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# ACCREDITATION COMMITTEE HANDBOOK

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2025

## PREFACE

This handbook is intended as a resource for members of the Accreditation Committee of Physiotherapy Education Accreditation Canada (PEAC). Members can use the handbook as an orientation to the accreditation program for physiotherapy education programs. The Accreditation Committee is responsible for awarding accreditation status to of entry-to-practice physiotherapy education programs.

The handbook includes general information about the governance structure of PEAC, the responsibilities of committee members, and the accreditation of physiotherapy education programs in Canada. Contact information for current Accreditation Committee members and staff is also provided.

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# ABOUT PHYSIOTHERAPY EDUCATION ACCREDITATION CANADA

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

## ***Vision***

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

## ***Mission***

Ensuring quality health professional education through accreditation.

## ***Values***

Integrity  
Respect  
Collaboration

Transparency  
Accountability  
Professionalism

Equity  
Diversity  
Inclusion

## ***Statement of Commitment***

PEAC commits to transformative systems change. We commit to building our own competency in using anti-oppressive/anti-racism frames within the systems of PEAC, the accreditation work we do, and our processes and policies.

PEAC is committed to taking an anti-oppression/anti-racism\* approach in our work, including its processes and policies. To do this, transformative change at the personal, interpersonal and systemic levels is required. Transformative change is one that recognizes that our society and institutions (including PEAC) are structured by intersecting systems of inequity, in Canada in particular, by colonialism and racism. By committing to transformational change, we are committing to understanding and interrupting these systems of inequity, and to working towards a more just world.

\*we used anti-oppression/anti-racism purposefully to foreground the centrality of anti-racist action in all anti-oppression work.

## ***Guidelines for Good Practice***

As members of the Association of Accrediting Agencies of Canada (AAAC), PEAC is committed to ensuring that the operations of PEAC are consistent with the Guidelines for Good Practice in the Accreditation of Professional Programs. The Guidelines are available for review on the homepage of the [AAAC website](#).

## ***Conflict of Interest***

PEAC expects individuals who conduct business on its behalf to avoid real, potential, or perceived conflict of interest in all aspects of the work completed. Details about the

steps taken to ensure avoidance of conflict of interest are provided in policy ACC-01 *Conflict of Interest*.

## **Keys to Success**

To achieve its vision and mission, the development, and ongoing operation of PEAC's accreditation program will be based on the following keys to success. PEAC will:

- be flexible enough to evolve in response to changes in the education, health, and regulatory environments
- involve all stakeholders, i.e. physiotherapy educators, students, regulators, practitioners and the public, in the development, implementation, and ongoing evaluation of the accreditation program and evaluative standards
- facilitate and recognize innovation in teaching and learning while focusing on continuous self-improvement
- reflect and serve the needs of the health and education systems within the Canadian context
- provide services in both official languages
- ensure that policies, procedures, and standards are relevant and integrated in the educational context
- develop evaluative standards and criteria that are grounded in principles of quality, equity, consistency, and objectivity

