The purpose of this handbook is to provide information about the accreditation of physiotherapy education programs in Canada including the accreditation standards and elements, and the policies and procedures of the accreditation program. An overview is also provided of the vision, mission, values and governance of Physiotherapy Education Accreditation Canada (PEAC).

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

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 public, affirming that a program has accepted and is fulfilling its commitment to educational quality. The four main functions of accreditation are to:

• establish standards and procedures for the evaluation of physiotherapy education programs
• conduct assessments that encourage universities to maintain and improve their programs
• determine compliance with established criteria for accreditation
• provide ongoing consultation to physiotherapy education programs

The Continuum of Professional Education Standards and Quality

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

• Entry-to-Practice Physiotherapy Curriculum: Content Guidelines for Canadian Physical Therapy Programs (2009)¹
• Entry-to-Practice Physiotherapy Curriculum: A Companion Document; Clinical Education Guidelines for Canadian University Programs (2011)²
• Interprofessional Health Education Accreditation Standards Guide (2011)³
• Accreditation Standards for Physiotherapy Education Programs in Canada (2012)⁴
• Essential Competency Profile for Physiotherapists in Canada (2009)⁵

¹ Available on the CCPUP website
² Available on the CCPUP website
³ Available on the AIPHE website
⁴ Available on the PEAC website and in this document
⁵ Available on the NPAG website
• Analysis of Practice and Exam BluePrint (2008)\textsuperscript{6}
• Regulatory Standards for Entry-to-Practice and Continuing Competency

\textbf{Stakeholders in the Accreditation Process}

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

• For \textit{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 \textit{profession}, accreditation provides an opportunity to influence the education process and work towards consensus around evaluation standards and consistency of learning outcomes.\textsuperscript{7}
• For \textit{students}, accreditation provides a measure of educational quality.
• For \textit{regulators}, it provides assurance that education programs are evaluated against national standards.

\textbf{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 \textit{Basis of Approval of Schools of Physical and/or Occupational Therapy in Canada} (1960) was developed by the Committee on Rehabilitation of the Canadian Medical Association (CMA) in cooperation with the Canadian Physiotherapy Association (CPA) and the Canadian Association of Occupational Therapists. These standards served as a guide for the development of new programs and for approval of graduates for membership in the CPA and provincial licensure.
• In 1972, the CPA Board of Directors and the CMA Council on Medical Education approved a new document, \textit{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

\textsuperscript{6} Available on the Alliance website
\textsuperscript{7} Gelmon, S., O’Neil, E., Kimmey, J., & The Task Force on Accreditation of Health Professions Education (1999)
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 13 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, the members of ACCPAP began development of a Canadian accreditation program that would act as a catalyst for change by stimulating new ideas and practices in physiotherapy education while remaining responsive to evolving education, practice and regulatory environments.

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

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

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

- In 2009, PEAC, in collaboration with the Canadian Association of Occupational Therapists (CAOT), launched the Occupational Therapist Assistant & Physiotherapist Assistant Education Accreditation Program (OTA & PTA EAP), beginning with pilot reviews early in 2012. PEAC is the administrator of this program, is responsible for financial oversight, and, together with CAOT, approves the accreditation award recommendations made by the Joint Accreditation Committee. More information about this accreditation program can be found on the OTA & PTA EAP website (otapta.ca).

**Quality Monitoring of the Accreditation Program**

PEAC ensures continued effectiveness and reliability of the accreditation program through an established quality-monitoring program. To comply with the quality-
monitoring program all participants are required to complete evaluation surveys related to their participation in the accreditation process. The surveys are completed by education program faculty, staff, and students, and all Peer Review Team (PRT) members to provide input and suggestions for improvement regarding the accreditation process, and feedback about the performance of each PRT member.

PEAC prepares summaries of all evaluations completed. PRT members receive summaries of evaluations of their performance completed by the faculty, staff and students of the education program, as well as by their fellow PRT members. The Accreditation Committee and staff of PEAC use results of the evaluations to monitor and improve the quality of accreditation processes. PEAC staff use results of the evaluations to guide changes in accreditation processes and ensure that quality services are provided.

**Funding of the Accreditation Program**

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

**Services Offered by PEAC**

The following services are offered by PEAC to assist programs through the accreditation process:

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

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

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

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

**Mission**
The Mission of PEAC is to assure the quality of physiotherapy education in Canada through accreditation.

**Vision**
PEAC is recognized for excellence in physiotherapy education accreditation.

**Values**
Physiotherapy Education Accreditation Canada believes that accreditation of physiotherapy education programs is a valuable and integral component of the profession. To provide a fair, equitable and valuable program, PEAC strives to be:

- **Respectful**, which includes being
  - flexible; accessible; responsive; transparent; fair; equitable; consistent; user-friendly; helpful; timely

- **Collaborative**, which includes the concepts of
  - being consultative; being flexible; working in partnerships; seeking interdisciplinary interactions; involving peer review

- **Accountable** to a variety of stakeholders through
  - developing responsible fiscal policy; establishing standards; providing education for the public about accreditation programs; providing a “value-added” service

- **Quality-focused by**
  - striving for organizational excellence; fostering/encouraging excellence and innovation, continuous improvement, and self-reflection; developing minimal standards to ensure stakeholders’ needs are met; contributing to the overall development of the profession; maintaining awareness of the context of international standards

- **Equitable**, reflecting the diversity of Canadian society in relation to
  - gender; language; culture/ethnicity; geography; religion

- **Professional**
  - integrity; honesty; ethical; trustworthy; confidentiality
**Code of Conduct**

PEAC prides itself on its long-standing collaborative, inclusive and collegial culture, which all committee members, Board members, and staff uphold and protect.

PEAC’s Code of Conduct is not intended as a stand-alone document. It does not answer every ethical question or concern that might arise. Rather, it is one element of a broader effort to create and maintain a quality organization that gives ethical conduct the highest priority. This Code will be reviewed periodically.

PEAC Board and committee members are committed to effective decision-making and, once a decision has been made, speaking with one voice. Toward this end, members will consider:

Confidentiality

- understand and uphold PEAC’s confidentiality policy
- respect confidentiality of information received in the course of meetings and activities

Conflict of interest

- understand and uphold PEAC’s conflict of interest policy
- declare potential conflict of interest and refrain from discussion and voting when applicable

Professionalism

- conduct the activities of the PEAC in good faith and with honesty, integrity, due diligence, and reasonable competence
- treat staff and fellow PEAC members with respect
- endeavour to build on other’s ideas or offer alternative points of view as options to be considered and invite others to do so
- be balanced in one’s effort to understand other PEAC members and to make oneself understood
- schedule time to ensure uninterrupted participation in PEAC activities

Representing the organization

- refrain from speaking for the organization unless authorized to do so by the Board
- be familiar with the organization’s values
- represent PEAC in a positive manner and be thoroughly familiar with materials and documents relevant to its 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
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-02 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 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 standards and criteria that are grounded in principles of quality, equity, consistency and objectivity

Governance

The governance of PEAC is outlined in its by-law, which includes information about the composition, roles, and responsibilities of the Members, the Board of Directors, and staff.

