

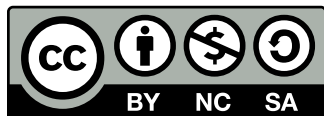


Physiotherapy Education Accreditation Canada  
Agrément de l'enseignement de la physiothérapie au Canada

2020



## Accreditation Standards for Canadian Entry-to-Practice Physiotherapy Education Programs



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Français

Normes d'agrément visant les programmes d'enseignement d'entrée à la pratique en physiothérapie au Canada (2020) [www.peac-aepec.ca](http://www.peac-aepec.ca)

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## ACKNOWLEDGEMENTS

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The Standards Review Committee was comprised of dedicated individuals representing the interests of PEAC's key stakeholders (including the Canadian Council of Physiotherapy University Programs, the National Association for Clinical Education in Physiotherapy, the Canadian Alliance of Physiotherapy Regulators, the Canadian Physiotherapy Association, entry-level graduate physiotherapists, and physiotherapy accreditation peer reviewers). The committee members were responsible to review background information, references, evaluative feedback, and many other resources as they drafted the new Standards; they remained committed and engaged with the project throughout 2020 despite the impact of the COVID-19 pandemic. The Standards Review Committee members were Anita Ashton, Jennifer Billeck, Andréanne Blanchette, Joni Boyd, Alison Greig (Chair), Bruce Holmes, Leanne Loranger, Lissa Pacheco-Brousseau, Sandy Rennie, and Bryce Rudland.

Two other important groups must also be mentioned and thanked for their input to the Standards. These contributors were essential in introducing principles and creating core content to effect change in physiotherapy education and practice with respect to social justice, human rights, equity, diversity and inclusion.

1. The members of the Black Physiotherapy Association under the leadership of Tracy Blake, Stephanie Lurch, and Meredith Smith; they included Courtney Bean, Lori Brady, Aaron Clarke, Donovan Cooper, Winta Desta, Najih Ismail, Alisha Morgan, Dan Pringle, and Julian Roach. Stephanie Nixon also contributed through her role in practising critical allyship with the Association.
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PEAC's Board of Directors provided oversight and final approval of the Standards; the Directors included Alison Greig (President), Shawna O'Hearn (President-Elect), Bill Ng (Director of Finance), and Members-at-Large Vanina Dal Bello-Haas, Patricia Lee, and Dianne Millette.

We thank those who reviewed and verified the translation of the 2020 Standards and the glossary to ensure the accuracy of the terminology, especially those terms used in the academic setting and those used to describe social justice, human rights, equity, diversity and inclusion. These individuals are Lisa Arcobelli, Andréanne Blanchette, Hugo Massé-Alarie, Stephanie Nixon, Charles Sèbiyo Batcho, and Isabelle Verret.

Finally PEAC is grateful for the input and feedback provided by key stakeholders and users via two surveys, one in January 2020 seeking information to guide changes to the standards as we embarked on the project, and one in November 2020 seeking validation of the draft 2020 Standards. These thoughtful contributions ensure that the 2020 Standards reflect the present and the future of physiotherapy education, regulation, accreditation, and practice in Canada.

## INTRODUCTION

### **THE PRINCIPLES OF ACCREDITATION**

The purpose of accreditation is to recognize education programs that meet or exceed a pre-defined, agreed-upon standard, and to support and encourage programs in their own quality improvement activities. The accreditation process is not only outcomes-based but also process-based. Rather than applying a prescriptive or directive approach to seeking and evaluating compliance, PEAC uses an iterative approach where the intention is to triangulate the evidence submitted. For example, accreditation reviewers and decision-makers will seek to confirm a robust quality improvement process by looking to see program goals (Standard 2) reflected in program budget projections (Standard 1), and by exploring whether a program's educational philosophy and the curriculum's conceptual framework (Standard 2) correspond with the curricular structure and the instructional and assessment methods (Standard 6). The accreditation process will look for alignment in admissions policies and processes (Standard 5) with the program mission and goals (Standard 2) and the program budget (Standard 1). PEAC's accreditation process seeks to evaluate a program's effectiveness toward the fulfillment of its mission, the achievement of its goals, and its continuing efforts to enhance the quality of its program and of student learning and experience.

### **THE ACCREDITATION STANDARDS**

Accreditation standards set expectations against which a program can be evaluated; the accreditation decision and accreditation award are based on that evaluation. The 2020 Accreditation Standards for Canadian Entry-to-Practice Physiotherapy Education Programs are intentionally not directive or prescriptive, allowing for program variability, autonomy, and innovation and providing programs an opportunity to present their strengths. A successful accreditation review confirms that quality is evident but does not require all programs to demonstrate compliance with the Standards in the same way. The Standards and the accreditation process are designed to support and encourage an education program's

own quality improvement activities and ensure those who complete the program have the necessary competencies to take the next step toward licensure to practice physiotherapy in Canada.

The 2020 Standards were published in February 2021. Education programs whose accreditation reviews occur after June 2022 will be evaluated against these Standards. Accreditation standards must remain current with the professional education, practice, and regulatory environments, and therefore these Standards will be reviewed on a regular basis.

## THE FRAMEWORK OF THE STANDARDS

There are six physiotherapy program accreditation standards, each consisting of several criteria. This framework is based on the “5 + 1” model described by the Task Force on Accreditation of Health Professions Education,<sup>1</sup> and commonly used by professional education accreditation programs.<sup>2</sup> The first five standards are:

- Standard 1: Entry-to-Practice Program Governance and Resources
- Standard 2: Entry-to-Practice Program Development and Evaluation
- Standard 3: Faculty
- Standard 4: Students
- Standard 5: Accountability

The “+1” component, the profession-specific standard of the model, is based on the established physiotherapy competencies and entry-to-practice milestones.<sup>3</sup>

## THE ELEMENTS OF THE STANDARDS

Each standard is introduced by a broad statement outlining an overall expectation of the education program. The criteria within each standard describe ways in which the program can achieve compliance with the standard. Each criterion will be rated as **Fully Met, Partially Met, or Not Met** following completion of an accreditation review or a progress review.

Each criterion also includes a list of evidence (Required Evidence, Examples of Evidence or both) and Explanatory Notes:

- Required Evidence must be submitted with the Self Study Report or as requested in a Progress Report.

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<sup>1</sup> 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](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)

<sup>2</sup> Association of Accrediting Agencies of Canada (2015). Guidelines for Good Practice. <https://aaac.ca/pdfs-english/misc/Guidelines-for-Good-Practice-eng.pdf>

<sup>3</sup> National Physiotherapy Advisory Group. (2017). Competency Profile for Physiotherapists in Canada. <http://npag.ca/PDFs/Joint%20Initiatives/2017%20Competency%20Profile%20for%20PTs%202017%20EN.pdf>

- Examples of Evidence are suggestions of evidence that education programs can choose to submit to demonstrate compliance with a criterion. Submission of these pieces of evidence with the Self Study Report is not required.
- Explanatory Notes are used in the interpretation of each criterion. The list of explanatory notes should not be used as a checklist but instead as suggestions to the program and the reviewers about how compliance could be demonstrated through narrative and evidence.

## **GLOSSARY**

Some terms used are defined in the Glossary found at the end of the document. Readers are encouraged to contact Physiotherapy Education Accreditation Canada for clarification of any terms that are unfamiliar, whether in the Glossary or elsewhere.



## STANDARD 1

### Entry-to-Practice Program Governance and Resources

The program has the required leadership, partnerships, and resources to identify changing health needs and prepare entry-to-practice physiotherapists who can respond to community needs.

#### CRITERION 1.1 (CORE)

The program faculty have responsibility for governance of the entry-to-practice program.

#### EXAMPLES OF EVIDENCE

May include but not limited to:

- policies and procedures related to governance of the entry-to-practice program
- policies and procedures related to development and implementation of the program
- university and program organizational charts and reporting structures
- documented terms of reference and defined membership of committees

#### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- Decisions about the entry-to-practice physiotherapy education program that are made at the departmental/school/faculty/university level reflect the program's influence and input and do not unduly deviate from that input.
- The university provides the entry-to-practice program director and entry-to-practice program faculty with the autonomy:
  - a) for the governance of the entry-to-practice physiotherapy education program
  - b) to exercise responsibility for the program while operating within the established university governance processes

**Note:** This criterion differs from criterion 3.5 in that evidence here should demonstrate that the entry-to-practice program faculty themselves (under the leadership of the program director) have the responsibility for the governance of the program. Criterion 3.5 addresses responsibility for curriculum development, implementation, and evaluation.

## CRITERION 1.2 (CORE)

The director of the entry-to-practice program is a registered physiotherapist who holds a faculty appointment and has sufficient authority and recognition to ensure the quality of the entry-to-practice program.

### REQUIRED EVIDENCE

**Must include:**

- position description for the entry-to-practice program director
- curriculum vitae for the entry-to-practice program director
- confirmation of registration with the regulatory body in the jurisdiction of the university

### EXAMPLES OF EVIDENCE

May include but not limited to:

- policies and procedures for selection process of the entry-to-practice program director
- qualifications (experience in higher education, research, and administration)
- demonstration of leadership competencies
- information that describes the organizational culture within the entry-to-practice program
- demonstration of effective management of the entry-to-practice program and effective leadership for the faculty, staff, and students
- mechanisms that allow the entry-to-practice program director to have influence over and input into budgetary processes and assurance of equitable access to funding
- school/departmental/faculty organizational chart illustrating roles and reporting structure

#### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- Demonstration of the leadership (including a positive organizational culture) of the entry-to-practice program director with respect to:
  - a) educational and program planning strategy
  - b) curriculum content, design, and evaluation
  - c) facilitating change
  - d) working with program and university priorities
  - e) access to funding and other resources to ensure achievement of program goals
- The evidence illustrates the entry-to-practice program director's influence both within and outside of the program through, for example, positive outcomes for the program related to governance processes and decisions.

## CRITERION 1.3 (CORE)

The entry-to-practice program has adequate financial resources to achieve the operational and strategic goals of the program and assure its continuing operation through the current and next two fiscal years.

### REQUIRED EVIDENCE

**Must include:**

- description of entry-to-practice program director's level of authority over financial resources
- budgets and income statements (revenue and operating expenses) for previous two completed fiscal years (as of the date of the Self Study Report submission)
- explanatory notes for any large variances (>5%) between budget and year end financials in each year
- projected budgets for current year and next two fiscal years (demonstrating sustainability) including income source(s), with explanatory notes for significant anticipated changes to the entry-to-practice program costs or revenues

**Note:** The evidence above can be specific to the entry-to-practice program or broader than the entry-to-practice program (department/school/faculty) or a combination. However, there must be clear evidence of how the entry-to-practice program's needs are met and that the program is sustainable over the current and next two fiscal years.

#### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- The budget plan is designed to ensure the sustainability and to protect the academic integrity of the entry-to-practice program.
- The budget and financial reports adequately:
  - a) support the entry-to-practice program's goals and needs
  - b) align with financial resources required to implement the entry-to-practice program's ongoing quality assurance processes
  - c) provide financial resources for entry-to-practice program faculty and staff salaries, materials, and equipment, faculty development, curricular development, program facilities, and the facilitation of scholarly activities of the faculty
  - d) acknowledge and compensate (e.g., with appropriate gifts and ways of recognition and/or financially through honoraria, grants, bursaries) those who experience racism or other forms of oppression and who contribute to the program through provision of theoretical expertise or lived experience
  - e) support the continuing operation of the entry-to-practice program and ensure that obligations to future and current students are met

## CRITERION 1.4

The entry-to-practice program has adequate support staff and services to meet the needs of the faculty and students and to achieve the goals of the program.

### EXAMPLES OF EVIDENCE

May include but not limited to:

- position descriptions, curriculum vitae
- program organizational charts
- Full Time Equivalent(s) (FTE) for support staff available to the program
- adequacy of support staff and services
- information about available services (e.g., library staff resources, information technology support)
- training related to implicit bias completed by those on hiring committees
- process taken to build a socially diverse support staff team (e.g., race, ability, gender expression, sexual orientation, socioeconomic status)

#### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- The number and skills of administrative, secretarial, and technical personnel are provided but in addition, the program demonstrates that these personnel provide sufficient support services for the program.
- There are programs and partnerships aimed at recruiting, hiring, training, promoting, and retaining socially diverse support staff.
- The program and/or university assure that support services are available to facilitate faculty and students in meeting their academic obligations related to the program.

## CRITERION 1.5

The entry-to-practice program provides adequate learning resources to enable students to achieve learning objectives.

### EXAMPLES OF EVIDENCE

May include but not limited to:

- inventory of educational tools and equipment for teaching the curriculum
- size of classrooms, seminar rooms, laboratory space
- lists of library and computer resources
- adequacy of the available resources
- policies and procedures for students regarding access to laboratories/library/computer resources

#### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- The learning resources themselves are described but in addition, the program demonstrates that these resources are sufficient for students, faculty, and instructors.
- The learning resources reflect diverse systems of knowing, and reflect the voices of people of colour, voices within Black communities, voices within Indigenous communities, and the voices of those from other communities that experience racism or other forms of oppression.
- The learning resources are developed and evaluated by socially diverse stakeholders for adequacy.
- The library system provides access to current information in the fields of physiotherapy, biomedical sciences, clinical sciences, health services, population health, social determinants of health, and related areas.
- Learning supplies and equipment reflect contemporary practice in physiotherapy.
- The students are aware of learning resources, have timely access to them, and are aware of the methods available for access.
- The number and size of the classrooms and laboratories accommodate the number of students in courses and the scheduling requirements of the program.
- Learning supplies and equipment are available and in good repair and safe operating condition for laboratory experiences, teaching, research, and other learning-related activities.

## CRITERION 1.6

The entry-to-practice program develops and sustains cooperative relationships with others that contribute to the preparation of students for professional and interprofessional practice.

### EXAMPLES OF EVIDENCE

May include but not limited to:

- promotion of student learning outside the university context
- partnerships and entry-to-practice program faculty/student involvement with local, provincial, and national professional associations
- entry-to-practice program faculty involvement with the Canadian Council of Physiotherapy University Programs
- documentation of a professional partnership with the provincial regulatory body
- entry-to-practice program faculty involvement with the accrediting body
- how the program builds relationships with individuals and communities who experience racism or other forms of oppression
- evidence of interprofessional meetings and decisions occurring between educators, regulators, and clinicians
- the promotion of relationships that advance interprofessional education

#### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- The program demonstrates how it maintains collaborative relationships with regulators, the Canadian Council of Physiotherapy University Programs, local/provincial/national professional associations, and other healthcare professions to support the program and advance interprofessional education.
- The program has multiple partnerships both on and off campus established to benefit student education.
- There is active involvement of other healthcare professionals in the education of entry-to-practice program students.
- Entry-to-practice program faculty have opportunities within and outside the university to network across professions and to be involved in external committees (e.g., regulatory bodies, professional associations, national professional groups, accrediting organizations).
- The program fosters relationships with socially diverse stakeholders to ensure the curriculum continues to be reflective of the sociohistorical diversity of the students, the institutional stakeholders (e.g., faculty, staff, instructors, preceptors, alumni, etc.) and communities in which they are located.

## STANDARD 2

### Entry-to-Practice Program Development and Evaluation

The program maintains an effective process of continuous self-assessment, planning, and improvement.

#### CRITERION 2.1

The program's vision, mission, and goals are consistent with those of the university and the profession.

#### REQUIRED EVIDENCE

**Must include:**

- the program's vision, mission, and goals
- articulation of the connection between the program's vision, mission, and goals and those of the university
- articulation of the connection between the program's vision, mission, and goals and those of the profession

#### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- The program's written and published vision, mission, and goals are:
  - a) compatible and aligned with the mission of the university in which the program is offered
  - b) used as the basis for development of the curriculum and other aspects of the program
  - c) reflective of the sociohistorical diversity of the students, faculty, staff, preceptors, and other stakeholders including the community it serves
- The program's vision, mission, and goals are aligned with the goals of the profession and the program's relationships with stakeholders including the professional associations, regulatory bodies, accreditation body, and other professional groups.
- The program includes language in its mission statement and/or program goals related to interprofessional education and collaboration.

## CRITERION 2.2

The curriculum plan:

- integrates the theoretical foundation, educational principles, and values of the program
- aligns with the current national Curriculum Guidelines
- includes a statement describing the attributes expected in all graduates
- demonstrates alignment between instructional methods and curricular goals

## REQUIRED EVIDENCE

**Must include:**

- the curriculum plan (narrative and/or diagrammatic)
- FORM-SSR-2.2 which requires the program to:
  - explain the theoretical foundation of the plan
  - explain the educational principles and values of the program
  - identify the attributes expected in all program graduates
  - identify the connection between the theoretical foundation, educational principles and values, instructional methods, and how all are integrated/woven through the curriculum plan
  - illustrate how the national Curriculum Guidelines were considered

### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- The curriculum plan is formally documented and used as a resource by all communities of interest (faculty, students, clinical placement sites, others).
- The curriculum plan is based on a formal description of the conceptual bases or theoretical foundation for the curriculum.
- There are described linkages between the instructional methods, the educational principles, the curriculum plan, the course content, the needs of the learners, and the defined outcomes expected of the students.
- Methods of instructional delivery (including online learning) are chosen to meet the needs of the learners and are appropriate and effective for the content being delivered; a variety of methods and tools are used to measure student performance.
- The curriculum is aligned with educational theory and practice, the current and anticipated needs of society, current regulatory standards of practice, current literature, and other resources related to the profession.
- The curriculum plan reflects the anticipated foreseeable practice trends of the future (e.g., virtual care).
- The evidence demonstrates how the educational principles of the program are articulated throughout the curriculum (e.g., adult education, interprofessional practice, active learning, student-faculty contact, cooperation among students, respect for diverse talents and learning styles).

## **CRITERION 2.2**

*(continued)*

- The values of the program are articulated throughout the curriculum (e.g., transparency, equity, evidence-informed).
- The program responds to the impact of white supremacy, colonialism, and racism on healthcare/physiotherapy research, education, and practice and works to address this impact by incorporating content on anti-racism and decolonization within resources and the curriculum.
- The curriculum plan reflects relational accountability to Indigenous Peoples and their communities (e.g., mandatory pre-admissions or curricular content in cultural competency, critical consciousness, cultural safety, cultural humility, history and legacy of residential schools, Indigenous practices, settler-Indigenous health issues, the colonial history of Canada).
- Interprofessional education concepts/competencies (e.g., Canadian Interprofessional Health Collaborative's National Interprofessional Competency Framework, 2010) are intentionally integrated into the curriculum plan.

## CRITERION 2.3

There is an iterative plan for program evaluation and re-evaluation based on clearly defined goals and targets, and which includes the plan for the evaluation of impact after changes are made.

### REQUIRED EVIDENCE

**Must include:**

- documentation outlining the plan for program evaluation
- a description of how the program uses the evaluation plan to measure/confirm achievement of the program's mission/goals/objectives
- a description of the scope of the evaluation plan that encompasses all aspects of the program; goal areas should include not only curricular but also the non-curricular aspects of the program such as admissions, attrition, program space, student services, etc.
- clearly identified:
  - goals and/or objectives
  - targets
  - timelines
  - accountability (who is responsible for each aspect of the plan)

**Note:** Evidence for criterion 2.3 **should not** include evidence of **implementation** of the steps in the plan. Evidence of implementation should be provided in criteria 2.4, 2.5, and 2.6.

#### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- The program evaluation plan describes **the process** of collecting and using valid data to:
  - understand the level of quality of the program
  - identify gaps between actual quality and expected quality
  - make changes to bridge any identified gap(s)
  - measure the effect of those changes on the program
- The program evaluation plan includes:
  - overarching goal areas and more specific **goals and/or objectives**
  - **targets** that allow for confirmation of achievement of the goals/objectives
  - **timelines** that guide the program as it implements the plan (for data collection/analysis/synthesis/comparison to target/identification of need for change/implementation of change/comparison to target)
  - **accountability** to provide clarity about who/what group/committee takes responsibility for each aspect of the plan

## CRITERION 2.3

*(continued)*

- The program is nimble in response to disruptions by revising/replacing/adding/discarding goals when appropriate. Program goals can change for a number of reasons and at any time (e.g., the introduction of an innovation, the result of which should be monitored; access to new lab space; unexpected budget cuts; a pandemic that alters program delivery, etc.).
- The program acknowledges the intersecting systems of inequity, oppression, and privilege that influence health across the national, provincial, and local communities served by physiotherapists when developing program goals.
- The program demonstrates relational accountability to Indigenous Peoples and their communities when developing program goals.

**Note:** The program evaluation plan is a road map: a plan that describes how the program conducts its own quality improvement processes. The program evaluation plan is iterative; as goals/objectives are achieved (or become stale), they are replaced by newer, more relevant goals/objectives.

## CRITERION 2.4

The program collects data from key stakeholder groups in accordance with the program evaluation plan.

### REQUIRED EVIDENCE

In addition to other evidence, **must** include:

- qualitative and quantitative data that allows the program to
  - understand the level of quality of the program
  - identify gaps between actual quality and expected quality
  - measure the effect of any changes implemented by the program
- how the data collected aligns with the program's goals/objectives/targets and informs the program's quality improvement process
- how the program considers results from the Physiotherapy Competency Exam (PCE) or comprehensive exam (if graduates do not sit the PCE)

### EXAMPLES OF EVIDENCE

May include but not limited to:

- documentation of student, faculty, staff, graduate, and employer surveys
- feedback from socially diverse stakeholders regarding the approach taken to ensure sociohistorical diversity within the program and the curriculum
- documentation of student completion rates, employment rates, and career paths of graduates
- documentation of completion rates of Black students, Indigenous students, and students of colour
- documented employment rates and career paths of Black graduates, Indigenous graduates, and graduates who are people of colour compared to their white colleagues
- documentation surrounding promotion and career paths of faculty, instructors, and staff who are Black, Indigenous, or people of colour
- documentation of processes for consultation with stakeholders (e.g., advisory committees, task forces, surveys)
- student evaluation of courses and clinical placements
- graduation rates/attrition rates over past five years
- policies and procedures for evaluation of clinical placement education

#### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- The program intentionally, rather than broadly, collects quantitative and qualitative data.
- The data collection (type, timing, method, responsibility) is in accordance with the program's plan outlined in criterion 2.3.

