Physiotherapy Education Accreditation Canada
Agrément de l'enseignement de la physiothérapie au Canada

ACCREDITATION HANDBOOK FOR EDUCATION PROGRAMS

Rev 2021

2012 Accreditation Standards

PREFACE

The purpose of this handbook is to provide information about the accreditation of entry-to-practice physiotherapy education programs in Canada

The handbook is intended for the use of entry-to-practice physiotherapy education program faculty and staff who are preparing for accreditation review, members of the accreditation Peer Review Team, university administrators, and members of the public who have an interest in the quality of physiotherapy education in Canada.

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INTRODUCTION

The Purpose of Accreditation

Accreditation is both a process and a condition related to assuring the quality of education programs. The process involves an integrated system of continuous assessment, evaluation, and improvement to comply with specified standards. The condition or state of being accredited provides a credential for the educational institution, students, regulators, and the public, affirming that a program has accepted and is fulfilling its commitment to educational quality.

The Continuum of Professional Education Standards and Quality

Accreditation of Canadian physiotherapy education programs is supported by three major physiotherapy professional groups: 1) academic programs, through the Council of Canadian Physiotherapy University Programs (*CCPUP*); 2) regulators, represented by the Canadian Alliance of Physiotherapy Regulators (*CAPR*); and 3) members of the profession, represented by the Canadian Physiotherapy Association (*CPA*). A continuum of guidelines and standards is developed and maintained by these three groups and PEAC to ensure the competency of entry-to-practice physiotherapists. The continuum extends from physiotherapy education programs and academic requirements through to professional practice. Guiding documents and processes along the continuum may include:

- national entry-to-practice physiotherapy curriculum guidelines
- interprofessional health education accreditation standards
- essential competencies for entry-to-practice physiotherapists in Canada
- physiotherapy competency exam blueprint
- national and jurisdictional regulatory practice standards

Stakeholders in the Accreditation Process

PEAC, like many accreditation organizations, recognizes that accreditation must be a relevant and responsive process. PEAC's systems and processes are continually evolving to incorporate changes in the education, practice, regulatory, and healthcare contexts. This is a process that requires input and is of value to a variety of stakeholders.

- For *educators*, accreditation provides validation of the education program, an opportunity for the professional development of faculty members, and a framework for quality improvement in education.

- For the *profession*, accreditation provides an opportunity to influence the education process and work toward consensus around evaluation standards and consistency of learning outcomes.[1]
- For *students*, accreditation provides a measure of educational quality.
- For *regulators*, it provides assurance that education programs are evaluated against national standards.

The History of Accreditation for Physiotherapy Education in Canada

Accreditation of physiotherapy education programs in Canada has been conducted since the 1950s. The following are some highlights in the development of accreditation for physiotherapy education:

- The document *Basis of Approval of Schools of Physical and/or Occupational Therapy in Canada* (1960) was developed by the Committee on Rehabilitation of the Canadian Medical Association (CMA) in cooperation with the Canadian Physiotherapy Association (CPA) and the Canadian Association of Occupational Therapists. These standards served as a guide for the development of new programs and for approval of graduates for membership in the CPA and provincial licensure.
- In 1972, the CPA Board of Directors and the CMA Council on Medical Education approved a new document, *Accreditation Standards of Physical Therapy Education Programs in Canada*. A pilot test of an accreditation process using these standards was conducted in 1974. Following a final report of the pilot in 1976, the CPA established an Accreditation Committee: Physiotherapy Education to oversee the accreditation program.
- The program was revised in 1980 and, as of September 1982, graduation from a university physiotherapy program that met the CPA accreditation standards became a condition for CPA membership for new Canadian graduates. The accreditation standards were revised again in 1988, and all physiotherapy education programs were accredited by these standards in 1994.
- In 1995, the Accreditation Council of Canadian Physiotherapy Academic Programs (ACCPAP) was created to implement and oversee a new accreditation process. This process was conducted in collaboration with the Commission on Accreditation in Physical Therapy Education (CAPTE) in the United States and involved two steps: 1) ACCPAP performed a pre-screening to ensure specific Canadian eligibility requirements were met; and 2) CAPTE evaluated the programs according to its standards, policies, and procedures. Both ACCPAP and CAPTE granted accreditation status upon satisfactory compliance with a rigorous set of accreditation

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1 Task Force on Accreditation of Health Professions Education (1999). *Strategies for change and improvement: The Report of the Task Force on Accreditation of Health Professions Education. Center for the Health Professions, University of California, San Francisco.* https://healthforce.ucsf.edu/sites/healthforce.ucsf.edu/files/publication-pdf/10.%201999-06_Strategies_for_Change_and_Improvement_The_Report_of_the_Task_Force_on_Accreditation_of_Health_Professions_Education.pdf

criteria. As of May 1999, all thirteen of the Canadian physiotherapy education programs had completed this process.

- After December 31, 2001, CAPTE accredited only Master's entry-to-practice physiotherapy education programs. As graduation from an accredited or approved university program is a licensure requirement for most Canadian graduates, a credible, and valid accreditation process was required. As a result, in 1999, ACCPAP began development of a Canadian accreditation program that would act as a catalyst for change by stimulating new ideas and practices in physiotherapy education while remaining responsive to evolving education, practice, and regulatory environments.

- In 1999, ACCPAP hired an Executive Director and in March 2000, ACCPAP became an independently incorporated body with the purpose of accrediting physiotherapy education programs in Canada.

- By the end of 2006, all physiotherapy education programs in Canada had participated in the ACCPAP accreditation program and held accreditation status with ACCPAP.

- In 2010, ACCPAP celebrated its tenth anniversary and rebranded under a new name, Physiotherapy Education Accreditation Canada (PEAC). Partnerships with the Academic Council (*CCPUP*), the Alliance (*CAPR*), and the Canadian Physiotherapy Association (*CPA*) continue to be important as PEAC evolves and incorporates change into its accreditation processes.

Physiotherapy Program Accreditation: Quality Assurance

PEAC ensures continued effectiveness and reliability of the accreditation program for physiotherapy education programs through an iterative quality assurance process. All participants (education program faculty, staff, and students, and all peer reviewers) complete evaluation surveys related to their participation in the accreditation process. The surveys offer the opportunity to provide input and suggestions for improvement regarding the accreditation process and standards, and feedback about the performance and preparedness of each peer reviewer.

PEAC prepares summaries of all evaluations completed. Peer reviewers receive summaries of feedback provided by the faculty, staff, and students of the education program, as well as by their fellow team members. The Accreditation Committee and staff use the results of the evaluations to monitor and improve the quality of accreditation processes, services, and standards.

Funding of the Accreditation Program

The primary source of funding for the accreditation program is annual fees paid by accredited programs. PEAC will also seek additional support (e.g. grants) for special projects as available.

Resources Available

The following resources are available to assist programs through the accreditation process:

- Program Accreditation Handbook
- electronic copies of documents and forms
- consultation about accreditation processes and requirements
- training and consultation to assist development of Self Study Reports (SSRs)
- an optional pre-accreditation process for programs requesting input regarding new or evolving entry-to-practice physiotherapy programs (see PEAC website for details about pre-accreditation)

In addition, the following resources are available for stakeholders in the accreditation process:

- PEAC's Annual Report published in June each year provides updates about accreditation issues and trends
- a directory of affiliated Canadian physiotherapy education programs
- a website to provide current information about the accreditation program with links to other sites related to accreditation
- a central resource for education materials about accreditation, PEAC's policies, and related issues

PHYSIOTHERAPY EDUCATION ACCREDITATION CANADA

Physiotherapy Education Accreditation Canada (PEAC) is a federally incorporated not-for-profit organization.

Vision

PEAC is recognized for excellence in the accreditation of health professional education programs.

Mission

Ensuring quality health professional education through accreditation.

Values

Integrity	Transparency	Equity
Respect	Accountability	Diversity
Collaboration	Professionalism	Inclusion

Guidelines for Good Practice

As a member of the Association of Accrediting Agencies of Canada (AAAC), PEAC is committed to ensuring that the accreditation program is consistent with the Guidelines for Good Practice in the Accreditation of Professional Programs. The Guidelines are found on the homepage of the AAAC website (*http://aaac.ca*).

Conflict of Interest

PEAC expects individuals who conduct business on its behalf to avoid real, potential, or perceived conflict of interest in all aspects of the work completed. Details about the steps taken to ensure avoidance of conflict of interest are available in policy *ACC-02 Conflict of Interest*.

Keys to Success

The development and ongoing operation of the accreditation program is based on the following keys to success. The program will:

- be flexible enough to evolve in response to changes in the education, health, and regulatory environments
- involve all stakeholders, i.e. physiotherapy educators, students, regulators, practitioners and the public, in the development, implementation, and ongoing evaluation of the accreditation program and standards
- facilitate and recognize innovation in teaching and learning while focussing on continuous self-improvement
- reflect and serve the needs of the health and education systems within the Canadian context

- provide services in both official languages
- ensure that policies, procedures, and standards are relevant and integrated in the educational context
- develop standards and criteria that are grounded in principles of quality, equity, consistency, and objectivity

Governance

The governance of PEAC is outlined in its Bylaws. An Executive Director is appointed by the Board. The organizational structure and governance relationships for PEAC are depicted in Figure 1 below.