# Governance

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

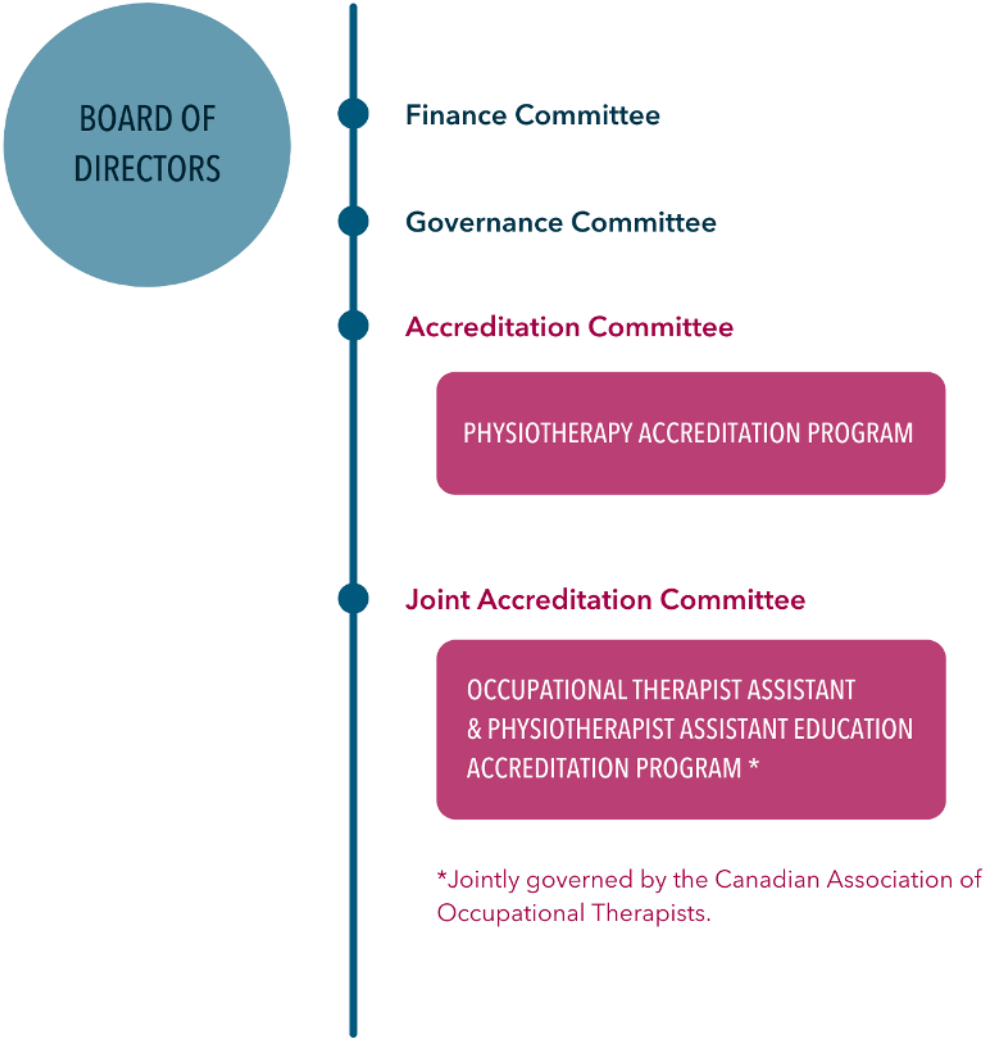


Fig. 1: PEAC Governance Structure and Programs

## COMPONENT ROLES AND RESPONSIBILITIES

Table 1 summarizes the roles and responsibilities of each component in PEAC’s governance structure.

*Table 1. Roles and Responsibilities of Components of Governance*

PEAC Component	Accountability	Primary Role	Responsibilities
<u><a href="#">Board of Directors</a></u> <ul style="list-style-type: none"> <li>• President</li> <li>• Director of Finance</li> <li>• Past-President/ President-Elect</li> <li>• Members-at-Large</li> </ul>	To the membership	Provide strategic leadership  Hold responsibility and liability for the actions of the Corporation	<ul style="list-style-type: none"> <li>• Supervise, control, and direct the affairs and business of the Corporation</li> <li>• Appoint and delegate responsibility to the ED</li> </ul>
<u><a href="#">Finance Committee</a></u>	To the Board of Directors	Make recommendations to the Board of Directors with respect to financials (annual financials, quarterly financials, budgets, and contracts)	<ul style="list-style-type: none"> <li>• Meet at least four times annually</li> <li>• Review finance-related documentation and make recommendations</li> <li>• Director of Finance reports to the Board at each meeting</li> <li>• Director of Finance reports at the AGM</li> </ul>
<u><a href="#">Governance Committee</a></u>	To the Board of Directors	Review governance matters of the Board and the Corporation and assist the Board in governing the organization effectively	<ul style="list-style-type: none"> <li>• Meet at least three times annually</li> <li>• Governance policy review, revision, and recommendations</li> <li>• Board succession planning</li> <li>• Board orientation and development</li> </ul>
<u><a href="#">Accreditation Committee</a></u>	To the Board of Directors	Awards accreditation status to physiotherapy education programs and makes recommendations to the Board of Directors for new and substantive changes to PT accreditation policies and standards	<ul style="list-style-type: none"> <li>• Meet at least twice annually</li> <li>• Review PT accreditation reports and award accreditation status</li> <li>• PT accreditation standards review, revision, and recommendations</li> <li>• PT accreditation policy review, revision, and recommendations</li> </ul>
<u><a href="#">Joint Accreditation Committee</a></u>	To the Board of Directors	Make recommendations to the Board of Directors with respect to accreditation of occupational therapist assistant and physiotherapist assistant education programs (accreditation status, standards, and policy)	<ul style="list-style-type: none"> <li>• Meet at least twice annually</li> <li>• Review OTA &amp; PTA accreditation dossiers and make accreditation award recommendations</li> <li>• OTA &amp; PTA accreditation standards review, revision, and recommendations</li> <li>• OTA &amp; PTA accreditation policy review, revision, and recommendations</li> </ul>
<u><a href="#">Executive Director</a></u>	To the Board of Directors	Manage the day-to-day business of PEAC	<ul style="list-style-type: none"> <li>• Act as the chief executive officer of the Corporation</li> <li>• Hold responsibility for such duties and responsibilities as are determined by the Board, including implementing the strategic plans and policies of the Corporation</li> </ul>

PEAC Component	Accountability	Primary Role	Responsibilities
			<ul style="list-style-type: none"> <li>• Serve as a member of all meetings of the Board, membership and committees of the Board</li> <li>• Enter or cause to be entered in the Corporation's minute book minutes of all proceedings at such meetings</li> <li>• Give, or cause to be given, as and when instructed, notices to membership, Directors, the public accountant, and members of committees</li> <li>• In collaboration with the Director of Finance, keep full and accurate accounts of all the assets, liabilities, receipts, and disbursements of the Corporation in the books belonging to the Corporation</li> <li>• Be the custodian of all books, papers, records, documents, and other instruments belonging to the Corporation.</li> </ul>
<a href="#"><u>Physiotherapy Accreditation Program Manager</u></a>	To the Executive Director	Manage the day-to-day operations of PT education accreditation business	<ul style="list-style-type: none"> <li>• Collaborate with the Executive Director on Corporate matters affecting and/or relevant to Physiotherapy Education Accreditation</li> <li>• Oversee and manage the process of accreditation for physiotherapy education programs in Canada</li> <li>• Serve as a non-voting member on the accreditation committee and other committees and task forces with respect to the PT Education Accreditation, appointed or established by, and accountable to the PEAC board</li> <li>• Be the custodian of all documents related to accreditation of physiotherapy education programs</li> <li>• Manage and coordinate the recruitment and training of Peer Review Team and Accreditation Committee Members</li> </ul>
<a href="#"><u>Administrative Assistant</u></a>	To the Program Manager and Executive Director	Manage the day-to-day accreditation business	<ul style="list-style-type: none"> <li>• Serve as the secretary of all meetings of the Board, the membership, and the committees of the organization (including Accreditation, Finance, Governance, and SPS for PEAC, Advisory and JAC for the OTA &amp; PTA EAP)</li> <li>• Responsible for the distribution of surveys, annual dues, and PEAC newsletters</li> <li>• Assist the Physiotherapy Accreditation Program Manager in the administrative planning and logistical organization of physiotherapy education program accreditation reviews</li> </ul>

## **Board of Directors**

The Board of Directors comprises four to six Directors that are elected by the membership. The Board includes the offices of President, the Director of Finance, the President-Elect / Past-President, and one to three Members-at-Large.