## CRITERION 2.4

*(continued)*

- There is clear, purposeful alignment between the goals/objectives/targets and the data collected.
- Data collection involves multiple approaches and data is derived from a variety of sources. Information sources could – if supported by the program's plan in criterion 2.3 – include students, faculty, support staff, university administrators, graduates, employers, preceptors, clinical education sites, communities, patients, other health professional education programs internal or external to the university, regulatory bodies, Physiotherapy Education Accreditation Canada (e.g., accreditation review results), provincial and/or national physiotherapy association, or others.
- The program considers collecting information regarding the social allocation of program stakeholders (students, staff, faculty, preceptors, alumni) such as race, ethnicity, gender identity, sexual orientation, country of birth, Canadian citizenship status with the intention to dismantle structures and institutions that perpetuate racism and other forms of oppression.
- Race-based data and social allocation data collection occurs only when there are transparent data management policies around data sovereignty, data stewardship, and intended data use co-developed with institutional and community stakeholders with the intention that knowledge of the ethical obligations and potential harms of the data management processes are understood (see <https://rede4blacklives.com/the-protocol/> as an example).

## CRITERION 2.5

The program analyzes and synthesizes the collected data in accordance with the program evaluation plan and against the plan's goals/objectives/targets to identify need for change.

### EXAMPLES OF EVIDENCE

May include, but not limited to:

- reports of analysis and synthesis of data gathered in accordance with the program evaluation plan
- demonstration that the designated group or individual reviewed the analysis/synthesis (meeting minutes, etc.)
- identification of whether the program's goals/objectives/targets were met and any gaps between actual and expected quality
- identification of changes required to bridge each gap identified

#### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- The program's data analysis and synthesis (timing, method, responsibility) are in accordance with the program's plan outlined in criterion 2.3.
- The program illustrates what targets are or were met and, conversely, which aspects of the program require(d) changes in order to meet the targets.
- The program makes changes based on identified trends rather than isolated feedback.
- The program identifies what changes it intends to make, or has made, in order to achieve the target(s).

## CRITERION 2.6 (CORE)

The program implements the intended changes in accordance with the program evaluation plan and assesses the impact of these changes against the relevant goal/objective/target in accordance with the program evaluation plan.

### REQUIRED EVIDENCE

**Must include:**

- a description of 3-5 diverse and substantive changes implemented since the last accreditation review. The program should identify for each change:
  - the goal/objective/target in the evaluation plan described in criterion 2.3 OR in a previous iteration of the plan
  - why a change was necessary (illustrate the gap identified between the goal/objective/target through the results of the data analysis/synthesis)
  - the change made by the program
  - the process taken to determine the impact of the change
  - whether the goal/objective/target was met following the change

**NOTE:** Examples should come from diverse goal areas including not only curricular but also non-curricular aspects of the program (e.g., admissions, attrition, program space, student services, etc.). Examples should be drawn from more than one goal area. Either narrative or tabulated evidence is acceptable.

**NOTE:** It is not necessary for the program to show that a goal/objective/target was met. However, if a gap between actual and expected outcomes continues to exist following implementation of a change, the program should describe the next steps it took/will take.

#### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- The program demonstrates that it consistently implements the steps in its own quality improvement process as described in criterion 2.3.
- The program demonstrates that its own goals/objectives/targets have been met, and if not, the program has a plan to address the identified gaps.

**Note:** To demonstrate a full evaluation loop, the program may need to identify program goals/objectives/targets from earlier iterations of its program evaluation plan. It is understood that the example goals/objectives/targets may have been chosen from a previous program evaluation plan and may no longer exist in the current program evaluation plan outlined in criterion 2.3.

## STANDARD 3

### Faculty

The entry-to-practice program has the required complement of qualified faculty and instructors for effective program design and delivery and ensures ongoing faculty development, evaluation, and scholarly activity.

#### STANDARD 3 TERMINOLOGY

The terms “faculty” or “faculty and instructors” are meant to reference those who are influential in the program and/or instruct significant curriculum content and therefore should be involved in program development, implementation, and evaluation. The use of “faculty” in some criteria and “faculty and instructors” in other criteria is deliberate.

Each program might use different terms for these individuals (e.g., tenured, tenure-track, full-time instructor, part-time instructor, sessional instructor, contracted instructor, etc.). For the purposes of these Standards, the definitions below will apply and may differ from those used by programs.

**Faculty:** those with full-time and part-time appointments to the entry-to-practice program; those who have the primary responsibility for the entry-to-practice program; those who have classroom or laboratory teaching responsibility; those who may have appointments in other departments but teach the entry-to-practice physiotherapy students in one or more courses.

**Instructors:** those teaching more than half the contact hours of a course (e.g., course leads, contracted instructors, sessionals); those who make a significant contribution to the program.

**Others not included in this Standard:** those teaching less than half the contact hours of a course (guest lecturer, assistants, clinicians teaching just a few lectures); preceptors (although it is recognized that they make a significant contribution).

#### CRITERION 3.1

The complement and qualifications of faculty and instructors are sufficient to meet the program’s mission and goals in:

- educational administration
- curriculum development
- instructional design and delivery
- research/scholarship
- program evaluation

#### REQUIRED EVIDENCE

**Must** include:

- FORM-SSR-3.1 which provides a summary of:
  - faculty and instructors teaching in the entry-to-practice program
  - academic and professional qualifications
  - appointments
- curriculum vitae of all listed faculty (include indication of professional credentials and expertise related to program design and evaluation, curriculum development, instructional design and delivery, research, student instruction and assessment, interprofessional education, other experience relevant to the mission and goals of the program)

## CRITERION 3.1

*(continued)*

### EXAMPLES OF EVIDENCE

May include, but not limited to:

- faculty workload reports that reflect teaching, research, and administrative responsibilities
- evidence that faculty and instructors consider their workload and expectations of them to be manageable
- position descriptions and resumes of instructors indicating relevant skills and experience
- process used to recruit faculty members and instructors
- training related to implicit bias completed by those on hiring committees
- process taken to build a faculty and instructor complement that reflects the sociohistorical diversity (e.g., race, ability, gender expression, sexual orientation, socioeconomic status) of the national, provincial, and local communities served by physiotherapists

#### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- The number of faculty and instructors are provided, but in addition, the program demonstrates that the complement is sufficient to maintain stability and continuity in program evaluation and curriculum development, design, and delivery.
- Faculty and instructors report that their teaching loads allow them to carry out their roles and responsibilities not only in the area of teaching, but also in research and academic administration (e.g., student counselling, participation in committees, contribution to curriculum design, development, delivery, and evaluation, contribution to program development and evaluation).
- The faculty and instructors hold the academic qualifications and professional experience for the areas in which they teach.
- There are programs and partnerships aimed at recruiting, hiring, training, promoting, and retaining socially diverse faculty and instructors.
- The faculty complement covers all areas of content in the curriculum.
- Faculty and instructors are supported during periods of transition or unexpected circumstances (e.g., new curriculum, collection of new evaluative metrics, new instructional methods such as online instruction).
- Faculty and instructors are supported in providing interprofessional education and have opportunities for intersectoral collaboration.

## CRITERION 3.2

The university and the program encourage, support, and provide resources for appropriate professional and career development of faculty and instructors relevant to their roles in the program.

### EXAMPLES OF EVIDENCE

May include, but not limited to:

- policies and procedures for professional development
- financial support provided and time allowed for faculty activities related to professional development
- list of professional development activities undertaken by faculty and instructors
- availability of resources (e.g., human, financial, programmatic) and mentors for faculty to support academic and research activities, and career development
- access to teaching and learning resources
- ongoing interprofessional faculty and instructor development opportunities related specifically to teaching/facilitating learning in an interprofessional environment
- educational opportunities for faculty and instructors on the ways in which race, ethnicity, and systems of racial oppression are addressed/not addressed within academic literature
- educational opportunities and resources for faculty and instructors about how to contextualize settler-Indigenous health inequities and safely facilitate discussion of privilege, race, and racism in their teaching

#### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- The program supports, and the faculty and instructors participate in, professional development activities directed toward improving faculty and program effectiveness.
- The faculty development activities are linked to the needs of the program.
- There is a culture that supports continuous professional development among faculty and instructors.
- Resources for professional development include time for activities such as faculty mentoring, interprofessional collaboration, and sharing of clinical and teaching expertise.
- Resources for professional development include opportunities for faculty and instructors to explore their own unconscious biases and to facilitate learning about anti-oppression practices.
- The program offers and/or supports educational opportunities and educational resources to faculty and instructors to facilitate their own learning on the colonial history of Canada, Treaty rights, Indigenous sovereignty, cultural safety, and anti-racism, and the implications and relevance for physiotherapy education and practice.

## CRITERION 3.2

*(continued)*

- The program offers and/or supports educational opportunities for faculty and instructors which are developed and implemented collaboratively with Indigenous Peoples and their communities.
- There are financial resources that support the educational activities, resources, and the career development of faculty and instructors.

## CRITERION 3.3

Faculty and instructors are evaluated in accordance with university policies and with reference to clearly outlined criteria using multiple sources of information.

### EXAMPLES OF EVIDENCE

May include, but not limited to:

- written policies and procedures for faculty and instructor evaluation
- performance evaluation framework(s) that reflect justice-driven and anti-oppression (including anti-racist) competencies in teaching and research
- list of sources (peers, students, supervisor, external) contributing to performance review to illustrate multiple sources
- documented outcomes of performance reviews
- teaching dossiers including summaries of student evaluations and peer review

#### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- Regular and ongoing faculty and instructor reviews are designed to assess and improve the effectiveness of the program.
- The reviews consider measurable and multiple sources of data beyond input from students.
- Evaluation considers assessments of teaching, research/scholarship, and service.
- Reviews include evaluation of any specific functions or responsibilities of faculty and instructors within the program, such as management of the program, management of clinical education, committee functions, or student affairs.
- Feedback is reviewed with the intention to ensure a fair evaluation; feedback from multiple sources is considered to facilitate triangulation if appropriate.

## **CRITERION 3.4**

The rights, privileges, and opportunities of faculty are commensurate with other faculty in the university with comparable roles and responsibilities.

### **EXAMPLES OF EVIDENCE**

May include, but not limited to:

- policies and procedures related to appointment, tenure, and promotion that are clearly described and available to faculty
- sample contractual agreements that outline role, responsibilities, expectations, opportunities
- collective agreements
- documentation such as a summary table showing faculty participation in program/departmental committees and governance to illustrate that opportunities are available

#### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- The university ensures that the rights and privileges that apply to all faculty within the university are extended and applied equitably to the program faculty.
- Faculty are supported (time/financially) to participate in opportunities such as program/departmental committees and governance.
- Opportunities and workload associated with participation on program/department/institutional committees and governance are shared among faculty.