Members of the Corporation elect a Board of Directors, including a President, Past President/President Elect, Director of Finance, and one to three Members-at-Large to provide strategic leadership for the Corporation. An Executive Director is appointed by the Board to manage the day-to-day activities of PEAC. The organizational structure and governance relationships for PEAC are depicted in Figure 1 below.

NOTE: PEAC is in transition as it makes changes to its membership and its Board election process. The transition is expected to be complete by 2021/2022. For more information about this transition, please contact Kathy Davidson, Executive Director.
Corporation
Federally incorporated
Not-for-Profit

Physiotherapy Education Accreditation Canada
Agreement de l’enseignement de la physiothérapie au Canada

Members
Responsibilities
- Approve/amend by-law(s)
- Elect Directors
- Review/approve financial statements
- Appoint accountant

Eligibility
Meet the required qualities, experience, and skills

Board of Directors
Elected by the Members
Responsibilities
- Supervise, control & direct the affairs/business of the Corporation
- Review, revise and approve policies
- Approve recommendations from established Committees
- Appoint the ED

Membership
President
President-Elect/Past President
Director of Finance
1-3 Members-at-Large

Standing Committees

Accreditation Committee
Responsibilities:
- Accountable to the Board
- Review PEAC accreditation reports and make accreditation award recommendations
- PEAC accreditation standards review, revision and recommendations
- PEAC accreditation policy review, revision and recommendations

Membership:
- All Corporation members (see TOR)

Governance Committee
Responsibilities:
- Accountable to the Board
- Governance Policy review, revision and recommendations
- Succession planning
- Board and member orientation and development
- Board and Corporation evaluation

Membership:
- Members (2)
- External representative (1)

Joint Accreditation Committee
(OTA & PTA EAP)
Responsibilities:
- Accountable to the Board
- Review OTA & PTA EAP accreditation reports and make accreditation award recommendations
- OTA & PTA EAP accreditation standards review, revision and recommendations
- OTA & PTA EAP Policy review, revision and recommendations

Membership:
- Representatives of the three stakeholder groups & the public (see TOR)

Finance Committee
Responsibilities:
- Accountable to the Board
- Review, comment upon and/or make recommendations to PEAC regarding:
  - Annual financial statements
  - Monthly financials
  - Proposed PEAC and OTA & PTA EAP budgets
  - Contracts/agreements/insurance documents

Membership (3)
- Director of Finance
- PEAC member (not Board)
- External representative (CPA)

Ad Hoc Committees

Appointed by / Accountable to the Board
For Example:
- By-law Committee
- Translation Committee
- Peer Review Teams
- Standards Development Working Group
- Review (Appeals) Committee
**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**

<table>
<thead>
<tr>
<th>PEAC Component</th>
<th>Accountability</th>
<th>Primary Role</th>
<th>Responsibilities</th>
</tr>
</thead>
</table>
| **PEAC Members**        | To Corporations Canada           | Govern the Corporation                | • Meet at least once annually  
<pre><code>                      | To stakeholders                 |                                        | • Elect the Board of Directors     |
</code></pre>
<p>|                         |                                  |                                       | • Approve/amend by-law(s)                                                       |
|                         |                                  |                                       | • Review and approve the financial statements                                   |
|                         |                                  |                                       | • Appoint an accountant                                                        |
| <strong>Board of Directors</strong>  | • President                      | Provide strategic leadership          | • Supervise, control &amp; direct the affairs and business of the Corporation       |
|                         | • Director of Finance            |                                       | • Appoint and delegate responsibility to the ED                                |
|                         | • Past President/President Elect |                                       |                                                                                  |
|                         | • Members-at-Large               |                                       |                                                                                  |
|                         |                                  | To the membership                     |                                                                                  |
|                         |                                  |                                       |                                                                                  |
| <strong>Finance Committee</strong>   | To the Board of Directors        | Make recommendations to the Board of  | • Meet at least four times annually                                         |
|                         |                                  | Directors with respect to financials | • Review finance-related documentation and make recommendations                  |
|                         |                                  | (annual financials, quarterly        | • Director of Finance reports to the Board at each meeting                      |
|                         |                                  | financials, budgets, and contracts)   | • Director of Finance reports to the membership at the AGM                     |
| <strong>Governance Committee</strong>| To the Board of Directors        | Review governance matters of the     | • Meet at least three times annually                                          |
|                         |                                  | Board and the Corporation and assist  | • Governance policy review, revision and recommendations                         |
|                         |                                  | the Board in governing the            | • Board succession planning                                                   |
|                         |                                  | organization effectively              | • Board orientation and development                                           |
| <strong>Accreditation Committee</strong>| To the Board of Directors      | Make recommendations to the Board of  | • Meet at least twice annually                                                 |
|                         |                                  | Directors with respect to accreditation of physiotherapy education programs (accreditation status and accreditation policy) | • Review PT accreditation reports and make accreditation award recommendations |
|                         |                                  |                                       | • PT accreditation standards review, revision and recommendations                |
|                         |                                  |                                       | • PT accreditation policy review, revision and recommendations                  |
| <strong>Joint Accreditation Committee</strong>| 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 and accreditation policy) | • Meet at least twice annually                                                 |
|                         |                                  |                                       | • Review OTA &amp; PTA accreditation dossiers and make accreditation award recommendations |
|                         |                                  |                                       | • OTA &amp; PTA accreditation standards review, revision and recommendations          |
|                         |                                  |                                       | • OTA &amp; PTA accreditation policy review, revision and recommendations            |
| <strong>Executive Director</strong>  | To the Board of Directors        | Manage the day-to-day business of     | • Act as the chief executive officer of the Corporation                        |
|                         |                                  | PEAC                                   | • Hold responsibility for such duties and responsibilities as are determined by the Board, including implementing the strategic plans and policies of the Corporation |</p>
<table>
<thead>
<tr>
<th>PEAC Component</th>
<th>Accountability</th>
<th>Primary Role</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Serve as the secretary of all meetings of the Board, the Members, and the committees of the Board</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Enter or cause to be entered in the Corporation's minute book minutes of all proceedings at such meetings</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Give, or cause to be given, as and when instructed, notices to Members, Directors, the public accountant, and members of committees</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>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</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Be the custodian of all books, papers, records, documents and other instruments belonging to the Corporation</td>
</tr>
</tbody>
</table>
OVERVIEW OF THE ACCREDITATION REVIEW
Process for Initial Decision-Making

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

Program prepares Self Study Report and submits to PEAC

Peer Review Team conducts Offsite Review and submits Offsite Report Requests to the program

Program responds to Offsite Review Requests

Peer Review Team conducts Onsite Accreditation Review

Peer Review Team submits Peer Review Team Report to PEAC

Report sent for Program Review and Response

Program responds to Peer Review Team Report

PEAC prepares Confidential Accreditation Dossier and sends to Primary Reviewers and Accreditation Committee

Lead Primary Reviewer prepares report

Accreditation Committee makes a recommendation about the program’s accreditation status

PEAC Board of Directors reviews recommendation and makes an accreditation status decision