The term of office for the President is two years. Prior to serving as the President, a Director would serve one year as President-Elect; following the two-year term of President, the Director would then serve as the Past-President for a one-year term. The term of office for the Director of Finance is three years.

The Board of Directors holds ultimate responsibility and liability for the actions of the Corporation. Non-profit organizational liability insurance and commercial general liability insurance is held by the Corporation for the protection of Board members. It is expected that members of the Board of Directors understand the responsibility and authority they hold. Board members are responsible to be fully informed and to fully understand the decisions made by the Board and by any committees to which responsibility and authority are delegated. The members of the Board meet at least four times each year and have the primary responsibility to:

- supervise, control and direct the affairs and business of the Corporation
- appoint and delegate responsibility to the Executive Director, including the implementation of the Strategic Framework

## **Accreditation Committee (TOR-08)**

The Accreditation Committee (AC) is a standing committee of PEAC's Board of Directors. The purpose of the AC is to implement the policies and procedures of PEAC's accreditation program for entry-to-practice physiotherapy education programs. The responsibilities of the committee are focused in three areas pertaining to the accreditation of physiotherapy education programs:

- implement the accreditation process in accordance with established accreditation policies and procedures
- review and make recommendations for substantive revisions to accreditation standards and criteria as directed by the Board of Directors
- review and make recommendations for substantive revisions policies and procedures related to the accreditation of physiotherapy education programs for the purposes of ongoing quality assurance
- review accreditation reports and award accreditation status to physiotherapy education programs
- provide information and, when appropriate, options, and implications, to the Board of Directors on matters relating to physiotherapy education and accreditation
- commit the time required to prepare for and attend all committee meetings and to ensure uninterrupted participation

All members of the committee are appointed by the Board of Directors. The committee comprises nine (9) to twelve (12) members from the following groups or organizations:

- i. \*Canadian Physiotherapy Association (1)
- ii. \*Program Director/Chair from a Canadian physiotherapy academic program (1)
- iii. \*\*Faculty members from Canadian physiotherapy academic programs (2)
- iv. \*Canadian Physiotherapy Regulators (1)
- v. \*National Association for Clinical Education in Physiotherapy (1)
- vi. Entry-level graduate physiotherapist<sup>1</sup> (1)
- vii. The public (1-2)
- viii. The Association of Accrediting Agencies in Canada or a member of an agency conducting accreditation of professional education programs (1)
- ix. Additional members depending on needs of the organization (2)

*\*Applicants for these positions are nominated by their respective organization*

*\*\*Applicants for the Faculty member position are asked to provide the signature from the leadership of their program.*

Accreditation Committee members are responsible to meet the following participation expectations:

- uphold PEAC's confidentiality and conflict of interest policies
- treat staff and fellow Accreditation Committee members with respect
- schedule time to ensure uninterrupted participation in Accreditation Committee activities
- refrain from speaking for the Accreditation Committee unless authorized to do so by the Chair
- be familiar with PEAC's values and represent PEAC in a positive manner
- be thoroughly familiar with Accreditation Committee materials and documents relevant to its work

## **IMPORTANT POLICIES AND PROCESSES**

### ***Conflict of Interest*** (COUN-01)

PEAC requires individuals who conduct business on its behalf to avoid real, potential, or perceived conflict of interest in all aspects of the work completed. Details about the steps taken to ensure avoidance of conflict of interest are provided in policy *COUN-01 Conflict of Interest*.

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

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<sup>1</sup> An entry-level graduate is one who is within three years of graduation at the time of appointment and may serve only one three-year term.

activities. Prior to or during discussion at any committee meeting, policy *COUN-01 Conflict of Interest* is included on the agenda and reviewed. Any member who perceives themselves to be in a potential conflict of interest must immediately inform the Chair of the meeting of the existence of such a conflict.

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

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

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

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

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

An Accreditation Committee member who perceives themselves to be in an actual, potential, or perceived conflict of interest must immediately inform the Chair of the

meeting of the existence of such a conflict. The reason for the conflict must be discussed, and the level of conflict (actual, potential, perceived) and the appropriate action (be excused from the discussion, participate in the discussion but abstain from voting, or other action) must be determined.

An Accreditation Committee member who perceives themselves to be in a conflict of interest situation where disclosing the reason for the conflict would bias the other members must inform the Chair of the existence of such a conflict, excuse themselves from the meeting during the discussion, and abstain from voting. The reason for the conflict should not be discussed or disclosed.

### **Confidentiality (COUN-02)**

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

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

All committee members are asked to review the policy *COUN-02 Confidentiality*. A confidentiality agreement is signed annually at a fall committee meeting.

## IMPORTANT

Members must store confidential information only with PEAC-approved third-party data service providers. Third-party data service providers to be avoided are:

- Some website and email hosting providers
- Some online fax services
- Some off-site back up services
- Online survey companies (Survey Monkey)
- Cloud-based document viewers/editors (Google Drive, OneDrive, DropBox, Microsoft 365, etc.)
- Cloud-based email servers – Mobile Outlook, Gmail, Yahoo, etc.