Fig. 1: PEAC Governance Structure and Programs

OVERVIEW OF THE ACCREDITATION REVIEW
Process for Initial Decision-Making

PEAC receives **Letter of Intent** for program to participate in accreditation review process

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Program prepares **Self Study Report** and submits to PEAC

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Peer Review Team (PRT) conducts **Preliminary Review** and submits **Preliminary Report** to the program outlining any additional requests for evidence

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Program responds to requests

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PRT conducts **Site Review**

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PRT submits **Final Report** to PEAC

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Report sent for Program Review and **Response**

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Program responds **to Final Report**

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PEAC prepares **Confidential Accreditation Dossier** and sends to Accreditation Committee

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Accreditation Committee awards **accreditation status**

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Accreditation:
- Fully compliant
- Partially compliant
- Probationary

Non-Accreditation

Deferral

Process following Initial Decision-Making

Accreditation Fully Compliant**	No Progress Report required if all criteria deemed Fully Met**	Accreditation review at end of six-year cycle		
Accreditation Partially Compliant	Submission of Progress Report to PEAC as required	PEAC prepares confidential dossier	Dossier sent to Accreditation Committee	Accreditation Committee awards accreditation status
Accreditation Probationary	Submission of Progress Report to PEAC as required	PEAC prepares confidential dossier	Dossier sent to Accreditation Committee	Accreditation Committee awards accreditation status
Non-Accreditation	Program must wait one year before re-applying to initiate a full accreditation review			
Deferral	Further information required from program before accreditation decision made	Submission of information to PEAC as required	PEAC prepares confidential dossier → Dossier sent to Accreditation Committee → Accreditation Committee awards accreditation status

Note: The "Deferral" row contains five stages: Further information required from program before accreditation decision made; Submission of information to PEAC as required; PEAC prepares confidential dossier; Dossier sent to Accreditation Committee; Accreditation Committee awards accreditation status.

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

Accreditation Cycle

The normal length of the accreditation cycle for a program is six years.

ACCREDITATION

| FULLY COMPLIANT | If Progress Report(s) required | Review prior to end of cycle |

| PARTIALLY COMPLIANT | Progress Report(s) | Accreditation Award Decision |

Accreditation:
- Fully Compliant
- Partially Compliant
- Probationary
Non-Accreditation

| PROBATIONARY | Progress Report(s) | Accreditation Award Decision |

Accreditation:
- Fully Compliant
- Partially Compliant
- Probationary
Non-Accreditation

NON-ACCREDITATION

Re-application for review after at least 1 year

COMPONENTS OF THE ACCREDITATION REVIEW

Letter of Intent

It is the responsibility of the Program Director of the entry-to-practice education program to submit, twelve to eighteen months before the end of the accreditation term, a Letter of Intent (LOI) indicating that the program will participate in the accreditation review process. Upon receipt of the LOI, PEAC will contact the education program to collaboratively set the dates of the site review, and will provide the program with resources to assist in preparing for accreditation. Clear deadlines and timelines for the accreditation process will be provided in a letter formally confirming the accreditation review dates. The LOI template is included in *Appendix A*.

Self Study Report

Preparation and submission of the Self Study Report (SSR) is a requirement for an education program as the initial step in the accreditation review process. The purpose of the SSR is to provide an opportunity for the education program to:

- provide evidence about the program's compliance with accreditation standards
- systematically review the program and assess its outcomes
- identify areas of strength
- identify areas where strategies may need to be developed to improve or maintain program quality

The SSR will also be used by:

- members of the PRT during preparation for and completion of the preliminary review and the site review
- members of the Accreditation Committee in the decision-making process about the program's accreditation status
- faculty and staff of the education program to assist with program and curriculum development

Preparation of the SSR offers the opportunity to showcase the education program. Programs should have an existing, comprehensive, ongoing quality assurance process. Therefore, preparation of the SSR should include a description of that process, and the compilation of existing documents or relevant excerpts from documents to serve as evidence of compliance with the accreditation standards.

The SSR is submitted to PEAC electronically approximately four months prior to the site review. There are also standardized forms/required evidence which must be submitted with the SSR. These are described within the Accreditation Standards document and the standardized forms are available on the PEAC website.

Guidelines for the preparation of the Self Study Report

The SSR provides the key source of evidence upon which PEAC determines the program's compliance with the standards (this is substantiated by interviews and observation during the site review). It is therefore essential that in developing the content of the SSR, every effort is made to describe clearly and explicitly how the program demonstrates compliance with each accreditation criterion.

Preparation of the SSR should involve all stakeholders in the education program, including academic and clinical faculty, staff, students, and preceptors. Completion of sections of the SSR is often delegated. PEAC will be available for consultation as required. However, it is the responsibility of the entry-to-practice education Program Director to submit the completed SSR electronically to PEAC on or before the due date, usually set four months prior to the scheduled site review. Some tips for creation of the SSR are available in *GUIDE-13 General Tips for Preparing a Self Study Report*.

Self Study Report forms

The Self Study Report must be accompanied by nine **Required Forms**.

- FORM-SSR-A Signature form
- FORM-SSR-B Program contact information and overview
- FORM-SSR-C Inventory of evidence submitted/available during the site review (typically this is documentation that may be more sensitive or confidential)
- FORM-SSR-1.3 Budgetary information related to criterion 1.3 (or see Required Evidence listed in the Accreditation Standards)
- FORM-SSR-2.2 Description of a curriculum plan that reflects the theoretical foundation, educational principles, and values for the program
- FORM-SSR-3.1 Program personnel and faculty profile related to criterion 3.1
- FORM-SSR-4.3a Description of the program's required mix of clinical education experience related to criterion 4.3, and required evidence to demonstrate student achievement of the required mix
- FORM-SSR-4.3b Clinical site profile related to criterion 4.3
- FORM-SSR-6 Submission of evidence to demonstrate compliance with Standard 6

Copies of **all Accreditation Review and Status Reports** (AR & SRs) since the last full accreditation review must be made available at the time of the review if requested, but should not be submitted with the SSR.

Content of the Self Study Report

The SSR must be based on the accreditation standards and describe the outcome of the program's own self study. The following sections must be included in the SSR, and are described in more detail below:

        I.   Introduction/Overview

       II.   Standards and criteria

III. Summary

It is in the best interest of the program to create a document which is easily navigated and which has clear labels and/or links to relevant appendices. This will facilitate the reader's review of the document and help make a peer reviewer's experience as effortless as possible.

I. Introduction/Overview

A brief overview of the education program and its context/environment should be included in this section.

> *Remember that some peer reviewers and Accreditation Committee members will not be familiar with the program's provincial context, and some will not be physiotherapists or educators.*

Those involved in SSR preparation should also describe the overall perception of the compliance of the program with the accreditation standards and criteria from their point of view.

This section of the SSR must include commentary about how the program has addressed any issues identified in AR & SRs since the previous accreditation review. Copies of the AR & SRs should be provided for review by the peer reviewers upon request.

II. Standards and criteria

This section is where the program must address each accreditation standard, criterion by criterion. The program must describe narratively the extent to which the program is in compliance with each criterion. The program is expected to provide evidence (usually in the form of appendices) with regards to each criterion and a narrative explaining how the evidence demonstrates compliance. The reader should understand from the narrative why the particular piece of evidence was chosen for inclusion. In this section, the program has an opportunity to reflect upon its own compliance and identify any areas where compliance is particularly strong or weak. Activities or plans that are underway to address any weaker areas should be described.

When providing evidence, it is helpful to readers for the program to provide only the **most applicable evidence** for a particular criterion, rather than an exhaustive list of appendices and evidence. It is recognized that evidence for some criteria, especially those in Standard 6, may span several pieces of evidence/appendices; it is recommended that only **the MOST relevant** evidence be referenced in the SSR narrative. The reader can then review the additional evidence/appendices if gaps are identified or more detail is required.

Programs often find that content is repetitive when creating the narrative and listing the appendices for each criterion. It is important to recognize that when the peer reviewers are focussing their review of the SSR, they will divide the sections/standards of the SSR between them, and while each will read the entire document, one peer reviewer will be assigned the lead for one or more standards and complete a more detailed review. Therefore, repetition between standards will not be as obvious, and in fact, creating the SSR in a way that allows the narrative for each standard to stand alone can create a document that is better understood.

III.   Summary

This section provides an opportunity for the program to summarize information about its compliance with the accreditation standards and highlight areas of strength and any identified gaps and future plans for the program.

> *The* **Self Study Report** *should include an* **Introduction***, a* **Narrative** *and evidence for each accreditation criterion, and a* **Summary***. The report should describe and reflect upon the program's own quality assurance process and level of compliance with the accreditation criteria.*

Format of the Self Study Report

The Self Study Report represents a permanent record of the status of the program at the time of the accreditation review. It should be a self-contained document that can be shared easily and securely, in electronic format, with peer reviewers and Accreditation Committee members. The SSR and all related documentation must be available throughout the six-year accreditation cycle in the format it was provided at the time of submission, and with the identical content. PEAC's document retention policies require an archived version in its entirety to be held securely by PEAC for future reference if necessary. For this reason, PEAC does not accept SSRs that are created within or linked to a university's Learning Management System or other online platform.

It is the role of the program to lead the reader easily to the evidence available. The SSR must be formatted in a way that is easily navigable for the reader. Reviewers do not always progress through the SSR in a linear fashion; instead, they will return to different sections, passages, and documents as they conduct a full review. It is to the program's advantage to ensure that the reviewers are able to find the information they are looking for as quickly and easily as possible without undue frustration. For these reasons, the following formatting requirements are specified:

File type and structure

- The SSR is a single document; most programs will choose to use Adobe to create a PDF portfolio. Appendices themselves may be in other formats (Word, Excel) within

a PDF portfolio. It is recommended that programs source a PDF expert for assistance in formatting as necessary. If Adobe is not being used, please contact PEAC to discuss the option chosen prior to finalizing the SSR for submission.

- The body of the SSR is a narrative with easily navigable links to relevant appendices.

> *The relevant appendices should open in a* **NEW TAB**, *rather than moving the reader to another location in the same document, or replacing the document under review. When taken to a new location in the same document, or when the current document is replaced, it is then difficult for the reader to find their way back to the previous location to continue reading.*

- Tables and graphs can be used when they are helpful for clarity and conciseness in presenting data related to the criteria. Raw data is discouraged.
- There are clear and concise instructions to reviewers about how to open and navigate through the SSR.
- Each hyperlink opens quickly.
- Navigation has been tested on both Windows and Mac operating systems, and links remain live even when the document is opened on a computer not linked to the university server.

