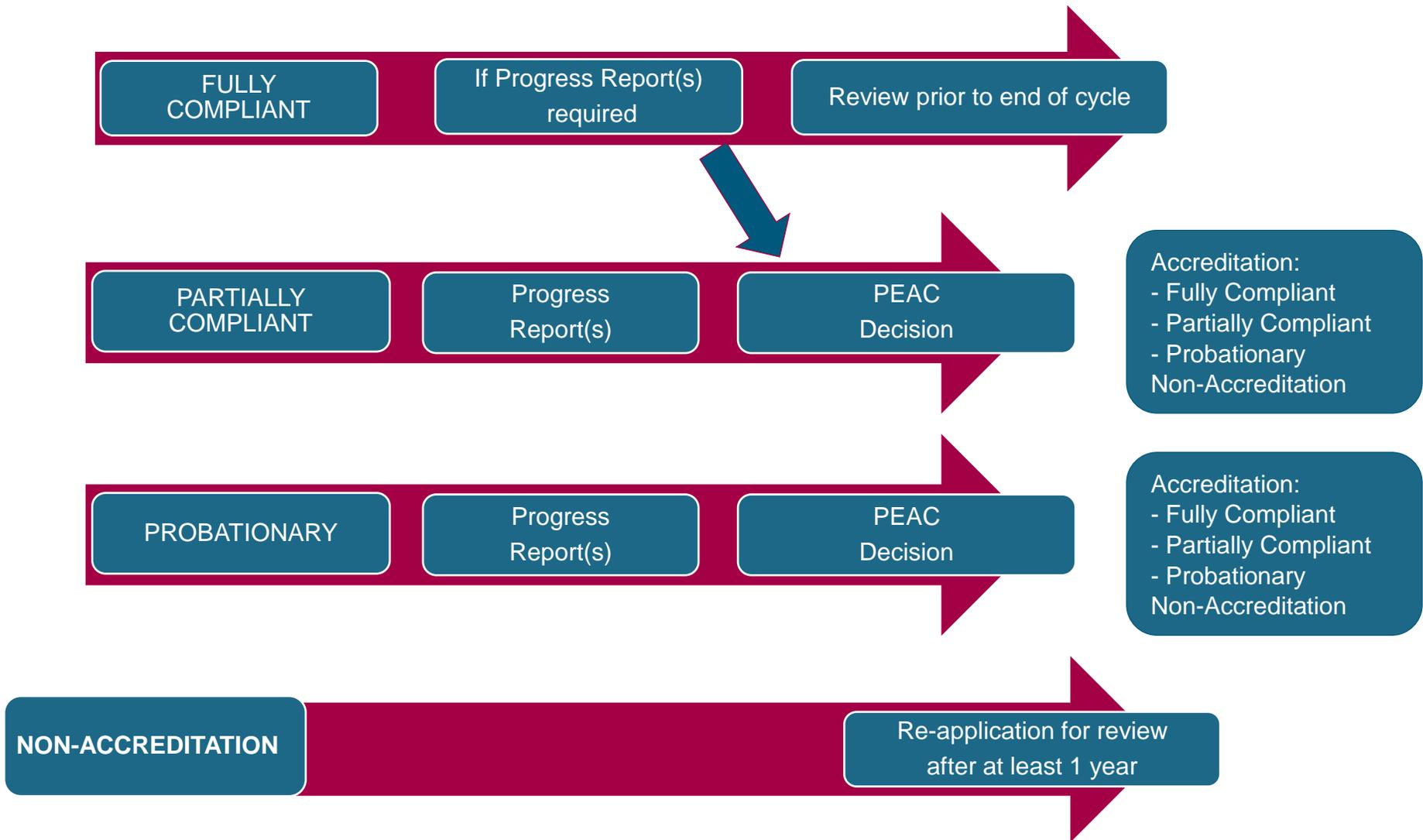


*\*\*If any individual criterion is identified as Partially Met, the process is the same as for Accreditation – Partially Compliant.*

Guideline Number: GUIDE-04	
Date of last revision	Associated documents
Dec 2007	ACC-01 Accreditation Decisions GUIDE-06 Standard Motions for Accreditation Decisions
Sept 2009	
Sept 2010	
May 2012	
June 2013	
April 2014	
April 2017	

# PEAC Accreditation Cycle

## ACCREDITATION



## **Appendix 2 Standard motions for accreditation decisions**

### **Fully Compliant**

That the (name of program) at the (name of university) be granted/maintain Accreditation – Fully Compliant until (date for end of accreditation cycle) – with or without a Progress Report due on or before (date report due).

### **Partially Compliant**

That the (name of program) at the (name of university) be granted/maintain Accreditation – Partially Compliant until (date for end of accreditation cycle), with a Progress Report due on or before (date report due).

### **Probationary**

That the (name of program) at the (name of university) be granted/maintain Accreditation – Probationary with a Progress Report due on or before (date report due).

### **Non-Accreditation**

That the (name of program) at the (name of university) be granted Non-Accreditation, with the date of the decision effective (DATE).

<b>Guideline Number: GUIDE-06</b>	
<b>Date of last revision</b>	<b>Associated documents</b>
<i>Dec 2007</i>	ACC-01 Accreditation Decisions
<i>Sept 2009</i>	
<i>Sept 2010</i>	GUIDE-04 Process and Decisions Related to Accreditation Review
<i>May 2012</i>	
<i>April 2014</i>	
<i>April 2017</i>	
<i>Oct 2018</i>	