Members must store confidential information on computers (desktop/laptop/tablets) to which access is **password protected**, and use only USB keys which are password protected (i.e. which require the use of a password in order to access the files saved on the USB key). When transmitting a confidential document via email, the document itself must be password protected AND the password must be sent in a **separate** email.

Use of PEAC's third-party service provider (Sync: <https://www.sync.com/your-privacy/>) is the **preferred method** used to provide and share confidential documents. Accreditation Committee members will receive training and access to PEAC's Sync platform.

### ***Travel and Expenses for Meetings (FIN-01)***

It is the general policy of PEAC to ensure that individuals who participate in work related to PEAC are able to do so without incurring financial costs. Therefore, PEAC reimburses members of the Accreditation Committee for all fair and reasonable expenses incurred during the conduct of PEAC business. PEAC will also provide members with suitable accommodation and services at no cost to the member. In turn, PEAC expects that members will comply with the policies and procedures related to incurring and claiming expenses.

PEAC is committed to accessibility and inclusivity. Please notify PEAC staff of any need for special accommodations (travel, meetings, meals, etc.) and we will ensure that appropriate arrangements are made for successful participation.

Expenses will only be reimbursed following electronic submission of an expense report which must include electronic copies of receipts for all claims, unless otherwise indicated in the policy. Submission of expense reports by email must be received within 15 days of travel. Payment will be made within 15 days of receipt if all documentation requirements are met. Individuals will be reimbursed by e-transfer payment.

Approval must be obtained prior to incurring expenses that will be in excess of the maximum allowable under the PEAC policy. Unexpected expense claims in excess of

PEAC policies must be accompanied by a written explanation and will be reviewed on an individual basis.

PEAC allows committee members to book their own travel. Reimbursement is included on the expense form submitted following the meeting. PEAC encourages committee members to book through the PEAC corporate travel agent so that bookings are billed directly to PEAC. Expenses for travel must reflect travel using the most expeditious and economic means. Tickets should be booked as far in advance as possible, to take advantage of the most economical or seat sale rates. Only economy airfare will be compensated, except under select circumstances. Individuals will be billed for additional expenses such as stopovers, upgrades, and advanced seat selection except under select circumstances. Checked baggage fees may be claimed if away for three or more nights. If an individual cancels or changes booked travel, the individual will be responsible for any related charges. Any exceptions will be made on a case-by-case basis. When a member chooses to travel by car, they will be compensated for parking and mileage, up to the equivalent of economy sale fare.

PEAC will make arrangements for committee meetings and accommodations, and a master account will be established with the hotel for room charges plus taxes. Members will be responsible for additional charges such as room service. These charges may be claimed according to the PEAC expense policy (*FIN-01*). Should cancellation of booked accommodation be necessary, the member must contact PEAC to make such cancellation as soon as possible. Payment of any charges for failure to cancel accommodation are the member's responsibility.

Reimbursement for meals may be claimed according to the maximum amounts stipulated in the PEAC expense policy (*FIN-01*). No reimbursement will be made for meals provided by PEAC.

### ***Inclusive Group Processes***

In alignment with the PEAC values and statement of commitment (see page 4), the Accreditation Committee uses Community Guidelines to support inclusive group processes during committee meetings. The guidelines are reviewed at the start of each meeting, and revised as needed, to continually create a brave, judgement-free and accountable space marked by respect; a space where a diversity of ideas, curiosity, and open mindedness are valued and viewed as an important part of group processes.

## **ACCREDITATION OF CANADIAN ENTRY-TO-PRACTICE PHYSIOTHERAPY PROGRAMS**

### ***The Purpose of Accreditation***

Accreditation is both a process and a condition related to assuring the quality of education programs. The process involves an integrated system of continuous assessment, evaluation, and improvement to comply with specified standards. The

condition or state of being accredited provides a credential for the educational institution, students, regulators, and the public, affirming that a program has accepted and is fulfilling its commitment to educational quality.

### ***The Continuum of Professional Standards and Quality***

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

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

### ***Interested and Affected Parties in the Accreditation Process***

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

- For *educators*, accreditation provides validation of the education program, an opportunity for the professional development of faculty members, and a framework for quality improvement in education.
- For the *profession*, accreditation provides an opportunity to influence the education process and work toward consensus around evaluation standards and consistency of learning outcomes.<sup>2</sup>
- For *students*, accreditation provides a measure of educational quality.
- For *regulators*, it provides assurance that education programs are evaluated against national standards.

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<sup>2</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)