## CRITERION 3.5

Program faculty and instructors hold the responsibility for curriculum development, implementation, and evaluation.

### EXAMPLES OF EVIDENCE

May include but not limited to:

- terms of reference and current membership of relevant committees which provide input into the curriculum (e.g., curriculum committee, program committee, faculty committee)
- documents related to curriculum development, implementation, and evaluation (e.g., curriculum meeting agendas and minutes, reports from faculty retreats, task forces etc.)
- policies and procedures for committees that develop, implement, and evaluate the curriculum
- documented outcomes of meetings related to curriculum development, implementation, and evaluation

#### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- All faculty have shared responsibility for and ownership of the curriculum.
- The program has mechanisms in place to obtain input from all program faculty and instructors during curriculum development, implementation, and evaluation.
- The program has established processes for integration of results of educational research/best educational practice into the curriculum.

**Note:** This criterion differs from criterion 1.1 in that evidence here should demonstrate that the faculty are operationally responsible for and have ownership of the entry-to-practice program curriculum, including development, implementation, and evaluation. Criterion 1.1 addresses responsibility for governance.

## CRITERION 3.6

The university and the program recognize and support faculty research, scholarly activity, and scholarship.

### EXAMPLES OF EVIDENCE

May include but not limited to:

- policies and procedures related to faculty research activities
- financial support to conduct research
- illustration of a climate of scholarly activity and scholarship in the university and within the program
- how faculty time allows for research activities (e.g., in workload documents, staffing support)
- records of faculty/instructor research, scholarship, and other scholarly activity
- demonstration of how the faculty is supported in advancing physiotherapy knowledge through scholarship, and scholarly teaching

#### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- Program faculty contribute to the profession and to the mission of the university/department in regards to research activities.
- Program faculty are supported in pursuing research and knowledge dissemination of the impact of white supremacy, colonialism, and racism on healthcare research, education, practice, and outcomes.
- Faculty have access to space, materials, equipment, and technological support that are appropriate for their research activities.
- Faculty workload includes consideration of research, scholarship, and scholarly activity.
- Recognition and support are given for the scholarship of academics and non-academics that may not be published (e.g., conference presentations, posters, etc.).

## STANDARD 4

### Students

The program supports, involves, prepares and assesses the students throughout their studies to ensure the program meets their needs and they achieve the expected learning outcomes.

#### CRITERION 4.1

The program ensures student participation in program planning, development, and evaluation.

#### EXAMPLES OF EVIDENCE

May include, but not limited to:

- committee(s) terms of reference that include student representation
- current committee(s) membership
- meeting minutes of committees where students provide input
- outcomes of meetings about curriculum, academic and clinical placement coordination that illustrate student feedback is considered
- student evaluation of the program and curriculum

#### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- Opportunities are provided for students to participate and/or have input into program planning, development, and evaluation (e.g., individual feedback (course/instructor evaluations), participation in focus groups, student representation on internal and external committees.).
- Where committees include student representatives, meetings are held when students are available to attend (e.g., not during class time).
- The participation of Black students, Indigenous students, and students of colour is actively sought.

## CRITERION 4.2

The program ensures students achieve the required entry-to-practice competencies and experience quality, consistent clinical opportunities through supportive relationships with clinical sites and preceptors.

### EXAMPLES OF EVIDENCE

May include, but not limited to:

- orientation and training materials for preceptors
- the template used for establishing a placement agreement/affiliation agreement, or memorandum of understanding with each clinical site
- policies and procedures for communication between the program and clinical placement sites
- documented outcomes of communication between the program and clinical sites
- processes to assess the quality of student clinical experiences
- course outlines for clinical courses
- processes used to assess each student's achievement of the learning objectives of the clinical experience
- processes used to determine each student's achievement of entry-to-practice competencies during clinical experiences

#### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- The program has multiple partnerships established to enable a broad range of student clinical education experiences.
- The program explores partnerships to provide educational opportunities to preceptors and clinical sites regarding intersecting systems of inequity, justice-driven anti-oppression practices (including anti-racism practices), and the impact and influence of privilege relevant to the clinical setting.
- The program provides information to preceptors related to implicit bias, policies for responding to acts of discrimination, and resources for assisting students.
- The program arranges and maintains agreements with clinical sites.
- Communication (i.e., with all sites that have such agreements) occurs on a regular basis to provide information about policies and procedures, the curriculum, and information pertaining to student education and supervision.
- There is an orientation process to ensure that new preceptors understand the educational principles of the program, the curriculum plan, the tools for student assessment, and the appropriate methods to provide educational experiences.
- The program establishes policies and procedures with the preceptors to assure that students receive guidance and regular formal and informal assessment of their clinical performance.

## CRITERION 4.2

*(continued)*

- The program ensures adequate support and regular learning opportunities for preceptors.
- The program orients students to the clinical environment and the expectations of them and of their preceptors.
- Student clinical performance is assessed at regular intervals throughout the placement.
- The program has a process in place to ensure students have achieved the necessary entry-to-practice competencies in the clinical setting prior to graduation.

## CRITERION 4.3 (CORE)

The program ensures that every student complete a mix of clinical education experiences in alignment with the national curriculum guidelines prior to graduation.

### REQUIRED EVIDENCE

**Must include:**

FORM-SSR-4.3a which requires the program to define the mix of clinical education experiences students must complete. The mix must include:

- a minimum of 1025 hours of supervised clinical education experience that includes a minimum of 820 hours of direct patient care.
- clinical practice experience with patients with each of the following types of conditions:
  - cardiovascular/pulmonary (≥ 100 hours)
  - neurological (≥ 100 hours)
  - musculoskeletal (≥ 100 hours)
- clinical practice experience in each of the following settings:
  - acute/hospital care
  - rehabilitation or community care
  - ambulatory care or private practice
- supervision and evaluation of the majority of clinical practice hours by a qualified physiotherapist.

### AND

FORM-SSR-4.3b which lists all clinical sites (categorized by setting as above) offering clinical placements to the program's students.

### AND

- a description of the processes in place that ensure each student attains the required clinical education experiences
- how the program ensures that a student does not graduate prior to completion of the required clinical education experiences
- summary table of clinical education experiences for each of the three most recently graduated cohorts (at the time of SSR submission)

**NOTE:** At the time of site review, the program should be prepared to present to the review team the raw data upon which the summary table was based.

## CRITERION 4.3 (CORE)

(continued)

### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- The clinical placement experiences encompass essential areas of practice and settings across the lifespan and across diverse populations and cultures, and are varied enough to meet the objectives of clinical education and the competencies for professional practice.
- Mechanisms exist to track student clinical experiences to the level of detail needed to confirm that each graduate has completed the required placement experiences as defined by the profession.
- Clinical placement experiences for students are planned based on student progression in the curriculum, the type of supervision required, the variety of experiences needed, and the learning outcomes to be achieved.
- The program considers level of student competence when determining whether a student is an appropriate candidate to complete a placement where there is no direct clinical patient care.
- The program seeks clinical placement opportunities for students which are relationally accountable to Indigenous Peoples and their communities.
- The program seeks clinical placement opportunities which help students understand the lived experiences of those whose experience of oppression differs from their own.

## CRITERION 4.4

There is a framework for assessment of student achievement with clearly defined assessment criteria, outcomes, and timelines for feedback.

### EXAMPLES OF EVIDENCE

May include, but not limited to:

- policies and procedures related to student assessment
- how students access the above information (e.g., student handbook, clinical placement handbook)
- course outlines that include the expected learning outcomes and assessment criteria/methods
- expectations with respect to timeliness of feedback to students

#### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- There are faculty, staff, and systems to track student needs and performance.
- Students are aware of policies related to assessment, pass/fail, progression in the program and progression to (and within) clinical placements.
- Students are aware of how and where to seek feedback regarding their performance.

## CRITERION 4.5

The program provides mechanisms for students to address their academic concerns and offers opportunities for improvement, remediation, and appeals

### EXAMPLES OF EVIDENCE

May include, but not limited to:

- policies and procedures related to student progression, student appeals, remediation
- how students access the above information (e.g., student handbook, clinical placement handbook)
- documentation to illustrate implementation of these policies
- student awareness and use of the mechanisms available to them
- minutes of meetings related to student promotion and progression/reports of student performance
- documented outcomes/responses to students' concerns (anonymized)

#### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- There are formal and informal opportunities in place for the students to safely express concerns about their teaching, learning, and assessment results.
- The steps to follow to file an appeal regarding performance and/or progression are easily available.

## CRITERION 4.6

The program ensures students have timely and confidential access to academic and health counselling and support services.

### EXAMPLES OF EVIDENCE

May include, but not limited to:

- published information about access to student support services such as health services, health counselling, academic counselling, financial aid
- mechanisms and support available for students seeking formal academic accommodations
- how students access the above information (e.g., student handbook, clinical placement handbook, accessibility services website, student orientation)
- student awareness and use of the services available to them

#### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- Information about relevant university and program policies and procedures is available and accessible to students.
- Counselling and academic support is available to students enrolled in the program.
- Supports are evaluated by socially diverse stakeholders to ensure safety and adequacy.
- Students are supported with formal academic accommodations when eligible.
- Student confidentiality is assured.
- Students are aware of the services available to them.

## STANDARD 5

### Accountability

The entry-to-practice program accurately represents itself and is accountable to the public, students, faculty, staff, the community it serves, the healthcare system, and other stakeholders.

#### CRITERION 5.1

Program information is accurate, comprehensive, current, and accessible to all stakeholders.

#### EXAMPLES OF EVIDENCE

May include, but not limited to:

- documentation about admission policies, tuition and fees, financial aid, accessibility and accommodations, graduation and licensing/registration requirements, academic policies, student services, and the program's vision, mission, and goals
- student handbook, program brochures, university documents
- recruitment and informational resources for potential students
- program calendar
- student orientation program
- academic regulations
- publication of accreditation status in appropriate documents, for example, program calendar, website, etc.

#### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- Program policies exist to guide the dissemination and implementation of all established regulations affecting faculty and students.
- The university ensures that policies and procedures that directly affect prospective and enrolled students, including accreditation status and activities, are clearly described, applied equitably, and carried out in a timely manner.
- Information about the program, including website information and advertising, and materials related to university and program policies are accurate, comprehensive, and current.
- The program provides prospective and enrolled students with access to or copies of rules and regulations related to admissions, matriculation, progression through the program, withdrawal and dismissal procedures, procedural fairness, clinical education experiences, and other academic policies and procedures.

## CRITERION 5.2

The program provides an environment that assures safety and protects the rights of all individuals participating in activities associated with the program.