Font size, margins, and spacing

- The font size is no smaller than 11 point.
- Line spacing should be set at no less than 1.08sp to ensure readability.
- The page margins of the narrative should be set at one inch.

Table of Contents

- A table of contents is included with hyperlinks to the key sections in the SSR.
- A shortcut is provided to return to the table of contents from any part of the SSR.
- Bookmarks are included to assist with navigation.
- The cover page or a page in the table of contents includes:

  o The date the report was created
  o The software and version(s) used to create the document

Links

- Provide direct links to all evidence/documentation provided for each criterion.
- Ensure that links to supporting documents open the documents **in their own window or tab**, rather than moving the reader to another location later within the same document, or replacing the document with a new one in the same tab.

- Establish links that enable reviewers to easily transition back and forth through the sections, appendices, specialty areas, and documentation in the SSR. If, when clicking the link, the reader is taken to a new document altogether, **it must be made clear how to return to the original document once review is complete**. Note that creating the document such that clicking a link opens a new tab eliminates this issue.
- When referencing an appendix in the narrative, use the file name of the appendix as it appears in the document tree. (i.e. "as evidenced in *Appendix 1.2.1 ABC Department Organizational Chart*"). The reader should be able to locate an appendix by its title in the list of appendices if necessary.
- Include the file name (i.e. *Appendix 1.2.1 ABC Department Organizational Chart*) on the appendix itself (in the header or at the top of the document) to allow easy identification should the reader choose to print some documents or save them elsewhere.
- When linking to a specific section of an appendix, create the link such that the reader arrives directly at the specified section of the document (i.e. if referencing "exam question 3b", link to the location in the document that displays question 3b rather than bringing the reader to the top of the exam document and requiring them to scroll down to question 3b).

NOTE: It is the program's responsibility to ensure that any links within the SSR remain active following submission to PEAC. Be sure to test the SSR on a computer that is not connected to the university server.

> *The SSR is a single document. All sections of the SSR including appendices and supporting documents are accessible using links within the body of the narrative. Links open appendices and supporting documents in their own windows/tabs so that readers can easily return to the narrative at the point they left off.*

Submission of the Self Study Report

The program should submit the SSR (a single file) electronically to PEAC on or before the due date agreed upon, and confirmed in the letter of confirmation of dates, usually four months prior to the site review. There are two options available for electronic submission.

- Upload to a URL provided to the program by PEAC.

      OR

- Upload to a university server (or DropBox-type cloud site), and provide PEAC staff with access temporarily to allow for download of the document.

The Accreditation Review

The Peer Review Team (PRT), a group of trained reviewers, conducts the accreditation review (preliminary review + site review) of the education program. More detailed information regarding the PRT is available beginning *here*.

The Preliminary Review

The team conducts a preliminary review of the SSR one month after its submission.

The purpose of the preliminary review is to review the evidence submitted in the SSR to determine compliance with the accreditation criteria (pending verification) and to identify any gaps. A preliminary report is prepared and sent to the education program to request any missing required forms or required evidence, and to identify additional information or evidence which will assist the reviewers to determine compliance. This additional evidence will be requested prior to the site review (a due date will be provided). The program will upload the requested documents to a URL provided by PEAC. A sample preliminary review report is posted on the *PEAC website*.

The Site Review

The site review conducted by the PRT may take place in person or virtually. If in person, it takes places over three days, typically Monday-Wednesday. The team arrives at their hotel late Saturday or early Sunday, and leaves Thursday morning. If virtually, it takes place over three to five days, typically Monday-Friday, with fewer interviews per day by videoconference. The purpose of the site review is for the PRT to:

- verify and supplement evidence provided by the education program in the SSR
- assess the program within the context of its environment
- prepare and submit a report to the Accreditation Committee regarding the program's level of compliance with each of the accreditation criteria

> *IMPORTANT: The PRT does not provide information to the program or the Accreditation Committee about the program's overall accreditation status. This is the responsibility of the Accreditation Committee.*

The site review includes interviews with:

- faculty, staff, students, and graduates of the education program
- university administrators and other faculty involved in teaching physiotherapy students
- members of various committees involved in the development/evaluation of the program
- preceptors who supervise clinical education placements
- employers of graduates

The site review also provides the opportunity for PRT members to assess components of the education program that are not conducive to the written word. The types of questions which may be asked of interviewees are provided in *Appendix C*.

> *The reviewers are looking to verify/triangulate the information included in the SSR. Therefore, it is not unusual for them to ask similar questions at more than one interview, or to ask questions about information that has already been explained in the SSR. They are looking for consistency or verification.*

A schedule for the site review is developed by the education program, with input from PEAC staff and the Chair of the PRT. Sample schedules (one sample for an in-person review, one for a virtual review) are provided in *Appendix B*. The samples can be adapted to the context of each program and the governance structure of each university, but the samples offer information about the groups to be scheduled for interviews and the length of time to be allotted for each interview. A draft of the schedule should be prepared approximately three months prior to the site review, and sent to PEAC staff for review and feedback. The final schedule is due two weeks prior to the review and should include the full names and titles (if applicable) of all attendees. Students are selected for attendance at interviews according to the process outlined in *GUIDE-07*. The schedule may be modified as the review dates approach, and in some cases, during the review itself.

Tips to prepare for a site review conducted in person

The following are suggestions to facilitate the planning and success of an onsite visit. These have been gathered from the experiences of PRT members and education program faculty and staff:

- PEAC arranges all travel and accommodation for the PRT members and may ask the education program for hotel recommendations in close proximity to the program.
- It is the responsibility of the education program to arrange transportation for the PRT between the hotel and the university for each day of the visit. This can be by taxi, personal vehicle, or walking (by mutual consent). These arrangements will be facilitated by PEAC staff.

- It is the responsibility of the education program to provide snacks and lunch for the PRT during the time the members are on campus. PEAC staff will provide information regarding any dietary preferences or restrictions.

> *The program is not responsible to arrange or pay for travel or accommodation for the reviewers. However, please arrange for snacks and lunch to be served in the PRT's room on the days they are on campus, and please arrange the team's transportation between campus and their hotel each day.*

- The program should ensure that at least two rooms are available at the university for the PRT throughout the onsite visit:

    i. a secure room where computers and other personal items can be left, where food will be served, and where any documentation provided as evidence of compliance with accreditation criteria can be reviewed. Internet/wifi should be available to the team.
    ii. a second room to be used for scheduled interviews.

- The visit is more successful if the program appoints a faculty or staff person to be the time-keeper, responsible for giving the team a five-minute warning at the end of an interview, and to gather the next interviewees for a quick transition into the interview room.
- The schedule should ensure that travel time to interviews/visits offsite is accommodated (e.g. after a break or lunch, or with travel clearly scheduled in the agenda).

Tips to prepare for a site review conducted virtually

Virtual meeting platform

Conducting a virtual site review requires a meeting platform. In the same way that the program under review prepares and organizes meeting space for an in-person review, the preferred option for a virtual review is for the program to invite participants and the peer reviewers through their own virtual meeting platform and to ensure adequate program-based technology support throughout the review.

PEAC recognizes that this is not always possible, feasible, or practical for a number of reasons and therefore offers these four options below in order of preference. The virtual review platform selected for each program's review will be determined on a case-by-case basis in consultation with the program, the peer reviewers, and PEAC.

1. (preferred) The program uses its own meeting platform and provides technology support throughout the visit. Program staff or technology support are responsible to cross-reference participant lists prior to admitting participants from the waiting room.

Peer reviewers wait in the breakout room and join the main room with participants present at the time of the scheduled meeting.

2. The program is given login privileges to access PEAC's meeting platform (Zoom) and provides technology support throughout the visit. Program staff or technology support are responsible to cross-reference participant lists prior to admitting participants from the waiting room and to welcome participants to the meeting. Peer reviewers wait in the breakout room and join the main room with participants present at the time of the scheduled meeting.

3. The peer reviewers are given login privileges to access PEAC's meeting platform (Zoom) and PEAC staff are available by cell at all times to troubleshoot if necessary. In this situation, the peer reviewers will be required to play several roles, including moderating, cross-referencing participant lists prior to admitting participants from the waiting room, and navigating breakout rooms between meetings.

4. PEAC staff attend each meeting, cross-reference participant lists prior to admitting participants from the waiting room, welcome participants to the meeting, and cue peer reviewers when it is time for them to join the main room from the breakout room at the time of the scheduled meeting. PEAC staff remain in the room as technology support throughout every meeting.

The following are suggestions to facilitate the planning and success of a virtual visit. These have been gathered from the experiences of PRT members and education program faculty and staff:

*   The platform chosen to host the virtual review (see above) should allow more than one host to be assigned (in case of internet or power interruptions) and be such that if the host unexpectedly leaves the meeting, the remaining host(s)/co-host(s) can remain and the meeting can continue.
*   The platform should include breakout rooms. These will be used to allow the peer reviewers a private space to debrief from one meeting and prepare for the next, while participants gather in the main room.
*   The platform should allow for controlled access (such as a waiting room) to each meeting such that only those scheduled to participate are permitted entry to the meeting room.
*   As the program confirms interview dates, times, passwords, and other details with the participants, they should ensure that all participants have the required internet connection strength and hardware to allow for use of webcam throughout all interviews.
*   When inviting participants and providing login information, the program should request that once a participant has accessed the platform and is in the waiting room, they edit their display name to indicate the first and last names as listed in the virtual review schedule.