## ***The History of Accreditation for Physiotherapy Education in Canada***

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

- The document *Basis of Approval of Schools of Physical and/or Occupational Therapy in Canada* was developed by the Committee on Rehabilitation of the Canadian Medical Association (CMA) in cooperation with the Canadian Physiotherapy Association (CPA) and the Canadian Association of Occupational Therapists. These standards served as a guide for the development of new programs and for approval of graduates for membership in the CPA and provincial licensure.
- In 1972, the CPA Board of Directors and the CMA Council on Medical Education approved a new document *Accreditation Standards of Physical Therapy Education Programs in Canada*. A pilot test of an accreditation process using these standards was conducted in 1974. Following a final report of the pilot in 1976, the CPA established an Accreditation Committee: Physiotherapy Education to oversee the accreditation program.
- The program was revised in 1980 and, as of September 1982, graduation from a university physiotherapy program that met the CPA accreditation standards became a condition for CPA membership for new Canadian graduates. The accreditation standards were revised again in 1988, and all physiotherapy education programs were accredited by these standards in 1994.
- In 1995, the Accreditation Council of Canadian Physiotherapy Academic Programs (ACCPAP) was created to implement and oversee a new accreditation process. This process was conducted in collaboration with the Commission on Accreditation in Physical Therapy Education (CAPTE) in the United States and involved two steps: 1) ACCPAP performed a pre-screening to ensure specific Canadian eligibility requirements were met; and 2) CAPTE evaluated the programs according to its standards, policies, and procedures. Both ACCPAP and CAPTE granted accreditation status upon satisfactory compliance with a rigorous set of accreditation criteria. As of May 1999, all thirteen of the Canadian physiotherapy education programs had completed this process.
- After December 31, 2001, CAPTE accredited only Master's entry-level physiotherapy education programs. As graduation from an accredited or approved university program is a licensure requirement for most Canadian graduates, a credible and valid accreditation process was required. As a result, in 1999, ACCPAP began development of a Canadian accreditation program that would act as a catalyst for change by stimulating new ideas and practices in physiotherapy education while remaining responsive to evolving education, practice, and regulatory environments.

- In 1999, ACCPAP hired an Executive Director and in March 2000, ACCPAP became an independently incorporated body with the purpose of accrediting physiotherapy education programs in Canada.
- By the end of 2006, all physiotherapy education programs in Canada had participated in the ACCPAP accreditation program and held accreditation status with ACCPAP.
- In 2010, ACCPAP celebrated its tenth anniversary and rebranded under a new name, Physiotherapy Education Accreditation Canada (PEAC). Partnerships with the Academic Council (*CCPUP*), the Alliance (*CAPR*), the Regulators (*CPTR*) and the Canadian Physiotherapy Association (*CPA*) continue to be important as PEAC evolves and incorporates change into its accreditation processes.

### ***Links Between Regulation and Accreditation***

The primary purpose of accreditation in higher education is to “achieve an ideal in education as preparation for practice by defining and meeting explicit standards. In this way, accreditation could protect both the health of the general public and the futures of students seeking education.”<sup>3</sup> Therefore, if an education program is in compliance with established accreditation standards, there is some assurance that there is high-quality education for students that will in turn lead to high-quality physiotherapy service provided to patients or clients by graduates of the program.

Many health professionals must graduate from an accredited program in order to take licensure examinations; therefore, the link between professional education accreditation and regulation is an important one. While accreditation evaluates the education program, regulation focuses on the competency of the individual. The two processes are complementary as they focus on the same outcomes, that is, competency-based performance assessment.

Other professions use a range of approaches in the relationships between the accreditation programs and the regulatory agencies. For example, in some professions:

- accreditation of education programs is governed by a related stakeholder group or organization, such as educators, professional organizations, or regulators
- accreditation of education programs is done by an independent organization that has formal/direct links to regulators and/or professional associations through, for example, a Board of Directors and a Council
- accreditation of education programs is carried out by an organization that has informal links with regulatory agencies through, for example, the consideration or use of a common set of standards or competency profile

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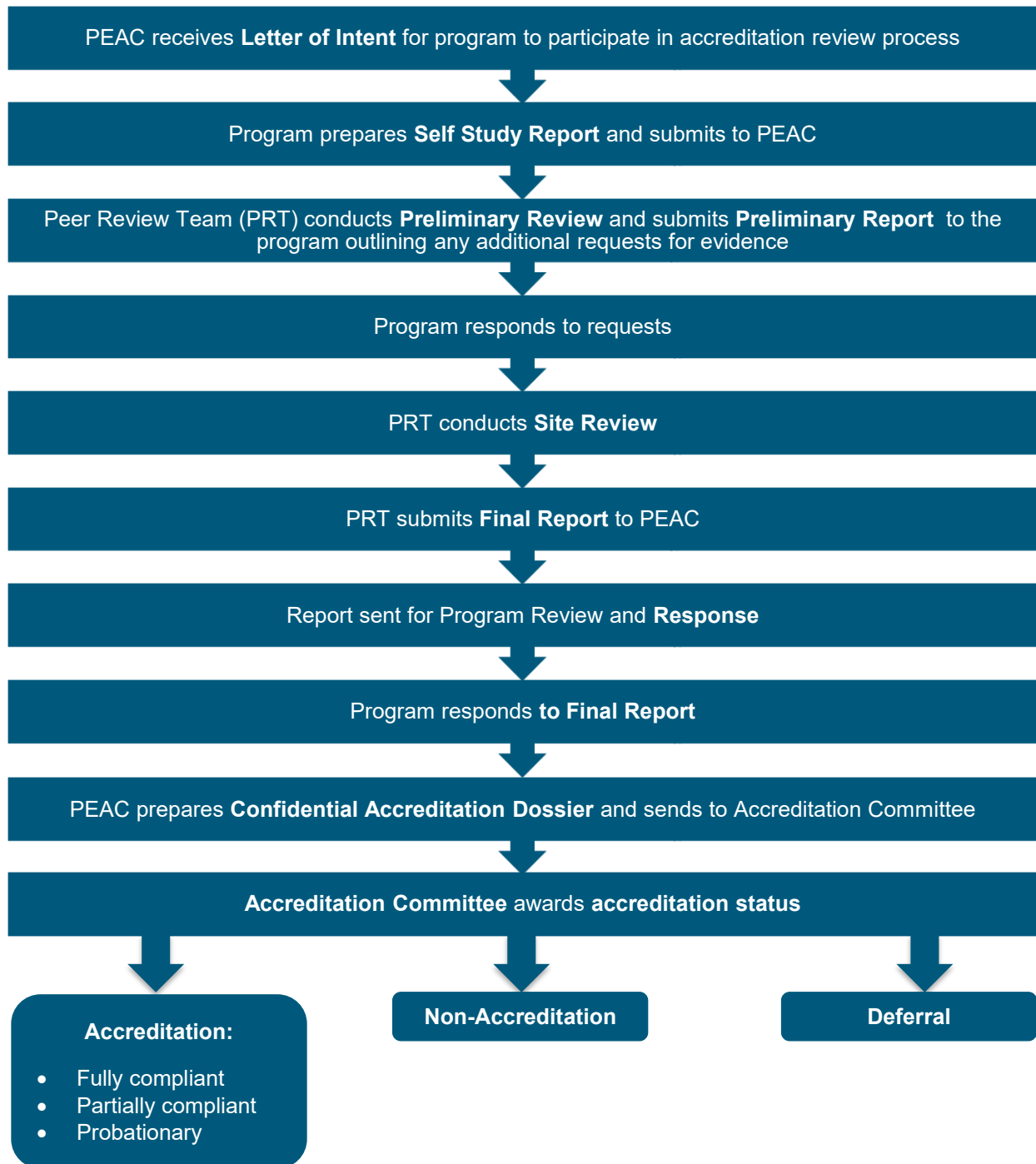
<sup>3</sup> *Task Force on Accreditation of Health Professions Education (1999). Strategies for change and improvement: The Report of the Task Force on Accreditation of Health Professions Education. Center for the Health Professions, University of California, San Francisco.* [https://healthforce.ucsf.edu/sites/healthforce.ucsf.edu/files/publication-pdf/10.%201999-06\\_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)