### REQUIRED EVIDENCE

**Must** include:

- policies and procedures regarding:
  - preserving privacy, dignity, and safety of students, faculty, staff, preceptors, and others involved in learning and teaching activities
  - anti-discrimination
  - anti-oppression including anti-racism
  - informed consent
  - threats/harassment/misconduct
  - occupational health and safety, safety regulations, and emergency procedures
  - grievance and complaints
  - social media privacy and safety
  - academic accommodations
- reports of any incidents (including outcome, actions taken, and time to decision) related to, for example:
  - an unsafe environment
  - professional and/or sexual misconduct
  - abuse of rights
  - racism and other forms of oppression
  - microaggressions
  - fulfillment of reporting requirements to the appropriate regulatory body and to the authorities (if applicable)

### EXAMPLES OF EVIDENCE

May include but not limited to:

- consistency between regulatory practice standards/legislation/code of ethical conduct and program/institutional policies protecting the safety and rights of faculty, instructors, staff, students, preceptors, and others involved in learning and teaching activities
- process to ensure each preceptor's regulatory status and currency of registration with the regulatory body has been verified
- anti-oppression standards

#### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- The program fosters an environment in which all individuals involved in any aspect of the physiotherapy program (i.e., faculty, instructors, staff, students, preceptors, etc.) are treated with respect and takes steps to prevent discrimination and oppression.

## CRITERION 5.2

*(continued)*

- There are timely, responsive, private, and safe mechanisms for reporting incidents of known or apparent breaches, fair and timely investigation of allegations, and prompt resolution of documented incidents with a view to preventing their repetition.
- Processes are centred around the rights and privacy of the reporter, particularly for those in positions of power imbalance (e.g., students, contractual/short term/interim staff, non-tenured faculty, etc.)
- Anti-oppression policies and standards are developed in collaboration with communities that experience racism and other forms of oppression and are in alignment with Canadian Human Rights Commission recommendations on Key Issues (including Disability Rights; Economic, Social, and Cultural Rights; Indigenous Rights; LGBTQ2I Rights; Racial, Ethnic, and Religious Rights), Developing Policies and Processes, Preventing Discrimination, and Discrimination Complaints (<https://www.chrc-ccdp.gc.ca/eng>).
- The university and the program ensure that students are informed of potential health risks they may encounter throughout the education program and when at clinical placements.
- Students are educated about professional and sexual misconduct and are aware of steps to take should they be exposed to or witness such behaviour. Similarly, faculty, instructors, staff, and preceptors take steps to report concerns regarding student professionalism.
- Policies and procedures ensure fairness in the handling of student, faculty, instructor, and staff concerns and complaints at all levels of the program and university.
- The program ensures student safety during clinical placements and reports situations of professional misconduct to the appropriate regulatory body and to the authorities if applicable.
- The university, the program, and each clinical placement site have policies describing confidentiality of records and other personal information.
- Program policies about the use of human subjects in demonstrations and practice for educational purposes and research are in alignment with regulatory practice standards.

## CRITERION 5.3

The program has an admissions process that is fair, transparent, and timely.

### EXAMPLES OF EVIDENCE

May include, but not limited to:

- policies and procedures for program admissions
- minutes of Admissions Committee meetings
- evaluation of bias in admissions tests and materials
- methods used to evaluate and address implicit bias of those involved in admissions
- documented decision-making processes related to admissions
- documentation that illustrates that students admitted to the program meet the published admissions criteria
- annual and cumulative summaries of admissions data

#### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- Policies and procedures applied in student selection do not discriminate on the basis of race, national or ethnic origin, colour, religion, age, sex, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, disability, and conviction for an offence for which a pardon has been granted or in respect of which a record suspension has been ordered.
- The program undertakes a transparent systematic recruitment and assessment approach to admissions that results in an inclusive and diverse student body, and which allows biases to be identified, accounted for, and corrected so as to facilitate equity and justice.
- The program seeks to mitigate socioeconomic factors that may impact access to the program.
- The program seeks to identify and eliminate barriers to admissions for students who identify with communities that experience racism and other forms of oppression.
- The program seeks to identify and eliminate barriers experienced specifically by Indigenous students when developing and applying policies related to student recruitment, selection, and admissions.

## INTRODUCTION TO CRITERIA 5.4 AND 5.5

The 2020 Physiotherapy Accreditation Standards include two criteria related to social justice, human rights, equity, diversity, and inclusion. In order to support programs in interpreting these criteria and providing evidence of compliance with criteria 5.4 and 5.5, examples of evidence and explanatory notes relevant to these concepts are included in many of the other criteria. These are provided as suggestions for programs about where they may find existing evidence within their programs which could illustrate compliance with criteria 5.4 and 5.5, or how they may begin to implement changes within their programs toward stronger compliance with these criteria.

### CRITERION 5.4

The program demonstrates a commitment to relational accountability to Indigenous Peoples and their communities

- in policies and processes related to the recruitment, admission, and retention of students, faculty, and instructors,
- in opportunities for professional development for faculty, and
- in curriculum content and clinical learning opportunities for students

### EXAMPLES OF EVIDENCE

May include, but not limited to:

- documented evidence of efforts to develop and maintain authentic, reciprocal relationships with local Indigenous communities
- documented evidence of authentic inclusion of Indigenous perspectives and worldviews in the development and implementation of policies, faculty professional development opportunities, and curricular content and clinical learning opportunities
- documented program recruitment and admissions policies aimed at increasing the number of Indigenous physiotherapists in practice
- recruitment and retention policies which aim to increase the number of Indigenous faculty members and instructors
- strategies used to support and retain Indigenous students through to graduation
- learning activities related to cultural competency, cultural safety, and cultural humility
- education related to Indigenous practices, Indigenous health issues, the history and legacy of residential schools, the history of Indigenous Peoples in Canada, and the impact of colonization
- opportunities for students to learn from Indigenous educators and Elders
- clinical placement opportunities in urban, rural, and remote Indigenous communities
- meaningful Indigenous partnerships

#### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- The program acknowledges Indigenous communities, educators, and consultants whose contributions to the program arise from lived experiences with appropriate gifts and ways of recognition.
- How the program engages in ongoing authentic and reciprocal relationship-building with local Indigenous communities.

## CRITERION 5.4

*(continued)*

- The program engages in ongoing consultation with Indigenous stakeholders for evaluation of policy, practices, programs, resources, or partnership outcomes.
- The program acknowledges their accountability to the Calls to Action of the Truth and Reconciliation Commission of Canada, the Calls for Justice of The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls, and the need for systems-level transformation.

## CRITERION 5.5

The program demonstrates a commitment to educational and healthcare environments that are justice-driven and anti-oppressive

- in policies and processes related to the recruitment, admission, and retention of students, faculty, and instructors,
- in opportunities for professional development for faculty, and
- in curriculum content and clinical learning opportunities for students.

### EXAMPLES OF EVIDENCE

May include, but not limited to:

- program goals and values that reflect the sociohistorical diversity of its stakeholders and the community in which it is located
- anti-oppression standards of behaviour and practice at the institutional and interpersonal level
- policies that look to dismantle systemic racism, white supremacy, and colonialism at the organizational and individual level and include the integration of racial justice and accountability
- learning activities related to the impact of racism on healthcare education, research, clinical practice, and health outcomes
- learning activities in intersectionality and its impact in healthcare
- education related to Black and Indigenous health, critical race theory, anti-oppression (including anti-racist) practice, trauma-informed care, the history of oppression in physiotherapy, international treaties, covenants, and policies relevant to the Canadian physiotherapy context
- evaluation of teaching materials for bias and stereotypes related to racism and other intersecting systems of inequity
- clinical placement opportunities that help students understand the lived experiences of those whose experience of oppression differs from their own
- meaningful opportunities for students, faculty, instructors, staff, preceptors to engage in activities developed and/or lead by community organizers related to sustainable development and social accountability

## CRITERION 5.5

(continued)

### *Explanatory notes*

*These notes describe the intent of the criterion and should not be used as a checklist. The program would illustrate compliance using commentary and supporting evidence such as:*

- The program seeks opportunities to introduce students, faculty, instructors, staff, and preceptors to international treaties, covenants and policies such as World Physiotherapy Policy Statement on Diversity and Inclusion, United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), United Nations Convention of the Rights of the Child, United Nations Convention on the Rights of People with Disabilities, United Nations Statement on Ending Violence and Discrimination Against Lesbian, Gay, Bisexual, Transgender And Intersex People.
- The program acknowledges and compensates (e.g., with appropriate gifts and ways of recognition and/or financially through honoraria, grants, bursaries) those who experience racism or other forms of oppression and who contribute to the program through provision of theoretical expertise or lived experience.
- The program engages in ongoing consultation from Black stakeholders, Indigenous stakeholders, and stakeholders of colour for evaluation of policy, practices, programs, or partnership outcomes.
- Violations of anti-oppression standards of behaviour and practice are reported and addressed in a way that meets required timelines for communication and that result in consequences commiserate with each stakeholder.
- The program can highlight how anti-oppression policies, actions, and initiatives, are being implemented, upheld, and evaluated throughout the program.

## STANDARD 6

### Physiotherapy Competencies

The program facilitates student achievement of physiotherapy competencies and entry-to-practice milestones in preparation for application and integration during clinical practice experiences.

It is understood that all students will complete clinical placements as part of education program requirements. Information related to clinical placements and student assessment of competency during clinical placements is to be included in criteria 4.2 and 4.3. Clinical course outlines and clinical placement student evaluation forms (e.g., the Canadian Physiotherapy Assessment of Clinical Performance or equivalent) should not be included as evidence to support compliance with Standard 6. To demonstrate compliance with the criteria in Standard 6, the program is expected to provide evidence that the students have achieved the learning objectives of those courses which are not clinical placements. It is understood that this learning will then be integrated and applied during supervised clinical practice and that readiness for practice will be achieved through successful completion of all components of the program.

#### Physiotherapy Competencies and Entry-to-Practice Milestones

The criteria in Standard 6 reflect the essential competencies in the Competency Profile for Physiotherapists in Canada (NPAG, 2017)<sup>4</sup> (i.e., criterion 6.1.2 mirrors competency 1.2); the key indicators associated with each criterion reflect the Entry-to-Practice Milestones (i.e., key indicator 3 in criterion 6.1.2 mirrors entry-to-practice milestone 1.2.3). Evidence of compliance should be provided at the level of the criterion/essential competency (see FORM-SSR-6). It is not necessary for evidence of compliance with all key indicators to be submitted for the criterion to be assigned a level of compliance of Fully Met. The key indicators are included to provide guidance to programs of curricular evidence demonstrating the required level of competency (and thus evidence of compliance with each criterion) at entry-to-practice.

#### REQUIRED EVIDENCE

**Must include:**

- Course outlines for those courses which are not clinical placements
- FORM-SSR-6 which requires indication of:
  - specific learning objective(s) related to each criterion
  - content delivery method(s)/activities related to each criterion/learning objective
  - method(s) of student assessment related to each criterion/learning objective

**NOTE:** Examples of the above (see FORM-SSR-6) must be provided via hyperlink to identified course outlines. Examples of content delivery methods/activities should include such evidence as relevant course content (PowerPoint slides, handouts, lecture notes, lab instructions etc.). Examples of methods of student assessment should include such evidence as assignments, exams, OSCEs, and the associated rubrics used for grading.