- Participants should be advised to safeguard privacy and maintain confidentiality by choosing environments where they will not be interrupted and eavesdropping cannot occur (headsets or earbuds are recommended). PEAC will ensure that peer reviewers do the same.
- **Interviews conducted virtually should never be recorded.**
- Offer the opportunity/time to test the technology and for participants (including PRT members) to practice using the technology and troubleshoot difficulties. This time should include demonstration and practice in showing materials using a shared screen in case that is required. If PEAC is providing the meeting platform (options 3 or 4 above), staff will work with the program to organize testing times as required. If the program is providing the platform, they should ensure there is an opportunity for peer reviewers to test their access and troubleshoot issues ahead of the review.
- Participants (and peer reviewers) should have alternative devices available in case technological issues arise, and the ability to connect by telephone should the devices fail or in the event of an internet or power interruption.
- The meeting schedule should include the first and last names of each participant and their email address. This will allow for easier cross-referencing of participants in the waiting room and ensure only the invited participants are allowed access to the interview.
- Allow 60 minutes between longer interviews and at least 15 minutes between shorter ones to allow for peer reviewer bio breaks, snacks, stretches, and debriefs.
- Include a 5-10-minute connection window at the beginning of each meeting to allow time for participants to join the meeting link, be provided access, and troubleshoot any audio, video, or connection issues.
- Ensure that an appropriate faculty/staff person is accessible to the peer reviewers and/or PEAC at all times to troubleshoot. There may be situations where scheduled participants do not arrive, or schedules need to be adjusted unexpectedly, or it is unclear whether a participant in the waiting room should be permitted access. Other unforeseen events may also arise.
- Ensure that technology support is available throughout the scheduled interview times. If PEAC is providing the meeting platform (options 3 or 4 above), staff can be available to play this role.
- PEAC will provide a secure upload link for documents to be submitted to the peer reviewers should they be requested during interviews.

Tips applicable to both formats

- Meetings with students and student executive members will include students from all years of the program, and the student leadership representatives from each year. Be sure to review *GUIDE-07 Selection of Students for Interviews* to understand the selection process.
- Meetings with recent graduates of the program should include graduates no more than three years from their graduation.

- Meetings with faculty members should not include the entry-to-practice Program Director or others in supervisory roles so as to encourage open conversation. Similarly, meetings with administrative staff or other groups should not include those in supervisory roles.
- Meetings with faculty members should include all non-supervisory faculty, including those who may have been interviewed previously as a representative of a different component of the program (ACCE, Curriculum Committee Chair, etc.). Discussions in the faculty member meeting will cover new topics.
- Providing some information to potential interviewees (especially students, new graduates, employers, preceptors who may be unfamiliar with the goal of accreditation) may be helpful in diffusing any anxiety they have regarding the interview. *Appendix C* provides some sample interview questions that may help interviewees understand the tone and content of the meetings.
- Suggested information to share:

  The purpose of the interviews is to validate information that the program has provided in its Self Study Report, to explore areas where there may be gaps or additional information required. Depending on the participants, members of the Peer Review Team will ask questions about the nature of the program, committees, and processes; the students/ graduates; the support received from the program when supervising students; and the nature of the relationship of the program with faculty, administration, the college as a whole, etc. The questions will be related to the accreditation standards and criteria looking for validation and additional information. The tone of the interviews is very collaborative, informal, and non-threatening.

Closing meeting

At the end of the site review, the PRT members meet with the Program Director of the entry-to-practice education program and others, as determined by the Program Director, for a brief closing meeting.

The purpose of the closing meeting is to:

i. thank those who participated in activities related to the review
ii. provide examples of three strengths of the program and three concerns, as a brief summary of the review (the program will receive a copy of the PRT Report two weeks later)
iii. provide information about the next steps in the accreditation review process

The purpose of the closing meeting is NOT:

i. for the program to provide last minute evidence or rebuttal of the PRT's summary
ii. for the PRT to make any recommendations or decisions about the program's overall accreditation status. Any remarks by members of the PRT must not be construed as indicating accreditation status or the position of PEAC.

Final PRT Report

Members of the PRT prepare a report and submit it to PEAC. Included in the report are comments, commendations, and areas for improvement. The report expands on the SSR and the preliminary review report by describing the verification of evidence listed in the SSR, and by describing any evidence submitted following the preliminary review, or gathered in documents and interviews during the site review. No recommendation about the program's overall accreditation status is provided. A *sample PRT report* is posted on the PEAC website.

The PRT report is reviewed by PEAC staff for formatting and consistency and is then forwarded to the education program for review and response. The PRT report is included as one of several documents within the confidential accreditation dossier provided to the Accreditation Committee for decision-making.

Program Response to the Final Report

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 review date. It is acceptable for the education program to direct the Accreditation Committee to evidence contained within the SSR or submitted in response to the preliminary review that provides evidence not identified in the PRT report (i.e. evidence that may have been missed by the PRT).

The program submits its Program Response to PEAC electronically. The response is added to the accreditation dossier for review by the Accreditation Committee.

Decision-making Regarding Accreditation Status

PEAC staff prepare the confidential accreditation dossier for review. It includes the SSR, the preliminary report, the PRT report, the Program Response, and all additional evidence provided following the preliminary review and during the site review.

Accreditation Committee

The Accreditation Committee consists of nine to twelve members from the following groups or organizations:

- Canadian Physiotherapy Association (1)
- Program Director from a Canadian physiotherapy academic program (1)
- Faculty members from Canadian physiotherapy academic programs (2)
- The Canadian Alliance of Physiotherapy Regulators (1)
- National Association for Clinical Education in Physiotherapy (1)
- Entry-to-practice graduate physiotherapist (1)
- The public (1-2)

- The Association of Accrediting Agencies in Canada or a member of an agency conducting accreditation of professional education programs (1)
- Additional members appointed by the Board depending on needs of the committee (2)

A copy of the dossier for each program being reviewed is provided to each Accreditation Committee member electronically prior to the meeting at which an accreditation award recommendation will be made. It is the Accreditation Committee's role to review all relevant information provided in the accreditation dossier and make an accreditation award decision. The Chair of the PRT joins the Accreditation Committee meeting virtually to clarify any information in the PRT reports and to answer any questions that arise from the review of the documentation. The Chair of the PRT is excused from the meeting before the committee finalizes the accreditation award decision.

Core accreditation criteria

A program must demonstrate full compliance with the established Core criteria to be granted Accreditation – Fully Compliant or Accreditation – Partially Compliant.

The following are Core criteria (2012 Standards):

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.

Levels of compliance

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. The PRT indicates the recommended level of compliance of

each criterion and the Accreditation Committee members review the levels and allocate a final level of compliance to each criterion. The final level of compliance may be different than that identified by the PRT. The options for levels of compliance are described below. More details are available in policy *ACC-01 Accreditation Decisions*.

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.

Accreditation status awards

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 (see *here*) 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: see *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 evidence of 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 toward 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: see *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 toward Accreditation – Partially Compliant or Accreditation – Fully Compliant.

AWARD: Accreditation – Probationary

OPTIONS: The maximum length of time a program can maintain Accreditation – Probationary 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 in 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 toward resolution of all identified concerns, PEAC may modify the program's accreditation status to Accreditation – Partially Compliant or Accreditation – 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 review will be scheduled; the program will be invoiced a $2,500 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 Accreditation – Probationary 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.

In determining accreditation status:

*First, each **criterion** is assigned a level of compliance: Options are Fully Met, Partially Met, or Not Met.*

*Next, overall accreditation status is assigned by identifying the number of criteria within each standard whose level of compliance is Not Met. Options are **Accreditation** (Accreditation – Fully Compliant, Accreditation – Partially Compliant, Accreditation – Probationary), or* **Non-Accreditation**.

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 site

review is required, the program will be responsible for paying for any expenses related to travel and accommodation, and will be invoiced a $2,500 administration fee.

Accreditation of New Physiotherapy Programs

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

> *An exception is made for new education programs seeking accreditation status prior to the graduation of their first cohort of students. They are given two years following their first accreditation review to achieve a level of compliance of Fully Met or Partially Met in Core criterion 2.6*

Notification of Decisions Made about a Program's Accreditation Status

All accreditation awards

An official report and letter will be prepared by the Accreditation Committee and forwarded to the program following any decisions made by the committee 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 accreditation standards and criteria including an explanation for the findings

- commendations
- action required by the program

The letter will be addressed to the university administrator responsible for the program, and will include an acknowledgement form to be copied onto institutional letterhead, signed, and returned electronically to PEAC within two weeks of receipt of the AR & SR, acknowledging receipt of the accreditation decision and required action.

Accreditation – Probationary

Accreditation – Probationary 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-to-practice Program Director, the administrator to whom the Director reports (e.g., Dean, School Director) and the university administration with written documentation about Accreditation – Probationary 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 demonstrate compliance with the accreditation standards and criteria. Within two weeks of receipt of the AR & SR, the Program Director, and the administrator to whom the Program Director reports are required to inform the faculty, staff, and students enrolled in the program, and individuals seeking enrolment in the program about the program's accreditation status. The text below must be used for such notification, and the program must submit evidence of such notification to PEAC within three weeks of receipt of the AR & SR.

> *Physiotherapy Education Accreditation Canada (PEAC) is responsible for accrediting physiotherapy education programs. The (Program NAME at Institution NAME), following the most recent (Accreditation Review /Progress Report submission), has received notice from PEAC that the program has been awarded Accreditation – Probationary status. Probationary accreditation status is awarded when deficiencies are identified with respect to compliance with some of the accreditation standards and criteria. Under probationary accreditation status the program continues to be accredited.*
>
> *(Program NAME) will be working toward fixing these identified deficiencies, with the goal to be awarded partial or full accreditation status. In the unlikely event that the (Program NAME) is awarded Non-Accreditation in the future:*
>
> - *students who were admitted to the program while it held Accreditation – Fully Compliant status or Accreditation – Partially Compliant status will be considered as 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 who were admitted to the program while it held probationary accreditation status will not be considered graduates of an accredited program at the time of graduation if the program holds Non-Accreditation at that time.*

The program's accreditation status is important to graduating students with regards to becoming licensed to practice physiotherapy in Canada. It is recommended that students contact the Canadian Alliance of Physiotherapy Regulators (CAPR) for information regarding the process to become licensed as a physiotherapist in Canada following graduation.

Details regarding accreditation decisions, including probationary accreditation status, can be found on the PEAC website (peac-aepc.ca). Any questions can be directed to (Program NAME faculty member).