Accreditation:
- Fully compliant
- Partially compliant
- Probationary

Non-Accreditation

Deferral
Process following Initial Decision-Making

<table>
<thead>
<tr>
<th>Accreditation Fully Compliant**</th>
<th>No Progress Report required if all criteria fully met**</th>
<th>Accreditation review at end of cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation Partially Compliant</td>
<td>Submission of Progress Report to PEAC required</td>
<td>PEAC prepares confidential dossier</td>
</tr>
<tr>
<td>Accreditation Probationary</td>
<td>Submission of Progress Report to PEAC required</td>
<td>PEAC prepares confidential dossier</td>
</tr>
<tr>
<td>Non-Accreditation</td>
<td>Submission of Progress Report to PEAC required</td>
<td>Program must wait one year before re-applying to initiate a full accreditation review</td>
</tr>
<tr>
<td>Deferral</td>
<td>Further information required from program before accreditation decision made</td>
<td>PEAC prepares confidential dossier</td>
</tr>
</tbody>
</table>

**If any individual criterion is identified as partially met, the process is the same as for Accreditation – Partially Compliant.
**PEAC Accreditation Cycle**

The normal length of the accreditation cycle for a program is six years from the date of the accreditation status award provided following the most recent accreditation onsite visit.
COMPONENTS OF THE ACCREDITATION REVIEW

Letter of Intent

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

Self Study Report

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

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

The SSR will also be used by:

- members of the PRT during preparation for and completion of the offsite and onsite reviews
- members of the Accreditation Committee and the Board of Directors in the decision-making process about the program’s accreditation status
- faculty and staff of the education program to assist with program and curriculum development

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

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

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

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

Self Study Report forms

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

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

Copies of all Accreditation Review and Status Reports (AR & SRs) since the last full accreditation review must be made available onsite.

A sample Competency Matrix (optional) is available on the PEAC website. This may be useful to help programs summarize and organize information, and to map course objectives to competencies.

Content of the Self Study Report

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

I. Introduction/Overview
II. Standards and criteria

III. Summary

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

I. Introduction/Overview

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

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

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

This section of the SSR must include commentary about how the program has addressed any issues identified in AR & SRs since the previous accreditation review. Copies of the AR & SRs should be provided for review by the team members when they arrive onsite.

II. Standards and criteria

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

When providing evidence, it is helpful to readers when the program provides only the most applicable evidence for a particular criterion, rather than an exhaustive list of appendices and evidence. It is recognized that evidence for some criteria, especially those in Standard 6, may span several (or all) courses; it is recommended that only the MOST relevant evidence be referenced in the SSR narrative.
Programs often find that content is repetitive when creating the narrative and listing the appendices for each criterion. It is important to recognize that when the PRT members are focussing their review of the SSR in preparation for the onsite visit, they will divide the sections/standards of the SSR between them, and while each member will read the entire document, a lead PRT member will be assigned to one or more standards for a more detailed review. Therefore, repetition between standards will not be as obvious, and in fact, creating the SSR in a way that allows the narrative for each standard to stand alone can create a document that is better understood by the PRT members.

III. Summary

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

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

_Format of the Self Study Report_

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

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

- The SSR is in PDF format and is a single document. Appendices themselves may be in other formats within a PDF portfolio. It is recommended that programs source a PDF expert for assistance in formatting as necessary.
- The body of the SSR is a narrative with easily navigable links to relevant appendices.

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*The relevant appendices should open in a **NEW TAB** in Adobe, rather than moving the reader to another location in the same document. When only taken to a new location, it is then difficult for the reader to find their way back to their previous location.*

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- Tables and graphs are used when they are helpful for clarity and conciseness in presenting data related to the criteria.
- There are clear and concise instructions to reviewers about how to open and navigate through the SSR.
- Each hyperlink opens quickly.
- Navigation has been tested on both Windows and Mac operating systems.

**Font size, margins, and spacing**

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

**Table of Contents**

- A table of contents is included with hyperlinks to the key sections in the SSR.
- A shortcut is provided to return to the table of contents from any part of the SSR.
- Bookmarks are included to assist with navigation.
- The cover page or a page in the table of contents includes:
  - The date the report was created
  - The software and version(s) used to create the document

**Links**

- Provide direct links to all evidence/documentation provided for each criterion.
- Ensure that links to supporting documents open the documents *in their own window or tab*, rather than move the reader to another location later within the same document.
- Establish links that enable reviewers to easily transition back and forth through the sections, appendices, specialty areas, and documentation in the SSR. If, when
clicking the link, the reader is taken to a new document altogether, **it must be made clear how to return to the original document once review is complete.**

- When referencing an appendix in the narrative, use the file name of the appendix as it appears in the document tree. (i.e. “as evidenced in Appendix 1.2.1 ABC Department Organizational Chart”). The reader should be able to locate an appendix by its title in the list of documents if necessary.
- Include the file name (i.e. Appendix 1.2.1 ABC Department Organizational Chart) on the appendix itself (in the header or at the top of the document) to allow easy identification should the reader choose to print some documents.
- When linking to a specific section of an appendix, establish links that take the reader directly to the specified section of the document (i.e. if referencing “exam question 3b”, link to the location in the document that displays question 3b rather than bringing the reader to the top of the exam document and requiring them to scroll down to question 3b).

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

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

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**Submission of the Self Study Report**

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

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

  OR

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

**The Offsite Review**

The Peer Review Team (PRT), a group of trained reviewers, conducts the offsite and onsite reviews of the education program. More detailed information regarding the PRT is available beginning on page 50. The team conducts an offsite review of the SSR one month after submission.
The purpose of the offsite review is to review the evidence submitted in the SSR to determine compliance with the accreditation criteria (pending verification onsite) and to identify any gaps. An offsite review report is prepared and sent to the education program to request any missing required forms or required evidence, and to identify additional information or evidence which will assist the reviewers to determine compliance. This additional evidence will be requested prior to arrival onsite (a due date will be provided) and/or for submission a few days prior to the onsite visit. The program will upload the requested documents to a URL provided by PEAC. A sample offsite review report is posted on the PEAC website.

The Onsite Review

The onsite review conducted by the PRT takes places over three days, typically Monday-Wednesday. The team arrives at their hotel late Saturday or early Sunday, and leaves Thursday morning. The purpose of the onsite review is for the PRT to:

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

**IMPORTANT: The PRT does not provide a recommendation about the program’s overall accreditation status. This is the responsibility of the Accreditation Committee.**

Components of the onsite review include interviews with:

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

The onsite review also provides the opportunity for PRT members to assess components of the education program that are not conducive to the written word. The types of questions which may be asked of interviewees are provided on the PEAC website.
A schedule for the onsite visit is developed by the education program, with input from PEAC staff and the Chair of the PRT. A sample schedule for the onsite visit is provided in Appendix B. The sample can be adapted to the context of each program and the governance structure of each university, but the sample offers information about the groups to be scheduled for interviews and the length of time to be allotted for each interview. A draft of the schedule should be prepared approximately three months prior to the onsite visit, and sent to PEAC staff for review and feedback. The final schedule is due two weeks prior to the visit and should include the full names and titles (if applicable) of all attendees. Students are selected for attendance at interviews according to the process outlined in GUIDE-07. The schedule may be modified as the visit dates approach, and in some cases, during the visit itself.