<sup>4</sup> National Physiotherapy Advisory Group (2017). Competency Profile for Physiotherapists in Canada.  
<http://npag.ca/PDFs/Joint%20Initiatives/2017%20Competency%20Profile%20for%20PTs%202017%20EN.pdf>

## DOMAIN 6.1 PHYSIOTHERAPY EXPERTISE

As experts in mobility and function, physiotherapists use clinical reasoning that integrates unique knowledge, skills, and attitudes to provide quality care and enhance the health and wellbeing of their clients.

### CRITERION 6.1.1

Employ a client-centred approach.

#### KEY INDICATORS:

1. Act in a manner that respects client uniqueness, diversity, and autonomy, and is in the client's best interest.
2. Provide client with relevant information throughout care.
3. Actively involved the client in decision-making.
4. Empower client to engage in their own care.
5. Build and maintain rapport and trust with the client.
6. Ensure ongoing, informed client consent.

### CRITERION 6.1.2

Ensure physical and emotional safety of the client.

#### KEY INDICATORS:

1. Identify client-specific precautions, contraindications, and risks.
2. Employ safe client handling techniques.
3. Apply assessment and intervention procedures in a manner that enhances the client's safety and comfort.
4. Monitor and respond to client's physical and emotional state throughout care.
5. Identify and respond to near misses and adverse events.

### CRITERION 6.1.3

Conduct client assessment.

#### KEY INDICATORS:

1. Interview client to obtain relevant information about health conditions, and personal and environmental factors.
2. Determine client's expectations and their relevance to physiotherapy.
3. Obtain relevant information about client's status from other sources.
4. Identify comorbidities that impact approach to assessment.
5. Identify urgent health conditions that require immediate action and take appropriate action.
6. Identify non-urgent health-related conditions that may benefit from referral to other services and advise client accordingly.
7. Select and perform appropriate tests and measures.

### **CRITERION 6.1.4**

Establish a diagnosis and prognosis.

#### **KEY INDICATORS:**

1. Interpret assessment findings and other relevant information.
2. Identify client's body structure and function impairments, activity limitations, and participation restrictions.
3. Develop a physiotherapy diagnosis.
4. Develop a working prognosis.
5. Determine if physiotherapy is indicated.
6. Determine if referral to another physiotherapist or another provider is indicated.

### **CRITERION 6.1.5**

Develop, implement, monitor, and evaluate an intervention plan.

#### **KEY INDICATORS:**

1. Establish physiotherapy goals.
2. Determine an intervention plan.
3. Implement planned interventions.
4. Assist client to develop self-management skills.
5. Monitor and respond to client status during interventions.
6. Reassess client status and needs as appropriate.
7. Modify intervention plan as indicated.

### **CRITERION 6.1.6**

Complete or transition care.

#### **KEY INDICATORS:**

1. Evaluate client outcomes and goal attainment.
2. Develop a discharge or transition of care plan.
3. Prepare client for discharge or transition of care.
4. Ensure effective transfer of information at transition.

### **CRITERION 6.1.7**

Plan, deliver, and evaluate programs.

#### **KEY INDICATORS:**

1. Identify opportunities for group physiotherapy programming.
2. Establish program goals and develop a plan.
3. Implement program plan.
4. Evaluate program.

## DOMAIN 6.2 COMMUNICATION

As communicators, physiotherapists use effective strategies to exchange information and to enhance therapeutic and professional relationships.

### CRITERION 6.2.1

Use oral and non-verbal communication effectively.

#### KEY INDICATORS:

1. Speak clearly and concisely.
2. Listen actively to build trust and foster exchange of information.
3. Use and respond to body language appropriately.
4. Give and receive feedback in a constructive manner.

### CRITERION 6.2.2

Use written communication effectively.

#### KEY INDICATORS:

1. Write in a clear concise and organized fashion.
2. Ensure written communication is legible.
3. Prepare comprehensive and accurate health records and other documents, appropriate to purpose.

### CRITERION 6.2.3

Adapt communication approach to context.

#### KEY INDICATORS:

1. Adjust communication strategy consistent with purpose and setting.
2. Use appropriate terminology.
3. Adjust communication based on level of understanding of recipient.
4. Ensure communication is timely.
5. Share information empathetically and respectfully.

### CRITERION 6.2.4

Use communication tools and technologies effectively.

#### KEY INDICATORS:

1. Employ assistive and augmentative devices to enhance communication.
2. Use electronic technologies appropriately and responsibly.
3. Use images, videos, and other media to enhance communication.

## DOMAIN 6.3 COLLABORATION

As collaborators, physiotherapists work effectively with others to provide inter- and intra-professional care.

### CRITERION 6.3.1

Promote an integrated approach to client services.

#### KEY INDICATORS:

1. Identify practice situations that may benefit from collaborative care.
2. Engage client as a team member.

### CRITERION 6.3.2

Facilitate collaborative relationships.

#### KEY INDICATORS:

1. Recognize and respect the roles of others.
2. Share information about the physiotherapist's role and knowledge.
3. Negotiate shared and overlapping roles and responsibilities.
4. Maintain mutually supportive working relationships.
5. Interact with others in a manner that promotes inclusion.

### CRITERION 6.3.3

Contribute to effective teamwork.

#### KEY INDICATORS:

1. Respect accepted principles for teamwork.
2. Participate in shared leadership.
3. Share relevant information with the team.
4. Participate and be respectful of all members' participation in collaborative decision-making.
5. Participate in team evaluation and improvement initiatives.

### CRITERION 6.3.4

Contribute to conflict resolution.

#### KEY INDICATORS:

1. Recognize conflict or potential conflict and respond constructively.
2. Apply conflict resolution principles in a structured fashion.

## DOMAIN 6.4 MANAGEMENT

As managers, physiotherapists manage self, time, resources, and priorities to ensure safe, effective, and sustainable services.

### CRITERION 6.4.1

Support organizational excellence.

#### KEY INDICATORS:

1. Support organizational mission and vision.
2. Comply with organizational policies, procedures, and directives.
3. Address discrepancies between employer expectations and professional standards.
4. Follow proper business practices.

### CRITERION 6.4.2

Utilize resources efficiently and effectively.

#### KEY INDICATORS:

1. Provide services that balance client needs and available resources.
2. Address issues related to waitlists, caseloads, and access to services.
3. Manage own time effectively.
4. Address issues related to availability of equipment and supplies.

### CRITERION 6.4.3

Ensure a safe practice environment.

#### KEY INDICATORS:

1. Identify risks and mitigate hazards in the workplace.
2. Maintain a clean, organized, and accessible work environment.
3. Adhere to individual, team, and system-level safety practices.
4. Apply best practices for infection control.
5. Adapt work environments to enhance emotional safety.
6. Ensure regular equipment cleaning and maintenance.

### CRITERION 6.4.4

Engage in quality improvement activities.

#### KEY INDICATORS:

1. Apply quality improvement strategies in direct service provision.
2. Participate in organizational quality improvement initiatives.
3. Use outcome data to evaluate service delivery.

### CRITERION 6.4.5

Supervise others.

#### KEY INDICATORS:

1. Assess the competence of personnel involved in physiotherapy service delivery prior to assigning care.
2. Assign care to personnel involved in physiotherapy service delivery and monitor delivery.
3. Contribute to orientation and training of personnel involved in physiotherapy service delivery.
4. Provide guidance and feedback to personnel involved in physiotherapy service delivery.

### CRITERION 6.4.6

Manage practice information safely and effectively.

#### KEY INDICATORS:

1. Maintain comprehensive, accurate, and timely records of client and practice management.
2. Manage health records and other information in paper and electronic format.
3. Ensure secure retention, storage, transfer, and destruction of documents.
4. Maintain confidentiality of records and data, with appropriate access.

## DOMAIN 6.5 LEADERSHIP

As leaders, physiotherapists envision and advocate for a health system that enhances the wellbeing of society.

### CRITERION 6.5.1

Champion the health needs of clients.

#### KEY INDICATORS:

1. Advocate for accessibility and sustainability of physiotherapy and other services across the continuum of care.
2. Foster client engagement in finding solutions to address health needs.
3. Promote a culture of client-centredness.

### CRITERION 6.5.2

Promote innovation in healthcare.

#### KEY INDICATORS:

1. Maintain awareness of emerging technologies and advocate for their application to enhance physiotherapy services.
2. Advocate for new approaches to improve client care.
3. Promote solutions to challenges encountered in physiotherapy practice.

### CRITERION 6.5.3

Contribute to leadership in the profession.

#### KEY INDICATORS:

1. Promote the value of physiotherapy to client health.
2. Engage in activities to support advancement of the physiotherapy profession.
3. Contribute to leadership activities in the workplace.

## DOMAIN 6.6 SCHOLARSHIP

As scholars, physiotherapists demonstrate a commitment to excellence in practice through continuous learning, the education of others, the evaluation of evidence, and contributions to scholarship.

### CRITERION 6.6.1

Use an evidence-informed approach in practice

#### KEY INDICATORS:

1. Incorporate best available evidence into clinical decision-making.
2. Incorporate client context into clinical decision-making.
3. Incorporate personal knowledge and experience into clinical decision-making.
4. Make decisions using an established clinical reasoning framework.
5. Use a structured approach to evaluate effectiveness of decisions.

### CRITERION 6.6.2

Engage in scholarly inquiry.

#### KEY INDICATORS:

1. Identify ethical considerations related to scholarly inquiry.
2. Formulate researchable questions relevant to practice.
3. Access reliable sources of information.
4. Critically appraise information.
5. Contribute to research activities.
6. Contribute to knowledge management.

### CRITERION 6.6.3

Integrate self-reflection and external feedback to improve personal practice.

#### KEY INDICATORS:

1. Seek feedback from others on personal performance and behaviour.
2. Compare personal performance and behaviour with professional and organizational expectations.
3. Identify learning needs based on self-reflection and external feedback.
4. Develop and implement a plan to address learning needs.

### CRITERION 6.6.4

Maintain currency with developments relevant to area of practice.

#### KEY INDICATORS:

1. Access emerging information relevant to area of practice.
2. Determine potential for applicability of emerging information to personal practice.

### CRITERION 6.6.5

Contribute to the learning of others.

#### KEY INDICATORS:

1. Identify the physiotherapy-related learning needs of others.
2. Contribute to the education of peers and other healthcare providers.
3. Contribute to the clinical education of students.
4. Assess effectiveness of learning activities.

## DOMAIN 6.7 PROFESSIONALISM

As autonomous, self-regulated professionals, physiotherapists are committed to working in the best interest of clients and society and to maintaining high standards of behaviour.

### CRITERION 6.7.1

Comply with legal and regulatory requirements.

#### KEY INDICATORS:

1. Comply with applicable federal and provincial/territorial legislation.
2. Comply with regulatory requirements.
3. Maintain confidentiality and privacy as appropriate.

### CRITERION 6.7.2

Behave ethically.