Maintaining links between accreditation and regulation is beneficial for facilitating consistency between entry-to-practice accreditation standards and regulatory entry to physiotherapy practice standards. Informal links that exist in physiotherapy between accreditation and regulation currently include consideration and use of the physiotherapy competency profile, the Physiotherapy Competency Exam blueprint, and provincial regulatory frameworks. Formal links include regulatory membership on the Accreditation Committee and the inclusion of a member with regulatory experience on each Peer Review Team conducting the accreditation review of each education program.

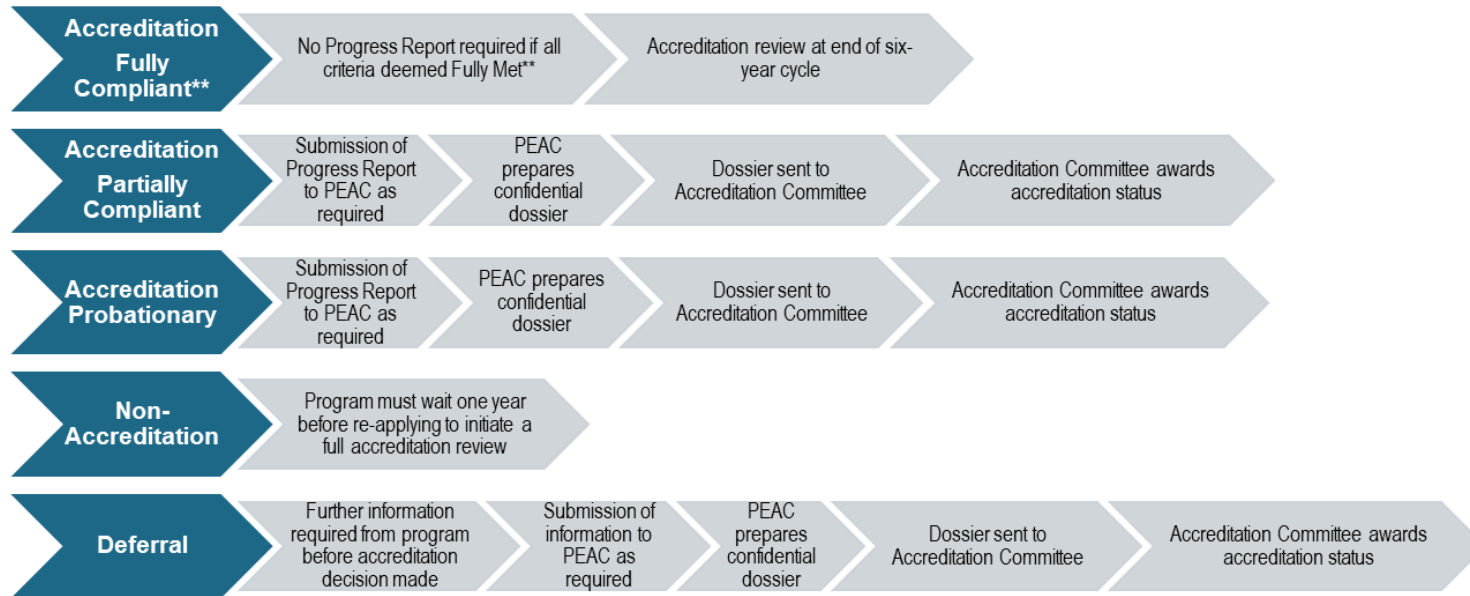
### ***Accreditation Decisions (ACC-01)***

A primary role of the Accreditation Committee is to award status to physiotherapy education programs. Policies and procedures related to making decisions about accreditation must be grounded in principles of quality, equity, consistency, and objectivity. The policy and procedures regarding these awards are outlined in policy *ACC-01 Accreditation Decisions* and summarized below. The accreditation cycle is six years; additionally, Progress Reports are frequently required from programs between accreditation reviews. The Accreditation Committee reviews and makes an accreditation award following each accreditation review and following the submission of each Progress Report. A flow chart of the process with additional details is provided below.