**Tips to prepare for the onsite visit**

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

- PEAC arranges all travel and accommodation for the PRT members and may ask the education program for hotel recommendations in close proximity to the program.
- It is the responsibility of the education program to arrange transportation for the PRT between the hotel and the university for each day of the visit. This can be by taxi, personal vehicle, or walking (by mutual consent). These arrangements will be facilitated by PEAC staff.
- It is the responsibility of the education program to provide snacks and lunch for the PRT during the time the members are on campus. PEAC staff will provide information regarding any dietary preferences or restrictions.

*The program is not responsible to arrange or pay for travel or accommodation for the reviewers. However, please arrange for snacks and lunch to be served in the PRT’s room on the days they are on campus, and please arrange the team’s transportation between campus and their hotel each day.*
• The program should ensure that at least two rooms are available at the university for the PRT throughout the onsite visit:
  
  i. a secure room where computers and other personal items can be left, where food will be served, and where any documentation provided as evidence of compliance with accreditation criteria can be reviewed. Internet should be available. Wifi access should also be available to the team.
  
  ii. a second room to be used for scheduled interviews.

• The visit is more successful if the program appoints a faculty or staff person to be the time-keeper who is responsible for giving the team a five minute warning at the end of an interview, and who gathers the next interviewees for a quick transition into the interview room.

• The schedule should ensure that travel time to interviews/visits offsite is accommodated (e.g. after a break or lunch, or with travel clearly scheduled in the agenda).

• Meetings with students and student executive members will include students from all years of the program, and the student leadership representatives from each year. Be sure to review GUIDE-07 Selection of Students for Interviews to understand the selection process.

• Meetings with recent graduates of the program should include graduates no more than three years from their graduation.

• Meetings with faculty members should not include the entry-level Program Chair/Director or others in supervisory roles so as to encourage open conversation.

• Meetings with faculty members should include all non-supervisory faculty, including those who may have been interviewed previously as a representative of a different component of the program (ACCE, Curriculum Committee chair, etc.). Discussions in the faculty member meeting will cover new topics.

• Providing some information to potential interviewees (especially students, new graduates, employers, preceptors who may be unfamiliar with the goal of accreditation) may be helpful in diffusing any anxiety they have regarding the interview. Appendix C provides some sample interview questions that may help interviewees understand the tone and content of the meetings.

• Suggested information to share:

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

Closing meeting

At the end of the onsite review, the PRT members meet with the Program Chair/Director of the entry-level education program and others, as determined by the Program Chair/Director, for a brief closing meeting.

The purpose of the closing meeting is to:

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

The purpose of the closing meeting is NOT:

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

Peer Review Team Report

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

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

Program Response to the Peer Review Team Report

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

**Decision-making Regarding Accreditation Status**

PEAC staff prepare the confidential accreditation dossier (SSR, the offsite review report, the PRT report, the Program Response, and all additional evidence provided following the offsite review and during the onsite visit) for review.

**Accreditation Committee**

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

- Canadian Physiotherapy Association (1)
- Program Director or Chair from a Canadian physiotherapy academic program (1)
- Faculty members from Canadian physiotherapy academic programs (2)
- The Canadian Alliance of Physiotherapy Regulators (1)
- National Association for Clinical Education in Physiotherapy (1)
- Entry-level graduate physiotherapist (1)
- The public (1-2)
- The Association of Accrediting Agencies in Canada or a member of an agency conducting accreditation of professional education programs (1)
- Additional members appointed by the Board depending on needs of the committee (2)

The Accreditation Committee meets at least twice a year. An accreditation award decision for onsite accreditation reviews conducted mid-February – July will be made by October 31st. An accreditation award decision for onsite accreditation reviews conducted August – mid-February will be made by May 31st.

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

**Primary Reviewers**

Four Accreditation Committee members are appointed to act as the Primary Reviewers for each program for which a recommendation is being made. One of the four is designated the Lead. The Primary Reviewers receive the
i. Program’s confidential dossier (the SSR, the offsite review report, the PRT report, the Program Response, and any additional submitted evidence)

ii. Primary Reviewer’s Summary template

iii. PEAC Policy ACC-01 Accreditation Decisions.

The responsibilities of the Primary Reviewers are to:

- review the program’s confidential dossier
- present a summary of the PRT members’ views about the program’s compliance with the accreditation standards and criteria
- present a summary of their own views of the program’s compliance with the accreditation standards and criteria, incorporating the program’s response
- make an initial determination of the level of the program’s overall compliance with the accreditation standards

**Board of Directors**

The Accreditation Committee’s recommendation for accreditation status is recorded as a motion in the meeting minutes. The recommendation is forwarded to the next Board of Directors meeting for consideration. The Board then reviews the recommendation and makes an accreditation status decision. The decision is recorded as a motion in the Board of Directors’ meeting minutes.

**Core accreditation criteria**

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

PEAC considers the following as Core criteria (2012 Standards):

<table>
<thead>
<tr>
<th>Criterion 1.1</th>
<th>The program faculty have responsibility for governance of the program and the authority to ensure program policies are implemented.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criterion 1.2</td>
<td>The director of the entry-level education program has a physiotherapy university degree and provides leadership for the faculty, staff, and students, and management of the program. The director has a faculty appointment and the appropriate qualifications, including related experience in higher education, research, and administration. The director has sufficient authority and recognition to manage and represent the program.</td>
</tr>
<tr>
<td>Criterion 1.3</td>
<td>The program has adequate financial resources to achieve its stated goals and objectives and assure its continuing operation.</td>
</tr>
</tbody>
</table>
Criterion 2.6

Changes to the program and the curriculum are made in response to analysis of evaluation data and the impact of these changes is assessed.

**Levels of compliance**

An accreditation status decision is made based on levels of compliance allocated to each criterion and the number/percentage of criteria considered “Not Met” in each accreditation standard. The PRT provides a recommendation for the level of compliance of each criterion and the Primary Reviewers and Accreditation Committee members review the recommendations and allocate a final level of compliance to each criterion. The options for levels of compliance are described below. More details are available in policy ACC-01 Accreditation Decisions.

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

**Accreditation status awards**

There are three options for accreditation decisions:

A. Accreditation
   i. Fully Compliant
   ii. Partially Compliant
   iii. Probationary

B. Non-Accreditation

C. Deferral of Decision
The decision options and related conditions are as follows:

**Accreditation – Fully Compliant**

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

**AWARD:** Accreditation – Fully Compliant

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

**NOTE:** Maintenance of accreditation status (see page 45) requires that a program remain in compliance with the accreditation criteria.

**Accreditation – Partially Compliant**

A program demonstrates evidence of compliance with all of the established Core criteria (exception: see page 33: accreditation of new programs) (i.e. there is evidence to indicate that all Core criteria have been Fully Met or Partially Met).

AND

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

**AWARD:** Accreditation – Partially Compliant

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

**Accreditation – Probationary**

A program does not demonstrate compliance with all of the established Core criteria (exception: see page 33: accreditation of new programs) at the time of initial accreditation review (i.e. one or more Core criteria are Not Met)

OR

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

OR

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

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

AWARD: Accreditation – Probationary

OPTIONS: The maximum length of time a program can maintain probationary accreditation status is two years. Failure to demonstrate evidence that all accreditation criteria are fully or partially met by the end of this time period will result 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 towards resolution of all identified concerns, PEAC may modify the program’s accreditation status to partially or fully compliant at any time within the two-year probationary period.