#### KEY INDICATORS:

1. Use an ethical framework to guide decision-making.
2. Address real, potential, or perceived conflicts of interest.
3. Promote services in an ethical manner.

### CRITERION 6.7.3

Embrace social responsibility as a health professional.

#### KEY INDICATORS:

1. Maintain awareness of issues and advances affecting the health system locally, nationally, and globally.
2. Demonstrate awareness of the social determinants of health and emerging trends that may impact physiotherapy practice.

### CRITERION 6.7.4

Act with professional integrity.

#### KEY INDICATORS:

1. Behave with honesty and respect for others.
2. Behave in a manner that values diversity.
3. Work within physiotherapy scope of practice and personal level of competence.
4. Accept accountability for decisions and actions.
5. Maintain professional deportment.
6. Maintain professional boundaries.
7. Respond constructively to changes affecting the workplace.

### CRITERION 6.7.5

Maintain personal wellness consistent with the needs of practice.

#### KEY INDICATORS:

1. Balance personal and professional demands
2. Address physical, emotional, and psychological factors negatively impacting workplace performance.

## GLOSSARY

### **Accessibility**

When all are able to fully participate and contribute without barriers such as:

- negative attitudes or beliefs about what a person with a disability can or cannot do;
- buildings and spaces that cannot be accessed or are not easy to navigate;
- information that is difficult or impossible to access, read or understand either due to technology or the way it is presented;
- computers, equipment and web applications that are difficult or impossible to use; and
- rules and practices that leave individuals out.<sup>5</sup>

### **Accommodations**

Accommodations (or academic accommodations) involve the removal of barriers (physical or instructional) for students to provide an inclusive learning environment. Academic accommodations do not undermine or compromise the learning objectives that are established by the academic authorities of the university, or lower or remove the academic standards and learning outcomes of any course or program. Rather, they accommodate students so that they will have the opportunity to meet learning outcomes and be fairly evaluated in their performance. Circumstances where academic accommodations may be provided include but are not limited to:

- a permanent disability or permanent medical condition, including mental health conditions, neurological disabilities, chronic health conditions, and physical or sensory disabilities
- an ongoing situation such as a personal crisis, pregnancy
- equity-related reasons, such as religious beliefs, sole parenthood
- a one-time event or circumstance, such as a short-term illness, a medical emergency, a temporary injury, day surgery
- compassionate grounds, such as a death in the immediate family, a sick child or dependant

### **Anti-oppression**

Actions and strategies to challenge and remove systems of oppression including social and historical inequalities or injustices that allow certain groups to dominate over others.<sup>6</sup>

### **Anti-racism**

An active and consistent process of change to eliminate individual, institutional, and systemic racism.<sup>7</sup>

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<sup>5</sup> Government of Canada. (2017). Accessible Canada - Creating new federal accessibility legislation: What we learned from Canadians. <https://www.canada.ca/en/employment-social-development/programs/accessible-canada/reports/consultations-what-we-learned.html>

<sup>6</sup> Canadian Race Relations Foundation. (2015). Glossary of terms. <https://www.crrf-fcrr.ca/en/resources/glossary-a-terms-en-gb-1>

<sup>7</sup> Canadian Race Relations Foundation. (2015). Glossary of terms. <https://www.crrf-fcrr.ca/en/resources/glossary-a-terms-en-gb-1>

## **Clinical education**

Physiotherapy clinical education is the component of the entry-to-practice curriculum, in which students gain practical experience in a number of diverse professional settings, for the purpose of learning and applying physiotherapy knowledge, skills, behaviours, and clinical reasoning. Clinical education serves to develop professionalism, practice expertise, and skill in communication, collaboration, management, leadership, and scholarship, needed by physiotherapy students for safe, competent, autonomous, entry-level practice as graduates.<sup>8</sup>

## **Colonialism**

Colonialism is a practice of subjugation of the original inhabitants of land by a colonizing nation. Canada experienced settler colonialism as Europeans took lands from Indigenous peoples. Colonialism results in the demotion and displacement of Indigenous communities, and unearned benefits for the settler population.

## **Content delivery methods**

Ways in which content is conveyed from the instructor to the students. Examples include traditional face-to-face learning, synchronous and asynchronous online delivery, or hybrid learning such as web-enhanced classroom instruction using a Learning Management System.

## **Core criteria**

There are five Core criteria identified within the standards (1.1, 1.2, 1.3, 2.6 and 4.3). If one of these criteria is identified as Not Met following an accreditation review or progress review, the program will be awarded either Accreditation – Probationary or Non-Accreditation.<sup>9</sup>

## **Cultural humility**

Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.<sup>10</sup>

## **Cultural safety**

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.<sup>11</sup>

<sup>8</sup> Canadian Council of Physiotherapy University Programs. (2019). National Physiotherapy Entry-to-Practice Curriculum Guidelines. [https://www.physiotherapyeducation.ca/jobs\\_docs/CCPUP\\_guidelines2019\\_final\\_0623DIGITAL%20\(1\).pdf](https://www.physiotherapyeducation.ca/jobs_docs/CCPUP_guidelines2019_final_0623DIGITAL%20(1).pdf)

<sup>9</sup> Physiotherapy Education Accreditation Canada. (2020). ACC-01: Accreditation decisions. <https://www.peac-aepc.ca/pdfs/AboutUs/FAQs/ACC-01C%20Accreditation%20Decisions%20-%202012%20Standards%20after%20Sept%202017.pdf>

<sup>10</sup> First Nations Health Authority. (n.d.). Cultural safety and humility in health services delivery for First Nations and Aboriginal Peoples in British Columbia. <https://www.fnha.ca/Documents/FNHA-Creating-a-Climate-For-Change-Cultural-Humility-Resource-Booklet.pdf>

<sup>11</sup> First Nations Health Authority. (n.d.). Cultural safety and humility in health services delivery for First Nations and Aboriginal Peoples in British Columbia. <https://www.fnha.ca/Documents/FNHA-Creating-a-Climate-For-Change-Cultural-Humility-Resource-Booklet.pdf>

<b>Data management processes</b>	Processes that govern how data is acquired, validated, stored, accessed, and protected.
<b>Data sovereignty</b>	The right of a group, such as an Indigenous community, to determine the means of collection, access, analysis, interpretation, management, dissemination, and reuse of data pertaining to the peoples from whom it has been derived, or to whom it relates. <sup>12</sup>
<b>Data stewardship</b>	The ownership and accountability for data and for the decisions regarding how data is gathered, analyzed, accessed, and used. <sup>13</sup>
<b>Decolonization</b>	A social and political process aimed at resisting and undoing the multi-faceted impacts of colonization and re-establishing strong contemporary Indigenous Peoples, Nations, and institutions based on traditional values, philosophies, and knowledge systems. A decolonizing mindset requires people to consciously and critically question the legitimacy of the colonizer and reflect on the ways we have been influenced by colonialism. The purpose of decolonization is to create space in everyday life, research, academia, and society for an Indigenous perspective without its being neglected, shunted aside, mocked, or dismissed. <sup>14</sup>
<b>Entry-to-practice</b>	The point in time following completion of education and assessment (at the point of licensure as a physiotherapist). <sup>15</sup>
<b>Entry-to-practice milestone</b>	An ability that is expected of a physiotherapist at entry-to-practice. It is related to an essential competency. <sup>16</sup>
<b>Equity</b>	A condition or state of fair, inclusive, and respectful treatment of all people, with consideration for individual differences. Equity does not mean treating people the same without regard for individual differences. <sup>17</sup>

<sup>12</sup> Maïam nayri Wingara Indigenous Data Sovereignty Network, & Australian Indigenous Governance Institute. (2018). Indigenous data sovereignty: Briefing paper. <https://static1.squarespace.com/static/5b3043afb40b9d20411f3512/t/5b70e7742b6a28f3a0e14683/1534125946810/Indigenous+Data+Sovereignty+Summit+June+2018+Briefing+Paper.pdf>

<sup>13</sup> Maïam nayri Wingara Indigenous Data Sovereignty Network, & Australian Indigenous Governance Institute. (2018). Indigenous data sovereignty: Briefing paper. <https://static1.squarespace.com/static/5b3043afb40b9d20411f3512/t/5b70e7742b6a28f3a0e14683/1534125946810/Indigenous+Data+Sovereignty+Summit+June+2018+Briefing+Paper.pdf>

<sup>14</sup> National Inquiry into Missing and Murdered Indigenous Women and Girls. (2019). Reclaiming power and place: The final report of the National Inquiry into missing and murdered Indigenous women and girls, Volume 1a. [https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final\\_Report\\_Vol\\_1a-1.pdf](https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final_Report_Vol_1a-1.pdf)

<sup>15</sup> National Physiotherapy Advisory Group. (2017). Competency Profile for Physiotherapists in Canada. <http://npag.ca/PDFs/Joint%20Initiatives/2017%20Competency%20Profile%20for%20PTs%202017%20EN.pdf>

<sup>16</sup> National Physiotherapy Advisory Group. (2017). Competency Profile for Physiotherapists in Canada. <http://npag.ca/PDFs/Joint%20Initiatives/2017%20Competency%20Profile%20for%20PTs%202017%20EN.pdf>

<sup>17</sup> Canadian Race Relations Foundation. (2015). Glossary of terms. <https://www.crrf-fcrr.ca/en/resources/glossary-a-terms-en-gb-1>

<b>Equity-driven</b>	Equity-driven individuals or organizations are those that strive for equity to ensure a fair, inclusive, and respectful treatment of all people, with consideration for individual differences.
<b>Essential competency</b>	A required ability of a physiotherapist. <sup>18</sup>
<b>Evidence-informed practice</b>	Evidence-informed practice integrates best available evidence with client context and the personal knowledge and experience of the physiotherapist to inform clinical problem solving and decision-making. <sup>19</sup>
<b>Faculty</b>	For the purposes of these Standards, faculty are: <ul style="list-style-type: none"><li>• those with full time and part time appointments to the entry-to-practice program</li><li>• those who have the primary responsibility for the entry-to-practice program</li><li>• those who have classroom or laboratory teaching responsibility</li><li>• those who may have appointments in other departments but teach the entry-to-practice physiotherapy students in one or more courses</li></ul>
<b>Implicit bias</b>	Negative associations (such as toward a race, gender, sexual orientation, age or religion) that individuals unknowingly hold. Implicit biases are expressed in or impact a person's action or attitude, without conscious awareness. Implicit bias can overrule an individual's commitment to equality and fairness. Also known as "inherent bias" or "unconscious bias".
<b>Indigenous Peoples</b>	First Nations, Inuit, and Métis people of the land now known as Canada.
<b>Indigenous sovereignty</b>	Indigenous sovereignty or self-determination refers to the right to freely and independently determine and exercise political, legal, economic, social, and cultural systems without external interference. <sup>20</sup> The Indigenous Nations and Peoples in what is now known as Canada have never surrendered these rights to settler governments, but seek to work with the Canadian Government on the basis of government-to-government relationships.