## Process for Initial Decision-Making



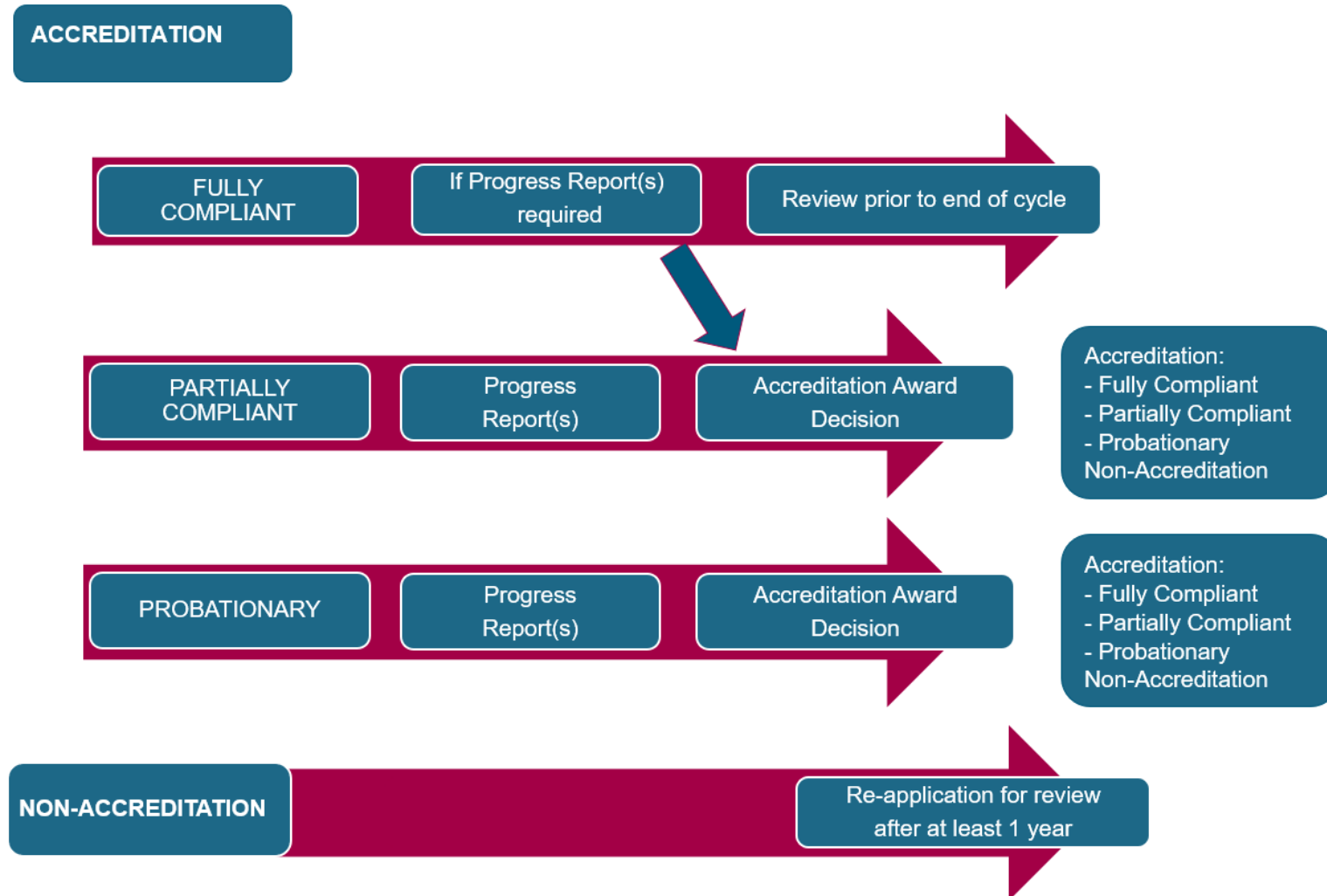
## Process following Initial Decision-Making



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

## Accreditation Cycle

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



### **Core Accreditation Criteria**

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

The following are Core criteria (2020 Standards):

- Criterion 1.1            The program faculty have responsibility for governance of the entry-to-practice program.
- Criterion 1.2            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.
- Criterion 1.3            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.
- Criterion 2.6            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.
- Criterion 4.3            The program ensures that every student complete a mix of clinical education experiences in alignment with the national curriculum guidelines prior to graduation.

### **Level of Compliance**

An accreditation status decision is made based on levels of compliance allocated to each criterion and the number/percentage of criteria considered “Not Met” in each accreditation standard. The PRT indicates the recommended level of compliance of each criterion and the Accreditation Committee members review the levels and allocate a final level of compliance to each criterion. The final level of compliance may be different than that identified by the PRT. The options for levels of compliance are described below. More details are available in policy *ACC-01 Accreditation Decisions*.

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

***Accreditation Status Awards***

There are three options for accreditation decisions:

**A: Accreditation**

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

**B: Non-Accreditation**

**C: Deferral of Decision**

The decision options and related conditions are as follows:

*Accreditation – Fully Compliant*

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

**AWARD:** Accreditation – Fully Compliant

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

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

*Accreditation – Partially Compliant*

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

AND

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

**AWARD:** Accreditation – Partially Compliant

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

Accreditation – Probationary

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

OR

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

OR

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

OR

A program fails to demonstrate evidence of progress from probationary toward Accreditation – Partially Compliant or Accreditation – Fully Compliant.