The maximum length of time a program can maintain Accreditation – Probationary is two years. The program will be required to submit Progress Reports, at specified times, to indicate progress toward compliance with the accreditation standards and criteria. In most situations, an additional focussed review will be scheduled; the program will be invoiced a $2,500 administration fee and will be responsible to pay for any related expenses.

Publication of decision: Accreditation – Probationary

PEAC will include the education program's Accreditation – Probationary status on the list of Canadian education programs on the PEAC website upon receipt of evidence from the program of notification to students, staff, and faculty.

Accreditation – Probationary → Accreditation – Partially or – 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 toward resolution of all identified concerns. This change may occur at any time within the allowable two-year period.

Accreditation – Probationary → Non-Accreditation

PEAC will award Non-Accreditation if the following situations occur:

- 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.

Any of these changes may occur at any time within the two-year period.

Non-Accreditation

When Non-Accreditation is granted the following conditions will apply:

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 PEAC Accreditation Decisions*), the effective date of the decision is the date upon which the reconsideration process is completed.

Notification regarding Non-Accreditation

PEAC will provide written notification to the entry-to-practice Program Director, the administrator to whom the Program 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 standards and criteria and the basis for the decision of Non-Accreditation.

The written notification of the change in accreditation status will:

- advise the university that it has the right to seek reconsideration of the decision
- 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 Program Director and the administrator to whom the Program Director reports are required to inform the faculty, instructors, staff, students enrolled in the program and individuals seeking enrolment in the program that Non-Accreditation has been granted to the program. The text below must be used to for such notification and the program must submit evidence of such notification to PEAC within three weeks of receipt of the effective date of the decision.

> *Physiotherapy Education Accreditation Canada (PEAC) is responsible for accrediting physiotherapy education programs. The (Program NAME at Institution NAME), following the most recent (Accreditation Review /Progress Report submission), has received notice from PEAC that the program is deemed non-accredited, due to lack of compliance with the accreditation standards and criteria.*

> *Students who were admitted to the program while it held Accreditation – Fully Compliant or Accreditation – Partially Compliant will be considered as 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 who were admitted to the program while it held probationary accreditation status will not be considered graduates of an accredited program at the time of graduation if the program holds Non-Accreditation at that time.

Details regarding accreditation decisions can be found on the PEAC website (peac-aepc.ca). Any questions can be directed to (Program NAME faculty member).

It is recommended that students contact the Canadian Alliance of Physiotherapy Regulators (alliancept.org) for information regarding the process to become licensed for practice as a physiotherapist in Canada.

Within two weeks of the effective date of the decision, the program must remove any statement identifying the program as accredited by PEAC from its website and in all publications.

Impact on students

If a program with Accreditation – Fully Compliant or Accreditation – Partially Compliant loses accreditation status, students who started in the program will be considered as graduates of an accredited program, so long as 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.

If a program admits students while holding Accreditation – Probationary status and the program loses accreditation status, those students will not be considered graduates of an accredited program. It is therefore critical that those seeking enrolment in the program are informed of the program's probationary accreditation status as required by PEAC (see *here*). Graduates of non-accredited Canadian education programs must follow a different process than graduates of accredited Canadian education programs to become licensed to practice in Canada. It is recommended that students contact the Canadian Alliance of Physiotherapy Regulators (*CAPR*) for information regarding the process.

Publication of decision – Non-Accreditation

The program and university must publish the fact that the program was granted Non-Accreditation. This must include:

- individual notification to all prospective students, and to all students enrolled in the program at the time Non-Accreditation was awarded
- publication on the program's website

PEAC will include the education program's Non-Accreditation status on the list of Canadian education programs on the PEAC website upon receipt of evidence from the program of notification to students, staff, and faculty.

PEAC will formally notify the Canadian Alliance of Physiotherapy Regulators of the program's Non-Accreditation status upon receipt of evidence from the program of notification to students, staff, and faculty, and request that regulators in each province be informed.

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 $2,500 to file a formal request will apply.

Publication of Accreditation Decisions

Publication by PEAC
PEAC will publish a list of education programs that hold accreditation status. The list will be posted on the PEAC website and included in the Annual Report and other such official PEAC documents. Information to be published is limited to the level of accreditation status awarded the program (Accreditation – Fully Compliant, Accreditation – Partially Compliant, Accreditation – Probationary, or Non-Accreditation), and will include the date of the accreditation award and the date of expiry, if applicable.

Publication by the education program
Education programs are required to publish the level of their accreditation status Accreditation – Fully Compliant, Accreditation – Partially Compliant, Accreditation – Probationary, or Non-Accreditation), the date of the accreditation award, and the expiry of the accreditation award (if applicable), as part of their responsibility to maintain compliance with the accreditation standards. This information must be easily accessible for prospective and current students and other stakeholders/partners in the education program. Clear definitions of the levels of accreditation (as provided by PEAC – see *ACC-02 Disclosure*) must be included when and wherever a program's accreditation is published by the program.

The required text for programs holding Accreditation – Fully Compliant or Accreditation – Partially Compliant when publishing their information is:

> *The (name of program) at (University) has completed the accreditation review process administered by Physiotherapy Education Accreditation Canada (PEAC). PEAC is an incorporated body under the Canada Not-for-profit Corporations Act and operates as the accrediting agency for physiotherapy education programs in Canada. The status of (Accreditation*

– Fully Compliant/ Accreditation – Partially Compliant) was granted to the program on (date decision was taken) for the period until (the end of the accreditation cycle). A description of [Accreditation Status – Fully Compliant, Partially Compliant] follows [Include definition as provided by PEAC in Appendix B of ACC-02]. More details regarding the definitions of the levels of accreditation are available at [PEAC weblink].

The required text for programs holding Accreditation – Probationary status when publishing their information is:

The (name of program) at (University) has completed the accreditation review process administered by Physiotherapy Education Accreditation Canada (PEAC). PEAC is an incorporated body under the Canada Not-for-profit Corporations Act and operates as the accrediting agency for physiotherapy education programs in Canada. The status of Accreditation – Probationary was granted to the program on (date decision was effective). A description of Accreditation – Probationary follows [Include definition as provided by PEAC in ACC-02]. More details regarding the definitions of the levels of accreditation are available at [PEAC weblink].

The required text for programs holding Non-Accreditation when publishing their information is:

The (name of program) at (University) has completed the accreditation review process administered by Physiotherapy Education Accreditation Canada (PEAC). PEAC is an incorporated body under the Canada Not-for-profit Corporations Act and operates as the accrediting agency for physiotherapy education programs in Canada. The status of Non-Accreditation was granted to the program on (date decision was effective). A description of Non-Accreditation follows [Include definition as provided by PEAC in ACC-02]. More details regarding the definitions of the levels of accreditation are available at [PEAC weblink].

When and wherever an education program makes public disclosure of its accreditation status, it must include the full name, address and contact information for PEAC as: *Physiotherapy Education Accreditation Canada, Suite 26, 509 Commissioners Road West, London, Ontario, N6J 1Y5, (226) 636-0632, www.peac-aepc.ca .*

Should the program choose to make public the contents of its accreditation reports, including the AR & SR, the reports must be published in full.

Timelines for Accreditation Activities

Information about the typical accreditation process and timelines for completion of related activities is provided in Table 1.

Table 1: Accreditation Program Activities and Timelines (All Activities)

Accreditation Activity	Timeline for Completion of Activity	Lead Responsibility
A: Prior to site review		
Planning for accreditation	*Time before site review*	
Submit Letter of Intent to PEAC	15-18 months prior to expiry of accreditation status award	Education Program
Provide consultation for accreditation activities	Throughout accreditation process	PEAC
Schedule date for site review in consultation with program	12 months	PEAC
Select and confirm members of Peer Review Team	10 months	PEAC
Program Self Study Report		
Complete Self Study Report and submit electronically to PEAC	4 months	Education Program
Distribute to Peer Review Team members	Upon receipt	PEAC
Preliminary review		
Conduct preliminary review	3 months	PRT & PEAC
Prepare preliminary review report	Immediately following the preliminary review	PRT
Forward to program for review	Upon receipt	PEAC
Site review		
Develop draft schedule for site review	3 months	Education Program
Provide list of student ID numbers for random selection by PEAC	1 month	Education Program
	2 weeks	

Accreditation Activity	Timeline for Completion of Activity	Lead Responsibility
Confirm final schedule for site review in consultation with PEAC and PRT Chair	On scheduled dates	PEAC, Education Program & PRT Chair
Conduct site review		PRT

B: Following site review

PRT report	*Time following site review*	
Preparation of report and submission to PEAC	2 weeks	PRT
Forward report to education program	Immediately upon receipt	PEAC
Respond to report	2 weeks following receipt	Education program
Prepare accreditation dossier	Immediately upon receipt of Program Response	PEAC

C: Following report completion

Decision-making re: Accreditation Status		
Review reports and make accreditation award decision	At scheduled Accreditation Committee meetings	Accreditation Committee
Follow up		
Notify education program, university administration, Peer Review Team members	Within 4 weeks of Accreditation Committee meeting	PEAC
Publish results	Within 4 weeks of notification of accreditation decision	Education Program/ PEAC

Accreditation: Responsibilities of the Education Program

Information about the responsibilities of the education program during the accreditation process, and related timelines for completion of activities are provided in Table 2.