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

Non-Accreditation

A program does not meet the requirements for accreditation

OR

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

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

Deferral of decision

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

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

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

Accreditation of New Physiotherapy Programs

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

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

An exception is made for new education programs seeking accreditation status prior to the graduation of their first cohort of students. They are given two years following their first accreditation review to achieve a level of compliance of Fully Met or Partially Met in Core criterion 2.6.
Notification of Decisions Made about a Program’s Accreditation Status

All accreditation awards

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

- name of the program, and the university
- accreditation status
- effective date of the accreditation status
- explanation of the reasons for the decision about accreditation status
- the extent to which the program is in compliance with the PEAC accreditation standards and criteria including an explanation for the findings
- commendations
- action required by the program

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

Accreditation – Probationary

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

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

Physiotherapy Education Accreditation Canada (PEAC) is responsible for accrediting physiotherapy education programs. The (Program NAME at Institution NAME), following the most recent (Accreditation Review
visit/Progress Report submission), has received notice from PEAC that the program has been awarded Accreditation – Probationary status. Probationary accreditation status is awarded when deficiencies are identified with respect to compliance with some of the accreditation standards and criteria. Under probationary accreditation status the program continues to be accredited.

(Program NAME) will be working towards fixing these identified deficiencies, with the goal to be awarded partial or full accreditation status. In the unlikely event that the (Program NAME) is awarded Non-Accreditation in the future:

- students who were admitted to the program while it held Accreditation – Fully Compliant status or Accreditation – Partially Compliant status will be considered as graduates of an accredited program, if the program respects certain conditions. The conditions may, for example, specify requirements for academic or clinical education and will be specified by PEAC on a case-by-case basis.
- students who were admitted to the program while it held probationary accreditation status will not be considered graduates of an accredited program at the time of graduation if the program holds Non-Accreditation at that time.

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

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

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

**Accreditation – Probationary → Accreditation – Partially or – Fully Compliant**

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

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

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

  OR

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

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

Non-Accreditation

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

Effective date of decision

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

Notification regarding Non-Accreditation

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

The written notification of the change in accreditation status will:

- advise the university that it has the right to seek reconsideration of the decision
- provide information with a copy of Policy ACC-06 Review & Reconsideration of PEAC Accreditation Decisions

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

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

Students who were admitted to the program while it held Accreditation – Fully Compliant or Accreditation – Partially Compliant will be considered as graduates of an accredited program, if the program respects certain conditions. The conditions, may, for example, specify requirements for academic or clinical education and will be specified by PEAC on a case-by-case basis.

Students who were admitted to the program while it held probationary accreditation status will not be considered graduates of an accredited program at the time of graduation if the program holds Non-Accreditation at that time.

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

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

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

**Impact on students**

If a program with Accreditation – Fully Compliant or Accreditation – Partially Compliant loses accreditation status, students who started in the program will be considered as graduates of an accredited program, so long as the program respects certain conditions. The conditions may, for example, specify requirements for academic or clinical education and will be specified by PEAC on a case-by-case basis.

If a program admits students while under probationary accreditation and the program loses accreditation status, those students will not be considered graduates of an accredited program. It is therefore critical that those students seeking enrolment in the program are informed of the program’s probationary accreditation status as required by PEAC (see page 34). Graduates of non-accredited Canadian education programs must follow a different process than graduates of accredited Canadian education programs to become licensed to practice in Canada. It is recommended that students contact the Canadian Alliance of Physiotherapy Regulators (alliancept.org) for information regarding the process.
Publication of decision – Non-Accreditation

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

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

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

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

Re-application for accreditation

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

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

Publication of Accreditation Decisions

Publication by PEAC

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

Publication by the education program

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

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

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

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

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

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

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

When and wherever an education program makes public disclosure of its accreditation status, it must include the full name, address and contact information for PEAC.
Should the program choose to make public the contents of its accreditation reports, including the AR & SR, the reports must be published in full.

**Timelines for Accreditation Activities**

Information about the typical accreditation process and timelines for completion of related activities is provided in Table 2.

*Table 2: Accreditation Program Activities and Timelines (All Activities)*

<table>
<thead>
<tr>
<th>Accreditation Activity</th>
<th>Time for Completion of Activity</th>
<th>Lead Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A: Prior to onsite review</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning for accreditation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submit Letter of Intent to PEAC</td>
<td>15-18 months prior to expiry of accreditation status award</td>
<td>Education Program</td>
</tr>
<tr>
<td>Provide consultation for accreditation activities</td>
<td>Throughout accreditation process</td>
<td>PEAC</td>
</tr>
<tr>
<td>Schedule date for onsite visit in consultation with program</td>
<td>12 months</td>
<td>PEAC</td>
</tr>
<tr>
<td>Select and confirm members of Peer Review Team</td>
<td>10 months</td>
<td>PEAC</td>
</tr>
<tr>
<td><strong>Program Self Study Report</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete Self Study Report and submit electronically to PEAC</td>
<td>4 months</td>
<td>Education Program</td>
</tr>
<tr>
<td>Distribute to Peer Review Team members</td>
<td>Upon receipt</td>
<td>PEAC</td>
</tr>
<tr>
<td><strong>Offsite review</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct offsite review by teleconference</td>
<td>3 months</td>
<td>Peer Review Team &amp; PEAC</td>
</tr>
<tr>
<td>Prepare offsite review report</td>
<td>Immediately following the offsite review teleconference</td>
<td>Peer Review Team</td>
</tr>
<tr>
<td>Forward to program for review</td>
<td>Upon receipt</td>
<td>PEAC</td>
</tr>
<tr>
<td><strong>Onsite visit</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accreditation Activity</td>
<td>Timeline for Completion of Activity</td>
<td>Lead Responsibility</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------</td>
<td>-------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Develop draft schedule for onsite visit</td>
<td>3 months</td>
<td>Education Program</td>
</tr>
<tr>
<td>Provide list of student ID numbers for random selection by PEAC</td>
<td>1 month</td>
<td>Education Program</td>
</tr>
<tr>
<td>Confirm final schedule for onsite visit in consultation with PEAC and PRT Chair</td>
<td>2 weeks</td>
<td>PEAC, Education Program &amp; PRT Chair</td>
</tr>
<tr>
<td>Conduct onsite visit</td>
<td>On scheduled dates</td>
<td>PRT</td>
</tr>
<tr>
<td><strong>B: Following onsite review</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Peer Review Team report</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparation of final report and submission to PEAC</td>
<td>2 weeks</td>
<td>Peer Review Team</td>
</tr>
<tr>
<td>Forward report to education program</td>
<td>Immediately upon receipt</td>
<td>PEAC</td>
</tr>
<tr>
<td>Respond to report</td>
<td>2 weeks following receipt</td>
<td>Education program</td>
</tr>
<tr>
<td>Prepare accreditation dossier</td>
<td>Immediately upon receipt of Program Response</td>
<td>PEAC</td>
</tr>
<tr>
<td><strong>C: Following report completion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Decision-making re: Accreditation Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review reports and recommend accreditation status</td>
<td>At scheduled Accreditation Committee meetings (spring/fall)</td>
<td>PEAC Accreditation Committee</td>
</tr>
<tr>
<td>Review recommendation and make accreditation award decision</td>
<td>Within 1 week of receipt of recommendation</td>
<td>PEAC Board of Directors</td>
</tr>
<tr>
<td><strong>Follow up</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notify education program, university administration, Peer Review Team members</td>
<td>Within 4 weeks of Board meeting</td>
<td>PEAC</td>
</tr>
<tr>
<td>Publish results</td>
<td>Within 4 weeks of notification of accreditation decision.</td>
<td>Education Program/ PEAC</td>
</tr>
</tbody>
</table>
## Accreditation: Responsibilities of the Education Program