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<sup>18</sup> National Physiotherapy Advisory Group. (2017). Competency Profile for Physiotherapists in Canada. <http://npag.ca/PDFs/Joint%20Initiatives/2017%20Competency%20Profile%20for%20PTs%202017%20EN.pdf>

<sup>19</sup> National Physiotherapy Advisory Group. (2017). Competency Profile for Physiotherapists in Canada. <http://npag.ca/PDFs/Joint%20Initiatives/2017%20Competency%20Profile%20for%20PTs%202017%20EN.pdf>

<sup>20</sup> Chiefs of Ontario. (2020). Understanding First Nations sovereignty. <http://chiefs-of-ontario.org/firstnations/>

**Indigenous sovereignty**  
(continued)

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)<sup>21</sup> signed by the Government of Canada declares that Indigenous Peoples have the right to self-determination and that in exercising their right to self-determination, they have the right to autonomy or self-government in matters relating to their internal and local affairs, as well as ways and means for financing their autonomous functions.

Article 20 (UNDRIP) declares Indigenous Peoples have the right to maintain and develop their political, economic, and social systems or institutions, to be secure in the enjoyment of their own means of subsistence and development, and to engage freely in all their traditional and other economic activities.

**Interprofessional education**

Interprofessional education (IPE) occurs when students from various professions learn from and about each other to improve collaboration and the quality of care. Their interactions are characterized by integration and modification reflecting participants understanding of the core principles and concepts of each contributing discipline and familiarity with the basic language and mind sets of the various disciplines.<sup>22</sup>

**Intersectionality**

The way in which people's lives are shaped by their multiple and overlapping identities and social locations, which, together, can produce a unique and distinct experience for that individual or group (e.g., additional barriers, opportunities, power imbalances).

In the context of race and Indigenous identity, this means recognizing the ways in which people's experiences of racism or privilege, including within any one group, may vary depending on the individual's or group's relationship to additional overlapping or intersecting social identities, like religion, ethnic origin, gender, age, disabilities, or citizenship and immigration status.<sup>23</sup>

**Intersectoral collaboration**

Cooperative initiatives, alliances, coalitions or partnerships between health sectors (and possibly other groups such as government) to improve the health of populations.

<sup>21</sup> United Nations. (2007). United Nations Declaration on the Rights of Indigenous People. [https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP\\_E\\_web.pdf](https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf)

<sup>22</sup> Centre for the Advancement of Interprofessional Education. (2017). Interprofessional Education Guidelines. <https://www.caipe.org/resources/publications/caipe-publications/caipe-2017-interprofessional-education-guidelines-barr-h-ford-j-gray-r-helme-m-hutchings-m-low-h-machin-reeves-s>

<sup>23</sup> Government of Ontario. (2018). Anti-Racism Data Standards - Order in Council 897/2018. <https://www.ontario.ca/page/anti-racism-data-standards-order-council-8972018>

<b>Instructors</b>	For the purposes of these Standards, instructors are: <ul style="list-style-type: none"><li>• those teaching more than half the contact hours of a course (e.g., course leads, contracted instructors, sessionals)</li><li>• those who make a significant contribution to the program</li></ul>
<b>Microaggressions</b>	Common or everyday verbal, nonverbal, and environmental slights or insults, whether intentional or unintentional, which communicate negative, derogatory, or hostile messages to target persons based solely upon their membership in a specific group.
<b>Oppression</b>	The combination of power and prejudice which leads to the subjugation of one social group for the benefit of a more powerful social group. When oppression exists, members of both the oppressor and target groups are socialized to play their roles as normal and correct.
<b>Physiotherapy Competency Exam (PCE)</b>	The Physiotherapy Competency Examination (PCE) tests whether qualified exam candidates have demonstrated a minimum standard of practice. The PCE ensures that members of the public will be safe when they interact with physiotherapists. It fairly and accurately evaluates the competencies needed to practice physiotherapy. Most physiotherapy regulators in Canada include passing the PCE as part of their entry-to-practice process. <sup>24</sup>
<b>Program delivery</b>	Implementation of all aspects of the program, inclusive of both curricular and non-curricular components.
<b>Relational accountability</b>	Accountability to a particular group through authentic and reciprocal relationships with that group. For example, being accountable to create and maintain respectful and mutually beneficial relationships between researchers and Indigenous communities. <sup>25, 26</sup>
<b>Scholarly activity/work</b>	Scholarly activity (or scholarly work) reflects knowledge depth, breadth, and quality, as well as learned thinking. <sup>27</sup> However, scholarly activities are not considered scholarship without public dissemination, peer review, and the ability of the work to be built upon and reproduced by other scholars. <sup>28</sup>

<sup>24</sup> Canadian Alliance of Physiotherapy Regulators. (2020). Exam Overview. <https://www.alliancept.org/taking-the-exam/exam-application-information/exam-overview/>

<sup>25</sup> Windchief, S., Polacek, C., Munson, M., Ulrich, M., & Cummins, J. D. (2018). In reciprocity: Responses to critiques of Indigenous methodologies. *Qualitative Inquiry*, 24(8), 532-542. <https://doi.org/10.1177/1077800417743527>

<sup>26</sup> Wilson, S. (2001). What is an Indigenous research methodology? *Canadian Journal of Native Education*, 25(2), 175-179.

<sup>27</sup> Acorn, S., & Osborne, M. (2013). Scholarship in nursing: Current view. *Canadian Journal of Nursing Leadership*, 26(1), 24-29.

<sup>28</sup> Canadian Association of Schools of Nursing. (2013). Position Statement: Scholarship among nursing faculty. <https://casn.ca/wp-content/uploads/2014/10/ScholarshipinNursingNov2013ENFINALmm.pdf>

## Scholarship

Scholarship encompasses a full range of intellectual and creative activities that include the generation, validation, synthesis, and/or application of knowledge to advance science, teaching, and practice.<sup>29</sup> Scholarship domains include:

- scholarship of discovery: inquiry that builds a scientific body of knowledge
- scholarship of teaching: inquiry that supports the pedagogy of the discipline and a desire to understand how students learn and how teaching influences this process<sup>30</sup>
- scholarship of application: the advancement of knowledge related to expert practice
- scholarship of integration: the development of new insights as a result of integrative, interdisciplinary, and synthesizing work<sup>31</sup>

Scholarly activities/work are considered scholarship when these criteria have been met:

1. Has the work been made public?
2. Is the work peer-reviewed/critiqued?
3. Can the work be built upon and reproduced by other scholars as a result of dissemination?

## Systemic racism

Refers to the laws, rules, and norms woven into the social system that result in an unequal distribution of economic, political, and social resources and rewards among various racial groups. It is the denial of access, participation, and equity to racial minorities for services such as education, employment, and housing.<sup>32</sup>

Systemic racism exists when the system itself is based upon and founded upon racist beliefs and philosophies and thinking that has put in place policies and practices. Systemic racism consists of organizational culture, policies, directives, practices, or procedures that exclude, displace, or marginalize some groups or create barriers to accessing valuable benefits and opportunities. This is often the result of institutional biases in organizational culture, policies, directives, practices, and procedures that may appear neutral but have the effect of privileging some groups and disadvantaging others.<sup>33</sup>

<sup>29</sup> Adapted from Canadian Association of Schools of Nursing. (2013). Position Statement: Scholarship among nursing faculty. <https://casn.ca/wp-content/uploads/2014/10/ScholarshipinNursingNov2013ENFINALmm.pdf>

<sup>30</sup> Allen, M. N., & Field, P. A. (2005). Scholarly teaching and scholarship of teaching: Noting the difference. *International Journal of Nursing Education Scholarship*, 2(1). <https://doi.org/10.2202/1548-923X.1094>

<sup>31</sup> Boyer, E. L. (1990). *Scholarship reconsidered: Priorities of the professoriate*. Princeton University Press. <https://eric.ed.gov/?id=ED326149>

<sup>32</sup> Ontario Human Rights Commission. (2004). Concepts of race and racism and implications for OHRC policy. <http://www.ohrc.on.ca/en/race-policy-dialogue-papers/concepts-race-and-racism-and-implications-ohrc-policy>

<sup>33</sup> Government of Ontario. (2018). Anti-Racism Data Standards - Order in Council 897/2018. <https://www.ontario.ca/page/anti-racism-data-standards-order-council-8972018>

## **Systems of knowing**

Understandings, skills, and philosophies developed by societies with long histories of interaction with their natural surroundings. For rural and Indigenous Peoples, local knowledge informs decision-making about fundamental aspects of day-to-day life.

This knowledge is integral to a cultural complex that also encompasses language, systems of classification, resource use practices, social interactions, ritual, and spirituality.<sup>34</sup>

These unique ways of knowing are important facets of the world's cultural diversity, and provide a foundation for locally-appropriate sustainable development.

## **Virtual care**

The delivery of care remotely via digital communications and devices such as by telephone, videoconferencing, or other remote monitoring technology. Virtual care is also referred to as tele-rehabilitation or digital practice.<sup>35, 36</sup>

## **White supremacy**

A political, economic, and cultural system in which whites overwhelmingly control power and material resources, where conscious and unconscious ideas of white superiority and entitlement are widespread, and relations of white dominance and non-white subordination are reenacted daily across a broad array of institutions and social settings.<sup>37</sup>

While many may associate white supremacy with extremist groups (for example, Proud Boys, neo-Nazis, or the Ku Klux Klan who practice a white supremacist ideology<sup>38</sup>), the term “white supremacy” refers to a political and socio-economic system where white people enjoy structural advantage and rights that other racial and ethnic groups do not, both at a collective and an individual level.<sup>39</sup>



<sup>34</sup> United Nations Educational, Scientific, and Cultural Organization. (2019). Local and Indigenous Knowledge Systems (LINKS). <https://en.unesco.org/links>

<sup>35</sup> World Confederation for Physical Therapy, & International Network of Physiotherapy Regulatory Authorities. (2019). Report of the WCPT/INPTRA Digital Physical Therapy Practice Task Force. [http://www.inptra.org/portals/0/pdfs/REPORT\\_OF\\_THE\\_WCPTINPTRA\\_DIGITAL\\_PHYSICAL\\_THERAPY\\_PRACTICE\\_TASK\\_FORCE.pdf](http://www.inptra.org/portals/0/pdfs/REPORT_OF_THE_WCPTINPTRA_DIGITAL_PHYSICAL_THERAPY_PRACTICE_TASK_FORCE.pdf)

<sup>36</sup> Physiotherapy Association of British Columbia. (2020). Virtual Care Toolkit. <https://bcphysio.org/media/804/download>

<sup>37</sup> Ansley, F. L. (1988). Stirring the ashes: Race class and the future of civil rights scholarship. *Cornell L. Rev.*, 74, 993.

<sup>38</sup> Singer, J. (2019). The difference between white supremacy and white supremacists (Part III). <https://goodmenproject.com/social-justice-2/the-difference-between-white-supremacy-and-white-supremacists-part-iii/>

<sup>39</sup> Racial Equity Tools. (2019). Glossary. <https://www.racialequitytools.org/glossary#white-supremacy>