Table 2: Education Program Responsibilities

Responsibility / Activity	Completion
Before the site review	*Time before site review*
Forward Letter of Intent to PEAC	15-18 months

Responsibility / Activity	Completion
Participate in the orientation meeting with PEAC staff	10-12 months
Submit SSR	4 months
Develop draft schedule for site review	3 months
Receive preliminary review report and requests; prepare additional evidence as required	3 months
Schedule all required meetings and interviews	3 months
Provide the scheduled participants with *information about what to expect* and with instructions about the virtual platform if needed	1-3 months
Schedule time to conduct technology demonstration and practice opportunities with participants and peer reviewers as necessary	2 months
Forward student ID numbers to PEAC for random selection of students to attend interviews	2 months
Finalize schedule for site review in consultation with PEAC and PRT Chair	1 month
Confirm final site review schedule (including names/titles of interview participants) and forward to PEAC	2 weeks
During the site review: in person	
Arrange for transportation from hotel to campus, as well as to clinical facilities and other campus locations as required	
Include orientation/tour for PRT of the program in the schedule and introduce PRT to program faculty and staff	
Provide secure room with internet access for PRT to review materials	
Provide additional room to conduct interviews	
Discuss any special arrangements or revisions to the visit schedule and adapt the schedule if required	
Facilitate adherence to the planned schedule	

Responsibility / Activity	Completion
Facilitate adjustments to the planned schedule if necessary Introduce PRT to personnel when visiting outside of the program Be available to provide information or other support to PRT as required Arrange for mid-day meal and breaks as required	
During the site review: virtual Facilitate adherence to the planned schedule Facilitate adjustments to the planned schedule if necessary Ensure an appropriate faculty/staff person is within contact at all times to assist the PRT if necessary Assist in cross-referencing participant names for each interview as needed	
Following the site review	*Time after review*
Distribute evaluation survey (provided by PEAC) to appropriate faculty, staff and other participants for completion	1-2 weeks
Receive the PRT report for commentary	2 weeks
Submit Program Response to PRT report electronically to PEAC	4 weeks

Accreditation: Responsibilities of PEAC

Information about the responsibilities of PEAC during the accreditation process, and related timelines for completion of activities are provided in Table 3.

Table 3: Responsibilities of PEAC

Responsibility / Activity	Completion
Before the site review	*Time before review*
Receive Letter of Intent from program	18 months
Schedule date for site review	12 months
Appoint PRT members and Chair, and seek approval of team members by Accreditation Committee	10 months
Ensure all forms (Confirmation/Confidentiality/Conflict of Interest) are signed and submitted by PRT members	8-10 months
Schedule/conduct orientation meeting with the program	10 months
In person: Organize travel and accommodation for PRT members (including meeting room at hotel for PRT)	3 months
Schedule orientation/preliminary review meetings with PRT	4 mths /3 mths
Receive Self Study Report from education program	4 months
Distribute copy of Self Study Report to PRT members	4 months
Conduct orientation meeting with PRT	4 months
Conduct the preliminary review with PRT	3 months
Receive preliminary review report from PRT	3 months
Forward preliminary review report and requests to education program	3 months
Following the site review	*Time after review*
Send post-review evaluation survey link to the program	Immediately
Receive PRT report from PRT	2 weeks
	2 weeks

Responsibility / Activity	Completion
Send evaluation survey link to PRT members for completion	2 weeks
Review/edit PRT report for consistency	2 weeks
Send PRT report to education program for review/clarification	4 weeks
Receive Program Response from the education program	6 weeks
Prepare accreditation dossier for Accreditation Committee	
Summarize survey evaluations	8 weeks
Notify program of accreditation award decision	Within 4 weeks of Accreditation Committee Meeting
Notify PRT members of accreditation award decision and request destruction of confidential information	Following notification to program

REQUIREMENTS FOR MAINTAINING 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 each 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*)

Progress Reports

The Accreditation Review and Status Report (AR & SR) serves as the official position of PEAC regarding the accreditation status of an education program. PEAC will request that a program submit a Progress Report when the decision is made that a program has:

- Accreditation – Fully Compliant, with one or more criteria Partially Met

	OR

- Accreditation – Partially Compliant

	OR

- Accreditation – Probationary

Programs are provided a due date for submission of a Progress Report.

Content of Progress Reports

The AR & SR will include information about the required content of the Progress Report. The AR & SR includes commentary about each criterion that the program must address, and a request for information and evidence to demonstrate the program's full compliance with the criterion (programs should refer to the accreditation standards for examples of evidence). The program must provide a significant level of detail and analysis to accompany the evidence it provides in the Progress Report to indicate how the evidence demonstrates the program's compliance with the accreditation standards. If there is a question about content of the Progress Report, it is the program's responsibility to request clarification from PEAC.

Submission

The AR & SR will indicate the date by which the Progress Report is to be submitted electronically to PEAC. Format should be as described for that of Self Study Reports *here*.

The Progress Report is a single document. All sections of the Progress Report including appendices and supporting documents are accessible using links within the body of the narrative. Links open appendices and supporting documents in their own windows/tabs so that readers can easily return to the narrative at the point they left off.

The program must include the signature page at the time of submission of the Progress Report.

Failure to Submit a Progress Report

Failure to submit a Progress Report by the specified date may be interpreted as a lack of compliance with the accreditation standards and criteria and may result in a change to Accreditation – Probationary or Non-Accreditation.

PEAC decisions based on the Progress Report

Progress Reports will be reviewed at Accreditation Committee meetings twice annually as outlined for accreditation reviews (see *here*). The confidential accreditation dossier provided to committee members and the appointed Primary Reviewers will include:

- the most recent education program AR & SR outlining the requested content of the Progress Report
- the submitted Progress Report
- the Primary Reviewers report

Assessment of the program's compliance with accreditation standards will be based on the accreditation standards document used at the time of the original accreditation review.

The accreditation award decisions which could be made by PEAC following review of the Progress Report's accreditation dossier include:

Accreditation – Fully Compliant

Request: Another Progress Report will be required 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.

Accreditation – Partially Compliant

Request: Another Progress Report will be required until all criteria are Fully Met. Failure to adequately respond to the requests made and/or to demonstrate progress toward full compliance may result in a change to Accreditation – Probationary, or Non-Accreditation.

Accreditation – Probationary

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 Met or Partially Met by the end of this time period will result in Non-Accreditation status. The timeframe may be extended by PEAC if the program is able to demonstrate significant progress toward compliance with all accreditation criteria.

Request: A Progress Report will be required within 3 to 12 months of the accreditation award. When a program demonstrates significant progress toward resolution of all identified concerns, PEAC may modify the program's accreditation status to Accreditation – Fully Compliant or Accreditation – Partially 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 review will be scheduled; the program will be invoiced a $2,500 administration fee and will be responsible to pay for any related expenses.

Non-Accreditation

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.

At any time

If, upon review of a Progress Report, the Accreditation Committee finds evidence that raises concerns in areas other than those being reported, PEAC may add requests regarding those criteria.

Based on the outcome of the review of the Progress Report, PEAC may decide that a focussed review of the program is required. In such a case, the program will be required to pay for the expenses of the review, and will be invoiced a $2,500 administration fee.

For all progress reviews, the accreditation decision will be provided to the education program in a new AR & SR, with a letter addressed to the university administrator responsible for the program (e.g. Dean of the faculty/Director of the department) with a copy to the entry-to-practice Program Director.

Annual Accreditation Reports

Programs with accreditation status are required to submit annual accreditation reports. The purpose of the report is to collect descriptive data for inclusion in a comprehensive database about physiotherapy education in Canada. PEAC will notify each program once a year and provide the necessary survey link for completion.

Annual Fee

Programs are invoiced in January of each year by PEAC. Payment is due within 30 days of receipt of the invoice. There are no additional fees charged at the time of the review, with some exceptions (see *Policy ACC-05 Distributed Education*).

Reporting of Substantive Change

If a program undergoes changes that may impact its compliance with the accreditation standards, PEAC must be notified within two months of implementation of the change. Any change which alters the circumstances under which the program was accredited will necessitate a reassessment. Categories of substantive change include:

Change that impacts compliance with accreditation standards

- Change in program governance or administrative structure (Core Criterion 1.1)
- Change in program leadership (Core Criterion 1.2)
- Change in financial resources (Core Criterion 1.3)
- Increase in number of student admissions (Core Criterion 1.3, 3.1, 4.3)
- Major curriculum revision, including pedagogy (Criterion 2.2, 2.3)
- Change in faculty complement (Criterion 3.1)
- Change in the degree or program offered/Addition of Distributed Education sites
- Decision not to admit a class of students
- Plans for temporary closure or permanent closure of the program

*Change in contact information (*FORM-05*)*

- Name or address of the university
- Name, address, telephone numbers, website address, or email address for the program
- Name, credentials, address, telephone numbers, or email address for the Program Director
- Name, credential, or address of officials in the university to whom PEAC sends official correspondence, for example, Dean, Provost, Vice Provost or President

Failure to notify PEAC of substantive changes within the required time period may result in the program being awarded Accreditation – Probationary. In many cases, submission of documents may be sufficient for the reassessment. Procedures describing the written information required when submitting a report of substantive change are provided in policy *ACC-07 Substantive Change*.

Publication of Accreditation Status Using Required Text

Accredited education programs are required to publish their accreditation status; this information must be easily accessible for prospective and current students and other stakeholders/partners of the education program (see *here* and *ACC-02 Disclosure* for required text).

Failure to publish accreditation status as required may result in the program being considered non-compliant with accreditation criteria.

THE PEER REVIEW TEAM

Composition and Role of the Peer Review Team

PEAC maintains a list of qualified reviewers who can be appointed as members of a Peer Review Team (PRT). Each team comprises four members; two members are physiotherapists with experience in education and accreditation, one member has experience in physiotherapy regulation, and one member has experience in accreditation in a profession other than physiotherapy.

In order to ensure availability of PRT members at the time of an accreditation review, it is helpful for education programs to strongly encourage and support their educators who meet the PRT member eligibility criteria (*GUIDE-08 Eligibility to Become a PRT member*) to submit the required application form and documentation for inclusion in the pool of PRT members. The educator should be supported by the education program/university to participate in a future accreditation review.

The responsibilities of the PRT are to:

- conduct a preliminary review of the SSR and identify any gaps in evidence
- prepare a preliminary review report requesting additional evidence if necessary
- conduct the site review of an education program
- verify and supplement evidence provided by the education program in the SSR and in response to the preliminary review report
- assess the program within the context of its environment
- prepare and submit a report describing the program's level of compliance with each of the accreditation criteria

PRT members are selected at least ten months in advance of the site review. PRT members are selected from one of two pools of qualified reviewers (one pool of PEAC reviewers, one pool of regulatory reviewers) considering any specific needs of the education program and other factors such as geography, language preference, and absence of conflict of interest. The PRT is an ad hoc committee of PEAC and members of the team are therefore directly accountable to PEAC.