**AWARD:** Accreditation – Probationary

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

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

Failure to demonstrate significant progress within the period specified in the AR & SR will result in Non-Accreditation at any time in the two-year probationary period. If an additional onsite review is required, the program will be invoiced the Focussed Review

Administrative Fee (see *GUIDE-10 Fee Schedule*) in addition to the costs of travel, accommodation, food, expenses and honoraria for a Peer Review Team to complete the focussed review.

### Non-Accreditation

A program does not meet the requirements for accreditation

OR

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

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

### Deferral of Decision

A decision will be deferred if it is deemed by PEAC that further information is required from the program before an accreditation decision can be made. If an additional site review is required, the program will be invoiced the Focussed Review Administrative Fee (see *GUIDE-10 Fee Schedule*) in addition to the costs of travel, accommodation, food, expenses and honoraria for a Peer Review Team to complete the focussed review.

### **Responsibility for Decision-Making**

#### Peer reviewers

Peer Review Team (PRT) members have the responsibility to verify and supplement evidence provided by the education program in the Self Study Report, assess the program within the context of its environment; and prepare and submit a report about the program's compliance with the PEAC accreditation standards. While PRT members indicate in the PRT report the extent of a program's compliance with each individual criterion in the accreditation standards, PRT members do not make any recommendations regarding a program's overall accreditation status.

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*Peer reviewers collect the evidence and recommend levels of compliance during an accreditation review.*

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#### PEAC staff

PEAC staff prepare the confidential accreditation dossier for review by the Accreditation Committee. It includes the Self Study Report, the preliminary report, the final report, the Program Response, and all additional evidence provided following the preliminary review and during the site review. The primary reviewer report (see below) is added

once it is prepared. The Accreditation Committee is provided with the accreditation dossier as part of the meeting materials for the designated committee meeting.

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*Staff **organize** the materials for review by the primary reviewers and the Accreditation Committee in advance of the committee meeting.*

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### Primary reviewers

Four members of the Accreditation Committee (the primary reviewer team, with one assigned the lead) are designated to conduct a thorough review of the accreditation dossier and make an initial recommendation for a program's accreditation status prior to the larger discussion at Accreditation Committee meetings. The recommendation is based on the level of compliance of each of the accreditation criteria within the dossier.

In a **progress review**, the Primary Reviewers compare the request made to the program against the evidence submitted and indicate in their primary reviewer report either

- a recommended level of compliance for each criterion reviewed OR
- the need for input from the Accreditation Committee about the appropriate level of compliance for an accreditation criterion

In an **accreditation review**, the Primary Reviewers indicate in their primary reviewer report whether they:

- agree with the level of compliance assigned by the PRT OR
- suggest a change to the level of compliance assigned by the PRT OR
- seek input from the Accreditation Committee about the appropriate level of compliance for an accreditation criterion

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*Primary reviewers **review** the evidence and **verify** the recommendations made by the peer reviewers are consistent with the levels of compliance assigned in other accreditation reviews and progress reviews given similar evidence.*

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### Accreditation Committee

The Accreditation Committee members together review all the materials and make an accreditation award decision. The Accreditation Committee has the awareness of past accreditation decisions in order to ensure consistency between reviews.

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*The Accreditation Committee members complete the final review of the levels of compliance to **ensure consistency in accreditation status decision-making**. They look to **trust but verify** the information within the documentation.*

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### **Documents Used for Decision-Making**

Decisions about a program's accreditation status are made based on information from the following sources:

#### Accreditation Review

- the program's Self Study Report and related evidence
- the preliminary report and the evidence submitted in response to requests in that report
- information gathered by the PRT during the site review
- the final report
- the response of the program to the final report
- information presented by the Lead Primary Reviewer

#### Progress Review

- the Accreditation Review and Status Report (AR & SR) sent to the program following the last accreditation or progress review
- the program's Progress Report and related evidence submitted in response to requests outlined in the AR & SR
- information presented by the Lead Primary Reviewer

### **Types of Evidence**

When considering evidence provided by the program to demonstrate compliance with the accreditation criteria, a distinction may be made between "outcome-oriented" evidence and "process-oriented" evidence. In large part, the evidence requirements for the PEAC accreditation standards are outcome-oriented.

#### Outcome-Oriented Evidence

Outcome-oriented evidence is the result of a process that has been completed. Outcome-oriented evidence often answers the question 'what?'. Outcome-oriented evidence includes, for example, a policy, an evaluation plan, survey results, a curricular learning activity, or an administrative support resource.

### *Process-Oriented Evidence*

Process-oriented evidence is the process itself, no matter the outcome of the process. Process-oriented evidence often answers the question 'how?'. Process-oriented evidence includes, for example, the steps involved in implementing a program evaluation plan, including the process of re-evaluation after making a change.

Criteria 5.4 and 5.5 require process-oriented evidence. For these two criteria, refer to the wording of the criteria, as well as the Guidance Document for the 2020 Standards for a fulsome presentation of the types of processes required to demonstrate compliance.

Process-oriented evidence demonstrates the process itself, regardless of the outcomes. Systems should also be in place to evaluate the effectiveness of the processes provided as evidence.

### ***Notification of Decisions Made About a Program's Accreditation Status***

The university administration and the program are notified about the program's accreditation status through receipt of the Accreditation Review and Status Report (AR & SR).

Accreditation Committee members receive notification of decision and of delivery of the AR & SR but do not receive a copy.

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