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

Table 3: Education Program Responsibilities

<table>
<thead>
<tr>
<th>Responsibility / Activity</th>
<th>Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Before the onsite review</strong></td>
<td></td>
</tr>
<tr>
<td>Forward Letter of Intent to PEAC</td>
<td>15-18 months</td>
</tr>
<tr>
<td>Develop draft schedule for onsite visit</td>
<td>3 months</td>
</tr>
<tr>
<td>Receive offsite review report and requests; prepare additional evidence as required</td>
<td>3 months</td>
</tr>
<tr>
<td>Schedule all required meetings and interviews, including booking meeting rooms</td>
<td>1-3 months</td>
</tr>
<tr>
<td>Forward student ID numbers to PEAC for random selection of students to attend interviews</td>
<td>2 months</td>
</tr>
<tr>
<td>Finalize schedule for onsite visit in consultation with PEAC and PRT Chair</td>
<td>1-3 months</td>
</tr>
<tr>
<td>Confirm final onsite schedule (including names/titles of interview participants) and forward to PRT Chair and PEAC</td>
<td>2 weeks</td>
</tr>
<tr>
<td><strong>During the onsite review</strong></td>
<td></td>
</tr>
<tr>
<td>Arrange for transportation from hotel to campus, as well as to clinical facilities and other campus locations as required</td>
<td></td>
</tr>
<tr>
<td>Include orientation/tour for PRT of the program in the schedule and introduce PRT to program faculty and staff</td>
<td></td>
</tr>
<tr>
<td>Provide secure room with internet access for PRT to review materials</td>
<td></td>
</tr>
<tr>
<td>Provide additional room to conduct interviews</td>
<td></td>
</tr>
<tr>
<td>Discuss any special arrangements or revisions to the onsite schedule and adapt the schedule if required</td>
<td></td>
</tr>
<tr>
<td>Facilitate adherence to the planned schedule</td>
<td></td>
</tr>
<tr>
<td>Responsibility / Activity</td>
<td>Completion</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Introduce PRT to personnel when visiting outside of the program</td>
<td>Time after visit</td>
</tr>
<tr>
<td>Be available to provide information or other support to PRT as required</td>
<td>1-2 weeks</td>
</tr>
<tr>
<td>Arrange for mid-day meal and breaks as required</td>
<td>2 weeks</td>
</tr>
<tr>
<td><strong>Following the onsite review</strong></td>
<td>4 weeks</td>
</tr>
<tr>
<td>Distribute evaluation survey (provided by PEAC) to appropriate faculty and staff for completion</td>
<td></td>
</tr>
<tr>
<td>Receive the PRT report of the onsite visit for review</td>
<td></td>
</tr>
<tr>
<td>Submit Program Response to PRT report electronically to PEAC</td>
<td></td>
</tr>
</tbody>
</table>

### Accreditation: Responsibilities of PEAC

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

**Table 4: Responsibilities of PEAC**

<table>
<thead>
<tr>
<th>Responsibility / Activity</th>
<th>Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Before the onsite review</strong></td>
<td>Time before visit</td>
</tr>
<tr>
<td>Receive Letter of Intent from program</td>
<td>18 months</td>
</tr>
<tr>
<td>Schedule date for onsite visit</td>
<td>12 months</td>
</tr>
<tr>
<td>Appoint PRT members and Chair, and seek approval of team members by PEAC Board</td>
<td>10 months</td>
</tr>
<tr>
<td>Ensure all forms (Confirmation/Confidentiality/Conflict of Interest) are signed and submitted by PRT members</td>
<td>8-10 months</td>
</tr>
<tr>
<td>Organize travel and accommodation for PRT members (including meeting room at hotel for PRT)</td>
<td>3 months</td>
</tr>
<tr>
<td>Schedule orientation teleconference/offsite review teleconference</td>
<td>6 months (4 mths /3 mths)</td>
</tr>
<tr>
<td>Receive Self Study Report from education program</td>
<td>4 months</td>
</tr>
<tr>
<td>Distribute copy of Self Study Report to PRT members</td>
<td>4 months</td>
</tr>
<tr>
<td>Responsibility / Activity</td>
<td>Completion</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Conduct orientation teleconference with PRT</td>
<td>4 months</td>
</tr>
<tr>
<td>Conduct the offsite review with PRT</td>
<td>3 months</td>
</tr>
<tr>
<td>Receive PRT offsite review report from PRT</td>
<td>3 months</td>
</tr>
<tr>
<td>Forward offsite review report and requests to education program</td>
<td>3 months</td>
</tr>
<tr>
<td><strong>Following the onsite review</strong></td>
<td><strong>Time after visit</strong></td>
</tr>
<tr>
<td>Send post-visit evaluation survey link to the program</td>
<td>Immediately</td>
</tr>
<tr>
<td>Receive PRT onsite review report from PRT</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Send evaluation survey link to PRT members for completion</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Review/edit PRT report for consistency</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Send PRT report to education program for review/clarification</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Receive Program Response from the education program</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Prepare accreditation dossier for PEAC Accreditation Committee</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Summarize survey evaluations</td>
<td>8 weeks</td>
</tr>
<tr>
<td>Notify program of accreditation award decision</td>
<td>Within 4 weeks of PEAC Board of Directors Meeting</td>
</tr>
<tr>
<td>Notify PRT members of accreditation award decision and request destruction of confidential information</td>
<td>Following notification to program</td>
</tr>
</tbody>
</table>
REQUIREMENTS FOR MAINTAINING ACCREDITATION STATUS

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

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

**Progress Reports**

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

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

- Accreditation – Partially Compliant
  
  OR

- Accreditation – Probationary

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

**Content of Progress Reports**

The AR & SR will include information about the required content of the Progress Report. The AR & SR includes commentary about each criterion that the program must address, and a request for information and evidence to demonstrate the program’s full compliance with the criterion (programs should refer to the accreditation standards for examples of evidence). The program must provide a significant level of detail and analysis to accompany the evidence it provides in the Progress Report to indicate how the evidence demonstrates the program’s compliance with the accreditation standards. If there is a question about content of the Progress Report, it is the program’s responsibility to request clarification from PEAC.
**Submission**
The AR & SR will indicate the date by which the Progress Report is to be submitted electronically to PEAC. Format should be as described for that of Self Study Reports on page 22.