Eligibility for Appointment to a Pool of PRT Reviewers

The following general criteria are used to select individuals who can be appointed to a pool of reviewers.

Physiotherapy educator

- A minimum of two years' experience working in an academic or clinical educational setting

- A minimum of two years' accreditation experience in a profession other than physiotherapy

Above members:

- Completion of *FORM-04 Reviewer Application Form*
- Submission of a curriculum vitae
- Submission of two letters of reference that address the candidate's competencies and attributes, including:

   i.   communication skills generally, and specifically related to conducting interviews
   ii. ability to critically analyze, verbalize, and record pertinent objective data
   iii. ability to work as a team and participate in reaching consensus
   iv. a personal and professional history that would not reflect negatively on the accreditation program
   v.   an awareness of personal biases but open to new ideas and receptive to change

Regulatory member

- Membership in the Regulatory Reviewer Pool – see *GUIDE-11 Regulatory PRT Members*

All members:

- Willingness to accept the responsibilities related to conducting the accreditation review including:

   i.   commitment to the PEAC policies of confidentiality
   ii. review of the program's SSR and all related materials
   iii. ability to impartially collect, analyze, and communicate all pertinent data related to the review
   iv. acceptance of the responsibility for own behaviour and actions
   v.   acknowledgement of any conflict of interest

- Completion of the training modules for reviewers

Selection and Appointment of PRT Members

Regulatory reviewers

From the pool of regulatory reviewers, the Executive Director chooses a potential regulatory PRT member for approval by the registrar of the province in which the accreditation review will take place. The registrar is responsible for confirming that the member is an appropriate regulatory representative to the PRT for the identified review.

PEAC reviewers

From the pool of accreditation reviewers, the Executive Director chooses the remaining three potential PRT members and selects a Chair. The following specific criteria are used as guidelines for appointment of the Chair:

- proficiency in the language of instruction of the program, including both oral and written communication
- participation as a PRT member for at least one previous accreditation review
- positive performance review(s) as completed by education Program Director(s), faculty, and other PRT members during previous review(s)

The four PRT members are presented to the Accreditation Committee for approval. An alternate Chair may be selected in the case that the appointed Chair is unable to fulfill their duties.

Conflict of Interest–PRT Members

Individuals, including PRT members who conduct business on behalf of PEAC, must be committed to the values of the organization, one of which is the belief in transparent, consistent, and fair practices. In support of this value and good practices, PEAC strives to avoid actual, potential, and perceived conflict of interest in all of its activities.

A conflict of interest exists when conditions or circumstances could preclude or interfere with an individual's capacity to conduct themselves or to make decisions impartially, or be seen to have precluded or interfered with that individual's capacity to make decisions impartially. Such conditions or circumstances may include but are not limited to situations when an individual:

- is or has recently been (within five years) an employee of the education program being accredited
- has recently (within five years) graduated from the education program being accredited
- is serving or has recently served in the capacity of consultant or honorary faculty member of the education program being accredited
- has a monetary or personal interest in the outcome of an accreditation decision for the education program being accredited
- has or has had close personal or professional relationships with individuals in the education program being accredited
- has a member of their immediate family that is involved with the education program being accredited as a student, staff, or faculty member

Individuals who participate in any aspect of PEAC activities (including PRT members) are expected to recognize relationships in which they have an actual, potential, or perceived conflict of interest and to disclose such conflicts to PEAC.

Prior to appointment to the PRT, all PRT members are asked to review policy *COUN-01 Conflict of Interest* and to carefully consider whether they are eligible to serve on the PRT. PRT members complete *FORM-07 Conflict of Interest Declaration*.

Conflict of Interest–Accreditation Committee Members

An Accreditation Committee member who is or has been (within five years) a faculty member of a program for which accreditation status is being considered must declare a conflict of interest and be excused from the meeting during the discussion regarding determination of the program's accreditation status and abstain from voting.

An Accreditation Committee member who has recently (within five years) graduated from a program for which accreditation status is being considered must declare a conflict of interest and be excused from the meeting during the discussion regarding determination of the program's accreditation status and abstain from voting.

An Accreditation Committee member who was a PRT member for the review of the program for which accreditation status is being considered may participate in the discussion, to clarify the PRT report and to answer questions. The member must abstain from voting regarding the program's accreditation status.

Confidentiality

Participation in the accreditation review and all related processes and materials are considered to be highly confidential in nature. Therefore, PRT members are not authorized to discuss the process and related documents or the findings of the accreditation review except with other members of the PRT, PEAC staff, and other PEAC representatives as appropriate. Documentation relating to an accreditation review must be protected through use of locked filing cabinets, password protection on computers/laptops, secure USB keys, password protection of confidential documents transmitted via email, and exclusive use of PEAC-approved third party servers (these exclude data service providers such as Google Drive, DropBox, Gmail, Mobile Outlook, among others).

Any information or materials acquired through accreditation processes must not be used for purposes other than accreditation matters, unless permission is granted from the education program or institution and PEAC.

Once a decision is made regarding the accreditation status of an education program by PEAC, PRT members are advised of the decision and are asked to dispose of all materials related to the accreditation review by shredding hard copies, and/or deleting all electronic documents. PRT members are required to sign a form confirming they have complied with this policy and return the form to PEAC.

PRT members (prior to each accreditation review) and Accreditation Committee members (annually) sign a confidentiality agreement with PEAC.

Roles of PRT Members

The PRT members have responsibilities to:

- review the PRT Handbook including the accreditation standards

- review the education program's SSR and all supporting documentation prior to the review
- complete two online training programs
- participate in a PRT orientation meeting prior to the preliminary review
- participate in the preliminary review meeting
- collaboratively write the preliminary review report
- participate in a PRT meeting at the hotel the day before the visit (in person) or prior to the site review (virtual) to discuss the schedule for the site review, areas of compliance requiring clarification, development of a plan for verification, and selection of questions for the interviews
- participate and/or lead interviews with program faculty, staff, and students, clinicians, and university administrators
- collect required data and make observations
- collaboratively write the PRT report

In addition to the general PRT responsibilities, the PRT Chair has the overall responsibility for completion of the review and specifically has responsibilities to:

- act as the official spokesperson for the PRT
- work with the Program Director and PEAC to establish the schedule for the site review; consult with the Program Director regarding any required changes to the schedule during the review
- allocate responsibilities for PRT members for required activities to complete the review
- lead the PRT meetings before, during and, if necessary, after the review
- be familiar with the previous reports and accreditation decisions related to the program being reviewed
- collaboratively write and submit the PRT report
- attend the Accreditation Committee meeting (either in person or virtually) to clarify information in the PRT report and to answer any questions from the committee members as they make an accreditation status decision

Each PRT member brings valuable experience, expertise, and perspective to the team. The two educators are peers of those being accredited – they have experience in the academic environment and in physiotherapy curriculum. They also have accreditation experience as members of education programs which have been participants in an accreditation process. The external accreditor has experience in accreditation of a different profession, and so is able to provide a unique perspective as an outsider to the profession of physiotherapy. The role of the regulatory member on the team is to ensure that the competency of graduates is being assessed and that the public is protected in part as a result of the accreditation process. While the regulatory member on the team may not be as familiar with the academic environment as the other members, they are able to speak to the regulatory environment and can especially take responsibility for the aspects of the accreditation process that target competency.

Orientation and Training

Orientation and training for PRT members is provided by PEAC and includes the following components:

- completion of an online education program developed by the Association of Accrediting Agencies in Canada (AAAC) for accreditation reviewers (the fees to access the program are paid by PEAC)
- completion of online training developed by PEAC and specific to the physiotherapy program review process
- review of PRT Handbook
- meeting prior to the preliminary review for the purpose of team building, planning for the review, and delegation of PRT member responsibilities
- ongoing access to resources, i.e., access to online training programs for two years, PRT Handbook on PEAC website

Accreditation: Responsibilities of the PRT

Information about the responsibilities of the PRT during the accreditation process, and related timelines for completion of activities are provided in Table 4.

Table 4: Peer Review Team Responsibilities

Responsibility / Activity	Completion
Before the site review	*Time before review*
Complete the online training modules	4 months
PRT Chair works with PEAC and education Program Director to develop schedule for site review	1-3 months
Receive and conduct general review of the SSR	4 months
Participate in PRT orientation meeting	4 months
Conduct the preliminary review with the PRT	3 months
Complete the preliminary review report	3 months
Prepare interview questions and begin completion of the PRT report	0-3 months
If site review is conducted virtually, participate in PRT meetings prior to the review to test connectivity and become familiar with the meeting platform	2 weeks
During the site review (in person)	

Responsibility / Activity	Completion
PRT Chair consults throughout with education Program Director about visit schedule and any special arrangements	
Participate in PRT meeting at the hotel, day prior to onsite visit	
Conduct interviews as required on the visit schedule	
Participate in PRT meetings to discuss findings and reach consensus on the final report	
Collaborate to complete the final report	
During the site review (virtual)	
PRT Chair consults throughout with education Program Director (and PEAC staff if necessary) about schedule and any adjustments	
Conduct interviews as required on the site review schedule	
Participate in PRT meetings to discuss findings and reach consensus on PRT report	
Collaborate to draft the PRT report	
Following the site review	*Time after review*
Collaborate to complete PRT report and submit to PEAC	2 weeks
Submit expense report	2 weeks
Complete the post-review evaluation survey (link provided by PEAC)	3 weeks
Destroy/delete copies of confidential material as instructed by PEAC	Following PEAC accreditation decision

APPENDIX A – LETTER OF INTENT

Letter of Intent to Participate in Accreditation Review

The *Program Name* at *University Name* intends to initiate the PEAC accreditation review process.