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

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

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

**PEAC decisions based on the Progress Report**
Progress Reports will be reviewed at Accreditation Committee meetings twice annually as outlined for accreditation reviews (see page 28). The confidential accreditation dossier provided to committee members and the appointed Primary Reviewers will include:

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

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

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

**Accreditation – Fully Compliant**

**Request:** Another Progress Report will be required until all criteria are Fully Met. Failure to adequately respond to the requests made may result in a change to Accreditation – Partially Compliant, Accreditation – Probationary, or Non-Accreditation.
**Accreditation – Partially Compliant**

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

**Accreditation – Probationary**

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

**Request:** A Progress Report will be required within 3 to 12 months of the accreditation award. When a program demonstrates significant progress towards resolution of all identified concerns, PEAC may modify the program’s accreditation status to Accreditation – Fully Compliant or Accreditation – Partially Compliant at any time within the two-year probationary period.

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

**Non-Accreditation**

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

**At any time**

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

Based on the outcome of the review of the Progress Report, PEAC may decide that a focussed onsite review of the program is required. In such a case, the program will be required to pay for the expenses of the onsite review, and will be invoiced a $2500 administration fee.

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

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

**Annual Fee**

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

**Reporting of Substantive Change**

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

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

- **Change in contact information (FORM-05)**
  - Name or address of the university
  - Name, address, telephone numbers, website address, or email address for the program
  - Name, credentials, address, telephone numbers, or email address for the Program Chair/Director
  - Name, credential, or address of officials in the university to whom PEAC sends official correspondence, for example, Dean, Provost, Vice Provost or President
Failure to notify PEAC of substantive changes within the required time period may result in the program being awarded Accreditation – Probationary. In many cases, submission of documents may be sufficient for the reassessment. Procedures describing the written information required when submitting a report of substantive change are provided in policy ACC-07 Substantive Change.

**Publication of Accreditation Status Using Required Text**

Accredited education programs are required to publish their accreditation status; this information must be easily accessible for prospective and current students and other stakeholders/partners of the education program (see page 38 and ACC-02 Disclosure for required text).

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

Composition and Role of the Peer Review Team

PEAC maintains a list of qualified reviewers who can be appointed as members of a Peer Review Team (PRT). Each PRT comprises four members; two members are physiotherapists with experience in education and accreditation, one member has experience in physiotherapy regulation, and one member has experience in accreditation in a profession other than physiotherapy. Current and recent (within five years) Accreditation Committee members are also eligible to join the reviewer pool.

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

The responsibilities of the PRT are to:

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

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

Eligibility for Appointment to a Pool of PRT Reviewers

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

*Physiotherapy Educator*

- A minimum of two years’ experience working in an academic or clinical educational setting
External Member

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

Above Members:

- Completion of FORM-04 PEAC PRT Member Application Form
- Submission of a curriculum vitae
- Submission of two letters of reference that address the candidate’s following competencies and attributes:
  i. communication skills generally, and specifically related to conducting interviews
  ii. ability to critically analyze, verbalize, and record pertinent objective data
  iii. ability to work as a team and participate in reaching consensus
  iv. a personal and professional history that would not reflect negatively on the accreditation program
  v. an awareness of personal biases but open to new ideas and receptive to change

Accreditation Committee Member

- Current member: a minimum of one year as an Accreditation Committee member

OR

- Past member: a minimum of one year and a maximum of five years from final year as an Accreditation Committee member

Regulatory Member

- Membership in the Regulatory Reviewer Pool (established 2013) – see GUIDE-11

Regulatory PRT Members

All Members:

- Willingness to accept the responsibilities related to conducting the onsite visit including:
  i. commitment to the PEAC policies of confidentiality
  ii. review of the program’s SSR and all related materials
  iii. ability to impartially collect, analyze, and communicate all pertinent data related to the offsite and onsite reviews
  iv. acceptance of the responsibility for own behaviour and actions
  v. acknowledgement of any conflict of interest

- Completion of the orientation and education program for Peer Review Team members
Selection and Appointment of Peer Review Team Members

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

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

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

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

Conflict of Interest – Peer Review Team Members
Individuals, including PRT members, who conduct business on behalf of PEAC must be committed to the values of the organization, one of which is the belief in transparent, consistent, and fair practices. In support of this value and good practices, PEAC strives to avoid conflict of interest or the appearance of conflict of interest in all aspects of its activities.

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

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

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

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

**Conflict of Interest – Accreditation Committee/Board Members**

A PEAC Accreditation Committee member or Board 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.

A PEAC Accreditation Committee member or Board 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.

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

**Confidentiality**

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

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

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

**Roles of PRT Members**

The PRT members have responsibilities to:

- review the PRT Handbook including the accreditation standards
- review the education program’s SSR and all supporting documentation prior to the offsite review and onsite visit
- complete two online training programs
- participate in a PRT orientation teleconference prior to the offsite review
- participate in the offsite review teleconference
- collaboratively write the offsite review report
- participate in a PRT meeting at the hotel the day before the review to discuss the schedule for the onsite review, areas of compliance requiring clarification, development of a plan for verification, and selection of questions for the onsite interviews
- participate and/or lead interviews with program faculty, staff and students, clinicians, and university administrators
- collect required data and make observations
- collaboratively write the final PRT report

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

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

**Orientation and Training Programs**

Orientation and training programs for PRT members are provided by PEAC and include the following components:

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

**Accreditation: Responsibilities of the PRT**

Information about the responsibilities of the PRT during the accreditation process, and related timelines for completion of activities are provided in Table 5.

*Table 5: Peer Review Team Responsibilities*

<table>
<thead>
<tr>
<th>Responsibility / Activity</th>
<th>Completion</th>
<th>Time before visit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Before the onsite review</strong></td>
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<tr>
<td>Complete the online training module</td>
<td></td>
<td>4 months</td>
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<tr>
<td>PRT Chair works with PEAC and education Program Chair/Director to develop schedule for onsite visit</td>
<td>1-3 months</td>
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</tr>
<tr>
<td>Receive and conduct general review of the SSR</td>
<td>4 months</td>
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</tr>
<tr>
<td>Participate in PRT orientation teleconference meeting</td>
<td>4 months</td>
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<tr>
<td>Conduct the offsite review via teleconference</td>
<td>3 months</td>
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<tr>
<td>Complete the offsite review report</td>
<td>3 months</td>
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<tr>
<td>Prepare interview questions and begin completion of the onsite review report</td>
<td>0-3 months</td>
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<tr>
<td>Responsibility / Activity</td>
<td>Completion</td>
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<tr>
<td><strong>During the onsite review</strong></td>
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<tr>
<td>PRT Chair consults throughout with education Program Chair/Director about visit schedule and any special arrangements</td>
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<tr>
<td>Participate in PRT meeting at the hotel, day prior to onsite visit</td>
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<tr>
<td>Conduct interviews as required on the visit schedule</td>
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<tr>
<td>Participate in PRT meetings to discuss findings and reach consensus on PRT report</td>
<td></td>
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<tr>
<td>Collaborate to complete the PRT report</td>
<td></td>
<td></td>
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<tr>
<td><strong>Following the onsite review</strong></td>
<td><strong>Time after visit</strong></td>
<td></td>
</tr>
<tr>
<td>Collaborate to prepare final PRT report and submit to PEAC</td>
<td>2 weeks</td>
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<tr>
<td>Submit expense report</td>
<td>2 weeks</td>
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<tr>
<td>Complete the onsite review evaluation survey (link provided by PEAC)</td>
<td>3 weeks</td>
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<tr>
<td>Destroy/delete copies of confidential material as instructed by PEAC</td>
<td>Following PEAC accreditation decision</td>
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APPENDIX A – LETTER OF INTENT

Letter of Intent to Participate in Accreditation Review

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

Date of expiry of current accreditation status (if applicable)

Enter date: 

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

- Review and understanding of the Program Accreditation Handbook
- Review and understanding of the format, content, and method of submission required for the Self Study Report and Self Study Inventory
- Acceptance of the timelines for submission of key documentation in the accreditation process including
  - Self Study Report and Required Evidence
  - receipt of PRT offsite review report
  - onsite visit schedule
  - receipt of PRT onsite review report
  - submission of Program Response
- Responsibilities of the program with respect to the onsite visit
  - arrangement of all interviews and interviewees as outlined in the onsite visit schedule
  - transportation of the PRT between the hotel and campus each day
  - provision of snacks and lunch for the team during the days onsite
  - booking of meeting space for the PRT as described in the Program Accreditation Handbook
- Availability of PEAC staff to provide assistance/guidance when required

The *Program Name* at *University Name* acknowledges that if it does not comply with the timelines and responsibilities referred to above, the review will not proceed and any costs associated with travel arrangements by the accreditation team will be reimbursed to PEAC by the *Program Name* at *University Name*.
<table>
<thead>
<tr>
<th>Program Chair/Director</th>
<th>Dean/Director/Administrator of School</th>
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<tbody>
<tr>
<td>Name</td>
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### APPENDIX B – SAMPLE ONSITE VISIT SCHEDULE

#### Day 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00-8:30</td>
<td>Team meeting with entry-level Program Chair/Director&lt;sup&gt;8&lt;/sup&gt;</td>
</tr>
<tr>
<td>8:30-9:00</td>
<td>Tour of the program/equipment/labs</td>
</tr>
<tr>
<td>9:00-9:30</td>
<td>Introductory meeting with the physical therapy faculty (all in one group). PRT Chair introduces team, provides overview of accreditation program, purpose and value of accreditation, and objectives for the onsite visit</td>
</tr>
<tr>
<td>9:30-10:30</td>
<td>Meeting with program Admissions Committee</td>
</tr>
<tr>
<td>10:30-11:30</td>
<td>Meeting with Academic Coordinator of Clinical Education</td>
</tr>
<tr>
<td>11:30-1:00</td>
<td>Lunch; PRT to debrief, review documents and make any necessary revisions in schedule</td>
</tr>
<tr>
<td>1:00-2:30</td>
<td>Meeting with program faculty&lt;sup&gt;9&lt;/sup&gt;</td>
</tr>
<tr>
<td>2:30-3:30</td>
<td>Meeting with Curriculum Committee</td>
</tr>
<tr>
<td>3:30-4:00</td>
<td>Break: PRT to review results of interviews and prepare for upcoming interviews</td>
</tr>
<tr>
<td>4:00-5:00</td>
<td>Meeting with preceptors (i.e., those who supervise student clinical placements)&lt;sup&gt;10&lt;/sup&gt;</td>
</tr>
<tr>
<td>5:00</td>
<td>Optional meeting with program Chair&lt;sup&gt;11&lt;/sup&gt;</td>
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#### Day 2

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<th>Time</th>
<th>Activity</th>
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<tr>
<td>8:00-8:30</td>
<td>PRT meeting with Program Chair/Director, if required</td>
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<tr>
<td>8:30-9:30</td>
<td>Meeting with Dean of Faculty within which the program is located</td>
</tr>
<tr>
<td>9:30-10:15</td>
<td>Meeting with University Administrative officials, for example, Provost, Vice-President Academic</td>
</tr>
<tr>
<td>10:15-10:30</td>
<td>Break</td>
</tr>
<tr>
<td>10:30-11:30</td>
<td>Meetings with university faculty outside of the program who are involved in teaching physical therapy students&lt;sup&gt;12&lt;/sup&gt;</td>
</tr>
<tr>
<td>11:30-12:30</td>
<td>Meetings with other faculty as required (may be held concurrently)</td>
</tr>
<tr>
<td>12:30-1:30</td>
<td>Lunch; PRT debrief and document review</td>
</tr>
<tr>
<td>1:30-2:30</td>
<td>Meetings with Year 1 students in the program and the student executive group&lt;sup&gt;13&lt;/sup&gt;</td>
</tr>
<tr>
<td>2:30-3:30</td>
<td>Meetings with Year 2 students in the program and the student executive group</td>
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</tbody>
</table>

<sup>8</sup> Introductions, opportunity for PRT to gather information about the broad context of the program, discuss any questions that the Program Chair/Director may have

<sup>9</sup> Program faculty meeting should not include the Program Chair/Director or any individual to whom program faculty report

<sup>10</sup> Scheduling this meeting at the end of the day facilitates preceptors’ attendance

<sup>11</sup> Opportunity to modify tomorrow’s schedule if necessary based on today’s interviews

<sup>12</sup> This group may include faculty from nursing/anatomy etc. who teach entry-level PT students.

<sup>13</sup> See Program Accreditation Handbook for minimum required number of students from each year
### Time

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>3:30-4:00</td>
<td>Break</td>
</tr>
<tr>
<td>4:00-5:00</td>
<td>Meetings with recent graduates of the program and employees of graduates in catchment area (may be held concurrently)</td>
</tr>
<tr>
<td>5:00-6:00</td>
<td>Meeting with Program Chair/Director if required; document review</td>
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### Day 3

<table>
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<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>8:30-9:00</td>
<td>Meeting with Program Chair/Director if required</td>
</tr>
<tr>
<td>9:00-10:00</td>
<td>Meetings with program admin support staff and tutorial/laboratory assistants</td>
</tr>
<tr>
<td>10:00-12:00</td>
<td>Opportunity to conduct additional interviews as required; PRT meeting to draft PRT report</td>
</tr>
</tbody>
</table>
| 12:00-12:30  | Closing meeting with Program Chair/Director (*see purpose of closing meeting)  

14 Closing meeting is to thank the program, and as a brief summary of the visit, to provide examples of three strengths of the program and three concerns. The PRT can also provide information re. next steps and timelines. No information regarding overall compliance or overall accreditation status is provided by the PRT.
APPENDIX C – SAMPLE INTERVIEW QUESTIONS

**Faculty**

Help us understand the balance between teaching and research.

If money were not an issue, what changes/additions to the program would you like to see?

How does the conceptual framework for the curriculum inform the courses you teach?

Can you describe your role in the evaluation of the program?

**Employers**

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

**Recent graduates**

Did you have a role in the governance of the program?

What would you like to have learned more about?

**Students**

Do you find that you have sufficient support—faculty support, advisor support?

Describe your awareness of the consequences should a student demonstrate a breach in ethics or professionalism

How is the workload? How do you find the transition from the general to the professional program?

**Curriculum Committee**

Can you describe the conceptual framework for the curriculum for us?

How does the program ensure that there is alignment of the curriculum to societal needs?

Describe the program’s approach to readiness for practicums.

**Program Chair/Director**

How is faculty evaluation/performance review conducted? How often?

How are teaching/research/service responsibilities or decisions made to be fair and equitable?