Date of expiry of current accreditation status (if applicable)

Enter date: _____

In order to initiate the process, the *Program Name* at *University Name* acknowledges the following:

- Review and understanding of the Program Accreditation Handbook
- Review and understanding of the format, content, and method of submission required for the Self Study Report and Required Evidence
- Acceptance of the timelines for submission of key documentation in the accreditation process including

  - Self Study Report and Required Evidence
  - receipt of PRT preliminary review report
  - site review schedule
  - receipt of PRT report
  - submission of Program Response

- Responsibilities of the program with respect to the site review

  - arrangement of all interviews and interviewees as outlined in the site review schedule

      In-person site review:

  - transportation of the PRT between the hotel and campus each day
  - provision of snacks and lunch for the team during the days onsite
  - booking of meeting space for the PRT as described in the Program Accreditation Handbook

      Virtual site review:

  - ensure faculty/staff/technology support throughout review to assist PRT as necessary

- Availability of PEAC staff to provide assistance/guidance when required

The *Program Name* at *University Name* acknowledges that if it does not comply with the timelines and responsibilities referred to above, the review will not proceed and any costs incurred will be reimbursed to PEAC by the *Program Name* at *University Name*.

Program Chair/Director	**Dean/Director/Administrator of School**
Name	Name
Title	Title
Signature	Signature
Date	Date

APPENDIX B – SAMPLE SITE REVIEW SCHEDULE: IN PERSON

Day 1

Time	Activity	Other information
8:00-8:30	Team meeting with entry-to-practice Program Director	Introductions, opportunity for PRT to gather information about the broad context of the program, discuss any questions that the Program Director may have.
8:30-9:00	Tour of the program/equipment/labs	
9:00-9:30	Introductory meeting with the physiotherapy faculty and instructors (all in one group). PRT Chair introduces team, provides overview of accreditation program, purpose and value of accreditation, and objectives for the site review	
9:30-10:30	Meeting with program Admissions Committee	
10:30-11:30	Meeting with Academic Coordinator of Clinical Education	
11:30-1:00	Lunch; PRT to debrief, review documents, and make any necessary revisions in schedule	
1:00-2:30	Meeting with program faculty and instructors	Program faculty meeting should not include the Program Director or any individual to whom program faculty report.
2:30-3:30	Meeting with Curriculum Committee	
3:30-4:00	Break: PRT to review results of interviews and prepare for upcoming interviews	
4:00-5:00	Meeting with preceptors (i.e., those who supervise student clinical placements)	Scheduling this meeting at the end of the day facilitates preceptors' attendance.
5:00	Optional meeting with Program Director	Opportunity to modify tomorrow's schedule if necessary based on today's interviews.

Day 2

Time	Activity	Other information
8:00-8:30	PRT meeting with Program Director, if required	
8:30-9:30	Meeting with Dean of Faculty within which the program is located	
9:30-10:15	Meeting with University Administrative officials, for example, Provost, Vice-President Academic	
10:15-10:30	Break	
10:30-11:30	Meetings with university faculty appointed to other departments, but who are involved in teaching physiotherapy students	This group may include faculty from nursing/anatomy etc. who teach entry-to-practice PT students.
11:30-12:30	Meetings with other groups/faculty as required (may be held concurrently)	
12:30-1:30	Lunch; PRT debrief and document review	
1:30-2:30	Quebec programs only: Meeting with U1-U3 students in the program (concurrent with another meeting)	
1:30-2:30	Meetings with Year 1 students in the program (M1 in Quebec) and the student executive group	See Program Accreditation Handbook and GUIDE-07 for minimum required number of students from each year and selection process.
2:30-3:30	Meetings with Year 2 students in the program (M2 in Quebec) and the student executive group	
3:30-4:00	Break	
4:00-5:00	Meetings with recent graduates of the program (concurrently)	Scheduling these meetings at the end of the day facilitates attendance.
	Meetings with employees of graduates in catchment area (concurrently)	
5:00-6:00	Meeting with Program Director if required; document review	

Day 3

Time	Activity	Other information
8:30-9:00	Meeting with Program Director if required	
9:00-10:00	Meetings with program admin support staff and tutorial/laboratory assistants (concurrently)	Administrative staff meeting should not include any individual to whom program faculty report.
10:00-11:00	Meeting with administrative lead(s)	
11:00-12:00	Meeting with financial team – those able to contribute to questions related to budget and program sustainability	
12:00-1:00	Opportunity to conduct additional interviews as required; PRT meeting to draft PRT report	
1:00-2:00	Lunch and team debrief	
2:00-3:00	Closing meeting with Program Director	Closing meeting is to thank the program, and as a brief summary of the review, to provide examples of three strengths of the program and three concerns. The PRT can also provide information re. next steps and timelines. No information regarding overall compliance or overall accreditation status is provided by the PRT.
3:00-evening	PRT meeting to complete draft PRT report	

APPENDIX B – SAMPLE SITE REVIEW SCHEDULE: VIRTUAL

Note that actual times are intentionally left blank to accommodate time zone differences. Please build the review schedule based on the information provided by PEAC regarding the location of the peer reviewers appointed to the review. Remember:

- Allow 60 minutes between longer interviews and at least 15 minutes between shorter ones to allow for peer reviewer bio breaks, snacks, and stretches.
- Include a 5-10 minute connection window at the beginning of each meeting to allow time for participants to join the meeting link, be provided access, and troubleshoot any audio, video, or connection issues.
- Build the schedule with consideration given to the various time zones of the peer reviewers and the program.
- Some programs and PRTs may prefer a schedule that is longer or shorter than five days.

Day 1

Timing	Activity	Other information
30 minutes	Team meeting with entry-to-practice Program Director	Introductions, opportunity for PRT to gather information about the broad context of the program, discuss any questions that the Program Director may have
30 minutes	Introductory meeting with the physiotherapy faculty and instructors (all in one group). PRT Chair introduces team, provides overview of accreditation program, purpose and value of accreditation, and objectives for the site review	
90 minutes	Meeting with program Admissions Committee	
60 minutes	Meeting with Academic Coordinator of Clinical Education	
15 minutes	Touch base with Program Director (optional)	Opportunity to modify tomorrow's schedule if necessary based on today's interviews
Total = 3½ hours + breaks		

Day 2

Timing	Activity	Other information
90 minutes	Meeting with program faculty and instructors	Program faculty meeting should not include the Program Director or any individual to whom program faculty report
30 minutes	Meeting with Curriculum Committee	
30 minutes	Meeting with preceptors (i.e., those who supervise student clinical placements)	Scheduling this meeting at the end of the day facilitates preceptors' attendance
60 minutes	Meeting with Dean of Faculty within which the program is located	
60 minutes	Meeting with financial team – those able to contribute to questions related to budget and program sustainability	
15 minutes	Touch base with Program Director (optional)	Opportunity to modify tomorrow's schedule if necessary based on today's interviews
Total = 4½ hours + breaks		

Day 3

Time	Activity	Other information
45 minutes	Meeting with University Administrative officials, for example, Provost, Vice-President Academic	
60 minutes	Meetings with university faculty appointed to other departments, but who are involved in teaching physiotherapy students	This group may include faculty from nursing/anatomy etc. who teach entry-to-practice PT students
60 minutes	Meetings with other groups/faculty as required (may be held concurrently) in separate virtual rooms	
60 minutes	Meeting with employees of graduates in catchment area	

Time	Activity	Other information
15 minutes	Touch base with Program Director (optional)	Opportunity to modify tomorrow's schedule if necessary based on today's interviews
Total 3¾ hours + breaks		

Day 4

Time	Activity	Other information
60 minutes	Quebec programs only: Meeting with U1-U3 students in the program (concurrent with another meeting)	
60 minutes	Meetings with Year 1 students in the program (QY+M1 in Quebec) and the student executive group	See Program Accreditation Handbook and *GUIDE-07* for minimum required number of students from each year and selection process
60 minutes	Meetings with Year 2 students in the program (M2 in Quebec) and the student executive group	
60 minutes	Meeting with recent graduates of the program	Scheduling this meeting at the end of the day facilitates attendance
15 minutes	Touch base with Program Director (optional)	Opportunity to modify tomorrow's schedule if necessary based on today's interviews
Total 3 or 4 hours + breaks		

Day 5

Time	Activity	Other information
60 minutes	Meetings with program admin support staff	Administrative staff meeting should not include any individual to whom program faculty report.
60 minutes	Meetings with tutorial/laboratory assistants	

Time	Activity	Other information
60 minutes	Meeting with administrative lead(s)	
60 minutes	Closing meeting with Program Director	Closing meeting is to thank the program, and as a brief summary of the review, to provide examples of three strengths of the program and three concerns. The PRT can also provide information re. next steps and timelines. No information regarding overall compliance or overall accreditation status is provided by the PRT.
	Total 4 hours + breaks	

APPENDIX C – SAMPLE INTERVIEW QUESTIONS

Faculty

- Help us understand the balance between teaching and research.
- If money were not an issue, what changes/additions to the program would you like to see?
- How does the conceptual framework for the curriculum inform the courses you teach?
- Can you describe your role in the evaluation of the program?

Employers

- Based on your experience, do you think the program adequately prepares graduates for the realities of clinical practice?

Recent graduates

- Did you have a role in the governance of the program?
- What would you like to have learned more about?

Students

- Do you find that you have sufficient support – faculty support, advisor support, accommodations?
- Describe your awareness of the consequences should a student, preceptor, or faculty member demonstrate a breach in ethics or professionalism.
- How is the workload? How do you find the transition from the undergraduate level to the professional program?

Curriculum Committee

- Can you describe the conceptual framework for the curriculum for us?
- How does the program ensure that there is alignment of the curriculum to societal needs?
- Describe the program's approach to readiness for clinical placements.

Program Director

- How is faculty evaluation/performance review conducted? How often?
- How are teaching/research/service responsibilities or decisions made to be fair and equitable?